

Boulder Valley School District Health Education Program
Classroom Speakers and Community Resource Application

Please complete the entire application if you will be making classroom presentations. If you do not offer classroom presentations, but do offer other resources that would support health teachers, please complete #1 - #16 only.

1. Name of organization:
2. Contact person/position:
3. Email Address:
4. Website if applicable:
5. Street or P.O. Box:
6. City and Zip Code:
7. Phone #:
8. Fax #:
9. Organization Mission (or general philosophy/purpose if no defined mission exists):
10. Short description of services your organization can offer to BVSD Health teachers:

For questions 11-18, check all that apply:

11. Grade levels resources and/or presenters are available:
 Elementary (K-5),
 Middle School (6-8)
 High School (9-12)
12. Boulder Valley School District geographic areas served:
 City of Boulder Lafayette
 Broomfield Louisville
 Gold Hill Nederland
 Jamestown Superior
13. Available resources:
 Classroom presentations
 Lending library
 Staff member to answer questions
 Professional Trainings (other than classroom presentations)
 Volunteer opportunities for students
 Other: (please explain _____)
14. Cost of resources or services: no cost \$ _____
15. Health Content (topics) covered in presentations or for which resources are available:
 Wellness Diversity Awareness
 Mental Health and Emotional Wellness Human Growth and Development and Human
 Violence Awareness Sexuality
 Substance Use, Abuse and Addiction Injury Prevention and Safety
16. Skills-based Standards (skills) covered in presentations or for which resources are available:
 Facts and information
 How to access valid resources
 How to practice healthy behaviors
 How to analyze personal and social influences (e.g., peer pressure, media, internet)
 How to communicate effectively about health-related issues
 How to set goals and make decisions
 How to advocate for personal, friends, family and community health

17. Type of presenter and name if available: staff member trained volunteer
 other (please explain _____)
name: (if available _____)
18. Presentation formats used:
 Demonstration Panel discussion
 Facilitated classroom discussion Power point presentation
 Facilitated activity Video and discussion
 Individual perspective speaker Other: please explain (_____)
 Lecture
19. Bilingual presenters available? yes no
If yes, please list language(s):
20. Please list any diversity training you have attended:
21. Have you read and do you agree to follow the Requirements and Guidelines for Guest Speakers (provided with this application) in Boulder Valley Schools Health Classrooms? yes no
22. Speakers are asked to participate in health education for the purpose of educating students, providing resources, etc. It is never appropriate to use the classroom time for the purpose of financial gain by promoting a product or service, or as a way to promote a personal or organizational ideology that is religious or political. Do you agree to avoid the promotion of products, services, and religious or political ideologies? yes no
23. Have you reviewed, and will you be able to adequately address the health topics and performance indicators in the Health Education Curriculum for the grade level in which you are presenting (please see instructions under "for classroom presentations only" above to review the relevant portion of the curriculum)? yes no.
24. If you are presenting at the high school level, are you familiar with the Youth Risk Behavior Survey and will you utilize information from the survey results in your presentation? yes no
25. If you are presenting in the area of human growth and development and human sexuality, do you agree to address the curriculum using a comprehensive sexual health education approach?
 yes no
26. In addition to this application, presenters must email or mail a presentation outline to Katy Fleming, Health Education Coordinator, Centaurus High School, 10300 South Boulder Road, Lafayette, CO 80026 (email - katy.fleming@bvsd.org) and meet two of the following conditions. Please check which of the following two support documents are included with your application (or will be sent in a separate mailing to Katy):
 Inclusion in the spring, 2003 School Resource Guide (just check if you are included in the guide you do not need to provide a copy of the guide. If you are unsure, contact Katy Fleming at katy.fleming@bvsd.org).
 Recommendation by BVSD Health teacher in whose classroom the organization has presented.
 At least two references from organizations other than BVSD in which organization has presented.
 A letter which outlines the credentials, experience or previous training received by presenters from the organization.
 Licensure
 Summary of evaluations from at least one previous presentation.
 Statistics or data about previous presentations indicating a proven track record of experience.

Waivers or exceptions to the requirements may be granted by the Health Education Coordinator.