

# GENERAL HEALTH POLICIES AND PRACTICES

MEL Prep

The questions in this section refer to the systematic strategies schools have in place to broadly impact health in schools. These strategies focus on the sustainability of health and wellness efforts, as well as using data to inform and improve school health policies and practices. The principal could help provide answers to these questions.

<p><b>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?</b></p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>																										
<p><b>2) [Note: answer only if yes is selected in #1 above]</b>  <b>In addition to school staff, does your school health council, committee, or team include membership from the following?</b></p> <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) School administrators</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b) Students</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c) Parents/guardians</td> <td><input type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/></td> </tr> </tbody> </table>				Y	No	a) School administrators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) Students	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) Parents/guardians	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) Community leaders (e.g., representatives of local public health, county/city government, community-based organizations)	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
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<p><b>3) [Note: answer only if yes is selected in #1 above]</b>  <b>How many times, on average, does your school health council, committee, or team meet per school year?</b></p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> 1-2 times</p> <p><input type="checkbox"/> 3-4 times</p> <p><input type="checkbox"/> 5-6 times</p> <p><input type="checkbox"/> 7 or more times</p>																										
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<p><b>5) Does your school have an identified staff person who leads or coordinates school health efforts?</b></p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>																										
<p><b>6) Has your school adopted a wellness policy (school and/or district-created)?</b></p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>																										

7) Does your school have a process for identifying students who are at risk of being chronically absent (i.e., monitoring attendance data)? *Chronic absenteeism is defined as a student missing 10% or more of a school year for any reason, including illness, suspension, need to care for a family member, regardless of whether absences are excused or unexcused.*

Yes  
 No

8) *[Note: answer only if yes is selected in #7 above]*  
 Does your school have a procedure to follow up on students who are at risk of being chronically absent?

Yes  
 No

9) Does your school incorporate health and wellness in its Unified Improvement Planning Process?

Yes  
 No

10) Does your school administer a survey to assess perceptions of school climate to the following?

	Yes	No
a) Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Teachers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Other staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Parents/guardians	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11) Does your school participate in the following student-level health and wellness assessments?

	Yes	No
a) A district-created assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) <i>[Note: answer for secondary grades only]</i> Healthy Kids Colorado Survey (or the Youth Risk Behavior Survey)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Other (please specify) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12) *[Note: answer for secondary grades only]*  
 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 checked="" type="checkbox"/>
b) Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Tobacco and/or other substance use prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Injury and violence prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) HIV, STI, and teen pregnancy prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## NUTRITION

The questions in this section refer to the food and beverages available to students at your school. Questions on the offerings provided through the school meal program are not included in this tool due to their inclusion in separate assessments conducted at the district level via federal and state processes. "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). The food service manager, as well as classroom teachers, could help provide answers to these questions.

<b>1) Does your school provide the following meals daily to students?</b>			
	Yes	No	
a) Breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Lunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2) [Note: answer only if yes is selected in #1a above]</b>			
a) How many total minutes, on average, is your school's breakfast period?			
<u>38</u> total minutes (i.e., the sum of line, serving, and seated time)			
b) Of those total minutes, how many minutes, on average, do students have to eat breakfast?			
<u>38</u> minutes to eat breakfast (i.e., seated time)			
<b>3) [Note: answer only if yes is selected in #1a above]</b>			
Does your school incorporate strategies aimed at increasing universal student access to nutritious breakfast (e.g., Grab 'N' Go Breakfast, Breakfast in the Classroom, Breakfast on the Bus)?			
<input checked="" type="checkbox"/> Yes			
<input type="checkbox"/> No			
<b>4) [Note: answer only if yes is selected in #1b above]</b>			
a) How many total minutes, on average, is your school's lunch period?			
<u>45</u> total minutes (i.e., the sum of line, serving, and seated time)			
b) Of those total minutes, how many minutes, on average, do students have to eat lunch?			
<u>45</u> minutes to each lunch (i.e., seated time)			
<b>5) Are students permitted to have a drinking water bottle during the school day?</b>			
<input checked="" type="checkbox"/> Yes, in all locations			
<input type="checkbox"/> Yes, in certain locations			
<input type="checkbox"/> No			
<b>6) Does your school offer a free source of drinking water in the following locations?</b>			
	Yes	No	N/A, your school does not have this location
a) Cafeteria during breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cafeteria during lunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Gymnasium or other indoor physical activity facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Outdoor physical activity facilities and sports fields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Hallways throughout the school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7) When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered?</b>			
<input type="checkbox"/> Food or beverages are not offered at school celebrations			
<input type="checkbox"/> Never			
<input checked="" type="checkbox"/> Rarely			

- Sometimes
- Always or almost always

**8) 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
c) On school buses or other vehicles to transport students	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) In school publications (e.g., newsletters, newspapers, web sites, other school publications)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**9) Has your school adopted a written policy (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 checked="" type="checkbox"/>
b) Prohibits the advertising of unhealthy food/beverages on school grounds (e.g., banners, student newspaper)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Requires predominantly healthy food/beverages for celebrations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Requires non-food or healthy food school-sponsored fundraisers (e.g., gift wrap, fruit baskets)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**10) 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?**

- Yes
- No

**11) [Note: answer only if yes is selected in #10 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) School store, canteen, or snack bar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**12) [Note: answer only if yes is selected in #10 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 checked="" type="checkbox"/>
b) Other kinds of candy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Salty snacks that are not low in fat (e.g., regular potato chips)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Low sodium or "no added salt" pretzels, crackers, or chips	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Ice cream or frozen yogurt that is not low in fat	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) 2% or whole milk (plain or flavored)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Nonfat or 1% (low-fat) milk (plain)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Water ices or frozen slushes that do not contain juice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j) Soda pop or fruit drinks that are not 100% juice	<input checked="" type="checkbox"/>	<input type="checkbox"/>

k) Sports drinks (e.g., Gatorade)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Energy drinks (e.g., Red Bull, Monster)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m) Bottled water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) 100% fruit or vegetable juice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o) Foods or beverages containing caffeine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p) Fruits (not fruit juice)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Non-fried vegetables (not vegetable juice)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13) During this school year, has your school done any of the following?</b>	<b>Yes</b>	<b>No</b>
a) Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
c) Provided information to students or families on the nutrition and caloric content of foods available	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Conducted taste tests to determine food preferences for nutritious items	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
f) Served locally or regionally grown foods in the cafeteria or classrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Planted a school food or vegetable garden	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Used attractive displays for fruits and vegetables in the cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j) Offered a self-serve salad bar to students	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Labeled healthful foods with appealing names (e.g., crunchy carrots)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l) Encouraged students to drink plain water	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
n) Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## PHYSICAL EDUCATION/PHYSICAL ACTIVITY

Questions in this section refer to your school's Comprehensive Physical Activity Program (CSPAP), a national framework developed by the Centers for Disease Control and Prevention (CDC), which includes quality physical education as the foundation, physical activity before, during, and after school, staff involvement, and family and community engagement. The physical education teacher, as well as classroom teachers, coaches, and out-of-school program staff could help provide answers to these questions.

**1) [Note: answer for only the grades your school serves]**

(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
a) Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
b) 1 <sup>st</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
c) 2 <sup>nd</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
d) 3 <sup>rd</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
e) 4 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
f) 5 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
g) 6 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
h) 7 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
i) 8 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
j) 9 <sup>th</sup> grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) 10 <sup>th</sup> grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) 11 <sup>th</sup> grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) 12 <sup>th</sup> grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**2) [Note: answer only if yes is selected for any elementary grade in #1 above]**

a) How many class sessions per week, on average, are provided to an elementary student enrolled in physical education?

NA class sessions per week

b) How many minutes, on average, is each elementary-level physical education class session?

NA minutes per class session

**3) [Note: answer for secondary grades only]**

What type of academic schedule does your school follow?

- Semester  
 Quarter  
 Trimester

**4) [Note: answer for secondary grades only]**

How many \_\_\_\_\_s [fill in answer from #3 above] of physical education does your school require for each secondary student (before graduating or advancing out of your school)?

1 semester(s)/quarter(s)/trimester(s)

— completed through independent projects

**5) [Note: answer only if yes is selected for any secondary grade in #1 above]**

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

0 class sessions per week

We don't offer a PE class

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

\_\_\_\_\_ minutes per class session

6) [Note: answer for secondary grades only]

Does your school allow waivers and/or exemptions for secondary-level physical education for the following?

	Yes	No	N/A, your school does not offer this program
a) Band	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School-sponsored athletics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ROTC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) During physical education courses, what percentage 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

8) 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"/>

9) Does your school's physical education instruction use the following?

	Yes	No
a) Curriculum aligned to the Colorado Academic Standards, specifically the <u>Comprehensive Physical Education Standards</u>	<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"/>

10) How many staff at your school teach physical education? Please give your answer in FTEs (full-time equivalents).

For example, if your school has one full-time P.E. teacher (1.0 FTE) and one part-time P.E. teacher (0.5 FTE), the total would be 1.5 FTEs.

  0   physical education FTEs

11) Does your school require your physical education 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"/>

12) 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

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

- Yes
- No

14) [Note: answer only if yes is selected in #13 above]

How many teachers in your school, on average, offer physical activity breaks in their classrooms?

- No teachers
- Few teachers
- Some teachers (approximately half)
- Most teachers
- All teachers

15) 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

16) [Note: answer for secondary grades only]

Does your school offer interscholastic sports to students?

- Yes
- No

17) How often is physical activity (e.g., walking/running laps, performing push-ups) used as punishment for student misbehavior before, during, and after school?

- Never
- Rarely
- Sometimes
- Always or almost always

18) Has your school adopted a written policy (school and/or district-created) that prohibits the use of physical activity as punishment for student misbehavior?

- Yes
- No

19) [Note: answer for only the elementary grades your school serves]

How many minutes, on average, do elementary students have for recess during the school day? Please include all recess after the morning bell rings (e.g., morning, lunch, afternoon recess). For grades your school serves that do not have recess, enter "0" minutes per day.

	Minutes per day
a) Kindergarten	6
b) 1 <sup>st</sup> grade	0
c) 2 <sup>nd</sup> grade	0
d) 3 <sup>rd</sup> grade	0
e) 4 <sup>th</sup> grade	0
f) 5 <sup>th</sup> grade	0
g) 6 <sup>th</sup> grade	0



<b>20) [Note: answer only for each grade that has recess as designated in #19 above]</b> Is recess provided before lunch in each of the following elementary grades in your school?				
	Yes, for <u>all</u> students in this grade	Yes, for <u>some</u> students in this grade	No	
a) Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) 1 <sup>st</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) 2 <sup>nd</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) 3 <sup>rd</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) 4 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) 5 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) 6 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>21) [Note: answer for elementary grades only]</b> In the case of inclement weather, how often is outdoor recess replaced with comparable indoor physical activity?				
<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Always or almost always				
<b>22) [Note: answer for elementary grades only]</b> In the case of inclement weather, has your school adopted a written <u>policy</u> (school and/or district-created) that requires outdoor recess be replaced with comparable indoor physical activity?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>23) [Note: answer for elementary grades only]</b> How often is all or part of recess taken away from students for the following reasons?				
	Never	Rarely	Sometimes	Always or almost always
a) Punishment for misbehavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Make up for lost instructional time or testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24) [Note: answer for elementary grades only]</b> Has your school adopted a written <u>policy</u> (school and/or district-created) that prohibits taking away all or part of recess for the following reasons?				
	Yes		No	
a) Punishment for misbehavior	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
b) Make up for lost instructional time or testing	<input type="checkbox"/>		<input checked="" type="checkbox"/>	

# HEALTH EDUCATION

Questions in this section refer to your school's health education program led by qualified staff that help students acquire the knowledge, attitudes, and skills to make healthy choices. The health education program may be administered through formal health education courses integrated into other courses/subject areas, or through school-sponsored events. The staff members who teach health education or the principal could help provide answers to these questions.

1) [Note: please answer for only the grades your school serves]  
 Is a health education course offered in each of the following grades in your school?

	Yes	No
a) Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
b) 1 <sup>st</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
c) 2 <sup>nd</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
d) 3 <sup>rd</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
e) 4 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
f) 5 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
g) 6 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
h) 7 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
i) 8 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>
j) 9 <sup>th</sup> grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) 10 <sup>th</sup> grade	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l) 11 <sup>th</sup> grade	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m) 12 <sup>th</sup> grade	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) [Note: answer only if yes is selected for any elementary grade in #1 above]  
 a) How many class sessions per week, on average, are provided to an elementary student enrolled in health education?  
1 class sessions per week

b) How many minutes, on average, is each elementary-level health education class session?  
60-90 minutes per class session

3) [Note: answer for secondary grades only]  
 How many credits [fill in answer from #3 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)?  
1 semester(s)/quarter(s)/trimester(s)

4) [Note: answer only if yes is selected for any secondary grade in #1 above]  
 a) How many class sessions per week, on average, are provided to a secondary student enrolled in health education?  
3 class sessions per week

b) How many minutes, on average, is each secondary-level health education class session?  
60-90 minutes per class session

<b>5) Do the following staff members teach health education topics at your school?</b>		
	Yes	No
a) Health education teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Physical education teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Science teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Non-science classroom teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) School counselor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) School nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Other (please specify) <u>Math teacher</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6) [Note: answer only for each choice for which yes is selected in #5 above]</b> Do the following staff members who teach health education receive professional development/training annually related to health education?		
	Yes	No
a) Health education teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Physical education teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Science teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Non-science classroom teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) School counselor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) School nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Other (please specify) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7) [Note: answer only if yes is selected in #5a above]</b> Does your school require its health education teachers to have the following?		
	Yes	No
a) Undergraduate training in health education	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Graduate training in health education	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Certification or licensure in health education	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8) Does your school's health education instruction use the following?</b>		
	Yes	No
a) Instruction/curriculum aligned to the Colorado Academic Standards, specifically the <u>Comprehensive Health Education Standards</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Unit and lesson plans to guide instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Objectives that are observable and measurable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Units and lessons that provide opportunities for practicing health-related skills	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
f) Formative assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9) 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 &amp; others)?</b>		
<input checked="" type="checkbox"/> Yes		
<input type="checkbox"/> No		
<b>10) Are the following health education topics taught at your school (including through a health education course, other courses/subject areas, or school assemblies or events)?</b>		
	Yes	No
a) Healthy eating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Physical activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>

c) Personal hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Oral health	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Mental and emotional wellness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Alcohol, tobacco, and other drug use prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Unintentional injury prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Violence prevention (e.g., bullying, fighting, homicide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Suicide prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Human sexuality/sexual health education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Stress management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Other (please specify) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11) [Note: answer only if yes is selected in #10j above]</b>		
<b>Are the following topics taught as part of sexual health education at your school?</b>		
	Yes	No
a) Consent (i.e., voluntarily giving permission or saying "yes")	<input type="checkbox"/>	<input type="checkbox"/>
b) Healthy relationships (e.g., communication skills, prevention of dating violence)	<input type="checkbox"/>	<input type="checkbox"/>
c) How alcohol and drug use impairs responsible and healthy decision making	<input type="checkbox"/>	<input type="checkbox"/>
d) Internet/social media literacy (e.g., privacy, sexting)	<input type="checkbox"/>	<input type="checkbox"/>
e) Abstinence	<input type="checkbox"/>	<input type="checkbox"/>
f) Medically accurate information about methods other than abstinence (e.g., birth control, condoms) to prevent unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
g) Medically accurate information about methods other than abstinence (e.g., condoms) to prevent sexually transmitted infections, including HIV/AIDS and human papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>
h) Adolescent pregnancy options and resources	<input type="checkbox"/>	<input type="checkbox"/>
<b>12) [Note: answer only if yes is selected in #10j above]</b>		
<b>Does your school's sexual health education program include information that is specific to the experiences and needs of students who identify as the following?</b>		
	Yes	No
a) Lesbian, gay, bisexual, queer or questioning	<input type="checkbox"/>	<input type="checkbox"/>
b) Transgender	<input type="checkbox"/>	<input type="checkbox"/>
c) Intersex (i.e., people born with reproductive or sexual anatomy that does not fit the typical definitions of "female" or "male")	<input type="checkbox"/>	<input type="checkbox"/>
d) People with physical or intellectual disabilities	<input type="checkbox"/>	<input type="checkbox"/>
e) People who have experienced sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
<b>13) [Note: answer only if yes is selected in #10j above]</b>		
<b>Is your school's sexual health education program sensitive to students from diverse backgrounds including race, color, ethnicity, and national origin?</b>		
<input checked="" type="checkbox"/> Yes		
<input type="checkbox"/> No		
<b>14) Does your school integrate health content and skills into other courses/subject areas (e.g., math, English, science, social studies, art, music)?</b>		
<input type="checkbox"/> Yes, most if not all courses/subject areas have integrated health content and skills		
<input type="checkbox"/> Yes, some courses/subject areas have integrated health content and skills		
<input checked="" type="checkbox"/> No		

## HEALTH SERVICES

Questions in this section focus on school health services which are overseen by a school nurse/school nurse consultant to manage student chronic diseases, such as asthma and diabetes, provide first aid and emergency care, and screen and refer for specific health conditions. The school nurse, health aide, and principal could help provide answers to these questions. Additionally, some of the information requested can be found within a student information system (e.g., Infinite Campus, PowerSchool).

<b>1) How many hours per week, on average, is the school nurse/school nurse consultant present at your school?</b> <input type="checkbox"/> 0 hours/week (a school nurse/school nurse consultant is not present at our school) <input type="checkbox"/> 1-10 hours/week <input checked="" type="checkbox"/> 11-20 hours/week <input type="checkbox"/> 21-30 hours/week <input type="checkbox"/> 31-40 hours/week		
<b>2) Who at your school is designated to address daily health emergencies and chronic health needs of students?</b> <b>Mark all that apply.</b>		
a) School nurse/school nurse consultant b) Health clerk, health aide, health paraprofessional c) Administrator d) Secretary/administrative assistant e) Other (please specify) _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>3) [Note: answer only for each choice for which yes is selected in #2b-e above]</b> <b>Does a school nurse/school nurse consultant provide oversight and training to these designated staff?</b>		
	Yes	No
a) Health clerk, health aide, health paraprofessional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Secretary/administrative assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Other (please specify) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4) How many times, on average, do students seek services from designated staff for daily health emergencies and chronic health needs (including daily medications) each month?</b> <u>60-90</u> # visits/month		
<b>5) Does your school have documentation of the number of students who have the following?</b>		
	Yes	No
a) Health conditions (e.g., asthma, life-threatening allergies, diabetes (type 1 or 2), seizures)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Immunization status (including the number of students with signed personal, religious, or medical exemptions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Health insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Medication needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) A BMI at or above the 85 <sup>th</sup> percentile (may be taken as part of physical education screenings)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6) [Note: answer only for each choice for which yes is selected in #5 above]</b> <b>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?</b>		
	<u>Yes</u>	No
a) Health conditions (e.g., asthma, life-threatening allergies, diabetes (type 1 or 2), seizures)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Immunization status (including the number of students with signed personal, religious, or medical exemptions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Health insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

d) Medication needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
e) A BMI at or above the 85 <sup>th</sup> percentile (may be taken as part of physical education screenings)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>7) Does your school screen and refer for the following every year?</b>					
	Yes, in all grades <u>and</u> for new students	Yes, in all grades but <u>not</u> for new students	Yes, in certain grades <u>and</u> for new students	Yes, in certain grades but <u>not</u> for new students	No
a) Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8) [Note: answer only for each choice for which yes is selected in #7 above]</b>					
<b>Once referrals are made, does your school have a follow-up procedure for the following?</b>					
			Yes	No	
a) Hearing problems			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Vision problems			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Oral health problems			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>9) Does your school screen and refer for tobacco and/or other substance use?</b>					
<input type="checkbox"/> Yes					
<input checked="" type="checkbox"/> No					
<b>10) Does your school actively seek outside funding sources (including in-kind donations) to support health services?</b>					
Yes					
<input checked="" type="checkbox"/> No					
<b>11) Does your school have a designated individual(s) or team who regularly (e.g., weekly, monthly, quarterly) evaluates students with a physical and/or mental impairment for disability under Section 504?</b>					
<input checked="" type="checkbox"/> Yes					
<input type="checkbox"/> No					
<b>12) Does your school provide case management for students with chronic health conditions (e.g., asthma, diabetes)?</b>					
<input checked="" type="checkbox"/> Yes					
<input type="checkbox"/> No					

## COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES

Questions in this section refer to the counseling, psychological, and social services provided to students at your school. These questions are aligned with the *Colorado Framework for School Behavioral Health Services*, which focuses on prevention, early intervention, and intervention for student social, emotional, and behavioral health needs to reduce barriers to learning. The framework ensures appropriate supports for all students. The counselor, psychologist, or social worker could help provide answers to these questions.

<b>1) How many hours per week, on average, are the following mental health professionals present at your school?</b>					
	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 checked="" type="checkbox"/>
b) School psychologist	<input checked="" 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 checked="" type="checkbox"/>
<b>2) Do the following staff members at your school regularly receive training (e.g., Responsive Classroom, Youth Mental Health First Aid, Signs of Suicide) on how to identify and support students with social, emotional, and behavioral health needs?</b>					
		Yes, most if not all receive training	Yes, some receive training	No	
a) Teachers		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Administrators		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Coaches		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Health aides, health paraprofessionals		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e) Other (please specify) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3) How many teachers in your school, on average, practice mindfulness with students in their classrooms?</b>					
<input type="checkbox"/> No teachers <input type="checkbox"/> Few teachers <input type="checkbox"/> Some teachers (approximately half) <input checked="" type="checkbox"/> Most teachers <input type="checkbox"/> All teachers					
<b>4) With regard to <u>all</u> students (i.e., Tier 1)...</b>					
<b>a) Does your school conduct a universal screening?</b> <i>Definition: A universal screening is an annual process using a validated tool (e.g., Behavioral and Emotional Screening System (BASC-2/BESS), Strengths and Difficulties Questionnaire (SDQ)), usually led by a mental health professional, to assess the social, emotional, and behavioral health needs of <u>all</u> students and determine whether they require individual intervention services.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>b) Have teachers and other staff received training on how to incorporate principles of social and emotional learning (SEL) into their work with students?</b> <input checked="" type="checkbox"/> Yes, most if not all receive training <input type="checkbox"/> Yes, some receive training <input type="checkbox"/> No					

c) Does your school provide opportunities that develop the knowledge, attitudes, and skills for student social and emotional learning (SEL)?

- Yes
- No

d) Does your school conduct assessments (e.g., self-report surveys, interview protocols, observations and rating scales, performance-based assessments) of student social and emotional learning (SEL)?

- Yes
- No

e) Does your school provide school-wide-student supports for modeling, practicing, and reinforcing pro-social behavior?

- Yes
- No

5) With regard to some students (i.e., Tier 2)...

a) Does your school use a system (e.g., Check & Connect, Check-In/Check-Out) for weekly monitoring the progress of select students toward identified goals?

- Yes
- No

b) Does your school have a class(es) for identified students in need of social, emotional, and behavioral health supports (e.g., Advancement Via Individual Determination (AVID), Healthy Environment And Response To Trauma in School (HEARTS))?

- Yes
- No

6) With regard to few students (i.e., Tier 3)...

a) Have teachers and other staff received training on how to respond to an individual student in crisis (i.e., threatening harm to self or others)?

- Yes, most if not all receive training
- Yes, some receive training
- No

b) Does your school have a re-entry plan for students after a prolonged absence (e.g., from hospitalization or residential treatment) that includes social and emotional support for re-integration into school?

- Yes
- No



**c) Does your school provide or refer for therapeutic services?**

	Yes	No
i. Individual counseling (in-school)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii. Group counseling (in-school)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Referrals to services (outside of school)	<input type="checkbox"/>	<input type="checkbox"/>

**d) [Note: answer only if yes is selected #6c\_iii above]**

**Does your school's referral protocol involve an in-person meeting where a school staff member directly introduces the student to the external behavioral health provider (e.g., "warm hand-off")?**

- Yes
- No

## HEALTHY AND SAFE SCHOOL ENVIRONMENT

Questions in this section refer to the environment of your school, including crisis preparedness and response, aspects of school climate and culture that promote a safe and welcoming environment, and the physical environment, including the building as well as the surrounding school grounds. The principal, another administrator, or the facilities manager could help provide answers to these questions.

<b>1) Does your school have a formal crisis preparedness, response, and recovery plan (school and/or district-created) in place?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2) [Note: answer only if yes is selected in #1 above]</b> <b>Does your school's crisis preparedness, response, and recovery plan include the following?</b>		
	Yes	No
a) Evacuation plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Procedures to stop people from leaving or entering school buildings (lock down plans)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Requirements to conduct regular emergency drills, other than fire drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Family reunification procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Accommodations for students and staff with special needs	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
g) Mechanisms for communicating with school personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Requirements for periodic review and revision of the crisis preparedness, response, and recovery plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Procedures to coordinate with first responders (e.g., police and fire departments)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3) [Note: answer only if yes is selected in #1 above]</b> <b>Have teachers and other school staff received training in implementing the crisis preparedness, response, and recovery plan?</b> <input checked="" type="checkbox"/> Yes, most if not all receive training <input type="checkbox"/> Yes, some receive training <input type="checkbox"/> No		
<b>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)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5) Does your school engage in the following practices to address positive school climate?</b>		
	Yes	No
a) Communicate expectations for learning and behavior to students	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Communicate expectations for student learning and behavior to parents/guardians	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Hold school-wide activities that give students opportunities to share in diverse cultures and experiences	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Incorporate materials and activities that reflect the diversity of your student body	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

6) Does your school have a student-centered discipline approach (e.g., restorative practices, alternatives to suspension) that prioritizes keeping students in the learning environment by using the principles of reflection, restoration, and relationships?

Yes  
 No

7) *[Note: answer only if yes is selected in #6 above]*  
 Does your school use this student-centered discipline approach in response to substance use, including e-cigarettes or vape products?

Yes  
 No

8) Has your school adopted a written policy (school and/or district-created) prohibiting harassment and bullying?

Yes, our school has a written policy, and it includes cyberbullying  
 Yes, our school has a written policy, but it does not include cyberbullying  
 No

9) *[Note: answer only if yes is selected in #8 above]*  
 Does this written policy prohibiting harassment and bullying delineate protection for all of the following classifications: disability, race, creed, color, sex, sexual orientation, national origin, religion, ancestry, or need for special education services?

Yes  
 No

10) 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b) Provide information to parents/guardians about harassment and bullying	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Provide information to students about the consequences of harassment and bullying	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Implement strategies or programming to prevent harassment and bullying	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Provide anonymous methods for students to report harassment and bullying	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Institute corrective measures for students engaged in bullying (e.g., instruction on acceptable behavior, counseling, appropriate discipline)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11) 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b) Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

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

## FAMILY, COMMUNITY, AND STUDENT INVOLVEMENT

Questions in this section refer to how your school engages families, students, and the broader community in its health and wellness efforts. The principal, another administrator, or a representative of a parent group (e.g., PTA) could help provide answers to these questions.

<b>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)?</b>	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Outdoor facilities (e.g., playground, tennis courts, track, fields)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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.)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3) Does your school involve the community by...</b>	Yes	No	
a) Inviting community members to activities or events related to health and safety (e.g., fun runs, health fairs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Asking community members to plan and conduct health and safety-related events/activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>4) Does your school collaborate with the following organizations in developing or coordinating health activities/programs for students?</b>	Yes	No	
a) Local health department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Parks and recreation department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d) Health clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e) Doctor's office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f) Mental health center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g) Social services agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h) Service club (e.g., Rotary Club)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i) Nonprofit (e.g., YMCA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j) Faith-based group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k) College or university	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l) Businesses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m) Local family/youth leadership council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<b>5) Does your school use the following communication methods to provide information to parents/guardians and families about school health programs and activities?</b>			
	Yes	No	
a) Written materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Meetings held at the school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Meetings held in the community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Phone or text notifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e) Website	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f) Social media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>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?</b>			
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			
<b>7) Does your school engage parents/guardians and families in school health programs and activities through the following?</b>			
	Yes	No	
a) Gathering feedback and input from families on school health and wellness activities		<input checked="" type="checkbox"/>	
b) Meeting with a parent organization (e.g., PTA) to discuss school health needs and strategies		<input checked="" type="checkbox"/>	
c) Providing families with information on school health policies, strategies, and services		<input checked="" type="checkbox"/>	
d) Hosting school health activities for families (e.g., cooking classes, yoga or Zumba classes)		<input checked="" type="checkbox"/>	
<b>8) How does your school obtain input from students about the following components of school health?</b>			
	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 that promote a healthy work environment to support students' health and learning. The principal or another administrator could help provide answers to these questions.

<b>1) Does your school...</b>	Yes	No
a) Conduct a school employee wellness needs assessment or interest survey?		<input type="checkbox"/>
b) Develop a written school employee wellness action plan?		<input type="checkbox"/>
c) Have a school employee wellness leader or committee?		<input type="checkbox"/>
d) Obtain administrator support for school employee wellness?		<input type="checkbox"/>
e) Invite school staff to provide input on staff well-being policies and practices?		<input type="checkbox"/>
<b>2) Do school staff have opportunities to participate in the following employee wellness activities?</b>	Yes	No
a) Health screenings (e.g., BMI, blood pressure, cholesterol)		<input checked="" type="checkbox"/>
b) Annual flu shots at the school or district office	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Stress management activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Tobacco cessation efforts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Healthy food-related activities (e.g., cooking classes, taste testing, nutrition education)	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
g) First Aid/CPR training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Conflict resolution education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Counseling for emotional disorders such as anxiety or depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Crisis intervention for personal problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>3) Do school staff have opportunities to...</b>	Yes	No
a) Build and maintain relationships with each other (e.g., activities during staff meetings, potlucks, staff outings)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Recognize accomplishments and display gratitude toward each other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4) Do school staff receive professional learning in the following areas?</b>	Yes	No
a) Combating the impacts of compassion fatigue and burnout	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Planning, implementing, and reflecting on their own well-being	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Equity, diversity, and inclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## LOCAL WELLNESS POLICY

Questions in this section are specific to the Local School Wellness Policy final rule requiring that a wellness policy is established to create a school environment that promotes student health and learning. School districts and charter schools must update their local wellness policy and assess implementation in each of their schools at least once every three years. This section of the Smart Source tool is designed and endorsed by the Colorado Department of Education Office of School Nutrition (CDE OSN) to serve as that assessment to meet these requirements.

To answer the questions below, please reference your school district or charter school's local wellness policy which should be publicly available and likely posted on your district or charter school board policy page (it is most often coded as ADF). Please note: if your wellness policy has additional documentation (i.e., ADF-R, guidelines, regulations, exhibits, etc.), feel free to consider those in your responses as well. Your responses will be used by your district or charter school to meet the federal law during the food service department's review by CDE OSN. Please answer the questions below to the best of your ability. Your responses to the questions below will not reflect negatively on your district or charter school. The completion of this section fulfills the assessment requirement and your responses will not be scored or evaluated.

**1) To ensure accurate responses in this section, it is important that you reference your district or charter school's local wellness policy. Please agree to the following statement before advancing:**

I have reviewed my district or charter school's local wellness policy and will use this information to inform responses.

**2) Federal regulation requires local wellness policies to address the seven elements below. Since the effective date of your district or charter school's local wellness policy, which of the following best describes the actions of your school toward meeting the goals as defined in the policy?**

	No action taken (have not yet addressed goals in local wellness policy)	Making plans to implement related activities	Implementing <u>some</u> related activities	Implementing <u>all</u> related activities
a) Nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Nutrition promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Food and beverage marketing guidelines on school grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Nutrition guidelines for all foods and beverages available but <u>not sold</u> on school grounds (i.e., classroom celebrations, rewards, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Nutrition standards for all foods <u>sold</u> on school grounds (i.e., a la carte, school stores, vending machines, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Other school-based activities (as defined by your policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>