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DIRECTIONS

This document contains items included on the online Smart Source tool for secondary schools. Some of the questions are only relevant based on answers to previous questions—these are noted in italics at the top of each item. Finally, many of the questions have sub-questions that appear within a matrix—please respond to each of the sub-questions.

GENERAL HEALTH POLICIES AND PRACTICES

The questions in this section refer to the school wellness team (if applicable) and the Unified Improvement Planning Process. The principal or any member of the school’s health council, committee, or team could likely help provide answers to these questions.

<p>1) Is there one or more than one group (e.g., school health council, committee, team) at your school that offers guidance on the development of policies or coordinates activities on health topics?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>																	
<p>2) <i>[Note: answer only if yes is selected in #1 above]</i> In addition to school staff, does your school health council, committee, or team include membership from the following?</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) School administrators</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Students</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Parents/guardians</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Community leaders (e.g., representatives of local public health, county/city government, community-based organizations)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Yes	No	a) School administrators	<input type="checkbox"/>	<input type="checkbox"/>	b) Students	<input type="checkbox"/>	<input type="checkbox"/>	c) Parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	d) Community leaders (e.g., representatives of local public health, county/city government, community-based organizations)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No															
a) School administrators	<input type="checkbox"/>	<input type="checkbox"/>															
b) Students	<input type="checkbox"/>	<input type="checkbox"/>															
c) Parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>															
d) Community leaders (e.g., representatives of local public health, county/city government, community-based organizations)	<input type="checkbox"/>	<input type="checkbox"/>															
<p>3) <i>[Note: answer only if yes is selected in #1 above]</i> How many times, on average, does your school health council, committee, or team meet per school year?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 1-2 times</p>																	

<input type="checkbox"/> 3-4 times <input type="checkbox"/> 5-6 times <input type="checkbox"/> 7 or more times		
4) [Note: answer only if yes is selected in #1 above] During the past year, has any school health council, committee, or team at your school done any of the following activities?		
	Yes	No
a) Identified student health needs based on a review of relevant data	<input type="checkbox"/>	<input type="checkbox"/>
b) Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	<input type="checkbox"/>	<input type="checkbox"/>
c) Sought funding or leveraged resources to support health and safety priorities for students and staff	<input type="checkbox"/>	<input type="checkbox"/>
d) Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members	<input type="checkbox"/>	<input type="checkbox"/>
e) Reviewed health-related curricula or instructional materials	<input type="checkbox"/>	<input type="checkbox"/>
f) Assessed the availability of physical activity opportunities for students	<input type="checkbox"/>	<input type="checkbox"/>
g) Developed a written plan for implementing a Comprehensive School Physical Activity Program (a multi-component approach that provides opportunities for students to be physically active before, during, and after school)	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your school have an identified staff person who leads or coordinates school health efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6) Has your school adopted a wellness policy (school and/or district-created)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7) Does your school have a procedure to follow up on students with chronic absenteeism? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8) Does your school incorporate health and wellness in its Unified Improvement Planning Process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9) Does your school administer a survey to assess perceptions of school climate to the following?		
	Yes	No
a) Students	<input type="checkbox"/>	<input type="checkbox"/>
b) Teachers	<input type="checkbox"/>	<input type="checkbox"/>
c) Other staff	<input type="checkbox"/>	<input type="checkbox"/>
d) Parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>
10) Does your school participate in the following student-level health and wellness assessments?		
	Yes	No
a) A district-created assessment	<input type="checkbox"/>	<input type="checkbox"/>
b) Healthy Kids Colorado Survey (or the Youth Risk Behavior Survey)	<input type="checkbox"/>	<input type="checkbox"/>
c) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

11) Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas?		
	Yes	No
a) Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
b) Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
c) Tobacco-use prevention	<input type="checkbox"/>	<input type="checkbox"/>
d) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
e) Injury and violence prevention	<input type="checkbox"/>	<input type="checkbox"/>
f) HIV, STD, and teen pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION

The questions in this section refer to the food and beverages available to students at your school. The principal or food service manager could likely help provide answers to these questions. "Healthy foods" mentioned throughout this section generally refer to foods that are low in calories (i.e., 200 calories or less per serving), low in fat, low sodium (i.e., less than 200 mg per serving), low in added sugar, and high in whole grains (if applicable).

1) After being served, how many minutes, on average, do students have to eat the following meals?			
Breakfast: _____ minutes			
Lunch: _____ minutes			
2) Are students permitted to have a drinking water bottle during the school day?			
<input type="checkbox"/> Yes, in all locations			
<input type="checkbox"/> Yes, in certain locations			
<input type="checkbox"/> No			
3) Does your school offer a free source of drinking water in the following locations?			
	Yes	No	N/A, your school does not have this location
a) Cafeteria during breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cafeteria during lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Gymnasium or other indoor physical activity facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Outdoor physical activity facilities and sports fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Hallways throughout the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered?			
<input type="checkbox"/> Food or beverages are not offered at school celebrations			
<input type="checkbox"/> Never			
<input type="checkbox"/> Rarely			
<input type="checkbox"/> Sometimes			
<input type="checkbox"/> Always or almost always			
5) Does your school prohibit advertisements for candy, fast food restaurants, or soft drinks in each of the following locations?			
	Yes	No	
a) In school buildings	<input type="checkbox"/>	<input type="checkbox"/>	
b) On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	<input type="checkbox"/>	<input type="checkbox"/>	
c) On school buses or other vehicles to transport students	<input type="checkbox"/>	<input type="checkbox"/>	

d) In school publications (e.g., newsletters, newspapers, web sites, other school publications)	<input type="checkbox"/>	<input type="checkbox"/>						
e) In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	<input type="checkbox"/>	<input type="checkbox"/>						
6) Has your school adopted a written <u>policy</u> (school and/or district-created) that...	Yes	No						
a) Prohibits using food as a reward (e.g., food coupons, candy for positive behavior)?	<input type="checkbox"/>	<input type="checkbox"/>						
b) Prohibits the advertising of unhealthy food/beverages on school grounds (e.g., banners, student newspaper)?	<input type="checkbox"/>	<input type="checkbox"/>						
c) Requires predominantly healthy food/beverages for celebrations?	<input type="checkbox"/>	<input type="checkbox"/>						
d) Requires non-food or healthy food school-sponsored fundraisers (e.g., gift wrap, fruit baskets)?	<input type="checkbox"/>	<input type="checkbox"/>						
7) Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar?								
<input type="checkbox"/> Yes								
<input type="checkbox"/> No								
8) [Note: answer only if yes is selected in #7 above]								
Are food and beverages available for students to purchase during the following times?								
	Before school		During lunch		During the school day (not at lunch)		After school (not including at sporting events)	
	Yes	No	Yes	No	Yes	No	Yes	No
a) Vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School store, canteen, or snack bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) [Note: answer only if yes is selected in #7 above]								
Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or the snack bar?								
	Yes	No						
a) Chocolate candy	<input type="checkbox"/>	<input type="checkbox"/>						
b) Other kinds of candy	<input type="checkbox"/>	<input type="checkbox"/>						
c) Salty snacks that are not low in fat (e.g., regular potato chips)	<input type="checkbox"/>	<input type="checkbox"/>						
d) Low sodium or “no added salt” pretzels, crackers, or chips	<input type="checkbox"/>	<input type="checkbox"/>						
e) Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	<input type="checkbox"/>	<input type="checkbox"/>						
f) Ice cream or frozen yogurt that is not low in fat	<input type="checkbox"/>	<input type="checkbox"/>						
g) 2% or whole milk (plain or flavored)	<input type="checkbox"/>	<input type="checkbox"/>						
h) Nonfat or 1% (low-fat) milk (plain)	<input type="checkbox"/>	<input type="checkbox"/>						
i) Water ices or frozen slushes that do not contain juice	<input type="checkbox"/>	<input type="checkbox"/>						
j) Soda pop or fruit drinks that are not 100% juice	<input type="checkbox"/>	<input type="checkbox"/>						
k) Sports drinks (e.g., Gatorade)	<input type="checkbox"/>	<input type="checkbox"/>						
l) Energy drinks (e.g., Red Bull, Monster)	<input type="checkbox"/>	<input type="checkbox"/>						
m) Bottled water	<input type="checkbox"/>	<input type="checkbox"/>						
n) 100% fruit or vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>						
o) Foods or beverages containing caffeine	<input type="checkbox"/>	<input type="checkbox"/>						
p) Fruits (not fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>						
q) Non-fried vegetables (not vegetable juice)	<input type="checkbox"/>	<input type="checkbox"/>						

10) During this school year, has your school done any of the following?	Yes	No
a) Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	<input type="checkbox"/>	<input type="checkbox"/>
b) Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	<input type="checkbox"/>	<input type="checkbox"/>
c) Provided information to students or families on the nutrition and caloric content of foods available	<input type="checkbox"/>	<input type="checkbox"/>
d) Conducted taste tests to determine food preferences for nutritious items	<input type="checkbox"/>	<input type="checkbox"/>
e) Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	<input type="checkbox"/>	<input type="checkbox"/>
f) Served locally or regionally grown foods in the cafeteria or classrooms	<input type="checkbox"/>	<input type="checkbox"/>
g) Planted a school food or vegetable garden	<input type="checkbox"/>	<input type="checkbox"/>
h) Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	<input type="checkbox"/>	<input type="checkbox"/>
i) Used attractive displays for fruits and vegetables in the cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
j) Offered a self-serve salad bar to students	<input type="checkbox"/>	<input type="checkbox"/>
k) Labeled healthful foods with appealing names (e.g., crunchy carrots)	<input type="checkbox"/>	<input type="checkbox"/>
l) Encouraged students to drink plain water	<input type="checkbox"/>	<input type="checkbox"/>
m) Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	<input type="checkbox"/>	<input type="checkbox"/>
n) Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL EDUCATION/PHYSICAL ACTIVITY

Questions in this section refer to your school's physical education program and opportunities for students to participate in physical activity. The principal or physical education teacher could likely help provide answers to these questions.

1) (Definition: Required physical education means instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from your school.)

Is a **required physical education course** taught in each of the following grades in your school?

	Yes	No	N/A, grade not taught in your school
a) 6 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 7 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 8 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 9 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 10 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 11 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 12 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) What type of academic schedule does your school follow?

- Semester
- Quarter
- Trimester

3) How many _____s [fill in answer from #2 above] of physical education does your school require for each student (before graduating or advancing out of your school)? _____ semester(s)/quarter(s)/trimester(s)			
4) [Note: answer only if yes is selected in #1 above]			
a) How many class sessions per week, on average, are provided to a secondary student enrolled in physical education? _____ /week			
b) How many minutes, on average, is each secondary-level physical education class session? _____ minutes			
5) Does your school allow waivers for secondary-level physical education for the following?			
	Yes	No	N/A, your school does not offer this program
a) Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School-sponsored athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) During physical education courses, what <u>percentage</u> of the time, on average, are students engaged in moderate to vigorous physical activity (equivalent to brisk walking, bicycling, aerobic dance, etc.)? _____ % of the time			
7) Do the physical education programs at your school...			
	Yes	No	
a) Appropriately modify activities to promote the participation of all students (in particular, students with chronic health conditions and special needs)?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Use instructional strategies that support the needs of the diversity of the student population?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have a student/teacher ratio that is comparable with other classes at all grade levels?	<input type="checkbox"/>	<input type="checkbox"/>	
8) Does your school's physical education instruction use the following?			
	Yes	No	
a) Curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Health and Physical Education Standards	<input type="checkbox"/>	<input type="checkbox"/>	
b) Unit and lesson plans to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	
c) Objectives that are observable and measurable	<input type="checkbox"/>	<input type="checkbox"/>	
d) Summative/performative assessments (e.g., unit or course exams) to evaluate students' mastery of objectives	<input type="checkbox"/>	<input type="checkbox"/>	
e) Formative assessments	<input type="checkbox"/>	<input type="checkbox"/>	
9) How many physical education and/or dance teachers work at your school? Please give your answer in FTEs (full-time equivalents). For example, if your school has a full-time P.E. teacher (1.0 FTE) and a teacher that teaches 1 P.E./dance class per day out of 6 classes (.17 FTE), the total FTE would be 1.17. _____ physical education/dance teacher FTEs			
10) Does your school require your physical education/dance teachers to have the following?			
	Yes	No	
a) Undergraduate training in P.E.	<input type="checkbox"/>	<input type="checkbox"/>	
b) Graduate training in P.E.	<input type="checkbox"/>	<input type="checkbox"/>	
c) Licensure with an endorsement in P.E.	<input type="checkbox"/>	<input type="checkbox"/>	
d) Ongoing professional development related to physical education (at least annually)	<input type="checkbox"/>	<input type="checkbox"/>	

11) Does your school offer opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity?

Yes
 No

12) Outside of physical education, do students participate in physical activity breaks in classrooms during the school day?

Yes
 No

13) Does your school offer opportunities for all students to participate in intramural sports programs or physical activity clubs? *(Intramural sports programs or physical activity clubs are any physical activity programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.)*

Yes
 No

14) Does your school offer interscholastic sports to students?

Yes
 No

HEALTH EDUCATION

Questions in this section refer to your school's health education, including through health education courses (if applicable) and through health-related education that takes place in other classes or in school-sponsored events. The principal or staff members who teach health education could likely help provide answers to these questions.

1) Is a health education course offered in each of the following grades in your school?

	Yes	No	N/A, grade not taught at your school
a) 6 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 7 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 8 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 9 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 10 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 11 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 12 th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) How many _____s [fill in answer from #2 in the Physical Education/Physical Activity section above] of health education does your school require for each secondary student (before graduating or advancing out of your school)?
_____ semester(s)/quarter(s)/trimester(s)

3) [Note: answer only if yes is selected in #1 above]

a) How many class sessions per week, on average, are provided to a secondary student enrolled in health education?
_____ /week

b) How many minutes, on average, is each secondary-level health education class session?
_____ minutes

4) Do the following staff members teach health education topics at your school?		
	Yes	No
a) Health education teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
b) Physical education teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
c) Science teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
d) Non-science classroom teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
e) School counselor(s)	<input type="checkbox"/>	<input type="checkbox"/>
f) School nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>
g) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
5) [Note: answer only for each choice for which yes is selected in #4 above] Do the following staff members who teach health education receive professional development/training annually related to health education?		
	Yes	No
a) Health education teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
b) Physical education teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
c) Science teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
d) Non-science classroom teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
e) School counselor(s)	<input type="checkbox"/>	<input type="checkbox"/>
f) School nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>
g) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
6) [Note: answer only if yes is selected in #4a above] Does your school require its health education teachers to have the following?		
	Yes	No
a) Undergraduate training in health education	<input type="checkbox"/>	<input type="checkbox"/>
b) Graduate training in health education	<input type="checkbox"/>	<input type="checkbox"/>
c) Certification or licensure in health education	<input type="checkbox"/>	<input type="checkbox"/>
7) Does your school's health education instruction use the following?		
	Yes	No
a) Instruction/curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Health and Physical Education Standards	<input type="checkbox"/>	<input type="checkbox"/>
b) Unit and lesson plans to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>
c) Objectives that are observable and measurable	<input type="checkbox"/>	<input type="checkbox"/>
d) Units and lessons that provide opportunities for practicing health-related skills	<input type="checkbox"/>	<input type="checkbox"/>
e) Summative/performative assessments (e.g., unit or course exams, portfolios, peer to group projects, expeditionary learning) to evaluate students' mastery of standards and objectives	<input type="checkbox"/>	<input type="checkbox"/>
f) Formative assessments	<input type="checkbox"/>	<input type="checkbox"/>
8) Do your health education courses and lessons prioritize instruction on health skills (e.g., comprehend concepts, influences, access valid information, interpersonal communication, decision-making, goal setting, self-management, advocacy for self & others)?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
9) Are the following health education topics taught at your school (including through a health education course, another related course, or school assemblies or events)?		
	Yes	No
a) Healthy eating	<input type="checkbox"/>	<input type="checkbox"/>
b) Physical activity	<input type="checkbox"/>	<input type="checkbox"/>

c) Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>
d) Oral health	<input type="checkbox"/>	<input type="checkbox"/>
e) Mental and emotional wellness	<input type="checkbox"/>	<input type="checkbox"/>
f) Alcohol, tobacco and other drug use prevention	<input type="checkbox"/>	<input type="checkbox"/>
g) Unintentional injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
h) Violence prevention (e.g., bullying, fighting, homicide)	<input type="checkbox"/>	<input type="checkbox"/>
i) Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>
j) Human sexuality/sexual health education	<input type="checkbox"/>	<input type="checkbox"/>
k) Stress management	<input type="checkbox"/>	<input type="checkbox"/>
l) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

10) [Note: answer only if yes is selected in #9j above]
Does your school's health education program include instruction that is LGBTQ (lesbian/gay/bisexual/transgender/questioning)-inclusive?
 Yes
 No

11) [Note: answer only if yes is selected in #9j above]
Are the following topics taught as part of sexual health education at your school?

	Yes	No
a) Abstinence	<input type="checkbox"/>	<input type="checkbox"/>
b) Contraception	<input type="checkbox"/>	<input type="checkbox"/>
c) HIV/STI awareness	<input type="checkbox"/>	<input type="checkbox"/>
d) Adolescent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
e) Safe relationships (e.g., communication skills, consent, prevention of dating violence)	<input type="checkbox"/>	<input type="checkbox"/>
f) Internet/social media literacy	<input type="checkbox"/>	<input type="checkbox"/>

12) Does your school embed health content and skills into core content instruction?
 Yes
 No

HEALTH SERVICES

Questions in this section refer to student health services, and the principal or nurse could likely help provide answers to these questions. Additionally, some of the information requested can be found by running reports from a student information system (e.g., PowerSchool, Infinite Campus).

1) On average, how many hours per week is the school nurse/school nurse consultant present at your school?

0 hours/week (a school nurse/school nurse consultant is not present at our school)
 1-10 hours/week
 11-20 hours/week
 21-30 hours/week
 31-40 hours/week

2) Who at your school is designated to address daily health emergencies and chronic needs of students? Mark all that apply.

a) School nurse/school nurse consultant	<input type="checkbox"/>
b) Health clerk, health aide, health paraprofessional	<input type="checkbox"/>
c) Administrator	<input type="checkbox"/>
d) Secretary/administrative assistant	<input type="checkbox"/>

e) Other (please specify) _____	<input type="checkbox"/>				
3) [Note: answer only for each choice for which yes is selected in #2b-e above]					
Does a school nurse/school nurse consultant provide oversight and training to these designated staff?					
	Yes		No		
a) Health clerk, health aide, health paraprofessional	<input type="checkbox"/>		<input type="checkbox"/>		
b) Administrator	<input type="checkbox"/>		<input type="checkbox"/>		
c) Secretary/administrative assistant	<input type="checkbox"/>		<input type="checkbox"/>		
d) Other (please specify) _____	<input type="checkbox"/>		<input type="checkbox"/>		
4) On average, how many visits to the health room occur each month (including visits for daily medications)? _____ # visits/month					
5) Does your school have documentation of the number of students who have the following?					
	Yes		No		
a) Health conditions (e.g., asthma, life-threatening allergies, diabetes (type 1 or 2), seizures)	<input type="checkbox"/>		<input type="checkbox"/>		
b) Immunization status (including the number of students with signed personal, religious, or medical exemptions)	<input type="checkbox"/>		<input type="checkbox"/>		
c) Health insurance	<input type="checkbox"/>		<input type="checkbox"/>		
d) Medication needs	<input type="checkbox"/>		<input type="checkbox"/>		
e) A BMI at or above the 85 th percentile (may be taken as part of physical education screenings)	<input type="checkbox"/>		<input type="checkbox"/>		
6) [Note: answer only for each choice for which yes is selected in #5 above]					
Is this documentation available electronically (i.e., through a student information system such as Infinite Campus or PowerSchool) for the number of students who have the following?					
	Yes		No		
a) Health conditions (e.g., asthma, life-threatening allergies, diabetes (type 1 or 2), seizures)	<input type="checkbox"/>		<input type="checkbox"/>		
b) Immunization status (including the number of students with signed personal, religious, or medical exemptions)	<input type="checkbox"/>		<input type="checkbox"/>		
c) Health insurance	<input type="checkbox"/>		<input type="checkbox"/>		
d) Medication needs	<input type="checkbox"/>		<input type="checkbox"/>		
e) A BMI at or above the 85 th percentile (may be taken as part of physical education screenings)	<input type="checkbox"/>		<input type="checkbox"/>		
7) Does your school screen and refer for the following every year?					
	Yes, in all grades	Yes, in all grades but <u>not</u> for new students	Yes, in certain grades <u>and</u> for any new students	Yes, in certain grades but <u>not</u> for new students	No
a) Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) [Note: answer only for each choice for which yes is selected in #7 above]					
Once referrals are made, does your school have a follow-up procedure for the following?					
	Yes		No		
a) Hearing problems	<input type="checkbox"/>		<input type="checkbox"/>		
b) Vision problems	<input type="checkbox"/>		<input type="checkbox"/>		
c) Oral health problems	<input type="checkbox"/>		<input type="checkbox"/>		
9) Does your school actively seek outside funding sources (including in-kind donations) to support health services?					
<input type="checkbox"/> Yes					
<input type="checkbox"/> No					

10) Does your school routinely evaluate students with a physical and/or mental impairment for disability under Section 504?

- Yes
 No

COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES

Questions in this section refer to the counseling, psychological, and social services provided to students at your school. The principal, counselor, psychologist, or social worker could likely help provide answers to these questions.

1) How many hours per week, on average, are the following staff members present at your school?

	0 hours/week (this staff is not present at your school)	1-10 hours/week	11-20 hours/week	21-30 hours/week	31-40 hours/week
a) School counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) School social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Does your school assess all students (e.g., conduct a universal screening) at least once annually to identify their social, emotional, and behavioral health needs?

- Yes
 No

3) Have the following staff members at your school received training on how to identify and/or support students in need of social, emotional, and behavioral health supports?

	Training to <u>identify</u> students			Training to <u>support</u> students		
	Yes, most if not all receive training	Yes, some receive training	No	Yes, most if not all receive training	Yes, some receive training	No
a) Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Nurses, health aides, health paraprofessionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Counselors, psychologists, social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Does your school provide in-school supports, services, and/or make referrals for the following?

	In-school curricular supports or programs (e.g., AVID, Check & Connect)		In-school therapeutic services (e.g., one-on- one or small group counseling)		Referrals to therapeutic services outside of school	
	Yes	No	Yes	No	Yes	No
a) Mental/behavioral issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Substance abuse (e.g., alcohol, tobacco, other drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Family issues (e.g., parental divorce, parental substance abuse, grief, teen parenting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Gender identity and sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Harassment and bullying (including cyber bullying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Sexual assault and dating violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Does your school provide a school-wide approach (e.g., PBIS) or program (e.g., BrainWise) to support social and emotional learning of all students?

Yes

No

HEALTHY AND SAFE SCHOOL ENVIRONMENT

Questions in this section refer to the safety and environment of your school, including emergency preparedness, school climate and culture, and the physical environment. The principal, another administrator, or the facilities manager could likely help provide answers to these questions.

1) Does your school currently have a formal crisis preparedness, response, and recovery plan (school and/or district-created) in place?

Yes

No

2) [Note: answer only if yes is selected in #1 above]
Does your school's crisis preparedness, response, and recovery plan include the following?

	Yes	No
a) Evacuation plans	<input type="checkbox"/>	<input type="checkbox"/>
b) Procedures to stop people from leaving or entering school buildings (lock down plans)	<input type="checkbox"/>	<input type="checkbox"/>
c) Requirements to conduct regular emergency drills, other than fire drills	<input type="checkbox"/>	<input type="checkbox"/>
d) Family reunification procedures	<input type="checkbox"/>	<input type="checkbox"/>
e) Accommodations for students and staff with special needs	<input type="checkbox"/>	<input type="checkbox"/>
f) Provision of mental health services for students, faculty, and staff after a crisis has occurred (e.g., to treat post-traumatic stress disorder)	<input type="checkbox"/>	<input type="checkbox"/>
g) Mechanisms for communicating with school personnel	<input type="checkbox"/>	<input type="checkbox"/>
h) Requirements for periodic review and revision of the crisis preparedness, response, and recovery plan	<input type="checkbox"/>	<input type="checkbox"/>
i) Procedures to coordinate with first responders (e.g., police and fire departments)	<input type="checkbox"/>	<input type="checkbox"/>

3) [Note: answer only if yes is selected in #1 above]
Have teachers and other school staff received training in implementing the crisis preparedness, response, and recovery plan?

Yes, most if not all receive training

Yes, some receive training

No

4) Does your school have a process that uses a set of strategies or pathways to determine the credibility and seriousness of a threat (e.g., a threat assessment)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Does your school engage in the following practices to address positive school climate?		
	Yes	No
a) Communicate expectations for learning and behavior to students	<input type="checkbox"/>	<input type="checkbox"/>
b) Communicate expectations for student learning and behavior to parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>
c) Hold school-wide activities that give students opportunities to share in diverse cultures and experiences	<input type="checkbox"/>	<input type="checkbox"/>
d) Incorporate materials and activities that reflect the diversity of your student body	<input type="checkbox"/>	<input type="checkbox"/>
e) Have a student-led club that aims to create a safe and welcoming school environment for all members of the school community including gender and sexually diverse students and staff (e.g., gay/straight alliances)	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your school adopted a written policy (school and/or district-created) prohibiting harassment and bullying?		
<input type="checkbox"/> Yes, our school has a written policy, and it includes cyber bullying <input type="checkbox"/> Yes, our school has a written policy, but it does <u>not</u> include cyber bullying <input type="checkbox"/> No		
7) [Note: answer only if yes is selected in #6 above]		
Does this written policy prohibiting harassment and bullying delineate protection for <u>all</u> of the following classifications: disability, race, creed, color, sex, sexual orientation, national origin, religion, ancestry, or need for special education services?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
8) Does your school engage in the following practices to address harassment and bullying?		
	Yes	No
a) Conduct trainings for school staff about how to respond to harassment and bullying	<input type="checkbox"/>	<input type="checkbox"/>
b) Provide information to parents/guardians about harassment and bullying	<input type="checkbox"/>	<input type="checkbox"/>
c) Provide information to students about the consequences of harassment and bullying	<input type="checkbox"/>	<input type="checkbox"/>
d) Implement strategies or programming to prevent harassment and bullying	<input type="checkbox"/>	<input type="checkbox"/>
e) Provide anonymous methods for students to report harassment or bullying	<input type="checkbox"/>	<input type="checkbox"/>
f) Institute corrective measures for students engaged in bullying (e.g., instruction on acceptable behavior, counseling, appropriate discipline)	<input type="checkbox"/>	<input type="checkbox"/>
9) Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth?		
	Yes	No
a) Identify "safe spaces" (e.g., a counselor's office, designated classroom, student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff	<input type="checkbox"/>	<input type="checkbox"/>
b) Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity	<input type="checkbox"/>	<input type="checkbox"/>
c) Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	<input type="checkbox"/>	<input type="checkbox"/>

d) Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	<input type="checkbox"/>	<input type="checkbox"/>
e) Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	<input type="checkbox"/>	<input type="checkbox"/>
10) Does your school have the following <u>indoor</u> features to help create a safe environment?		
	Yes	No
a) Slip-resistant flooring surfaces	<input type="checkbox"/>	<input type="checkbox"/>
b) Sturdy guardrails on stairways or ramps	<input type="checkbox"/>	<input type="checkbox"/>
c) Clearly labeled poisons and chemical hazards that are stored in locked cabinets	<input type="checkbox"/>	<input type="checkbox"/>
d) First aid equipment and notices describing safety procedures available	<input type="checkbox"/>	<input type="checkbox"/>
e) Sufficient lighting in all indoor areas of the school	<input type="checkbox"/>	<input type="checkbox"/>
f) Supervised or sealed-off secluded areas	<input type="checkbox"/>	<input type="checkbox"/>
g) Operational smoke alarms, sprinklers, and fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>
h) A variety of methods to keep weapons out of the school environment (e.g., metal detectors, monitored single point of entry, x-ray equipment)	<input type="checkbox"/>	<input type="checkbox"/>
i) An air quality management program	<input type="checkbox"/>	<input type="checkbox"/>
11) Does your school have the following <u>outdoor</u> features on school grounds to help create a safe environment?		
	Yes	No
a) Sidewalks leading to/from the school that are safe to use (plowed and not damaged)	<input type="checkbox"/>	<input type="checkbox"/>
b) Trails or paths leading to/from the school that are safe to use	<input type="checkbox"/>	<input type="checkbox"/>
c) Bike lanes leading to/from the school that are safe to use (plowed and not damaged)	<input type="checkbox"/>	<input type="checkbox"/>
d) Sufficient bike racks or a secure place for students to keep their bikes, skates boards, scooters, or roller blades	<input type="checkbox"/>	<input type="checkbox"/>
e) Facilities (e.g., playground, tennis courts, fields, track, basketball court) that are safe to use (not damaged, clear of glass/debris/holes)	<input type="checkbox"/>	<input type="checkbox"/>
f) Shade structures such as trees or canopies	<input type="checkbox"/>	<input type="checkbox"/>
g) Sufficient lighting in all outdoor areas of the school	<input type="checkbox"/>	<input type="checkbox"/>
12) Does your school have programming or partnerships related to providing safe biking and walking routes to school?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (please specify) _____		
13) Are the following periodically inspected at your school?		
	Yes	No
a) Pests	<input type="checkbox"/>	<input type="checkbox"/>
b) Condensation in and around school facilities	<input type="checkbox"/>	<input type="checkbox"/>
c) Cracks or leaks in the building foundation, walls, and roof	<input type="checkbox"/>	<input type="checkbox"/>
d) Mold	<input type="checkbox"/>	<input type="checkbox"/>
e) Plumbing system	<input type="checkbox"/>	<input type="checkbox"/>
f) Heating, ventilation, and air conditioning system	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY, COMMUNITY, AND STUDENT INVOLVEMENT

Questions in this section refer to how your school engages families, students, and community members in its health and wellness efforts. The principal or another administrator could likely help provide answers to these questions.

1) During non-school hours, do community members have access to the following school facilities for physical activities (including opportunities for community groups to use, reserve, or rent school space)?			
	Yes, they have access to <u>all</u> facilities	Yes, they have access to <u>some</u> facilities	No
a) Indoor facilities (e.g., gym, weight room, pool, basketball court)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Outdoor facilities (e.g., play structures, track, tennis courts, fields)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Does your school, either directly or through the school district, have a joint use agreement for shared use of school or community physical activity or sports facilities? (A joint use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school or community facilities to share costs and responsibilities.)			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
3) Does your school involve the community by...			
	Yes	No	
a) Inviting community members to activities or events related to health and safety (e.g., fun runs, health fairs)?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Asking community members to plan and conduct health and safety-related events/activities?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Does your school collaborate with the following organizations in developing or coordinating health activities/programs for students?			
	Yes	No	
a) Local health department	<input type="checkbox"/>	<input type="checkbox"/>	
b) Parks and recreation department	<input type="checkbox"/>	<input type="checkbox"/>	
c) Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
d) Health clinic	<input type="checkbox"/>	<input type="checkbox"/>	
e) Doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	
f) Mental health center	<input type="checkbox"/>	<input type="checkbox"/>	
g) Social services agency	<input type="checkbox"/>	<input type="checkbox"/>	
h) Service club (e.g., Rotary Club)	<input type="checkbox"/>	<input type="checkbox"/>	
i) Nonprofit (e.g., YMCA)	<input type="checkbox"/>	<input type="checkbox"/>	
j) Faith-based group	<input type="checkbox"/>	<input type="checkbox"/>	
k) College or university	<input type="checkbox"/>	<input type="checkbox"/>	
l) Businesses	<input type="checkbox"/>	<input type="checkbox"/>	
m) Local family/youth leadership councils	<input type="checkbox"/>	<input type="checkbox"/>	

5) Does your school use the following communication methods to provide information to parents/guardians and families about school health programs and activities?			
		Yes	No
a) Written materials		<input type="checkbox"/>	<input type="checkbox"/>
b) Meetings held at the school		<input type="checkbox"/>	<input type="checkbox"/>
c) Meetings held in the community		<input type="checkbox"/>	<input type="checkbox"/>
d) Phone or text notifications		<input type="checkbox"/>	<input type="checkbox"/>
e) Website		<input type="checkbox"/>	<input type="checkbox"/>
f) Social media		<input type="checkbox"/>	<input type="checkbox"/>
6) In an effort to be culturally relevant, does your school engage students, families, and community members in developing communications about school health programs and activities?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
7) Does your school engage parents/guardians and families in school health programs and activities through the following?			
		Yes	No
a) Gathering feedback and input from families on school health and wellness activities		<input type="checkbox"/>	<input type="checkbox"/>
b) Meeting with a parent organization (e.g., PTA) to discuss school health needs and strategies		<input type="checkbox"/>	<input type="checkbox"/>
c) Providing families with information on school health policies, strategies, and services		<input type="checkbox"/>	<input type="checkbox"/>
d) Hosting school health activities for families (e.g., cooking classes, yoga or Zumba classes)		<input type="checkbox"/>	<input type="checkbox"/>
8) How does your school obtain input from students about the following components of school health?			
	Input from students is not solicited	Suggestions are collected from students	Programs or policies are co-created by students
a) Student health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Health (including sexual health) education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Counseling, psychological, and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Food served in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The school's physical environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) School culture and climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAFF HEALTH PROMOTION

Questions in this section refer to your school's staff health and wellness strategies and programs. The principal or another administrator could likely provide answers to these questions.

1) Does your school...		
	Yes	No
a) Conduct a school employee wellness needs assessment or interest survey?	<input type="checkbox"/>	<input type="checkbox"/>
b) Develop a written school employee wellness action plan?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have a school employee wellness leader or committee?	<input type="checkbox"/>	<input type="checkbox"/>
d) Obtain administrator support for school employee wellness?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do school staff have opportunities to participate in the following employee wellness activities?		
	Yes	No
a) Health screenings (e.g., BMI, blood pressure, cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
b) Annual flu shots at the school or district office	<input type="checkbox"/>	<input type="checkbox"/>
c) Stress management activities	<input type="checkbox"/>	<input type="checkbox"/>
d) Tobacco cessation efforts	<input type="checkbox"/>	<input type="checkbox"/>
e) Healthy food-related activities (e.g., cooking classes, taste testing, nutrition education)	<input type="checkbox"/>	<input type="checkbox"/>
f) Physical activity (e.g., providing physical activity breaks during meetings, walking programs, encouraging use of non-motorized transportation)	<input type="checkbox"/>	<input type="checkbox"/>
g) First Aid/CPR training	<input type="checkbox"/>	<input type="checkbox"/>
h) Conflict resolution education	<input type="checkbox"/>	<input type="checkbox"/>
i) Counseling for emotional disorders such as anxiety or depression	<input type="checkbox"/>	<input type="checkbox"/>
j) Crisis intervention for personal problems	<input type="checkbox"/>	<input type="checkbox"/>
k) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>