

1. 2014-2015 School Health Survey, Texas Education Agency

This survey must be completed **ONLINE ONLY** and **ONLY ONCE** by **EACH SCHOOL DISTRICT** (not campus) **AND CHARTER SCHOOL**. Your responses should reflect the 2014-2015 academic year. Work with colleagues in the district to answer questions **BEFORE** completing online.

Survey completion deadline - **FRIDAY, September 4, 2015.**

TIPS FOR USING SURVEY MONKEY

The online submission will not allow you to fill out only a portion of the survey. You may wish to fill in a copy of the report in paper form before logging into Survey Monkey to enter and submit all of the data at once. Your responses will reflect district/charter school policies and practices as well as campus averages. The survey **MUST** be submitted online via Survey Monkey. After completing the survey, click **"DONE"**. A message thanking you for completing the survey will pop up. You will not be able to access the completed survey again. Therefore, you may wish to keep a copy of the survey for your own records and give another to the district/charter superintendent.

While entering data online into Survey Monkey, you may change responses by simply clicking on the new response. In some cases, you will need to unclick a previous answer if it was incorrectly entered. You will move through the survey by clicking on the previous/next ("Prev"/"Next") buttons at the bottom of each page. Any question marked with an asterisk (*) requires a response. At the end of the survey, when you click on the "Done" button, your data will be automatically submitted. You will not receive any other confirmation. TEA will contact the person identified in the survey if any questions arise about a data submission.

Entering this information online takes approximately 15-30 minutes. If you have misplaced the copy of the survey that was emailed to you, you can go through and print screens page by page.

Thank you for your participation.

The Texas Education Code (TEC), §38.0141, specifies that the Texas Education Agency (TEA) must collect statistics and data relating to student health and physical activity from each school district/charter school. The following survey has been developed for this purpose. Additionally, the data will allow the agency to better address the various health-related needs of our schools and students statewide.

* 1. Please answer the following questions:

District/Charter

School Name

County-District Number

* 2. Please indicate the Education Service Center (ESC) Region(s) in which your district/charter school receives training. (Mark all that apply.)

- | | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 10 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 11 | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 12 | <input type="checkbox"/> 19 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 13 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 14 | |

Other (if not applicable, please specify)

* 3. Preparer Information

Name of Preparer

Title of Preparer

Phone Number of Preparer

Email Address of Preparer

4. School Health Advisory Council (SHAC) Information

(If you are a charter school that does not have a SHAC please enter N/A in the first field for this question.)

Name of SHAC District/Charter Contact

Phone Number of SHAC District/Charter Contact

Email Address of SHAC District/Charter Contact

Name of Required parent SHAC District/Charter Chair or Co-Chair

* 5. In your district/charter school, are members of the following groups represented on your SHAC? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Businesses | <input type="checkbox"/> Mental health or social services staff |
| <input type="checkbox"/> Community members | <input type="checkbox"/> Nutrition or food service staff |
| <input type="checkbox"/> Faith-based organizations | <input type="checkbox"/> Parents or families of students |
| <input type="checkbox"/> Health education teachers | <input type="checkbox"/> Parent Teacher Association or Organization |
| <input type="checkbox"/> Health services staff (e.g., school nurses) | <input type="checkbox"/> Physical education teachers |
| <input type="checkbox"/> Library/media center staff | <input type="checkbox"/> School administrators |
| <input type="checkbox"/> Local government agencies | <input type="checkbox"/> Student body |
| <input type="checkbox"/> Local health departments, agencies, or organizations | <input type="checkbox"/> Technology staff |
| <input type="checkbox"/> Maintenance and transportation staff | <input type="checkbox"/> Not applicable (charter schools only) |

* 6. Has your district/charter school SHAC received any formal training related to development, recruitment, leadership, policy improvement strategies, etc. from the following organizations?

- Yes (If yes, please select from the organizations listed below)
- No
- Center for Disease Control (CDC) and Prevention
- Department of State Health Services (DSHS)
- Education service centers (ESCs)
- School district
- Texas Association of Health, Physical Education, Recreation and Dance (TAHPERD)
- Texas Education Agency (TEA)
- Not applicable (charter schools only)

Other (please specify)

7. How many times did your SHAC meet during the following academic years:

	Yes	No	Not applicable (charter schools only)
2012-2013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2013-2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2014-2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Has your local SHAC physical activity and fitness planning subcommittee made any policy recommendations related to physical activity and fitness pursuant to TEC §28.004(I-1)?

	Yes	No	Not applicable (charter schools only)
2013-2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2014-2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Has your school board or district/charter school implemented/changed a policy, program, or practice as a result of a SHAC recommendation?

	Yes	No	Not applicable (charter schools only)
2012-2013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2013-2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2014-2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you responded "yes" for any school year provided in question #9, please indicate what topics were addressed. (Mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Adaptations for special populations in physical education | <input type="checkbox"/> Parental involvement |
| <input type="checkbox"/> Asthma action plan | <input type="checkbox"/> Physical activity requirements in kindergarten to grade 8 |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Recess |
| <input type="checkbox"/> Coordinated school health programming | <input type="checkbox"/> Safe routes to school |
| <input type="checkbox"/> Early mental health intervention | <input type="checkbox"/> School menu/nutrition services |
| <input type="checkbox"/> Fitness assessment data | <input type="checkbox"/> Sex education |
| <input type="checkbox"/> Fitness assessment requirements | <input type="checkbox"/> Staff professional development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Health education curriculum | <input type="checkbox"/> Teen pregnancy prevention |
| <input type="checkbox"/> High school graduation requirements | <input type="checkbox"/> Tobacco use and prevention |
| <input type="checkbox"/> HIV policy (practice, universal precautions, curricula) | <input type="checkbox"/> Vending machines |
| <input type="checkbox"/> Off-campus physical activity programs | <input type="checkbox"/> Wellness policies |

Other (please specify)

* 11. What is your district/charter school's policy for meeting the elementary school physical activity requirement?

- 30 minutes/day for all grade levels
- 30 minutes/day for some grade levels, 135 minutes/week for others
- 135 minutes/week for all grade levels
- More than 135 minutes/week
- More than 150 minutes/week
- Other (please specify)

* 12. What is your district/charter school's policy for meeting the middle/junior high school physical activity requirement?

- 30 minutes/day in physical education for four semesters
- 225 minutes/two weeks in physical education for four semesters
- Four semesters of physical activity in alternative programs
- A mixture of physical education and alternative programs
- Other (please specify)

* 13. Does your district/charter school provide recess in elementary school?

- Yes
- No

14. Does your district/charter school have a written policy that specifies the number of recess minutes students should participate in per day?

- Yes
- No (if no, skip to #16.)

15. If you responded "yes" to question 14, how many minutes per day is required for recess in your school district?

- 10-15
- 16-20
- 21-25
- 26-30
- >31

Other (please specify)

16. If your district/charter school assesses student physical fitness outside of physical education classes and substitute activities, please indicate all grade levels for which your district administers additional assessments.

- | | |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |

17. Does your district/charter school notify parents that they can request in writing their child's physical fitness assessment results at the end of the school year?

- Yes
- No

* 18. Has your district/charter school adopted policies and procedures that prescribe penalties for the use of tobacco products by students and others on campuses or at school-sponsored or school-related activities?

- Yes
- No

19. Does your district/charter school use a suicide prevention program or curriculum for students from Suicide Prevention Resource Center's Best Practice Registry and/or the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NRPP)?

- Yes
- No
- Other (please specify)

* 20. Does your district/charter school provide training for staff dealing with students at risk of suicide, recognizing early warning signs, and how to intervene effectively with students?

- Yes
- No

* 21. Which Coordinated School Health Program is your district/charter school implementing in elementary schools?

- Bienestar
- Great Body Shop
- CATCH
- SPARK
- Other (If not applicable, please explain.)

* 22. Which Coordinated School Health Program is your district/charter school implementing in middle and/or junior high schools?

- Bienestar
- SPARK
- CATCH
- Other (If not applicable, please explain.)

23. Did your district/charter school require health education as a graduation requirement for high school students in all graduation programs during the following academic years:

	Yes	No
2012-2013	<input type="radio"/>	<input type="radio"/>
2013-2014	<input type="radio"/>	<input type="radio"/>
2014-2015	<input type="radio"/>	<input type="radio"/>

Other (please specify)

24. Did your district/charter school implement the Parenting and Paternity Awareness (P.A.P.A.) Program during the following academic years:

	Yes	No
2012-2013	<input type="radio"/>	<input type="radio"/>
2013-2014	<input type="radio"/>	<input type="radio"/>
2014-2015	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 25. Which school health-related assessment tools does your district/charter school use? (Mark all that apply.)

- ActivityGram
- District-developed
- FITNESSGRAM once annually
- FITNESSGRAM pre- and post-testing
- Health Education Assessment Tools (HECAT)
- Healthy School Report Card (Association for Supervision and Curriculum Development)
- Physical Education Assessment Tools (PECAT)
- School Health Index (SHI)
- Other (please specify)

* 26. Indicate if your district/charter school staff attends or needs training or staff development on any of the following topics (mark all that apply).

	Attends	Needs
Abstinence	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence plus	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>
Asthma training	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>
Care of students with diabetes (Required by HB 984)	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child and adolescent development	<input type="checkbox"/>	<input type="checkbox"/>
Coordinated school health programming	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility and benefits of CHIP/Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Family violence	<input type="checkbox"/>	<input type="checkbox"/>
Fitness assessment	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian and traffic safety	<input type="checkbox"/>	<input type="checkbox"/>
Positive youth development	<input type="checkbox"/>	<input type="checkbox"/>
STD prevention	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use and prevention	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 27. Has your district/charter school adopted policies to ensure that campuses comply with the Texas Department of Agriculture (TDA) vending machine and food service guidelines for restricting student access?

- Yes
- No
- Other (if not applicable, please specify)

28. Does your local wellness policy address any of the following:

- Increased opportunities for students to be physically active
- Increased opportunities for students to select and consume healthier foods and/or snacks
- Improved access to fresh fruits and vegetables (e.g. implementing a farm-to-school program or fruit and vegetable snack program)
- Other (please specify)

29. Has your SHAC recommended the use of joint use agreements or strategies for collaboration between the school district/charter school and community organizations or agencies pursuant to §28.004(c)(5) during the following academic years?

	Yes	No	Not applicable (charter schools only)
2013-2014	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014-2015	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 30. Does your district/charter school bullying policy address any of the following? Mark all that apply.

- Bullying based on gender
- Bullying based on race/ethnicity
- Bullying based on sexual orientation/identity
- Bullying based on physical characteristics
- Cyberbullying
- Other - please specify (if not applicable, please explain)

* 31. Of the following health-related topics, which are addressed in each of your district/charter school's campus improvement plans?

	Elementary	Middle School/Jr. High	High School
Bullying Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinated School Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Mental Health Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Postvention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify topic and campus level)