Agency Name:	Cooperative Agreement Num	Cooperative Agreement Number: PS00XXXX		r: 4				
Identify your Le	evel: State Local Territory							
	1: Collect, analyze, and disseminate data on adolescent health risk behaviors, including sextences; administered in odd numbered years.	ual risk behaviors, us	ing the Youth	Risk	•			
	Required Activities							
1. Develop t	he YRBS questionnaire, meeting specifications outlined in the Handbook for Conducting Youth F	Risk Behavior Surveys.						
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specified activity.	fic, Person Responsible			ogram Y			
	measurable, achievable, and realistic.			2	3	-		
	b.					\dashv		
	C.					\dashv		
	in up-to-date sampling frame and develop sampling parameters, meeting specifications outlined Surveys. Include specifications for developing sub-state estimates of LEAs and schools as approp		Conducting You	ith F	isk			
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specified measurable, achievable, and realistic.	Fic, Person Responsible	Proof of Completion	Progran 2 3		m Year		
	a.							
	b.							
	c.							
jurisdictio	the YRBS (in odd-numbered calendar years) among a scientifically selected sample of at least all on according to survey administration procedures outlined in the <i>Handbook for Conducting Yout</i> ry 2 weeks during data collection to the CDC Survey TA contractor.	•	_			ackii	ng	
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specified measurable, achievable, and realistic.	Person Responsible	Proof of Completion	Program 2 3		m Y	ear 5	
	a.							
	b.							
	C.							
4. Submit all processing	l completed questionnaires or answer sheets and appropriate sample and data collection docun g.	nentation forms to the	CDC Survey TA	A cor	ntrac	tor	or	

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Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.	Person	Proof of	Program Year					
		Responsible	Completion	2	3	4	5		
	a.								
	b.								
	C.								
5. Disseminate YRBS results through fact sheets, reports, Web sites, and other products that describe priority health risk behaviors, help target interventions, establish funding priorities, and support development of state and local policies and practices that will reduce priority health risk behaviors among youth.									
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific,	Person Proof		Pro	m Y	Year			
	measurable, achievable, and realistic.	Responsible	Completion	2	3	4	5		
	a.								
	b.								
	C.								
6. Collaborat	te with other CDC-awarded national, state, and local YRBS administrations conducted among schools in	n their jurisdicti	on.						
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific,	Person	Proof of	Program Ye			Year		
	measurable, achievable, and realistic.	Responsible	Completion	2	3	4	5		
	a.								
	b.								
	C.								
From whom do you need additional TA to implement action steps? Not Needed Program Consultant CDC surveillance		llance specialis	t L	0	ther	:			
Describe what specific type of TA is needed to accomplish this work:									

Agency Name:	Cooperative Agreement Number: PS00XXXX	Grant Year: 4

5 Year Goal 2: Collect, analyze, and disseminate data on school health policies and practices, including sexual health policies and practices, using School Health Profiles; administered in even numbered years.

	Required Activities							
1. Use the P	rofiles questionnaires for principals and lead health education teachers provided in the Handbook for	Developing Scho	ool Health Profi	les.				
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.	Person Responsible	Proof of Completion	Program \			n Year	
		Responsible		2	3	4	5	
	a.							
	b.							
	C.							
	n up-to-date sampling frame and develop sampling parameters meeting specifications outlined in the nclude specifications for developing sub-state estimates of targeted LEAs and targeted schools.	е напавоок for I	Developing Scho) OI H	eait	n 		
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.	Person Responsible	Proof of Completion	Pro 2	ogra 3	m Y 4	ear 5	
	a.					-		
	b.							
	C.							
schools a	Profiles (in even-numbered calendar years) among a scientifically selected sample of secondary public and high schools in their jurisdiction according to survey administration procedures outlined in the <i>Hai</i> e Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor.		•				•	
schools a Submit th	nd high schools in their jurisdiction according to survey administration procedures outlined in the Hair	Person	oping School H	ealth		files		
schools a Submit th	nd high schools in their jurisdiction according to survey administration procedures outlined in the Han e Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. Action Steps	ndbook for Devel	oping School H	ealth	Pro	files	ear	
schools a Submit th	nd high schools in their jurisdiction according to survey administration procedures outlined in the Hance Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific,	Person	oping School H	ealth Pro	Pro ogra	files m Y	ear	
schools a Submit th	nd high schools in their jurisdiction according to survey administration procedures outlined in the Hance Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.	Person	oping School H	ealth Pro	Pro ogra	files m Y	ear	
schools a Submit th	nd high schools in their jurisdiction according to survey administration procedures outlined in the Hance Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic. a.	Person	oping School H	ealth Pro	Pro ogra	files m Y		
schools a Submit th Date to Complete	nd high schools in their jurisdiction according to survey administration procedures outlined in the Hande Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic. a. b. c. completed questionnaires or data and appropriate sample and data collection documentation forms	Person Responsible	Proof of Completion	Pro 2	ogra 3	files m Y	ear	

Agency Name:	Cooperative Agreement Number: I	PS00XXXX	Grant Yea	r: 4			
	Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.			2	3	4	5
	a.						
	b.						
	C.						
	ate Profiles results through fact sheets, reports, Web sites, and other products that describe school he ions, establish funding priorities, and support development of school health policies and practices that buth.	•			_	havi	iors
Date to Complete	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific,	Person Responsible	Proof of Completion	Completion			1
Complete	measurable, achievable, and realistic.	пезропзые	Completion	2	3	4	5
	a.						
	b.						
	c.						
6. Collabora	te with other CDC-awarded programs to administer Profiles among schools in their jurisdiction.						
Date to	Action Steps Describe how you will accomplish the required activity, ensuring that action steps are specific,	Person	Proof of	Program Ye			/ear
Complete	measurable, achievable, and realistic.	Responsible	Completion	2	3	4	5
	a.						
	b.					П	
	C.						
From whom o	lo you need additional TA to implement action steps? Not Needed Program Consultant	CDC Surve	illance Specialis	it		Othe	<u>r:</u>
Describe wha	t specific type of TA is needed to accomplish this work:						