

## 2022 SCHOOL HEALTH PROFILES SCHOOL PRINCIPAL QUESTIONNAIRE

This questionnaire will be used to assess school health programs and policies across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

### INSTRUCTIONS

1. This questionnaire should be completed by the **principal** (or the person acting in that capacity) and concerns only activities that occur in the **school listed below for the grade span listed below**. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Return the questionnaire in the envelope provided.

### Person completing this questionnaire

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School name: \_\_\_\_\_

District: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### To be completed by the agency conducting the survey

School name: \_\_\_\_\_ Grade span: \_\_\_\_\_

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

## 2022 SCHOOL HEALTH PROFILES PRINCIPAL QUESTIONNAIRE

1. **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?** (Mark yes or no for each area.)

Area	Yes	No
a. Physical education and physical activity .....	0	0
b. Nutrition.....	0	0
c. Tobacco-use prevention .....	0	0
d. Alcohol- and other drug-use prevention .....	0	0
e. Chronic health conditions (e.g., asthma, food allergies).....	0	0
f. Unintentional injury and violence prevention (safety) .....	0	0
g. Sexual health, including HIV, other STD, and pregnancy prevention.....	0	0

2. **Each local education agency participating in the National School Lunch Program or the School Breakfast Program is required to develop and implement a local wellness policy.**

**During the past year, has anyone at your school done any of the following activities?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Reviewed your district's local wellness policy .....	0	0
b. Helped revise your district's local wellness policy.....	0	0
c. Communicated to school staff about your district's local wellness policy .....	0	0
d. Communicated to parents and families about your district's local wellness policy .....	0	0
e. Communicated to students about your district's local wellness policy .....	0	0
f. Measured your school's compliance with your district's local wellness policy .....	0	0
g. Developed an action plan that describes steps to meet requirements of your district's local wellness policy .....	0	0

3. **Currently, does someone at your school oversee or coordinate school health and safety programs and activities?** (Mark one response.)

- Ⓐ Yes  
Ⓑ No

4. **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?** (Mark one response.)

- Ⓐ Yes  
Ⓑ No → **Skip to Question 6**

5. **During the past year, has any school health council, committee, or team at your school done any of the following activities?** (Mark yes or no for each activity.)

<b>Activity</b>		<b>Yes</b>	<b>No</b>
a.	Identified student health needs based on a review of relevant data.....	0.....	0
b.	Recommended new or revised health and safety policies and activities to school administrators or the school improvement team .....	0.....	0
c.	Sought funding or leveraged resources to support health and safety priorities for students and staff .....	0.....	0
d.	Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members.....	0.....	0
e.	Reviewed health-related curricula or instructional materials .....	0.....	0

6. **During the regular school day, does your school use each of the following types of security staff?** (Mark yes or no for each type of staff.)

<b>Type of staff</b>		<b>Yes</b>	<b>No</b>
a.	Security guards (private or school employees/contractors) .....	0.....	0
b.	School resource officers (SROs).....	0.....	0
c.	Police officers other than SROs (i.e., county or local law enforcement) .....	0.....	0

## **BEFORE- OR AFTER-SCHOOL PROGRAMS**

(Definition: Before- or after-school programs are supervised programs, such as academic programs [e.g., reading or math focused programs], specialty programs [e.g., sports teams, arts enrichment], and multipurpose programs that provide an array of activities. Such programs may be offered by the school, school district, or an external organization [e.g., 21<sup>st</sup> Century Community Learning Centers, Boys & Girls Clubs, YMCAs] and can take place on school grounds or in the community.)

7. **During the past year, has your school taken any of the following actions related to before- or after-school programs?** (Mark yes or no for each action.)

	<b>Action</b>	<b>Yes</b>	<b>No</b>
a.	Included before- or after-school settings as part of the School Improvement Plan .....	0	0
b.	Encouraged before- or after-school program staff or leaders to participate in school health council, committee, or team meetings ...	0	0
c.	Partnered with community-based organizations (e.g., Boys & Girls Clubs, YMCA, 4H Clubs) to provide students with before- or after-school programming .....	0	0

### **SEXUAL AND GENDER MINORITY STUDENTS**

8. **Does your school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called Gay/Straight Alliances or Genders and Sexualities Alliances.** (Mark one response.)

- ☐ (a) Yes  
☐ (b) No

9. **Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth?** (Mark yes or no for each practice.)

	<b>Practice</b>	<b>Yes</b>	<b>No</b>
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 .....	0	0
b.	Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity.....	0	0
c.	Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity .....	0	0
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 .....	0	0
e.	Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth .....	0	0

## BULLYING AND SEXUAL HARASSMENT

(Definitions: “Bullying” means when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly. “Sexual harassment” means unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. “Electronic aggression,” sometimes called cyber-bullying, is a type of bullying or sexual harassment that occurs when students use a cell phone, the Internet, or other electronic communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.)

10. **During the past year, did all staff at your school receive professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression?** (Mark one response.)

☐ (a) Yes  
☐ (b) No

11. **Does your school have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression?** (Mark one response.)

☐ (a) Yes  
☐ (b) No

12. **Does your school use electronic (e.g., e-mails, school web site), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression?** (Mark one response.)

☐ (a) Yes  
☐ (b) No

## SUICIDE PREVENTION

13. **Does your school have written protocols for each of the following suicide prevention practices?** (Mark yes or no for each practice.)

	Practice	Yes	No
a.	Assessing student suicide risk.....	0	0
b.	Notifying parents when a student is at risk for suicide.....	0	0
c.	Referring students at risk for suicide to mental health services.....	0	0
d.	Responding to a suicide attempt at school.....	0	0
e.	Supporting students returning to school after a suicide attempt.....	0	0
f.	Responding to the death of a student or staff member from suicide .....	0	0

## REQUIRED PHYSICAL EDUCATION

(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.)

14. Is a **required physical education course** taught in each of the following grades in your school? (For each grade, mark yes or no, or if your school does not have that grade, mark “grade not taught in your school.”)

	Grade	Yes	No	Grade not taught in your school
a.	6.....	0.....	0.....	0.....
b.	7.....	0.....	0.....	0.....
c.	8.....	0.....	0.....	0.....
d.	9.....	0.....	0.....	0.....
e.	10.....	0.....	0.....	0.....
f.	11.....	0.....	0.....	0.....
g.	12.....	0.....	0.....	0.....

## PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

15. During the past year, did any physical education teachers or specialists at your school receive professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) on physical education or physical activity? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

- 16. Does your school engage in the following physical education practices?** (Mark yes or no for each practice.)

	<b>Practice</b>	<b>Yes</b>	<b>No</b>
a.	Provide physical education teachers with a written physical education curriculum that aligns with national standards for physical education .....	0	0
b.	Require physical education teachers to follow a written physical education curriculum .....	0	0
c.	Allow the use of waivers, exemptions, or substitutions for physical education requirements for one grading period or longer ...	0	0
d.	Allow teachers to exclude students from physical education to punish them for inappropriate behavior or failure to complete class work in another class .....	0	0
e.	Require physical education teachers to be certified, licensed, or endorsed by the state in physical education.....	0	0
f.	Limit physical education class sizes so that they are the same size as other subject areas .....	0	0
g.	Have a dedicated budget for physical education materials and equipment.....	0	0
h.	Provide adapted physical education (i.e., special courses separate from regular PE courses) for students with disabilities as appropriate .....	0	0
i.	Include students with disabilities in regular physical education courses as appropriate .....	0	0

- 17. Outside of physical education, do students participate in physical activity in classrooms during the school day?** (Mark one response.)

- ☐ (a) Yes  
☐ (b) No

- 18. Not including physical education and classroom physical activity, does your school offer opportunities for all students to be physically active during the school day, such as recess, lunchtime intramural activities, or physical activity clubs?** (Mark one response.)

- ☐ (a) Yes  
☐ (b) No

- 19. Does your school offer interscholastic sports to students?** (Mark one response.)

- ☐ (a) Yes  
☐ (b) No

20. Does your school offer opportunities for students to participate in physical activity through organized physical activities or access to facilities or equipment for physical activity during the following times? (Mark yes or no for each time.)

Time		Yes	No
a.	Before the school day.....	0	0
b.	After the school day .....	0	0

21. 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 facilities or community facilities to share costs and responsibilities. Does your school, either directly or through the school district, have a joint use agreement for shared use of the following school or community facilities? (Mark yes or no for each facility.)

Facility		Yes	No
a.	Physical activity or sports facilities .....	0	0
b.	Kitchen facilities and equipment .....	0	0
c.	Gardens (e.g., herb or vegetable plots) .....	0	0

22. Does your school have a written plan for providing opportunities for students to be physically active before, during, and after school? This also may be referred to as a Comprehensive School Physical Activity Program plan. (Mark one response.)

- Ⓐ Yes  
Ⓑ No

23. During the past year, has your school assessed opportunities available to students to be physically active before, during, or after school? (Mark one response.)

- Ⓐ Yes  
Ⓑ No

#### TOBACCO-USE PREVENTION POLICIES

24. Has your school adopted a policy prohibiting tobacco use? (Mark one response.)

- Ⓐ Yes  
Ⓑ No → Skip to Question 28



25. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

	Type of tobacco	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	Cigarettes .....	0	0	0	0	0	0
b.	Smokeless tobacco (e.g., chewing tobacco, snuff, dip, snus, dissolvable tobacco).....	0	0	0	0	0	0
c.	Cigars .....	0	0	0	0	0	0
d.	Pipes .....	0	0	0	0	0	0
e.	Electronic vapor products (e.g., e-cigarettes, vapes, vape pens, e-hookahs, mods, or brands such as JUUL).....	0	0	0	0	0	0

26. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

	Time	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	During school hours .....	0	0	0	0	0	0
b.	During non-school hours.....	0	0	0	0	0	0

27. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

	Location	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	In school buildings .....	0	0	0	0	0	0
b.	Outside on school grounds, including parking lots and playing fields .....	0	0	0	0	0	0
c.	On school buses or other vehicles used to transport students .....	0	0	0	0	0	0
d.	At off-campus, school-sponsored events .....	0	0	0	0	0	0

28. When students are caught using electronic vapor products, how often are each of the following actions taken? (Mark one response for each action.)

		Always or almost always			
Action		Never	Rarely	Sometimes	
a.	Issue a warning to the student.....	0	0	0	0
b.	Confiscate product .....	0	0	0	0
c.	Notify parents or guardians.....	0	0	0	0
d.	Develop a behavior contract with the student.....	0	0	0	0
e.	Refer to a school counselor.....	0	0	0	0
f.	Refer to a school administrator .....	0	0	0	0
g.	Refer to an assistance, education, or cessation program.....	0	0	0	0
h.	Refer to legal authorities (e.g., school resource officer) .....	0	0	0	0
i.	Issue an in-school suspension (half day or full day) .....	0	0	0	0
j.	Issue an after-school or weekend detention.....	0	0	0	0
k.	Issue an out-of-school suspension .....	0	0	0	0
l.	Expel from school .....	0	0	0	0

#### NUTRITION-RELATED POLICIES AND PRACTICES

29. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered? (Mark one response.)

- Ⓐ Foods or beverages are not offered at school celebrations.
- Ⓑ Never
- Ⓒ Rarely
- Ⓓ Sometimes
- Ⓔ Always or almost always

30. 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? (Mark one response.)

- Ⓐ Yes
- Ⓑ No → Skip to Question 32

31. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)

	Food or beverage	Yes	No
a.	Chocolate candy .....	0	0
b.	Other kinds of candy .....	0	0
c.	Salty snacks that are not low in fat (e.g., regular potato chips) .....	0	0
d.	Low sodium or “no added salt” pretzels, crackers, or chips .....	0	0
e.	Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat .....	0	0
f.	Ice cream or frozen yogurt that is not low in fat .....	0	0
g.	2% or whole milk (plain or flavored) .....	0	0
h.	Nonfat or 1% (low-fat) milk (plain) .....	0	0
i.	Water ices or frozen slushes that do not contain juice .....	0	0
j.	Soda pop or fruit drinks that are not 100% juice .....	0	0
k.	Sports drinks (e.g., Gatorade) .....	0	0
l.	Energy drinks (e.g., Red Bull, Monster) .....	0	0
m.	Plain water, with or without carbonation (e.g., Dasani, Aquafina, Smart Water) .....	0	0
n.	Calorie-free, flavored water, with or without carbonation (e.g., Dasani Flavors, Aquafina FlavorSplash) .....	0	0
o.	100% fruit or vegetable juice .....	0	0
p.	Foods or beverages containing caffeine .....	0	0
q.	Fruits (not fruit juice) .....	0	0
r.	Non-fried vegetables (not vegetable juice) .....	0	0

**32. During this school year, has your school done any of the following?** (Mark yes or no for each.)

		Yes	No
a.	Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages .....	0	0
b.	Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating .....	0	0
c.	Provided information to students or families on the nutrition and caloric content of foods available .....	0	0
d.	Conducted taste tests to determine food preferences for nutritious items.....	0	0
e.	Served locally or regionally grown foods in the cafeteria or classrooms .....	0	0
f.	Planted a school food or vegetable garden .....	0	0
g.	Placed fruits and vegetables near the cafeteria cashier, where they are easy to access .....	0	0
h.	Used attractive displays for fruits and vegetables in the cafeteria.....	0	0
i.	Offered a self-serve salad bar to students .....	0	0
j.	Provided students with at least 20 minutes to eat lunch after they receive their meal .....	0	0
k.	Encouraged students to drink plain water .....	0	0
l.	Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance .....	0	0
m.	Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes .....	0	0

**33. Does your school prohibit advertisements for candy, fast food restaurants, or soft drinks in each of the following locations?** (Mark yes or no for each location.)

	Location	Yes	No
a.	In school buildings.....	0	0
b.	On school grounds including on the outside of the school building, on playing fields, or other areas of the campus .....	0	0
c.	On school buses or other vehicles used to transport students .....	0	0
d.	In school publications (e.g., newsletters, newspapers, web sites, other school publications) .....	0	0
e.	In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media) .....	0	0

**34. Are students permitted to have a drinking water bottle with them during the school day? (Mark one response.)**

- Ⓐ Yes, in all locations
- Ⓑ Yes, in certain locations
- Ⓒ No

**35. Does your school offer a free source of drinking water in the following locations? (Mark yes or no for each location, or mark NA if your school does not have that location.)**

	<b>Location</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
a.	Cafeteria during breakfast.....	0	0	0
b.	Cafeteria during lunch.....	0	0	0
c.	Gymnasium or other indoor physical activity facilities.....	0	0	0
d.	Outdoor physical activity facilities or sports fields .....	0	0	0
e.	Hallways throughout the school.....	0	0	0

## **HEALTH SERVICES**

**36. Is there a full-time registered nurse who provides health services to students at your school? (A full-time nurse means that a nurse is at the school during all school hours, 5 days per week.) (Mark one response.)**

- Ⓐ Yes
- Ⓑ No

**37. Is there a part-time registered nurse who provides health services to students at your school? (A part-time nurse means that a nurse is at the school less than 5 days a week, less than all school hours, or both.) (Mark one response.)**

- Ⓐ Yes
- Ⓑ No

**38. Does your school have a school-based health center that offers health services to students? (School-based health centers are places on school campus where enrolled students can receive primary care, including diagnostic and treatment services. These services are usually provided by a nurse practitioner or physician's assistant.) (Mark one response.)**

- Ⓐ Yes
- Ⓑ No

**39. Does your school provide the following services to students? (Mark yes or no for each service.)**

	<b>Service</b>	<b>Yes</b>	<b>No</b>
a.	HIV testing.....	0	0
b.	HIV treatment (ongoing medical care for persons living with HIV)....	0	0
c.	STD testing .....	0	0
d.	STD treatment.....	0	0
e.	Pregnancy testing.....	0	0
f.	Provision of condoms .....	0	0
g.	Provision of condom-compatible lubricants (i.e., water- or silicone-based) .....	0	0
h.	Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	0	0
i.	Prenatal care.....	0	0
j.	Human papillomavirus (HPV) vaccine administration.....	0	0
k.	Assessment for alcohol or other drug use, abuse, or dependency .....	0	0
l.	Tobacco-use cessation (e.g., individual or group counseling).....	0	0
m.	Daily medication administration for students with chronic health conditions (e.g., asthma, diabetes) .....	0	0
n.	Stock rescue or “as needed” medication for any student experiencing a health emergency (e.g., asthma episode, severe allergic reaction) .....	0	0
o.	Case management for students with chronic health conditions (e.g., asthma, diabetes).....	0	0

- 40. Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services? (Mark yes or no for each service.)**

	<b>Service</b>	<b>Yes</b>	<b>No</b>
a.	HIV testing.....	0	0
b.	HIV treatment (ongoing medical care for persons living with HIV)....	0	0
c.	nPEP (non-occupational post-exposure prophylaxis for HIV— a short course of medication given within 72 hours of exposure to infectious bodily fluids from a person known to be HIV positive) .....	0	0
d.	PrEP (pre-exposure prophylaxis for HIV—medication taken daily to prevent HIV infection for those at substantial risk for HIV) .....	0	0
e.	STD testing .....	0	0
f.	STD treatment.....	0	0
g.	Pregnancy testing .....	0	0
h.	Provision of condoms .....	0	0
i.	Provision of condom-compatible lubricants (i.e., water- or silicone-based) .....	0	0
j.	Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	0	0
k.	Prenatal care.....	0	0
l.	Human papillomavirus (HPV) vaccine administration.....	0	0
m.	Alcohol or other drug abuse treatment.....	0	0
n.	Tobacco-use cessation (e.g., individual or group counseling).....	0	0

- 41. Does your school have a protocol that ensures students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) are enrolled in private, state, or federally funded insurance programs if eligible? (Mark one response.)**

- Ⓐ Yes  
 Ⓑ No

42. Does your school routinely use school records to identify and track students with a current diagnosis of the following chronic conditions? School records might include student emergency cards, medication records, health room visit information, emergency care and daily management plans, physical exam forms, or parent notes. (Mark yes or no for each condition.)

	Condition	Yes	No
a.	Asthma .....	0	0
b.	Food allergies .....	0	0
c.	Diabetes .....	0	0
d.	Epilepsy or seizure disorder .....	0	0
e.	Obesity .....	0	0
f.	Hypertension/high blood pressure .....	0	0
g.	Oral health condition (e.g., abscess, tooth decay) .....	0	0

43. Does your school provide referrals to any organizations or health care professionals not on school property for students diagnosed with or suspected to have any of the following chronic conditions? Include referrals to school-based health centers, even if they are located on school property. (Mark yes or no for each condition.)

	Condition	Yes	No
a.	Asthma .....	0	0
b.	Food allergies .....	0	0
c.	Diabetes .....	0	0
d.	Epilepsy or seizure disorder .....	0	0
e.	Obesity .....	0	0
f.	Hypertension/high blood pressure .....	0	0
g.	Oral health condition (e.g., abscess, tooth decay) .....	0	0



**44. During the past two years, did any staff in your school receive professional development on each of the following topics? (Mark yes or no for each topic.)**

	<b>Topic</b>	<b>Yes</b>	<b>No</b>
a.	Basic sexual health overview including community-specific information about STD, HIV, and unplanned pregnancy rates and prevention strategies.....	0	0
b.	Sexual health services that adolescents should receive .....	0	0
c.	Laws and policies related to adolescent sexual health services, such as minor consent for sexual health services.....	0	0
d.	Importance of maintaining student confidentiality for sexual health services.....	0	0
e.	How to create or use a student referral guide for sexual health services.....	0	0
f.	How to make successful referrals of students to sexual health services.....	0	0
g.	Best practices for adolescent sexual health services provision, such as making services youth-friendly .....	0	0
h.	Ensuring sexual health services are inclusive of lesbian, gay, bisexual, and transgender students.....	0	0

**MENTAL HEALTH SERVICES**

**45. Does your school provide each of the following mental health programs or services to students? (Mark yes or no for each program or service.)**

	<b>Program or service</b>	<b>Yes</b>	<b>No</b>
a.	Universal mental health promotion programs (e.g., Positive Behavioral Interventions and Supports, Social-Emotional Learning programs or supports).....	0	0
b.	Confidential mental health screening to identify students in need of services (e.g., students at risk of mental health disorders, students experiencing trauma) .....	0	0
c.	School-wide trauma-informed practices (i.e., efforts to ensure that all students, including those affected by trauma, are experiencing social, emotional, and educational success).....	0	0
d.	Cognitive behavioral therapy groups (e.g., for students with depression, anxiety, or other mental health disorders).....	0	0
e.	Pro-social skills training (e.g., school counseling groups) .....	0	0
f.	Small groups for specific issues (e.g., depression, parental divorce) .....	0	0

## FAMILY AND COMMUNITY INVOLVEMENT

**46. During this school year, has your school done any of the following activities?** (Mark yes or no for each activity.)

	<b>Activity</b>	<b>Yes</b>	<b>No</b>
a.	Provided parents with information to support parent-adolescent communication about sex .....	0	0
b.	Provided parents with information to support parent-adolescent communication about topics other than sex.....	0	0
c.	Provided parents with information about how to monitor their teen (e.g., setting parental expectations, keeping track of their teen, responding when their teen breaks the rules) .....	0	0
d.	Provided parents with information to support one-on-one time between adolescents and their health care providers .....	0	0
e.	Provided parents with information about physical education and physical activity programs .....	0	0
f.	Involved parents as school volunteers in the delivery of health education activities and services .....	0	0
g.	Involved parents as school volunteers in physical education or physical activity programs .....	0	0
h.	Linked parents and families to health services and programs in the community .....	0	0
i.	Provided disease-specific education for parents and families of students with chronic health conditions (e.g., asthma, diabetes)...	0	0
j.	Provided parents with information about before- or after-school programs available in the community .....	0	0

(Definition: A positive youth development program is any prosocial activity that engages youth within their communities, schools, organizations, peer groups, and families to enhance their strengths and promote positive outcomes.)

**47. Currently, does your school implement any of the following school-based positive youth development programs?** (A school-based program is one that is led by the school or school district.) (Mark yes or no for each program.)

	<b>Program</b>	<b>Yes</b>	<b>No</b>
a.	Service-learning programs, that is, community service designed to meet specific learning objectives.....	0	0
b.	Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students .....	0	0

48. **Currently, does your school connect students to any of the following community-based positive youth development programs? (A community-based program is one that is led by a community organization, but to which your school refers students. Include only community-based programs that are collaborations between your school and the program.) (Mark yes or no for each program.)**

<b>Program</b>		<b>Yes</b>	<b>No</b>
a.	Service-learning programs, that is, community service designed to meet specific learning objectives.....	0	0
b.	Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students .....	0	0

49. **During the past two years, have students' families helped develop or implement policies and programs related to school health? (Mark one response.)**

- Ⓐ Yes
- Ⓑ No

**Thank you for your responses. Please return this questionnaire.**