**BENCHMARKS**

**Please indicate agreement to the following benchmarks or requirements by checking the blanks. The list also designates the documents that should be attached.**

\_\_ A registered Nurse (RN) with a current un-restricted Mississippi license must be hired through this School Nurse Program. **License verification is attached.**

\_\_ The school nurse is allowed/encouraged by administration to participate in the following school health promotion and quality improvement activities. Check all that apply

\_\_\_\_ School health council membership/leadership

\_\_\_\_ School health policy development and/or improvement

\_\_\_\_ Participation in school health surveys. Example: YRBS and SHPPS

\_\_\_\_ Professional development opportunities

\_\_ Wellness policy and School Health Council activities are **attached**.

\_\_ The school nurse will submit monthly data collection, due on the 10th of each month.

\_\_ The school nurse will participate in mandatory training, provided by The Office of Healthy Schools, on at least an annual basis.

\_\_ Our school nurse will devote at least twenty-five percent (25%) their time to tobacco education and/or programs.

\_\_ Funds received from this grant will only be used to directly support the school nurse program.

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Signature of Superintendent Date

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Signature of School Principal Date