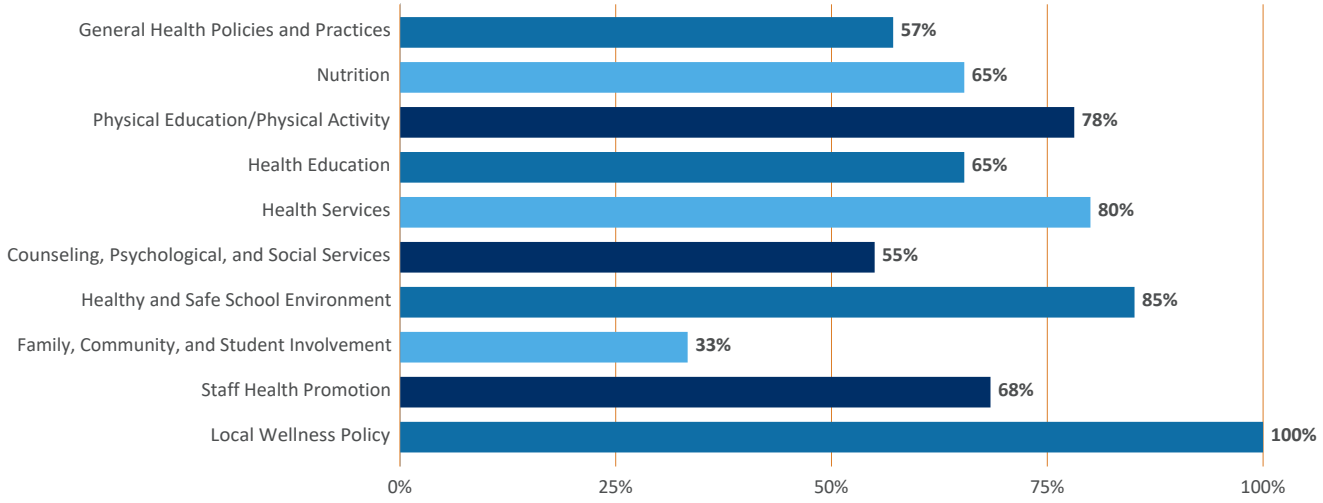
# Smart Source Immediate Report

## Ute Pass Elementary School

**Date Submitted: 10/09/25**

Thank you for completing Smart Source. By assessing your school health efforts, you are on your way toward building and sustaining a healthy school environment for your students and staff.

### Summary of results: Percentage of your school's responses that align with best practice




### Where did this report come from?

This report shows your school's responses to Smart Source as submitted into our online system by your survey coordinator, Mia Sacco. It is recommended that survey coordinators consult with a variety of staff to inform responses and, if possible, for staff to complete the survey as a team.

### How do I interpret this report?

The figure above shows the percentage of your school's responses within each module that align with best practice as identified by subject matter experts. If an entire module was skipped, an asterisk is shown next to the module in the figure above and the module is excluded from the report. Items for which there is no school response, a response of 'N/A', or no defined best practice are excluded from calculations. Throughout this report, your school's response for each item is compared to best practice:

| | |
|---|---|
| If your school aligns with best practice, you will see a green checkmark. | ✓ |
| If your school does not align with best practice, you will see a yellow X. | ✗ |
| If there is no defined best practice or if the best practice is more nuanced than the response options, you will see 'N/A' accompanied by a footnote. | N/A |
| If there is no school response, or if N/A is selected, you will see a dash. | - |

### What do I do with this information?

This report provides you with immediate information so you can prioritize improvements in your school health efforts. To do this well, we recommend you 1) convene your school health team (or staff who focus on health and wellness efforts) to look at this report, 2) identify 3-5 areas of improvement for your school, 3) assess your current resources and readiness to address those improvements, 4) determine the action steps needed to work toward your areas of improvement, and 5) get to work! Each school has different populations, priorities, administration, etc. so work on whatever is right for your school given your unique context. Keep in mind that higher impact improvements require buy-in from all stakeholders who will be impacted and tend to center on the following themes: systems and culture; professional development; assessment and data policy; and quality assurance.

## General Health Policies and Practices




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Wellness team and membership** | | |
| Has a wellness team | Yes | ✓ |
| School administrators | Yes | ✓ |
| Students | No | ✗ |
| Parents/guardians | No | ✗ |
| Community partners (e.g., representatives of local public health, county/city government, community-based organizations) | No | ✗ |
| **Wellness team activities** | | |
| Number of times wellness team meets per school year[1] | 7+ times | ✓ |
| Identified student health and safety needs based on a review of relevant data | Yes | ✓ |
| Recommended new or revised health and safety policies and activities to school administrators or the school improvement team | No | ✗ |
| Sought funding or leveraged resources to support health and safety priorities for students and staff | Yes | ✓ |
| Communicated the importance of health and safety policies and activities to district and school administrators, parent-teacher groups, or community members | No | ✗ |
| Reviewed health-related curricula or instructional materials | No | ✗ |
| Developed a written plan for implementing a Comprehensive Physical Activity Program | No | ✗ |
| Reviewed and updated the local wellness policy | No | ✗ |
| **Practices and policies to address health and wellness** | | |
| Has a staff person leading health and safety efforts | Yes | ✓ |
| Regularly uses chronic absence data to identify students in need of early or intensive supports[2] | Always | ✓ |
| Seeks insight from students and their families to understand contributing factors of chronic absenteeism and works to address those barriers[3] | Always | ✓ |
| Incorporates health, safety, and wellness in UIP | No | ✗ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Administration of climate surveys** | | |
| Student climate assessment | Yes | ✓ |
| Teacher climate assessment | Yes | ✓ |
| Other staff climate assessment[4] | Yes | ✓ |
| Parents/guardians climate assessment | Yes | ✓ |

[1] It is best practice for wellness teams to meet as regularly as possible and at least once per school year.
[2] It is recommended that schools always use chronic absence data to identify students in need of support.
[3] It is recommended that schools always seek insight from students and their families to address the contributing factors of chronic absenteeism.
[4] An assignment of best practice cannot be provided since the specific practice for which your school selected "Other" is only known by your school.

## Nutrition




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Meal Provision** | | |
| Provides breakfast | Yes | ✓ |
| Provides lunch | Yes | ✓ |
| Total breakfast minutes[5] | 20 | N/A |
| "Seated time" breakfast minutes[5] | 20 | ✓ |
| Has strategies to increase universal access to breakfast | No | ✗ |
| Total lunch minutes[6] | 20 | N/A |
| "Seated time" lunch minutes[6] | 20 | ✓ |
| **Locations where water is accessible** | | |
| Permits students to have water bottle | In all locations | ✓ |
| **Fruit and vegetable offerings at celebrations** | | |
| Offers fruit or non-fried vegetables for celebrations[7] | Always or almost always | ✓ |
| **Food-related policies** | | |
| Prohibits the use of food as a reward | Yes | ✓ |
| Prohibits the advertising of unhealthy foods and beverages on school grounds | Yes | ✓ |
| Requires predominantly healthy foods and beverages for celebrations | No | ✗ |
| Requires non-food or healthy food school-sponsored fundraisers | Yes | ✓ |
| Allows student purchasing of snack food or beverages | No | ✗ |
| Vending machines comply with the Smart Snack Policy | - | - |
| Vending machines comply with the Healthy Beverage Policy | - | - |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Food-related policies** | | |
| Vending machines comply with the Competitive Food Policy | - | - |
| **Activities to promote healthy eating** | | |
| Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages | No | ✗ |
| Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating | Yes | ✓ |
| Provided information to students or families on the nutrition and caloric content of foods available | Yes | ✓ |
| Conducted taste tests to determine food preferences for nutritious items | No | ✗ |
| Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics | No | ✗ |
| Served locally or regionally grown foods in the cafeteria or classrooms | No | ✗ |
| Planted a school food or vegetable garden | Yes | ✓ |
| Placed fruits and vegetables near the cafeteria cashier, where they are easy to access | Yes | ✓ |
| Used attractive displays for fruits and vegetables in the cafeteria | Yes | ✓ |
| Offered a self-serve salad bar to students | Yes | ✓ |
| Labeled healthful foods with appealing names (e.g., crunchy carrots) | No | ✗ |
| Encouraged students to drink plain water | Yes | ✓ |
| Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance | No | ✗ |
| Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes | Yes | ✓ |

[5] It is best practice to allow students at least 15 minutes of seated breakfast time.
[6] It is best practice to allow students at least 20 minutes of seated lunch time.
[7] It is recommended that at school celebrations, food either (1) not be provided; or (2) include healthy options such as fruit and non-fried vegetables.

## Physical Education/Physical Activity




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Grades requiring P.E.** | | |
| Kindergarten | Yes | ✓ |
| 1st grade | Yes | ✓ |
| 2nd grade | Yes | ✓ |
| 3rd grade | Yes | ✓ |
| 4th grade | Yes | ✓ |
| 5th grade | Yes | ✓ |
| 6th grade | Yes | ✓ |
| **Average P.E. minutes** | | |
| Number of P.E. minutes offered per week per elementary student[8] | 90 | ✗ |
| Number of P.E. sessions per week per elementary student[9] | 2 | N/A |
| Number of minutes per session of elementary-level physical education[10] | 45 | ✓ |
| **Practices for quality P.E.** | | |
| Percentage of P.E. time with moderate to vigorous physical activity[11] | 85 | ✓ |
| Appropriately modified activities to promote the participation of all students | Yes | ✓ |
| Instructional strategies that support the needs of the diversity of the student population | Yes | ✓ |
| Student/teacher ratio that is comparable with other classes at all grade levels | Yes | ✓ |
| Curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Physical Education Standards | Yes | ✓ |
| Unit and lesson plans to guide instruction | Yes | ✓ |
| Objectives that are observable and measurable | Yes | ✓ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Practices for quality P.E.** | | |
| Summative/performative assessments | Yes | ✓ |
| Formative assessments | Yes | ✓ |
| **Requirements of P.E. teachers** | | |
| Undergraduate training in P.E. | No | ✗ |
| Graduate training in P.E. | No | ✗ |
| Licensure with an endorsement in P.E. | Yes | ✓ |
| Ongoing professional development related to physical education (at least annually) | No | ✗ |
| **Physical activity opportunities** | | |
| Before-school activities | Yes | ✓ |
| Classroom physical activity breaks | Yes | ✓ |
| Proportion of teachers incorporating physical activity breaks in their classrooms[12] | All teachers | ✓ |
| Intramural sports or physical activity clubs | Yes | ✓ |
| **Recess practices and policies** | | |
| Implemented the district's policy that prohibits the use of physical activity as punishment | Yes | ✓ |
| Grades that have at least 30 minutes of recess each day[13] | All Grades | ✓ |
| Grades that have recess before lunch[14] | All Grades | ✓ |
| Implemented the district's policy that requires outdoor recess is replaced with comparable indoor physical activity in the case of inclement weather | No | ✗ |
| Implemented the district's policy that prohibits taking away recess for punishment | No | ✗ |
| Implemented the district's policy that prohibits taking away recess as make up for lost instructional time or testing | No | ✗ |

[8] It is recommended that elementary students receive at least 150 P.E. minutes per week.
[9] There is no established best practice for the number of P.E. sessions per week. See footnote on P.E. minutes per session for elementary students.
[10] It is recommended that elementary-level P.E. sessions be at least 30 minutes.

[11] It is recommended that at least 50% of each P.E. session consist of MVPA.
[12] It is recommended that all teachers incorporate physical activity breaks.
[13] It is recommended that all elementary grades have at least 30 minutes of recess daily.
[14] It is recommended that all elementary grades have recess before lunch.

## Health Education




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Grades offering health education** | | |
| Kindergarten | Yes | ✓ |
| 1st grade | Yes | ✓ |
| 2nd grade | Yes | ✓ |
| 3rd grade | Yes | ✓ |
| 4th grade | Yes | ✓ |
| 5th grade | Yes | ✓ |
| 6th grade | Yes | ✓ |
| **Average health education minutes** | | |
| Number of health education minutes offered per week per elementary student[15] | 90 | ✗ |
| Number of health education sessions per week per elementary student[16] | 2 | N/A |
| Number of minutes per session of elementary-level health education[17] | 45 | ✓ |
| **Staff teaching health education** | | |
| Health education teacher | Yes | ✓ |
| Physical education teacher | Yes | ✓ |
| Science teacher | No | ✗ |
| Non-science classroom teacher | Yes | ✓ |
| School counselor | Yes | ✓ |
| School nurse | No | ✗ |
| Other[18] | - | - |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Staff teaching health education** | | |
| Staff members who teach health education receive professional development/training annually related to health education[19] | No | ✗ |
| **Requirements of health education teachers** | | |
| Undergraduate training in health education | No | ✗ |
| Graduate training in health education | No | ✗ |
| Certification or licensure in health education | Yes | ✓ |
| **Practices for quality health education** | | |
| Instruction/curriculum aligned to the Comprehensive Health Education Standards | Yes | ✓ |
| Unit and lesson plans to guide instruction | Yes | ✓ |
| Objectives that are observable and measurable | Yes | ✓ |
| Units and lessons that provide opportunities for practicing health-related skills | Yes | ✓ |
| Summative/performative assessments | Yes | ✓ |
| Formative assessments | Yes | ✓ |
| Health education courses and lessons prioritize instruction on health skills | Yes | ✓ |
| **Topics included in health education** | | |
| Healthy eating | Yes | ✓ |
| Physical activity | Yes | ✓ |
| Personal hygiene | Yes | ✓ |
| Oral health | Yes | ✓ |
| Mental and emotional wellness | Yes | ✓ |
| Alcohol, tobacco, and other drug use prevention | Yes | ✓ |
| Unintentional injury prevention | Yes | ✓ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Topics included in health education** | | |
| Violence prevention | Yes | ✓ |
| Suicide prevention | Yes | ✓ |
| Human sexuality/sexual health education | Yes | ✓ |
| Stress management | Yes | ✓ |
| Other[18] | - | - |
| **Topics included in sexual health education** | | |
| Consent (i.e., voluntarily giving permission or saying "yes") | No | ✗ |
| Healthy relationships | No | ✗ |
| Alcohol and drug use | Yes | ✓ |
| Internet/social media literacy | Yes | ✓ |
| Abstinence | No | ✗ |
| Contraception | No | ✗ |
| STI prevention | No | ✗ |
| Adolescent pregnancy options and resources | No | ✗ |
| **Cultural sensitivity in sexual health education** | | |
| Lesbian, gay, bisexual, queer or questioning students | No | ✗ |
| Transgender students | No | ✗ |
| Intersex students | No | ✗ |
| Students with physical or intellectual disabilities | No | ✗ |
| Students who have experienced sexual assault | No | ✗ |
| Students from diverse backgrounds including race, color, ethnicity, and national origin | Yes | ✓ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Health education integration** | | |
| Integrates health content and skills into other courses/subjects[20] | No | ✗ |

[15] It is recommended that students in pre-K through grade 2 receive at least 60 minutes of health education per week and students in grades 3 through 12 receive at least 120 minutes per week.
[16] There is no established best practice for the number of health education sessions per week. See footnote on health education minutes per session for elementary students.
[17] It is recommended that elementary-level health education sessions be at least 30 minutes.
[18] An assignment of best practice cannot be provided since the specific practice for which your school selected "Other" is only known by your school.
[19] It is recommended that all staff members receive appropriate training.
[20] It is recommended that health content and skills be integrated into all courses/subject areas.

## Health Services




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Access to school nurse** | | |
| Hours per week school nurse/school nurse consultant is present [21] | 31-40 hours/week | ✓ |
| **Staff providing health services** | | |
| School nurse/school nurse consultant | Yes | ✓ |
| Health clerk, health aide, health paraprofessional | Yes | ✓ |
| Administrator | No | ✗ |
| Secretary/administrative assistant | Yes | ✓ |
| Other[22] | Yes | N/A |
| **Oversight and training of designated staff by school nurse** | | |
| Health clerk, health aide, health paraprofessional | Yes | ✓ |
| Administrator | - | - |
| Secretary/administrative assistant | Yes | ✓ |
| Other[22] | - | - |
| **Monthly health room visits** | | |
| Number of health office visits per month per student[23] | 0.86 | N/A |
| Number of health office visits per month[23] | 150 | N/A |
| **Annual screening and referrals** | | |
| Hearing[24] | In all grades | ✓ |
| Vision[24] | In all grades | ✓ |
| Oral health[25] | No | ✗ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Follow up procedure for referrals** | | |
| Hearing problems | Yes | ✓ |
| Vision problems | Yes | ✓ |
| Oral health problems | - | - |
| **Practices for quality health services** | | |
| Screen and refer for substance use | No | ✗ |
| Evidence-based approach for substance use screening & referrals (e.g., Screening, Brief Intervention, Referral to Treatment (SBIRT)) | - | - |
| Regularly evaluates students with a physical and/or mental impairment for disability under Section 504 | Yes | ✓ |
| Provides case management for students with chronic health conditions (e.g., asthma, diabetes) | Yes | ✓ |

[21] It is recommended that the number of school nurse FTE(s) match a provider to student ratio of 1:750. For the purposes of this report, any access to a school nurse is considered best practice.
[22] An assignment of best practice cannot be provided since the specific practice for which your school selected "Other" is only known by your school.
[23] There is no established best practice as the number of office visits is dependent on student need at each school.
[24] It is recommended that at a minimum, hearing and vision screenings occur in state-mandated grades (i.e., kindergarten, first, second, third, fifth, seventh, and ninth). In addition, best practice suggests all new students be screened.
[25] Oral screenings should occur regularly and capture all students, including new students.

## Counseling, Psychological, and Social Services




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Access to mental health professionals** | | |
| Hours per week school counselor is present[26] | 31-40 hours/week | ✓ |
| Hours per week school psychologist is present[27] | 1-10 hours/week | ✓ |
| Hours per week school social worker is present[28] | 11-20 hours/week | ✓ |
| **Training for staff to identify and support students with social, emotional, and behavioral health needs** | | |
| Teachers[29] | Some receive training | ✗ |
| Administrators[29] | Some receive training | ✗ |
| Coaches[29] | Some receive training | ✗ |
| Health aides, health paraprofessionals[29] | Some receive training | ✗ |
| Other[29] | - | - |
| **Mindfulness in the classroom** | | |
| Proportion of teachers who practice mindfulness in their classrooms[30] | Most teachers | ✓ |
| **Supports for all students (Tier 1)** | | |
| Conducts universal screening | No | ✗ |
| Staff have received training on how to incorporate social emotional learning into their work with students[29] | Most if not all receive training | ✓ |
| Uses an evidence-based curriculum to develop the knowledge, attitude, and skills for student social and emotional learning | Yes | ✓ |
| Integrates social and emotional skill-building into courses/subject areas[31] | No | ✗ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Supports for some students (Tier 2)** | | |
| Uses system (e.g., Check & Connect, Check-In/Check-Out) to monitor weekly the progress of select students toward identified goals | Yes | ✓ |
| Provides classes or groups for students in need of social, emotional, and behavioral health supports | Yes | ✓ |
| **Supports for few students (Tier 3)** | | |
| Staff have received training on how to respond to an individual student in crisis (i.e., threatening harm to self or others)[29] | Some receive training | ✗ |
| Has re-entry plan for students after a prolonged absence that includes social and emotional support for re-integration into school | Yes | ✓ |
| Individual counseling (in-school) | Yes | ✓ |
| Group counseling (in-school) | Yes | ✓ |
| Referrals to services (outside of school) | No | ✗ |
| Has referral protocol that involves an in-person meeting where a school staff member directly introduces the student to the external behavioral health provider | - | - |
| **Components of suicide response protocol** | | |
| Has a written protocol for responding to the suicide of a student or other member of the school community (i.e., postvention protocol) | No | ✗ |
| Staff who implement the protocol are trained on their responsibilities | - | - |
| Identified community partners to help in the event of a suicide | - | - |
| Policy on memorialization for suicide death that is consistent with memorialization of other death policies | - | - |
| Policy for preventing suicide contagion | - | - |
| Strategies to address ongoing needs (e.g., death anniversaries, supporting friends or siblings of someone who has died) | - | - |

[26] It is recommended that the number of school counselor FTE(s) match a provider to student ratio of 1:250. For the purposes of this report, any access to a school counselor is considered best practice.
[27] It is recommended that the number of school psychologist FTE(s) match a provider to student ratio of 1:500. For the purposes of this report, any access to a school psychologist is considered best practice.
[28] It is recommended that the number of school social worker FTE(s) match a provider to student ratio of 1:250. For the purposes of this report, any access to a school social worker is considered best practice.
[29] It is recommended that all staff members receive appropriate training.
[30] It is recommended that all teachers practice mindfulness in the classroom.
[31] It is recommended that social and emotional skill-building be integrated into all courses/subject areas.

## Healthy and Safe School Environment




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Components of emergency operations plan** | | |
| Has a formal emergency operations plan (school and/or district-created) in place | Yes | ✓ |
| Outlines a standardized process for what to do in an emergency where responses are named based on the action required rather than the specific hazards | Yes | ✓ |
| Family reunification procedures | Yes | ✓ |
| Accommodations for students and staff with special needs | Yes | ✓ |
| Provision of mental health services for students, faculty, and staff after a crisis has occurred | Yes | ✓ |
| Mechanisms for communicating with school personnel | Yes | ✓ |
| Requirements for periodic review and revision of the emergency operations plan | Yes | ✓ |
| Procedures to coordinate with first responders | Yes | ✓ |
| Staff have received training in implementing the emergency operations plan[32] | All school staff receive training annually | ✓ |
| **Threat assessment implementation** | | |
| Has a process to identify and respond to a threat or threatening behavior from a student | Yes | ✓ |
| Number of threat assessment screens or full threat assessments completed last year[33] | 2 | N/A |
| **School safety features** | | |
| Metal detectors | No | ✗ |
| Monitored single point of entry | No | ✗ |
| X-ray equipment | No | ✗ |
| Doors that lock from the inside within classrooms | Yes | ✓ |
| Technology that integrates with your security cameras to identify weapons in your building | No | ✗ |

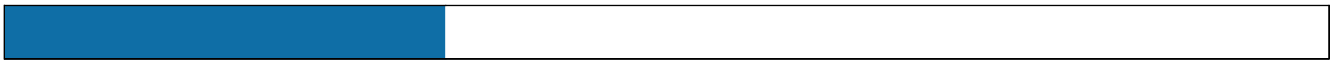
| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Practices for positive school climate** | | |
| Communicates expectations for learning and behavior to students | Yes | ✓ |
| Communicates expectations for student learning and behavior to parents/guardians | Yes | ✓ |
| Holds school-wide activities that give students opportunities to share in diverse cultures and experiences | Yes | ✓ |
| Incorporates materials and activities that reflect the diversity of your student body | Yes | ✓ |
| Has student-led club that creates a safe and welcoming school environment and includes gender and sexually diverse students and staff | Yes | ✓ |
| Teachers teach, model, and reinforce expectations for student learning and behavior[34] | All teachers | ✓ |
| Has student-centered discipline approach | Yes | ✓ |
| Uses student-centered discipline approach in response to substance use | Yes | ✓ |
| **Restrictions on student communication devices** | | |
| Stored in locked pouches[35] | No | N/A |
| Stored in classroom bins during instructional time[35] | No | N/A |
| Stored out of sight by students during instructional time[35] | Yes | N/A |
| Allowed during lunch/free periods[35] | No | N/A |
| Varies by classroom, as determined by teachers[35] | No | N/A |
| Restrictions tiered by grade[35] | No | N/A |
| No restrictions[35] | No | N/A |
| **Practices to prevent bullying** | | |
| Conducts trainings for school staff about how to respond to harassment and bullying | Yes | ✓ |
| Provides information to parents/guardians about harassment and bullying | Yes | ✓ |
| Provides information to students about the consequences of harassment and bullying | Yes | ✓ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Practices to prevent bullying** | | |
| Implements strategies or programming to prevent harassment and bullying | Yes | ✓ |
| Provides anonymous methods for students to report harassment and bullying | Yes | ✓ |
| Institutes corrective measures for students engaged in bullying | Yes | ✓ |
| Incorporates student voice to address harassment and bullying | Yes | ✓ |
| **Practices to support LGBTQ students** | | |
| Identifies "safe spaces" where LGBTQ youth can receive support from administrators, teachers, or other school staff | Yes | ✓ |
| Prohibits harassment based on a student's perceived or actual sexual orientation or gender identity | Yes | ✓ |
| Encourages staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity | Yes | ✓ |
| Facilitates access to providers not on school property who have experience in providing health services to LGBTQ youth | Yes | ✓ |
| Facilitates access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth | Yes | ✓ |
| Provides gender neutral bathrooms | Yes | ✓ |
| Affirms student and staff names and pronouns | Yes | ✓ |
| **Indoor and outdoor safety features** | | |
| Regularly assesses and addresses health and safety concerns in the indoor school environment | Yes | ✓ |
| Sidewalks leading to/from the school that are safe to use | Yes | ✓ |
| Trails or paths leading to/from the school that are safe to use | Yes | ✓ |
| Bike lanes leading to/from the school that are safe to use | No | ✗ |
| Sufficient bike racks or a secure place for students to keep their bikes, skateboards, scooters, or roller blades | Yes | ✓ |
| 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) | Yes | ✓ |
| Shade structures such as trees or canopies | No | ✗ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Indoor and outdoor safety features** | | |
| Sufficient lighting in all outdoor areas of the school | Yes | ✓ |
| Outdoor classrooms and outdoor learning spaces | Yes | ✓ |
| **Safe routes to school** | | |
| Has programming or partnerships for safe biking and walking routes to school | No | ✗ |

[32] It is recommended that all staff members receive appropriate training.
[33] There is no established best practice as the number of threat assessment screens or full threat assessments is dependent on student need at each school.
[34] It is recommended that all teachers teach, model, and reinforce expectations for student learning and behavior.
[35] Colorado House Bill 25-1135 requires all school districts to have a policy in place by July 1, 2026, covering student communication device use and possession during the school day. Each district has the flexibility to create its own policy tailored to the specific needs of its community. As of the fall of 2025, the Colorado Department of Education is gathering evidence-based resources and information to support school districts, to be available after January of 2026.

## Family, Community, and Student Involvement




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Community access and engagement** | | |
| Community access to indoor facilities | No | ✗ |
| Community access to outdoor facilities | They have access to all facilities | ✓ |
| Has a joint use agreement for school or community physical activity or sports facilities | No | ✗ |
| Involves the community in health-related events | Yes | ✓ |
| **School health collaboration** | | |
| Local health department | No | ✗ |
| Parks and recreation department | No | ✗ |
| Hospital | No | ✗ |
| Health clinic | No | ✗ |
| Doctor's office | No | ✗ |
| Mental health center | No | ✗ |
| Social services agency | No | ✗ |
| Service club (e.g., Rotary Club) | No | ✗ |
| Nonprofit (e.g., YMCA) | No | ✗ |
| Faith-based group | No | ✗ |
| College or university | No | ✗ |
| Businesses | No | ✗ |
| Local family/youth leadership councils | No | ✗ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Family engagement strategies** | | |
| Uses a variety of communication methods to provide information to families about school health programs and activities | Yes | ✓ |
| Develops culturally inclusive communications for students, families, and the community | Yes | ✓ |
| Gathers feedback and input from families on school health and wellness activities | No | ✗ |
| Meets with a parent organization to discuss school health needs and strategies | Yes | ✓ |
| Provides families with information on school health policies, strategies, and services | Yes | ✓ |
| Hosts school health activities for families | No | ✗ |
| **Level of student engagement in school health components** | | |
| Student health services[36] | Input from students is not solicited | ✗ |
| Health (including sexual health) education[36] | Input from students is not solicited | ✗ |
| Physical education[36] | Input from students is not solicited | ✗ |
| Counseling, psychological, and social services[36] | Suggestions are collected from students | ✓ |
| Food served in school[36] | Suggestions are collected from students | ✓ |
| The school's physical environment[36] | Suggestions are collected from students | ✓ |
| School culture and climate[36] | Suggestions are collected from students | ✓ |

[36] It is recommended that students help co-create programs/policies or, at a minimum, that student suggestions are collected.

## Staff Health Promotion




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Practices to promote staff wellness** | | |
| Conducts a school employee wellness needs assessment or interest survey | No | ✗ |
| Develops a written school employee wellness action plan | Yes | ✓ |
| Has school employee wellness leader or committee | Yes | ✓ |
| Obtains administrator support for school employee wellness | Yes | ✓ |
| Invites school staff to provide input on staff well-being policies and practices | Yes | ✓ |
| **Staff wellness activities** | | |
| Health screenings | Yes | ✓ |
| Annual flu shots at the school or district office | Yes | ✓ |
| Stress management activities | Yes | ✓ |
| Tobacco cessation efforts | No | ✗ |
| Healthy food-related activities | No | ✗ |
| Physical activity | No | ✗ |
| Counseling for emotional disorders | No | ✗ |
| Crisis intervention for personal problems | No | ✗ |
| Other[37] | - | - |
| **Staff engagement opportunities** | | |
| Build and maintain relationships with each other | Yes | ✓ |
| Recognize accomplishments and display gratitude toward each other | Yes | ✓ |

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Professional learning** | | |
| Combating compassion fatigue and burnout | Yes | ✓ |
| Planning, implementing, and reflecting on their own well-being | Yes | ✓ |
| Equity, diversity, and inclusion | Yes | ✓ |
| Conflict resolution education | Yes | ✓ |

[37] An assignment of best practice cannot be provided since the specific practice for which your school selected "Other" is only known by your school.

## Local Wellness Policy




Percentage of responses that align with best practice

| Item | Your School's Response | Did You Report Best Practice? |
|---|---|---|
| **Implementation of local wellness policy elements** | | |
| Nutrition education[38] | Making plans to implement related activities | ✓ |
| Nutrition promotion[38] | Implementing some related activities | ✓ |
| Food and beverage marketing guidelines on school grounds[38] | Implementing all related activities | ✓ |
| Nutrition guidelines for all foods and beverages available but not sold on school grounds (i.e., classroom celebrations, rewards, etc.)[38] | Implementing some related activities | ✓ |
| Nutrition standards for all foods sold on school grounds (i.e., a la carte, school stores, vending machines, etc.)[38] | Implementing all related activities | ✓ |
| Physical activity[38] | Implementing all related activities | ✓ |
| Other school-based activities (as defined by your policy)[38] | Implementing some related activities | ✓ |

[38] Federal law requires that schools assess the implementation of their district or charter school's local wellness policy at least once every three years. Although a school's response of 'No Action Taken' will receive an 'X' in this report, schools that have completed this module of the assessment have met the requirement to assess their implementation of the local wellness policy. A response of 'No Action Taken' will not reflect negatively on your school, district, or charter school. All other responses in this module will receive a '✓' as any progress made towards implementing the goals of the local wellness policy is considered best practice in this report. It is recommended that the local wellness policy is updated after this assessment based on the progress of these goals.