

## Development of standardized tool in assessing the student readiness to participate in the Department of Education health programs

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### Abstract

**Aim:** This study aimed to develop and validate a standardized assessment tool for evaluating student readiness to participate in Department of Education (DepEd) health programs and to determine its relevance in supporting school-based healthcare delivery, nursing practice, adolescent health promotion, and public health interventions

**Methodology:** A descriptive-developmental research design was employed involving 297 high school students selected through stratified random sampling from a population of 1,300 learners enrolled in secondary schools implementing health programs. A researcher-developed questionnaire consisting of twenty (20) items under four dimensions—physical readiness, emotional readiness, social readiness, and behavioral readiness—was utilized as the primary data-gathering instrument. Content validity and face validity were established through expert evaluation, while reliability testing was conducted using Cronbach's Alpha. Descriptive statistics such as frequency count, percentage, and weighted mean were used in analyzing the data.

**Results:** The findings revealed that students demonstrated a high level of readiness to participate in school health programs, with a grand mean of 3.40 interpreted as Highly Ready. Behavioral readiness obtained the highest mean of 3.45, while emotional readiness obtained the lowest mean of 3.31. The developed assessment tool demonstrated high validity with an overall mean of 3.72 interpreted as Highly Valid. Reliability testing yielded a Cronbach's Alpha coefficient of 0.91, indicating Excellent Reliability. The instrument was likewise evaluated as Highly Acceptable in terms of clarity, usability, relevance, and practicality.

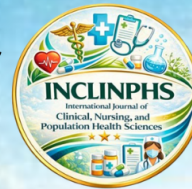
**Conclusion:** The developed standardized assessment tool was found to be valid, reliable, and acceptable for assessing student readiness to participate in health programs. The findings underscore the importance of readiness assessment in evidence-based public health planning. The instrument may assist school nurses, educators, healthcare personnel, and policymakers in identifying learner needs, improving adolescent participation in health programs, and enhancing population health outcomes through targeted school-based interventions and health promotion initiatives.

**Keywords:** student readiness, Department of Education health programs, standardized assessment tool, instrument validation, learner preparedness, school health programs

### INTRODUCTION

Globally, adolescent health has become a major public health concern due to increasing physical, mental, behavioral, and psychosocial health challenges affecting school-aged populations. The World Health Organization (WHO, 2023) reported that schools serve as important healthcare access points for preventive health services, health promotion, vaccination programs, mental health interventions, nutrition support, and behavioral health education among adolescents. Following the COVID-19 pandemic, healthcare systems and educational institutions experienced difficulties related to learner participation, emotional well-being, healthcare accessibility, and continuity of school-based health interventions. Balzer et al. (2022) demonstrated the importance of structured health assessment tools in measuring youth participation and health outcomes in school-related programs. These conditions highlighted the need for evidence-based readiness assessment mechanisms that may assist healthcare providers, educators, and policymakers in identifying learner support needs before implementing health-related interventions.

Standardized assessment tools have increasingly become important components of educational and healthcare systems worldwide. Studies revealed that learner readiness significantly influences the effectiveness of school health



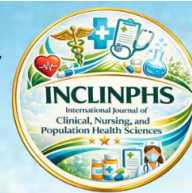
interventions because students who are physically, emotionally, and socially prepared tend to participate more actively in school programs. Hoover et al. (2022) emphasized that standardized assessments improve program implementation and monitoring by providing reliable learner data, while Connors et al. (2022) highlighted that standardized tools contribute to evidence-based decision-making and efficient intervention delivery. Similarly, Goc-ong (2024) stressed that educational institutions increasingly adopt systematic assessment mechanisms to ensure quality implementation of school-based programs and learner support services.

In the Philippines, the Department of Education (DepEd) implements several school health programs designed to promote the holistic well-being of learners. These include the School-Based Feeding Program (SBFP), a national nutrition intervention that addresses undernutrition among school-aged children, and the Wash in Schools (WinS) program, which promotes proper water, sanitation, and hygiene practices within educational settings. Other initiatives such as mental health programs, school-based immunization activities, the National Drug Education Program (NDEP), and the School Dental Health Care Program likewise contribute to preventive healthcare delivery and adolescent health promotion. Collectively, these programs support the physical, emotional, social, and psychological development of learners while fostering healthier school environments and improved educational outcomes. The Department of Education (DepEd, 2025) emphasized the importance of learner health assessment and readiness monitoring systems in identifying learner needs and resource gaps in schools. Likewise, Cuyag et al. (2024) noted that standardized educational assessments improve accountability, feedback systems, and program efficiency, while Connors et al. (2022) explained that standardized assessments strengthen healthcare program implementation and intervention planning. Beyond educational participation, readiness assessment contributes to public health planning, healthcare monitoring, nursing interventions, and the early identification of students who may require additional emotional, behavioral, psychosocial, or health-related support prior to participation in school health programs.

At the school and community levels, educators, school nurses, and healthcare personnel frequently encounter challenges in determining whether students are adequately prepared to participate in health-related programs and interventions. Variations in school resources, learner support systems, community health conditions, and implementation practices may contribute to inconsistencies in readiness assessment and intervention planning. Despite the implementation of various Department of Education health programs, many schools continue to experience difficulties in assessing whether students are fully prepared to participate in school-based health initiatives due to the absence of a unified and standardized readiness assessment tool. Existing assessment practices often result in inconsistent learner evaluation, unreliable data, and ineffective intervention planning. Connors et al. (2022) explained that inconsistent assessment systems may lead to fragmented implementation of health services and reduced program effectiveness. Likewise, Trinidad (2020, as cited in Cuyag et al., 2024) identified discrepancies in the interpretation and application of assessment guidelines, while Goc-ong (2024) emphasized gaps in systematic educational assessment mechanisms. De Torres (2022) further explained that non-standardized readiness assessment tools may fail to capture the actual needs and preparedness levels of students. Moreover, the Department of Education (2025) and Hoover et al. (2022) highlighted continuing challenges related to learner readiness monitoring and the need for standardized systems to improve coordination and delivery of school health services.

To the researchers' knowledge, no validated standardized instrument specifically designed to assess readiness for participation in Department of Education health programs has previously been developed within the Philippine school health context. This gap highlights the need for a standardized and evidence-based assessment tool that may support school healthcare delivery, nursing practice, preventive healthcare planning, public health implementation, and adolescent health improvement. Although several studies focused on learner readiness and educational assessments, limited research specifically addressed the development of a standardized readiness assessment tool for participation in Department of Education health programs. Existing studies primarily concentrated on academic readiness, online learning readiness, and institutional assessment systems rather than school health participation. De Torres (2022) examined readiness toward mobile learning, while Doctor (2022) focused on integrated educational management tools. Balzer et al. (2022) concentrated on statistical health outcomes rather than localized readiness assessment instruments for school health participation. Furthermore, Cuyag et al. (2024), Goc-ong (2024), and the Department of Education (2025) emphasized the need to improve assessment mechanisms and readiness monitoring systems within Philippine schools.

The development of a standardized readiness assessment tool has significant implications for healthcare delivery, nursing science, public health, and educational policy. Early identification of student readiness may facilitate timely referral systems, targeted screening programs, preventive clinical interventions, and appropriate psychosocial support among adolescents. Furthermore, readiness indicators generated through the tool may contribute to school-based health surveillance, population health monitoring, and evidence-based planning of health programs and interventions. Consequently, the present study aimed to develop and validate a standardized tool for assessing student



readiness to participate in Department of Education health programs and to support evidence-based planning and implementation of school health interventions.

### Review of Related Literature and Studies

Standardized assessment tools play an essential role in ensuring consistency, reliability, and validity in evaluating learners and educational program implementation. Connors, Lawson, Wheatley-Rowe, and Hoover (2022) explained that standardized assessments improve decision-making and intervention planning by providing objective and measurable learner data, while the American Psychological Association (APA, 2023) emphasized that standardized assessments remain vital in measuring student performance and readiness, particularly in post-pandemic educational recovery. Similarly, the Centers for Disease Control and Prevention (CDC, 2024) developed the School Health Index as a systematic assessment and planning tool that helps schools evaluate and improve health-related programs and policies. These studies demonstrate that standardized assessment mechanisms are increasingly recognized as important tools for strengthening school health systems and ensuring quality educational and healthcare services.

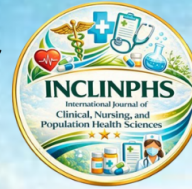
Several studies highlighted the importance of validity and reliability in assessment tool development. Renuka (2025) explained that readiness assessment tools should undergo proper validation procedures to ensure cultural relevance, practicality, and effectiveness, since poorly designed tools may lead to inaccurate interpretation of learner needs and ineffective intervention planning. In the Philippine educational setting, Goc-ong (2024) emphasized the importance of improving assessment policies within the K to 12 program to enhance accountability, consistency, and quality assurance. Likewise, Connors et al. (2022) stressed that evidence-based assessment development and stakeholder collaboration contribute to more effective implementation of standardized assessments. The APA (2023) further noted that valid and reliable assessment systems improve educational decision-making and intervention planning.

Student readiness refers to the preparedness of learners to participate effectively in educational and health-related activities. According to the National Survey of Children's Health (2023), school readiness includes domains such as self-regulation, social-emotional development, physical well-being, and learning skills, which influence learner participation and performance. Following the COVID-19 pandemic, learner readiness became a major concern because disruptions affected students' physical, emotional, psychological, and social development. De Torres (2022) found that readiness significantly affects students' ability to adapt to educational changes and participate effectively in school activities, while Schlichting et al. (2023) explained that developmental and behavioral readiness strongly predicts student participation and educational performance. These findings indicate that readiness assessment is important in identifying learner barriers and support needs.

Readiness assessment is increasingly integrated into educational and healthcare systems to improve learner support services and preventive healthcare delivery. The Maryland State Department of Education (2023) reported that readiness assessments provide valuable information for designing targeted interventions and support programs, while the Department of Education (2025) emphasized the importance of learner health assessment and readiness monitoring to ensure safe participation in school-based activities and health programs. School-based health programs are recognized as important components of preventive healthcare and adolescent population health promotion because they provide students with access to health education, vaccination support, nutrition interventions, mental health services, and behavioral health programs. The CDC (2024) emphasized that comprehensive school health programs contribute to improved health behaviors, healthcare accessibility, reduced disease risks, and enhanced academic participation among adolescents. Likewise, Schlichting et al. (2023) reported that emotional, behavioral, and developmental readiness significantly influences participation in school-based interventions and long-term health outcomes.

In the Philippines, the Department of Education implements several school health programs such as the School-Based Feeding Program, Mental Health Program, National Drug Education Program (NDEP), Wash in Schools (WinS), School Dental Health Care Program, and School-Based Immunization Program to promote the holistic well-being of learners. According to Department of Education (DepEd) Order No. 39, s. 2017, these initiatives support the physical, emotional, social, and psychological development of students and help improve learner participation and educational outcomes. The DepEd (2011) further reported that school health and nutrition programs improve learner concentration, classroom participation, and physical wellness, while Department of Education (DepEd) Memorandum No. 050, s. 2025 emphasized the importance of learner health assessment and readiness monitoring systems in identifying students who may require interventions and support services. However, Connors et al. (2022) explained that inconsistent assessment systems may affect the quality of educational and health program implementation, while Cuyag, Silvestre, and Tandog (2024) identified weaknesses in educational assessment systems in ensuring consistency and accountability across schools.

Despite the importance of readiness assessment, limited studies specifically addressed the development of a standardized assessment tool for participation in Department of Education health programs. Existing studies primarily



focused on academic readiness, online learning readiness, or institutional assessment systems rather than readiness for school health participation. De Torres (2022) examined readiness toward mobile learning, while Balzer et al. (2022) focused on statistical health outcomes rather than localized readiness assessment instruments. Moreover, Goc-ong (2024) emphasized the need for continuous improvement of educational assessment systems, while the Education Innovation Cluster (2022) highlighted the limited availability of readiness assessment tools specifically designed for K to 12 educational systems. These findings support the need to develop a standardized, valid, and reliable assessment tool that may strengthen school healthcare delivery, nursing interventions, preventive healthcare planning, and adolescent population health promotion within Philippine schools.

The reviewed literature consistently demonstrates that standardized assessment systems are essential in improving educational decision-making, healthcare delivery, learner monitoring, health promotion, and evidence-based intervention planning. Previous studies established that physical, emotional, social, and behavioral readiness significantly influence students' participation in educational and health-related activities, while valid and reliable assessment tools enhance the effectiveness of school health programs, preventive healthcare initiatives, and learner support services. Furthermore, research highlights the importance of readiness assessment in identifying learner needs, guiding intervention planning, and promoting positive educational and health outcomes. Despite these established findings, limited evidence exists regarding a validated and standardized instrument specifically designed to assess student readiness for participation in Department of Education health programs within the Philippine context. Existing assessment tools primarily focus on academic readiness, online learning readiness, institutional assessment systems, or general health outcome monitoring, making them insufficient for comprehensively evaluating learners' preparedness to engage in school-based health initiatives. Consequently, current assessment approaches remain fragmented and do not adequately capture the multidimensional nature of readiness required for participation in health programs. To address this empirical and contextual gap, the present study develops and validates a standardized assessment tool that integrates physical, emotional, social, and behavioral readiness indicators. The instrument is intended to provide a comprehensive, valid, and reliable mechanism for assessing learner preparedness and supporting school healthcare delivery, nursing practice, preventive healthcare planning, adolescent health promotion, and evidence-based public health program implementation in Philippine schools.

### Theoretical Framework

The study was anchored on the Health Belief Model (HBM) developed by Rosenstock, which explains that an individual's readiness to engage in health-related behaviors is influenced by personal beliefs, perceived benefits, perceived barriers, and readiness to take action. The theory emphasizes that individuals are more likely to participate in preventive healthcare interventions when they recognize the importance of health promotion and believe they are capable of participating effectively. In the context of the present study, student readiness to participate in DepEd health programs was influenced by physical, emotional, social, and behavioral factors that may affect learners' willingness and preparedness to engage in school-based health interventions and preventive healthcare activities.

The study also utilized the Input–Process–Output (IPO) Model as the operational framework in developing the standardized assessment tool. The input of the study consisted of the indicators of student readiness namely physical readiness, emotional readiness, social readiness, and behavioral readiness. These variables served as the foundation in identifying the dimensions necessary for assessing learner preparedness in participating in school health programs. The process involved the systematic development and validation of the assessment instrument through literature review, identification of indicators, item construction, expert validation, reliability testing using Cronbach's Alpha, data gathering, and statistical analysis. The output of the study was the development of a standardized, valid, reliable, and acceptable assessment tool that may support school-based healthcare delivery, nursing interventions, preventive healthcare planning, and public health program implementation.

The framework illustrated that physical, emotional, social, and behavioral readiness significantly influenced student preparedness to participate in school health interventions. Furthermore, the developed readiness assessment tool may assist school nurses, healthcare personnel, educators, and administrators in identifying learners who may require additional support and intervention prior to participation in health-related programs and activities.

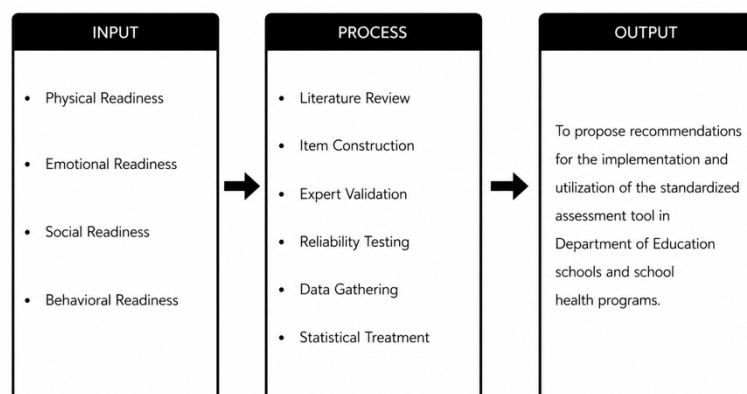


Figure 1. Research framework.

### Statement of the Problem

School-based health programs serve as important platforms for promoting adolescent health, preventive healthcare, and population health improvement through initiatives such as mental health programs, school-based feeding interventions, vaccination campaigns, hygiene promotion, and wellness activities. These programs contribute significantly to health promotion, disease prevention, and the overall well-being of learners. However, many schools continue to experience challenges in determining whether students are adequately prepared to participate in these health interventions due to the absence of a standardized and evidence-based readiness assessment tool. This limitation may result in inconsistent assessment practices, inadequate health monitoring, fragmented intervention planning, and difficulties in identifying students who may require additional physical, emotional, behavioral, or psychosocial support.

The lack of a standardized readiness assessment mechanism may also hinder school nurses, healthcare providers, educators, and public health practitioners from effectively identifying learner needs, prioritizing preventive health interventions, and implementing evidence-based healthcare strategies. Although previous studies have examined learner readiness, educational assessment systems, and school-based interventions, limited research has focused on the development and validation of a readiness assessment instrument specifically designed for participation in Department of Education health programs within the Philippine context.

Considering the growing importance of school-based healthcare delivery, adolescent health promotion, nursing assessment, preventive healthcare planning, and public health program implementation, there is a need to develop a valid, reliable, and standardized assessment tool that can systematically evaluate student readiness for participation in Department of Education health programs. Hence, this study sought to develop and validate a standardized assessment tool that may support evidence-based nursing practice, school healthcare delivery, public health planning, and adolescent population health improvement through the assessment of student readiness to participate in Department of Education health programs.

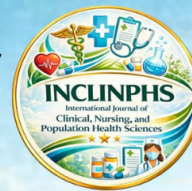
### Research Objectives

#### General Objective

To develop and validate a standardized assessment tool for evaluating student readiness to participate in Department of Education health programs and determine its acceptability.

#### Specific Objectives

1. To identify the indicators of student readiness in terms of physical, emotional, social, and behavioral readiness for participation in Department of Education health programs.
2. To develop a standardized assessment tool for measuring student readiness to participate in school-based health interventions and preventive healthcare activities.
3. To determine the content validity and face validity of the developed assessment tool.
4. To assess the reliability of the developed assessment tool using Cronbach's Alpha coefficient.
5. To evaluate the acceptability of the developed assessment tool in terms of clarity, usability, and relevance.



6. To formulate recommendations for the implementation and utilization of the standardized assessment tool in Department of Education schools and school health programs.

### Research Questions

1. What are the indicators of student readiness to participate in Department of Education health programs in terms of:
  - 1.1 Physical readiness;
  - 1.2 Emotional readiness;
  - 1.3 Social readiness; and
  - 1.4 Behavioral readiness?
2. What standardized assessment tool may be developed to assess student readiness for participation in school-based health interventions and preventive healthcare activities?
3. To what extent does the developed assessment tool demonstrate:
  - 3.1 Content validity; and
  - 3.2 Face validity.
4. What is the reliability level of the developed assessment tool based on Cronbach's Alpha coefficient?
5. To what extent is the developed assessment tool acceptable in terms of:
  - 5.1 Clarity;
  - 5.2 Usability; and
  - 5.3 Relevance.
6. What recommendations may be proposed for the implementation and utilization of the standardized assessment tool in Department of Education health programs?

### METHODS

#### Research Design

The study employed a descriptive-developmental research design to develop and validate a standardized assessment tool for evaluating student readiness to participate in Department of Education health programs. The descriptive component was utilized to assess the physical, emotional, social, and behavioral readiness of students in relation to participation in school-based health interventions and preventive healthcare activities. The developmental component focused on the systematic construction, validation, and reliability testing of the assessment instrument.

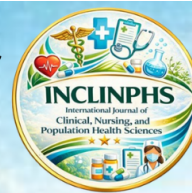
This research design was considered appropriate because the study aimed not only to describe learner readiness but also to develop an evidence-based assessment tool that may support school healthcare delivery, nursing interventions, public health planning, and adolescent health promotion within educational settings. At the same time, descriptive-developmental design was appropriate because it enabled the systematic identification of readiness indicators, development of instrument items, validation of content and structure, and evaluation of reliability and acceptability prior to implementation in school health settings.

#### Population and Sampling

The study was conducted among students enrolled in selected secondary school located in Arayat, Pampanga, Philippines. The study involved 1,300 high school students enrolled in selected secondary schools implementing Department of Education health programs. These students served as the primary participants because they were directly involved in school-based health interventions and preventive healthcare activities such as wellness programs, mental health initiatives, hygiene promotion, and health education activities. Using the Raosoft sample size calculator with a 95% confidence level, 5% margin of error, and 50% response distribution, the recommended sample size was 297 respondents. The participants were selected through stratified random sampling to ensure proportional representation across grade levels and student groupings. This sampling technique minimized selection bias and ensured that the data represented the target adolescent population participating in school health programs.

#### Instrument

The primary instrument used in the study was a researcher-developed questionnaire designed to assess student readiness to participate in Department of Education health programs. The instrument consisted of twenty (20) items categorized into four dimensions namely physical readiness, emotional readiness, social readiness, and behavioral readiness, with five (5) items assigned to each dimension. The questionnaire items were developed based on related literature, Department of Education health program guidelines, school health policies, and previous studies related to



learner readiness, adolescent health, preventive healthcare, and school-based health interventions. A four-point Likert scale was utilized with the following response categories: 4 – Highly Ready, 3 – Ready, 2 – Less Ready, and 1 – Not Ready. The instrument underwent content validation and face validation through expert evaluation involving professionals with backgrounds in education, public health, and healthcare-related research. Reliability testing was conducted using Cronbach's Alpha to determine the internal consistency of the instrument prior to its administration.

### Scale of Interpretation and Decision Rules

**Table 1**  
*Readiness Interpretation Scale*

Weighted Mean Range Verbal Interpretation	
3.26 – 4.00	Highly Ready
2.51 – 3.25	Ready
1.76 – 2.50	Less Ready
1.00 – 1.75	Not Ready

**Table 2**  
*Validity Interpretation Scale*

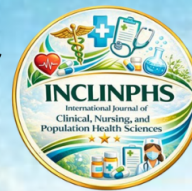
Weighted Mean Range Verbal Interpretation	
3.26 – 4.00	Highly Valid
2.51 – 3.25	Valid
1.76 – 2.50	Moderately Valid
1.00 – 1.75	Not Valid

**Table 3**  
*Acceptability Interpretation Scale*

Weighted Mean Range Verbal Interpretation	
3.26 – 4.00	Highly Acceptable
2.51 – 3.25	Acceptable
1.76 – 2.50	Moderately Acceptable
1.00 – 1.75	Not Acceptable

**Table 4**  
*Reliability Interpretation Scale*

Cronbach's Alpha Value	Interpretation
0.90–1.00	Excellent Reliability
0.80–0.89	Good Reliability
0.70–0.79	Acceptable Reliability
0.60–0.69	Questionable Reliability
0.50–0.59	Poor Reliability
Below 0.50	Unacceptable Reliability



### Data Collection

Data collection was conducted from March 2 to May 10, 2026. Prior to data collection, permission to conduct the study was secured from the school principal and other authorized school officials overseeing the implementation of Department of Education health programs. The researcher coordinated with school administrators and health personnel regarding the administration of the assessment instrument within the selected educational settings. The researcher personally administered the questionnaires to the selected high school students during scheduled school activities related to health and wellness programs. The purpose of the study, the procedures involved, and the rights of the participants were clearly explained prior to data collection. The respondents were given sufficient time to complete the questionnaire, and all accomplished instruments were retrieved immediately after completion. The collected data were checked for completeness, organized systematically, and prepared for statistical analysis. The data collection process was conducted within school community settings implementing school-based healthcare and preventive health programs to ensure that the responses reflected actual learner experiences related to participation in health interventions and wellness activities.

### Treatment of Data

The data gathered from the participants were analyzed using appropriate descriptive statistical methods. Frequency count and percentage were utilized to describe the demographic profile of the participants, while weighted mean was used to determine the level of student readiness in terms of physical, emotional, social, and behavioral readiness. The validity of the developed assessment tool was determined through expert evaluation focusing on content validity and face validity. Reliability testing was conducted using Cronbach's Alpha coefficient to determine the internal consistency and reliability of the instrument. The interpreted results served as the basis for evaluating the acceptability of the developed assessment tool in supporting school healthcare delivery, nursing interventions, preventive healthcare planning, and public health program implementation.

### Ethical Considerations

Prior to the conduct of the study, ethical approval was obtained from the School Research Committee of Arayat National High School under Approval No. 2026-001. The School Research Committee serves as the designated school-level ethics review body authorized by the Schools Division Office of Pampanga to review research involving students and educational assessments conducted within the school. The committee evaluates research proposals involving minors, informed consent and assent procedures, confidentiality measures, participant protection, and compliance with applicable Department of Education research and child protection policies.

The study was conducted as part of the academic requirements for the Doctor of Philosophy in Nursing program of The Philippine Women's University. However, because the research was implemented within Arayat National High School and involved participants under the jurisdiction of the Department of Education, ethical review was obtained from the School Research Committee of the host institution.

The study involved a non-invasive readiness assessment and posed minimal risk to participants. No clinical procedures, medical interventions, biological specimen collection, or diagnostic activities were performed. Written parental consent and student assent were obtained prior to participation.

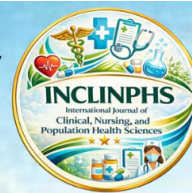
Confidentiality and privacy were strictly maintained throughout the study. No personally identifiable information was included in the data analysis and reporting of findings. All completed questionnaires and electronic records were stored securely and were accessible only to the researcher. The collected data were used solely for academic and research purposes and were presented in aggregate form to protect the identity of individual participants. Upon completion of the study, all research records will be retained and disposed of in accordance with applicable data privacy and research ethics guidelines.

## RESULTS and DISCUSSION

**Table 5**

*Indicators of Student Readiness to Participate in Department of Education Health Programs*

Variables	Indicators
Physical Readiness	Physical health condition, hygiene practices, energy level, attendance, compliance with health protocols
Emotional Readiness	Confidence, emotional management, willingness to participate, positive attitude, comfort in participation



Social Readiness	Cooperation, communication, respect for others, participation in group activities, support for school programs
Behavioral Readiness	Discipline, responsibility, compliance with school policies, healthy habits, active participation

Table 5 presents the identified indicators of student readiness for participation in school health programs, which include physical wellness, emotional stability, social interaction, and behavioral preparedness. These dimensions are important in preventive healthcare and adolescent health promotion because they influence learner participation in health interventions, wellness activities, and public health programs within school settings. The findings suggested that readiness assessment may assist school nurses, healthcare personnel, and educators in identifying students who may require additional support, counseling, or targeted interventions prior to participation in school-based healthcare activities. These results support the findings of Connors et al. (2022), who emphasized that learner participation in school health programs is influenced by physical, emotional, social, and behavioral preparedness. Similarly, Schlichting et al. (2023) explained that behavioral and developmental readiness significantly affects learner engagement and participation in educational programs, while the Department of Education (2025) highlighted the importance of readiness assessment systems in identifying learner preparedness and support needs before participation in school health initiatives.

**Table 6**

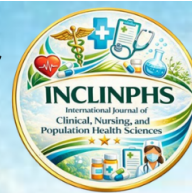
*Summary Table on the Level of Student Readiness to Participate in Department of Education Health Programs*

Variables	Overall Mean Verbal Interpretation	
Physical Readiness	3.43	Highly Ready
Emotional Readiness	3.31	Highly Ready
Social Readiness	3.40	Highly Ready
Behavioral Readiness	3.45	Highly Ready
<b>Grand Mean</b>	<b>3.40</b>	<b>Highly Ready</b>

Note. Scores were interpreted using the following scale: 3.26–4.00 = Highly Ready; 2.51–3.25 = Ready; 1.76–2.50 = Less Ready; and 1.00–1.75 = Not Ready.

Table 6 presents the summary of the level of student readiness to participate in Department of Education health programs, revealing a grand mean of 3.40 verbally interpreted as Highly Ready, which indicates that students were generally prepared to participate in school health-related activities and programs. Among the variables, behavioral readiness obtained the highest mean of 3.45, while emotional readiness obtained the lowest mean of 3.31, although both were still interpreted as Highly Ready. The findings indicated that the respondents demonstrated preparedness in terms of physical wellness, emotional stability, social interaction, and responsible behavior necessary for active participation in school-based health interventions and preventive healthcare activities. This finding is important in public health and nursing practice because readiness influences learner participation, compliance with health protocols, and responsiveness to healthcare programs delivered within educational settings. These findings support the study of Connors et al. (2022), which emphasized that learner readiness significantly influences participation and engagement in school health programs. Similarly, Schlichting et al. (2023) explained that students who exhibit social, emotional, and behavioral preparedness are more likely to participate effectively in educational and wellness activities, while the Department of Education (2025) highlighted the importance of learner readiness assessment systems in ensuring safe and effective participation in school-based health programs.

The findings have significant implications for nursing practice, healthcare systems, and educational policy. School nurses may utilize readiness assessment results to identify students who require additional health support, preventive education, psychosocial interventions, or referral services before participating in school health programs. From a healthcare systems perspective, readiness data may assist school administrators and health personnel in prioritizing interventions, allocating resources, and monitoring student health needs more effectively. Furthermore, the results may support the Department of Education in strengthening learner health monitoring systems and developing evidence-based policies that enhance the delivery and effectiveness of school health programs.



**Table 7**  
*Level of Physical Readiness of Students*

Indicators	Weighted Mean	Verbal Interpretation
I am physically healthy enough to participate in school health programs.	3.42	Highly Ready
I regularly practice proper hygiene and cleanliness.	3.51	Highly Ready
I have enough energy to participate in school health activities.	3.37	Highly Ready
I follow health and safety protocols implemented by the school.	3.45	Highly Ready
I attend school regularly to participate in health-related activities.	3.39	Highly Ready
<b>Overall Mean</b>	<b>3.43</b>	<b>Highly Ready</b>

Note. Scores were interpreted using the following scale: 3.26–4.00 = Highly Ready; 2.51–3.25 = Ready; 1.76–2.50 = Less Ready; and 1.00–1.75 = Not Ready.

Table 7 shows the level of physical readiness of students to participate in Department of Education health programs with an overall weighted mean of 3.43 verbally interpreted as Highly Ready. The highest mean of 3.51 indicated that students regularly practiced proper hygiene and cleanliness. This implies that learners demonstrated awareness and compliance with health practices encouraged by the school.

The findings support the study of the Centers for Disease Control and Prevention (2024), which stated that proper hygiene and physical wellness contribute significantly to learner participation and school engagement. Similarly, the Department of Education (2025) emphasized that physical readiness and health screening are essential in ensuring learners' safe participation in school activities. Connors et al. (2022) also explained that students who are physically prepared are more likely to participate actively in school-based health programs and interventions.

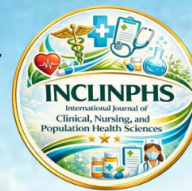
The high level of physical readiness observed among the students suggests that many learners possess the necessary physical capacity to participate in school health activities. School nurses may use these findings to identify students who require nutritional support, health screening, physical fitness interventions, or medical referrals prior to program participation. The assessment results may also guide healthcare resource allocation by helping schools prioritize wellness activities and preventive healthcare services. At the policy level, physical readiness monitoring may contribute to strengthening school health assessment protocols and supporting initiatives aimed at improving adolescent health outcomes.

**Table 8**  
*Level of Emotional Readiness of Students*

Indicators	Weighted Mean	Verbal Interpretation
I feel confident in participating in school health programs.	3.29	Highly Ready
I can manage my emotions during school activities.	3.21	Ready
I am willing to participate in activities that promote health and wellness.	3.40	Highly Ready
I feel comfortable interacting with teachers and classmates during health activities.	3.35	Highly Ready
I remain positive when participating in school health programs.	3.31	Highly Ready
<b>Overall Mean</b>	<b>3.31</b>	<b>Highly Ready</b>

Note. Scores were interpreted using the following scale: 3.26–4.00 = *Highly Ready*; 2.51–3.25 = *Ready*; 1.76–2.50 = *Less Ready*; and 1.00–1.75 = *Not Ready*.

Table 8 presents the level of emotional readiness of students with an overall weighted mean of 3.31 interpreted as Highly Ready. The findings indicate that students generally possessed confidence, willingness, and positive attitudes toward participation in health-related activities. However, the indicator related to emotional management obtained the lowest mean of 3.21, interpreted as Ready.



The result suggests that while learners are emotionally prepared to participate in school health programs, some students may still experience emotional challenges during participation. This finding agrees with De Torres (2022), who explained that emotional readiness influences learner adaptability and participation in school activities. Schlichting et al. (2023) also emphasized that emotional preparedness affects students' behavioral engagement and participation in educational settings. Furthermore, the American Psychological Association (2023) noted that emotional support systems and readiness assessments are important in helping students participate effectively in school-based programs.

The findings on emotional readiness highlight the importance of addressing learners' psychological and emotional well-being as part of school health programs. School nurses, guidance counselors, and healthcare providers may utilize readiness assessment results to identify students who require psychosocial support, emotional counseling, stress management interventions, or mental health referrals. These findings may also support healthcare monitoring systems by identifying emotional health trends among students and informing intervention planning. Moreover, the results may guide policymakers in strengthening mental health initiatives and emotional wellness programs within educational institutions.

**Table 9***Level of Social Readiness of Students*

Indicators	Weighted Mean Verbal Interpretation	
I cooperate well with my classmates during group health activities.	3.46	Highly Ready
I respect the opinions and participation of others during school programs.	3.49	Highly Ready
I communicate effectively with teachers and classmates.	3.33	Highly Ready
I actively participate in school activities that promote health awareness.	3.30	Highly Ready
I support school programs that aim to improve student health and wellness.	3.44	Highly Ready
<b>Overall Mean</b>	<b>3.40</b>	<b>Highly Ready</b>

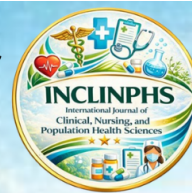
Note. Scores were interpreted using the following scale: 3.26–4.00 = *Highly Ready*; 2.51–3.25 = *Ready*; 1.76–2.50 = *Less Ready*; and 1.00–1.75 = *Not Ready*.

Table 9 reveals the level of social readiness of students with an overall weighted mean of 3.40 interpreted as Highly Ready, indicating that students demonstrated positive social interaction, cooperation, and communication skills during participation in school health programs. The highest mean was obtained by respecting the opinions and participation of others during school programs, suggesting that learners value collaboration and inclusiveness during activities. Social readiness is important in healthcare delivery systems because effective communication, cooperation, and peer support contribute to the successful implementation of public health programs and health promotion activities. These findings support the study of Schlichting et al. (2023), which emphasized that social readiness and interpersonal skills contribute to effective learner participation. Likewise, Connors et al. (2022) highlighted the importance of collaborative participation and social support systems in school health implementation, while the Department of Education (2024) stressed that social engagement among learners enhances participation and program effectiveness in school-based activities.

Social readiness plays an essential role in students' ability to participate effectively in school health programs. The findings may assist school nurses, teachers, and program coordinators in identifying learners who may benefit from peer support initiatives, social skills development activities, collaborative learning experiences, and community engagement programs. From a healthcare systems perspective, social readiness information may support intervention prioritization and the development of inclusive school health activities. The findings may also contribute to policy initiatives that promote positive social environments and strengthen student participation in health promotion programs.

**Table 10***Level of Behavioral Readiness of Students*

Indicators	Weighted Mean Verbal Interpretation	
I follow school rules and policies during health-related activities.	3.52	Highly Ready
I participate responsibly in school health programs.	3.43	Highly Ready



I demonstrate discipline during school activities and programs.	3.39	Highly Ready
I practice healthy habits encouraged by the school.	3.48	Highly Ready
I willingly participate in activities that promote physical and mental wellness.	3.41	Highly Ready
<b>Overall Mean</b>	<b>3.45</b>	<b>Highly Ready</b>

Note. Scores were interpreted using the following scale: 3.26–4.00 = Highly Ready; 2.51–3.25 = Ready; 1.76–2.50 = Less Ready; and 1.00–1.75 = Not Ready.

Table 10 presents the level of behavioral readiness of students with an overall weighted mean of 3.45 verbally interpreted as Highly Ready, indicating that students generally followed school rules, practiced healthy habits, and demonstrated responsible behavior during participation in school health activities. The findings suggested that learners possessed behavioral preparedness necessary for active participation in Department of Education health programs and were more likely to comply with school health policies and wellness activities. These results may assist healthcare providers, school nurses, and public health practitioners in identifying learners who may require behavioral support and targeted health education interventions. The findings support the Department of Education (2025), which emphasized that learner discipline and compliance with health-related policies contribute to effective school health program implementation. Similarly, Connors et al. (2022) explained that responsible learner behavior enhances program participation and intervention outcomes, while the CDC (2024) emphasized that behavioral readiness and healthy habits improve learner wellness and school health outcomes.

Behavioral readiness is a critical component of successful participation in health-related programs because it reflects students' willingness to engage in healthy practices and comply with recommended interventions. School nurses may use the findings to identify students who require behavioral counseling, health coaching, preventive health education, or behavior modification programs. The assessment results may also support healthcare planning by enabling schools to prioritize behavioral health interventions and monitor changes in student health behaviors over time. Furthermore, the findings may assist educational and health policymakers in designing evidence-based strategies that promote positive health behaviors among adolescents.

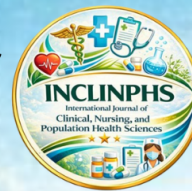
**Table 11**

*Developed Standardized Assessment Tool*

Components	Description
Title of Instrument	Student Readiness Assessment Tool for DepEd Health Programs
Number of Variables	4
Number of Items	20
Scale Used	Four-Point Likert Scale
Variables Included	Physical, Emotional, Social, and Behavioral Readiness

Table 11 presents the developed standardized assessment tool for assessing student readiness to participate in DepEd health programs. The instrument consisted of four variables namely physical readiness, emotional readiness, social readiness, and behavioral readiness, with five indicators assigned to each variable for a total of 20 items measured using a four-point Likert scale. The development of the tool was based on literature reviews, DepEd guidelines, and concepts related to learner readiness and school health participation. These findings support the study of Renuka (2025), which emphasized that assessment instruments should be systematically designed to ensure reliability, usability, and relevance. Likewise, Goc-ong (2024) highlighted the importance of improving educational assessment systems through standardized and validated instruments, while Connors et al. (2022) explained that standardized assessment tools strengthen educational planning and intervention systems. Standardized assessment instruments also provide healthcare personnel and school administrators with reliable baseline data that may assist in identifying learner needs, planning interventions, and improving participation in school health programs.

The high validity ratings indicate that the developed assessment tool is appropriate for measuring student readiness to participate in Department of Education health programs. For nursing practice, the availability of a valid assessment instrument enhances the accuracy of student health evaluations and supports evidence-based decision-making. From a healthcare systems perspective, the use of a validated tool promotes consistency in data collection, improves monitoring processes, and strengthens the quality of school health assessments. The findings also support



policy initiatives that encourage the adoption of standardized assessment mechanisms for learner health monitoring and program evaluation.

**Table 12***Validity of the Developed Standardized Assessment tool*

Criteria	Mean	Verbal Interpretation
Content Validity	3.72	Highly Valid
Face Validity	3.80	Highly Valid
<b>Overall Mean</b>	<b>3.76</b>	<b>Highly Valid</b>

Note. Weighted mean scores were interpreted as follows: 3.26–4.00 (*Highly Valid*), 2.51–3.25 (*Valid*), 1.76–2.50 (*Moderately Valid*), and 1.00–1.75 (*Not Valid*).

Table 12 presents the validity of the developed standardized assessment tool with an overall mean of 3.76 verbally interpreted as Highly Valid. Among the indicators, face validity obtained the highest mean of 3.80, indicating that the instrument was clear, understandable, and appropriate for assessing student readiness. The findings implied that the developed instrument effectively measured the intended variables related to student readiness and may support accurate learner assessment, healthcare monitoring, and intervention planning within educational settings. These findings support the study of Renuka (2025), which stated that assessment tools must undergo validity testing to ensure accuracy and appropriateness. Similarly, the APA (2023) emphasized that valid assessment instruments improve educational decision-making and learner evaluation systems, while Goc-ong (2024) stressed the importance of valid educational assessment mechanisms in strengthening educational quality assurance. Valid assessment tools are also important in nursing and public health practice because they support evidence-based decision-making and effective healthcare intervention planning.

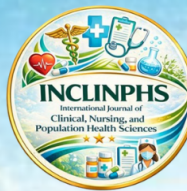
**Table 13***Reliability of the Developed Standardized Assessment Tool*

Reliability Test	Value	Interpretation
Cronbach's Alpha	0.91	Excellent Reliability

Note. The developed assessment tool obtained a Cronbach's alpha coefficient of 0.91, indicating excellent internal consistency and reliability. According to the reliability interpretation scale, values ranging from 0.90 to 1.00 signify excellent reliability.

Table 13 shows the reliability result of the developed standardized assessment tool with a Cronbach's Alpha value of 0.91 interpreted as Excellent Reliability, indicating that the items included in the instrument consistently measured the readiness of students to participate in DepEd health programs. The findings suggested that the developed assessment tool possessed strong internal consistency and reliability, making it useful for accurate learner assessment, intervention planning, and healthcare monitoring within educational settings. According to Connors et al. (2022), reliable assessment tools are necessary in ensuring consistency and accuracy in educational assessment systems, while Renuka (2025) explained that reliability testing is essential in determining the consistency of assessment instruments. Furthermore, the APA (2023) emphasized that highly reliable assessment tools improve the effectiveness of educational evaluation and intervention planning. Reliable assessment systems are also essential in healthcare and public health research because they improve the accuracy of data collection, intervention planning, and healthcare monitoring in school-based healthcare and preventive health programs.

The excellent reliability of the assessment tool indicates that it consistently measures student readiness across the identified dimensions. Reliable assessment instruments are essential in nursing practice because they provide dependable information for planning interventions, monitoring progress, and evaluating outcomes. At the systems level, reliable data contribute to effective healthcare monitoring, resource planning, and program evaluation. The findings support the integration of standardized readiness assessments into school health monitoring systems to facilitate evidence-based decision-making and continuous quality improvement.

**Table 14***Acceptability of the Developed Standardized Assessment tool*

Criteria	Mean Verbal Interpretation
Clarity	3.78 Highly Acceptable
Usability	3.70 Highly Acceptable
Relevance	3.82 Highly Acceptable
<b>Overall Mean 3.76 Highly Acceptable</b>	

Note. Weighted mean scores were interpreted as follows: 3.26–4.00 (*Highly Acceptable*), 2.51–3.25 (*Acceptable*), 1.76–2.50 (*Moderately Acceptable*), and 1.00–1.75 (*Not Acceptable*).

Table 14 presents the acceptability of the developed standardized assessment tool in terms of clarity, usability, relevance, and practicality. The findings revealed that the instrument was highly acceptable, indicating that the assessment items were clear, understandable, relevant, and practical for evaluating student readiness to participate in Department of Education health programs. The high acceptability rating suggests that the instrument may be readily utilized by school nurses, teachers, and health program coordinators in assessing learner readiness and identifying areas requiring intervention prior to participation in school health activities.

The findings support Hoover et al. (2022), who emphasized that effective assessment tools should be understandable, user-friendly, and applicable to the intended population to ensure accurate data collection and meaningful interpretation of results. Similarly, Connors et al. (2022) noted that assessment instruments with high levels of usability and practicality contribute to more efficient program implementation, monitoring, and evaluation. The relevance of the developed assessment tool further indicates its capacity to measure important dimensions of readiness, including physical, emotional, social, and behavioral preparedness, which are essential components of successful participation in school health interventions.

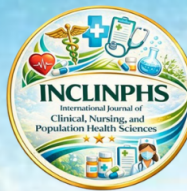
The high acceptability of the instrument has important implications for nursing practice, healthcare systems, and educational policy. School nurses may utilize the tool to identify students who require preventive health education, psychosocial support, behavioral counseling, or referral services before participating in health programs. The assessment results may also support healthcare monitoring systems by providing standardized information that can be used for intervention planning, resource allocation, and program prioritization. Furthermore, the findings support the recommendations of Goc-ong (2024) and Cuyag et al. (2024), who emphasized the importance of standardized assessment mechanisms in strengthening educational accountability, learner monitoring, and evidence-based decision-making. Consequently, the developed assessment tool may contribute to the enhancement of school health monitoring systems and support evidence-based planning and implementation of adolescent health programs within educational settings.

## Conclusions

Based on the findings of the study, it was concluded that the developed standardized assessment tool was an effective, valid, reliable, and highly acceptable instrument for assessing student readiness to participate in DepEd health programs. The study identified physical readiness, emotional readiness, social readiness, and behavioral readiness as important dimensions influencing learner preparedness for participation in school-based health interventions and preventive healthcare activities. The findings further demonstrated that students generally exhibited a high level of readiness to participate in health-related programs and wellness activities implemented within educational settings.

The study also concluded that the developed assessment tool may contribute significantly to evidence-based nursing practice, school healthcare delivery, preventive healthcare planning, and adolescent population health promotion. The instrument may assist school nurses, healthcare personnel, educators, public health practitioners, and policymakers in identifying learners who may require additional physical, emotional, behavioral, or psychosocial support prior to participation in school health programs. Furthermore, the study highlighted the importance of readiness assessment in strengthening healthcare delivery systems, improving school-based public health interventions, and supporting population health improvement through a context-specific and evidence-based assessment tool for adolescent learners.

The developed standardized assessment tool demonstrated acceptable levels of validity, reliability, and acceptability, indicating its suitability for assessing student readiness to participate in Department of Education health



programs. Beyond its application in learner assessment, the tool may contribute to healthcare systems by supporting systematic learner health monitoring, resource prioritization, intervention planning, and evidence-based implementation of school health programs. The readiness information generated through the instrument may assist school nurses, educators, and healthcare providers in identifying student needs and developing appropriate health interventions. Furthermore, the tool may support evidence-based health policy development by strengthening school health policies, readiness monitoring frameworks, and program planning initiatives designed to improve adolescent health outcomes and enhance the effectiveness of school-based health services.

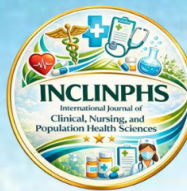
### Recommendations

Based on the findings and conclusions of the study, the following recommendations are offered:

1. Department of Education schools may consider integrating the developed standardized assessment tool into school health assessment procedures to evaluate student readiness prior to participation in health programs and preventive healthcare activities.
2. School administrators and health program coordinators may utilize the assessment tool to support learner readiness monitoring, intervention planning, and evidence-based implementation of school health initiatives.
3. School nurses may use readiness assessment results to identify students who may require preventive health education, psychosocial support, behavioral counseling, health screening, or referral services prior to participation in school health programs. The findings may also assist nurses in planning individualized and group-based health interventions that address identified learner needs.
4. Public health practitioners may utilize readiness assessment data to guide the development, implementation, and evaluation of adolescent health promotion activities, preventive healthcare programs, and community-based interventions designed to improve student health outcomes.
5. Healthcare providers may consider the assessment results when planning collaborative school-health initiatives, providing targeted health services, and supporting referral systems for students who require additional medical, behavioral, nutritional, or psychosocial interventions.
6. Policymakers and educational leaders may consider utilizing the findings of this study in strengthening school health policies, readiness monitoring frameworks, learner health surveillance systems, and evidence-based planning of school health programs. The developed assessment tool may serve as a valuable resource in supporting standardized learner assessment and health program evaluation within educational settings.
7. Future researchers may conduct additional studies involving larger and more diverse populations to further evaluate the validity, reliability, and acceptability of the assessment tool across different educational contexts and geographical locations.
8. Future studies may examine the relationship between student readiness and health program outcomes to generate additional evidence supporting the development of effective school health interventions, healthcare planning strategies, and adolescent health policies.

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