

1. 2010-2011 School Health Survey, Texas Education Agency

This survey must be completed ON-LINE ONLY and ONLY ONCE by EACH SCHOOL DISTRICT (not campus). Work with colleagues in the district to answer questions BEFORE completing on-line. Survey completion deadline - FRIDAY, March 4, 2011.

TIPS FOR USING SURVEY MONKEY

The on-line submission will not allow you to fill out only a portion of the survey. 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-level 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, keep a copy of the survey for your own records and give another to the Superintendent.

While entering data on-line into Survey Monkey, 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. 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 on-line take 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.

Chapter 38.0141 of the Texas Education Code specifies that the Texas Education Agency must collect statistics and data relating to student health and physical activity from each school district. The following survey has been developed for this purpose. The data collected from this survey will be included in the Agency's Comprehensive Annual Report to the Legislature. Additionally, the data will allow the agency to better address the various health-related needs of our schools and students statewide.

2. District Information

★ 1. Please Answer the Following Questions:

District Name

County-District Number

Education Service Center

Region # (please enter 1 or
2 digit number only)

★ 2. Preparer Information

Name of Preparer

Title of Preparer

Phone Number of Preparer

Email Address of Preparer

★ 3. School Health Advisory Council (SHAC) Information

Name of SHAC District

Contact

Phone Number of SHAC

District Contact

Email Address of SHAC

District Contact

Name of Required

PARENT SHAC District

Chair or Co-Chair

Phone Number of Required

PARENT SHAC DISTRICT

Chair or Co-Chair

Email Address of Required

PARENT SHAC District

Chair or Co-Chair

★ 4. District Fitness Assessment Testing Coordinator Information

Name of District Fitness

Assessment Testing

Coordinator

Phone Number of District

fitness Assessment Testing

Coordinator

Email Address of District

Fitness Assessment Testing

Coordinator

3. Survey Questions

* **5. What types of campuses does your district or charter serve? (Mark all that apply)**

- ☐ Elementary
- ☐ Middle School/Jr. High
- ☐ High School
- ☐ Other (please specify)

* **6. How many campuses of each?**

Elementary	<input type="text"/>
Middle School/Jr. High	<input type="text"/>
High School	<input type="text"/>

* **7. Please list the members that make up your SHAC.**

<input type="text"/>	5
<input type="text"/>	6

* **8. In your district, are members of the following groups represented on any school health council, committee, or team? (Mark all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Businesses | <input type="checkbox"/> Maintenance and transportation staff |
| <input type="checkbox"/> Community members | <input type="checkbox"/> Mental health or social services staff |
| <input type="checkbox"/> Faith-based organizations | <input type="checkbox"/> Nutrition or food service staff |
| <input type="checkbox"/> Health education teachers | <input type="checkbox"/> Parents or families of students |
| <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 |

* **9. How many times did your district's SHAC meet during the 2009-2010 school year? (one or two numeric digits only)**

* **10. Has your school district implemented any policy, program, or practice as a result of the School Health Advisory Council (SHAC) making a recommendation?**

- ☐ Yes
- ☐ No (if no, skip to #12)

11. If yes, what topics were addressed? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adaptations for special populations in physical education | <input type="checkbox"/> Parent Involvement |
| <input type="checkbox"/> Asthma Action Plan | <input type="checkbox"/> Physical Activity requirements in grades K-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"/> Fundraising | <input type="checkbox"/> School Menu/Nutrition Services |
| <input type="checkbox"/> Health Education curriculum | <input type="checkbox"/> Staff Professional Development |
| <input type="checkbox"/> High School Graduation Requirements | <input type="checkbox"/> Teen Pregnancy Prevention |
| <input type="checkbox"/> HIV Policy (Practice, Universal Precautions, Curricula) | <input type="checkbox"/> Tobacco Use and Prevention |
| <input type="checkbox"/> Off-campus physical activity programs | <input type="checkbox"/> Wellness Policies |
| <input type="checkbox"/> Other (please specify) | |

*** 12. Has your School Board made policy changes because of a SHAC recommendation?**

- ☐ Yes
- ☐ No

*** 13. What is your district's policy for meeting the elementary school physical activity requirements?**

- ☐ 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)

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

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

★ **15. Of the following, which topics were addressed on your district's website and/or handbook? (Mark all that apply)**

	Handbook	Website
Bullying	<input type="checkbox"/>	<input type="checkbox"/>
Elementary physical activity policy	<input type="checkbox"/>	<input type="checkbox"/>
Human sexuality curriculum information	<input type="checkbox"/>	<input type="checkbox"/>
Middle school physical activity policy	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions on vending machines/food service usage	<input type="checkbox"/>	<input type="checkbox"/>
School Health Advisory Council information	<input type="checkbox"/>	<input type="checkbox"/>
Parental access to student's fitness assessment results	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use and prevention	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other (please explain)

★ **16. Does your district have a policy prohibiting Physical Activity as a form of punishment?**

- ☐ Yes
- ☐ No

★ **17. Are all of the campuses in your district tobacco free for everyone? (students, staff, parents, visitors, etc.)**

☐ Yes

☐ No

☐ Other (please specify)

★ **18. Has your district 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. What Coordinated School Health Program is your district implementing in elementary schools?**

☐ Bienestar

☐ Great Body Shop

☐ CATCH

☐ SPARK/Healthy & Wise

☐ Other - please specify (if Not Applicable, please explain)

★ **20. What Coordinated School Health Program is your district implementing in middle and/or junior high schools?**

☐ Bienestar

☐ SPARK/Healthy & Wise

☐ CATCH

☐ Other - please specify (if Not Applicable, please explain)

★ **21. Does your district require Health Education as a graduation requirement for high school in all graduation plans for the 2010 – 2011 school year?**

☐ Yes

☐ No

☐ Not Applicable (please explain)

★ **22. Does your district offer Health Education in Middle School?**

☐ Yes

☐ No

☐ Not Applicable (please explain)

★ **23. List the date of the letter sent to parents/guardians regarding human sexuality instruction, as required by SB283, TEC 28.004.**

MM DD YYYY

Date letter mailed

 / /

★ **24. What school health-related assessment tools does your district use? (Mark all that apply)**

☐ ActivityGram

☐ District-developed

☐ FITNESSGRAM once annually

☐ FITNESSGRAM pre and post testing

☐ Health Education Assessment Tools (HECAT)

☐ Physical Education Assessment Tools (PECAT)

☐ School Health Index

☐ Other (please specify)

★ **25. Does your district have a policy in place for addressing the safety of students in a physical education class with a student teacher ratio greater than 45 to 1, per TEC 25.114?**

☐ Yes

☐ No

☐ Other - please specify (if Not Applicable, please explain)

★ **26. Are the physical education courses offered in your district taught by a certified physical education teacher?**

	Elementary	Middle School/Jr. High	High School
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not Applicable (please explain)

★ **27. Indicate if your district collects statistics and data on any of the following health issues. (Mark all that apply)**

	Yes	No
Asthma	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>

★ **28. Indicate if your district 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)

★ **29. Does your district have a policy for addressing HIV prevention education?**

- ☐ Yes
- ☐ No (If no, skip to #31)
- ☐ In process of developing a policy or educational program
- ☐ Not Applicable (please explain)

30. If Yes, which of the following does your policy address: (Mark all that apply)

- ☐ Abstinence
- ☐ Bloodborne Pathogens
- ☐ Risk Reduction
- ☐ Other (please specify)

*** 31. Has your school district adopted and implemented a policy that addresses maintaining confidentiality of HIV-infected students and staff, and the procedures to protect HIV-infected students and staff from discrimination?**

- ☐ Yes
- ☐ No

*** 32. Does your district use a teen pregnancy/STD prevention/abstinence program/curriculum?**

- ☐ Yes
- ☐ No (if no, skip to #34)

33. What teen pregnancy/STD prevention/abstinence program/curriculum do you use?

	5
	6

★ **34. How many full-time registered nurses (RN's) does your district employ? (if none enter 0)**

Elementary (numeric answer)	<input type="text"/>
Middle School/Jr. High (numeric answer)	<input type="text"/>
High School (numeric answer)	<input type="text"/>
Our District Requires a nurse per campus (yes or no)	<input type="text"/>
Other - Please Explain	<input type="text"/>

★ **35. How many full-time Licensed Vocational Nurses (LVN's) does your District employ? (if none enter 0)**

Elementary (numeric answer)	<input type="text"/>
Middle School/Jr. High (numeric answer)	<input type="text"/>
High School (numeric answer)	<input type="text"/>
Our District Requires a nurse per campus (yes or no)	<input type="text"/>
Other - Please Explain	<input type="text"/>

★ **36. How many of your campuses have trained Unlicensed Diabetes Care Assistants as outlined in the Diabetes Council Guidelines? (HB 984)**

Elementary	<input type="text"/>
Middle School/Jr. High	<input type="text"/>
High School	<input type="text"/>
Other - Please Specify	<input type="text"/>

★ **37. Does your district have representation on community coalitions or collaborative efforts that address the following areas? (Mark all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Obesity Prevention |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Positive Youth Development |
| <input type="checkbox"/> Child Safety | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> HIV/STD Prevention | <input type="checkbox"/> Teen Pregnancy Prevention |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Tobacco Use and Prevention |
| <input type="checkbox"/> Other - please specify (if Not Applicable, please explain) | |

★ **38. What services does your district provide to pregnant and/or parenting teens?**

- ☐ Assistance to student in obtaining available services from government agencies or community services organizations
- ☐ Breast feeding education and support
- ☐ Career counseling and job readiness
- ☐ Day care (on or off campus)
- ☐ GED programs
- ☐ Individual counseling, peer counseling, self help programs
- ☐ Instruction related to the knowledge and skills in child development, parenting and home and family living
- ☐ Postpartum health and nutrition programs for student's children
- ☐ Prenatal and postpartum health and nutrition programs
- ☐ Transportation to and from day care facility and campus
- ☐ Other - please specify (if Not Applicable, please explain)

★ **39. Has your district implemented the School Meals Program and established a local wellness policy?**

- ☐ Yes
- ☐ Not Applicable (Our district does not accept federal funding for reimbursable meals)
- ☐ No (please explain)

★ **40. Has your school district 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

★ **41. Has your district initiated the required plan for measuring the implementation of your local wellness policy?**

- ☐ Yes
- ☐ No (If no, skip to #43)
- ☐ Not Applicable (Our district does not accept federal funding for reimbursable meals)

42. As a result of measuring the implementation of your local wellness policy, which of the following has your district addressed?

- ☐ 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; fruit and vegetable snack program)
- ☐ Other (please specify)

* **43. In which of the following capacities does your school district involve youth participation?**

- ☐ Curriculum Development
- ☐ School Board
- ☐ SHAC
- ☐ Other - please specify (if Not Applicable, please explain)

* **44. How many of the campuses in your district have a Parent Teacher Association (PTA) healthy lifestyles chair? (if none enter 0)**

Elementary	<input type="text"/>
Middle School/Jr. High	<input type="text"/>
High School	<input type="text"/>

* **45. How many students with asthma are served in your district each year? (if none enter 0)**

Elementary	<input type="text"/>
Middle School/Jr. High	<input type="text"/>
High School	<input type="text"/>

* **46. Does your district support the use of its recreation facilities (e.g., gyms, fields, tracks, courts, recreation equipment, etc.), by the public before/after school hours?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable (please explain)

* **47. Do any campuses in your district have a school garden?**

- ☐ Yes
- ☐ No

★ **48. Does your district bullying policy include specific information on the following:**

- ☐ Bullying based on gender
- ☐ Bullying based on race/ethnicity
- ☐ Bullying based on sexual orientation/identity
- ☐ Bullying based on physical characteristics
- ☐ Cyber bullying
- ☐ Other - please specify (if Not Applicable, please explain)

★ **49. Does your district collect data related to incidences of bullying?**

- ☐ Yes
- ☐ No (if no skip #50)

50. How many students in each of these grade levels were included in the bullying incident reports?

Elementary	<input type="text"/>
Middle School/Jr. High	<input type="text"/>
High School	<input type="text"/>

★ **51. What type of bullying is most prevalent in your district?**

- ☐ Physical
- ☐ Verbal
- ☐ Cyber
- ☐ Other (please specify)