2026 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. Write any additional comments you wish to make at the end of this questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
Title: _____
School name: _____
District: _____
Telephone number: _____
E-mail address: _____

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

2026 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	1	2
b.	Nutrition	1	2
c.	Tobacco-use prevention	1	2
d.	Alcohol- and other drug-use prevention	1	2
e.	Chronic health conditions (e.g., asthma, food allergies)	1	2
f.	Unintentional injury and violence prevention (safety)	1	2
g.	Sexual health, including HIV, other sexually transmitted infection (STI), and pregnancy prevention	1	2
h.	Mental health	1	2

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

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	1	2
b.	Helped revise your district's local wellness policy	1	2
c.	Communicated to school staff about your district's local wellness policy	1	2
d.	Communicated to parents and families about your district's local wellness policy	1	2
e.	Communicated to students about your district's local wellness policy	1	2
f.	Measured your school's compliance with your district's local wellness policy	1	2
g.	Developed an action plan that describes steps to meet requirements of your district's local wellness policy	1	2

3. 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 5**

4. 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.)

	Activity	Yes	No
a.	Identified student health needs based on a review of relevant data	1	2
b.	Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	1	2
c.	Sought funding or leveraged resources to support health and safety priorities for students and staff	1	2
d.	Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members	1	2
e.	Reviewed health-related curricula or instructional materials	1	2
f.	Provided input on or reviewed the school's Emergency Operations Plan (EOP) or similar plan	1	2

5. 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.)

	Type of staff	Yes	No
a.	Security guards (private or school employees/contractors)	1	2
b.	School resource officers (SROs)	1	2
c.	Police officers other than SROs (i.e., county or local law enforcement)	1	2

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., 21st Century Community Learning Centers, Boys & Girls Clubs, YMCAs] and can take place on school grounds or in the community.)

6. 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.)

	Action	Yes	No
a.	Included before- or after-school settings as part of the School Improvement Plan	1	2
b.	Encouraged before- or after-school program staff or leaders to participate in school health council, committee, or team meetings	1	2
c.	Partnered with community-based organizations (e.g., Boys & Girls Clubs, YMCAs, 4-H clubs) to provide students with before- or after-school programming	1	2
d.	Provided families with information about before- or after-school programs available in the community	1	2

SEXUAL MINORITY STUDENTS

7. 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? (Mark one response.)

ⓐ Yes
ⓑ No

8. Does your school engage in each of the following practices related to lesbian, gay, or bisexual (LGB) youth? (Mark yes or no for each practice.)

	Practice	Yes	No
a.	Identify "safe spaces" (e.g., a counselor's office, designated classroom, student organization) where LGB youth can receive support from administrators, teachers, or other school staff	1	2
b.	Prohibit harassment based on a student's perceived or actual sexual orientation	1	2

RACIAL AND ETHNIC MINORITY STUDENTS

9. Does your school have one or more student-led clubs that are specifically focused on creating a safe, welcoming, and accepting school environment for students from different racial and ethnic groups? (Mark one response.)

ⓐ Yes
ⓑ No

10. During the past year, has your school engaged in each of the following practices related to supporting students from different racial and ethnic groups? (Mark yes or no for each practice.)

	Practice	Yes	No
a.	Examined relevant data to identify racial/ethnic differences in disciplinary practices	1	2
b.	Implemented restorative disciplinary practices (e.g., restorative circles, peer mediation)	1	2
c.	Facilitated access to providers who have experience in providing social and psychological services to students from different racial and ethnic groups	1	2

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.)

11. 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.)

ⓐ Yes
ⓑ No

12. 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.)

ⓐ Yes
ⓑ 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	1	2
b.	Notifying parents when a student is at risk for suicide	1	2
c.	Referring students at risk for suicide to mental health services	1	2
d.	Responding to a suicide attempt at school	1	2
e.	Supporting students returning to school after a suicide attempt	1	2
f.	Responding to the death of a student or staff member from suicide	1	2

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 <u>required physical education course</u> 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	1	2	3
b.	7	1	2	3
c.	8	1	2	3
d.	9	1	2	3
e.	10	1	2	3
f.	11	1	2	3
g.	12	1	2	3

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

15. During the past year, did each of the following types of staff attend professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) related to physical education or other strategies for integrating more physical activity into the school day? (Mark yes or no for each type of staff.)

	Type of staff	Yes	No
a.	Physical education teachers or specialists	1	2
b.	Classroom teachers	1	2
c.	Before- or after-school program staff	1	2
d.	Other school staff	1	2

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

	Practice	Yes	No
a.	Require physical education teachers to follow a written physical education curriculum based on state or national standards	1	2
b.	Require physical education teachers to conduct student assessments based on the physical education curriculum	1	2
c.	Integrate social skills, such as communication, leadership, and conflict resolution, into physical education lessons as appropriate	1	2
d.	Allow the use of waivers, exemptions, or substitutions for physical education requirements for one grading period or longer	1	2
e.	Allow teachers to exclude students from physical education to punish them for inappropriate behavior or failure to complete class work in another class	1	2
f.	Require physical education teachers to be certified, licensed, or endorsed by the state in physical education	1	2
g.	Limit physical education class sizes so that they are the same size as other subject areas	1	2
h.	Have a dedicated budget for physical education materials and equipment	1	2
i.	Provide adapted physical education (i.e., special courses separate from regular physical education courses) for students with disabilities as appropriate	1	2
j.	Include students with disabilities in regular physical education courses as appropriate	1	2

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

ⓐ Yes
ⓑ 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.)

ⓐ Yes
ⓑ No

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

ⓐ Yes
ⓑ 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	1	2
b.	After the school day	1	2

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	1	2
b.	Kitchen facilities and equipment	1	2
c.	Gardens (e.g., herb or vegetable plots)	1	2

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.)

		Students		Faculty/Staff		Visitors	
	Type of tobacco	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a.	Cigarettes	1	2	1	2	1	2
b.	Smokeless tobacco (e.g., chewing tobacco, snuff, dip, snus, dissolvable tobacco)	1	2	1	2	1	2
c.	Cigars, little cigars, or cigarillos	1	2	1	2	1	2
d.	Pipes	1	2	1	2	1	2
e.	Electronic vapor products (e.g., e-cigarettes, vapes, vape pens, e-hookahs, mods, or brands such as JUUL or Vuse)	1	2	1	2	1	2

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.)

		Students		Faculty/Staff		Visitors	
	Time	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a.	During school hours	1	2	1	2	1	2
b.	During non-school hours	1	2	1	2	1	2

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.)

		Students		Faculty/Staff		Visitors	
	Location	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a.	In school buildings	1	2	1	2	1	2
b.	Outside on school grounds, including parking lots and playing fields	1	2	1	2	1	2
c.	On school buses or other vehicles used to transport students	1	2	1	2	1	2
d.	At off-campus, school-sponsored events	1	2	1	2	1	2

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

	Action	Never	Rarely	Sometimes	Always or almost always
a.	Issue a warning to the student	1	2	3	4
b.	Confiscate product	1	2	3	4
c.	Notify parents or guardians	1	2	3	4
d.	Develop a behavior contract with the student	1	2	3	4
e.	Refer to a school counselor	1	2	3	4
f.	Refer to a school administrator	1	2	3	4
g.	Refer to an assistance, education, or cessation program	1	2	3	4
h.	Refer to legal authorities (e.g., school resource officer)	1	2	3	4
i.	Issue an in-school suspension (half day or full day)	1	2	3	4
j.	Issue an after-school or weekend detention	1	2	3	4
k.	Issue an out-of-school suspension	1	2	3	4
l.	Expel from school	1	2	3	4

STUDENT PERSONAL DEVICE USE

(Definition: Personal devices are any electronics that are the personal property of a student and are not issued or approved by the school for educational purposes, such as cell phones, tablets, smartwatches, or handheld games.)

29. Which of the following best describes student personal device use at your school during school hours? (Mark one response.)

ⓐ No restrictions on personal device use
ⓑ Personal device use is at the discretion of teachers or other staff
ⓒ Personal device use is prohibited at certain times during the school day (e.g., during instruction), while use is permitted at other times (e.g., during lunch periods)
ⓓ Personal device use is prohibited during the school day, including during instructional time, lunch, free periods, and between class periods

30. Does your school engage in the following practices related to student personal device use during the school day? (Mark yes or no for each practice.)

	Practice	Yes	No
a.	Involve students and families in developing rules for personal device use	1	2
b.	Involve teachers or other school staff in developing rules for personal device use	1	2
c.	Share expectations for personal device use with students and families	1	2
d.	Share expectations for personal device use with teachers and school staff	1	2
e.	Provide individual pouches (e.g., Yondr) that restrict access but allow students to keep their personal devices with them	1	2
f.	Provide dedicated storage options inside classrooms (e.g., phone lockers, hanging storage, bins) for students to place personal devices	1	2
g.	Provide dedicated storage options outside classrooms (e.g., phone lockers) for students to place personal devices	1	2
h.	Issue consequences when students are caught using personal devices during prohibited times (e.g., confiscate device, notify families, revoke privileges)	1	2

NUTRITION-RELATED POLICIES AND PRACTICES

31. 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

32. 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 34**

33. 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	1	2
b.	Other kinds of candy	1	2
c.	Salty snacks that are not low in fat (e.g., regular potato chips)	1	2
d.	Low sodium or "no added salt" pretzels, crackers, or chips	1	2
e.	Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	1	2
f.	Ice cream or frozen yogurt that is not low in fat	1	2
g.	Nonfat or 1% (low-fat) milk (plain)	1	2
h.	Soda pop or fruit drinks that are not 100% juice	1	2
i.	Sports drinks (e.g., Gatorade)	1	2
j.	Energy drinks (e.g., Red Bull, Monster)	1	2
k.	Plain water, with or without carbonation (e.g., Dasani, Aquafina, Smartwater)	1	2
l.	Calorie-free, flavored water, with or without carbonation (e.g., Dasani Flavors, Aquafina FlavorSplash)	1	2
m.	100% fruit or vegetable juice	1	2
n.	Foods or beverages containing caffeine	1	2
o.	Fruits (not fruit juice)	1	2
p.	Non-fried vegetables (not vegetable juice)	1	2

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

		Yes	No
a.	Offered free meals to all students (e.g., free breakfast or lunch for everyone)	1	2
b.	Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	1	2
c.	Promoted school breakfast programs (e.g., through strategies like grab-and-go, breakfast in the classroom, extending breakfast time)	1	2
d.	Provided information to students or families on the nutrition and caloric content of foods available	1	2
e.	Conducted taste tests to determine food preferences for nutritious items	1	2
f.	Served locally or regionally grown foods in the cafeteria or classrooms	1	2
g.	Planted a school food or vegetable garden	1	2
h.	Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	1	2

Question 34, continued		Yes	No
i.	Offered a self-serve salad bar to students	1	2
j.	Provided students with at least 20 minutes to eat lunch after they receive their meal	1	2
k.	Encouraged students to drink plain water	1	2
l.	Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	1	2
m.	Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	1	2

35. 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	1	2
b.	On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	1	2
c.	On school buses or other vehicles used to transport students	1	2
d.	In school publications (e.g., newsletters, newspapers, websites, other school publications)	1	2
e.	In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	1	2

36. 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

37. 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.)

	Location	Yes	No	NA
a.	Cafeteria during breakfast	1	2	3
b.	Cafeteria during lunch	1	2	3
c.	Gymnasium or other indoor physical activity facilities	1	2	3
d.	Outdoor physical activity facilities or sports fields	1	2	3
e.	Hallways throughout the school	1	2	3

HEALTH SERVICES

38. 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

39. 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

40. 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

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

	Service	**Yes**	**No**
a.	HIV testing	1	2
b.	HIV treatment (ongoing medical care for persons living with HIV)	1	2
c.	STI testing	1	2
d.	STI treatment	1	2
e.	Pregnancy testing	1	2
f.	Provision of condoms	1	2
g.	Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD])	1	2
h.	Prenatal care	1	2
i.	Human papillomavirus (HPV) vaccine administration	1	2
j.	Assessment for alcohol or other drug use, abuse, or dependency	1	2
k.	Tobacco-use cessation (e.g., individual or group counseling)	1	2
l.	Daily medication administration for students with chronic health conditions (e.g., asthma, diabetes)	1	2
m.	Stock rescue or "as needed" medication for any student experiencing a health emergency (e.g., asthma episode, severe allergic reaction, opioid overdose)	1	2

Question 41, continued		Yes	No
n.	Case management for students with chronic health conditions (e.g., asthma, diabetes)	1	2

42. Does your school have any established partnerships with organizations or health care professionals not on school property to support student access to <u>sexual health services</u>? (Mark one response.)

ⓐ Yes
ⓑ No

43. 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.)

	Service	Yes	No
a.	HIV testing	1	2
b.	HIV treatment (ongoing medical care for persons living with HIV)	1	2
c.	HIV PEP (post-exposure prophylaxis for HIV—a course of medication given within 72 hours of possible exposure to HIV)	1	2
d.	PrEP (pre-exposure prophylaxis for HIV—medication taken to prevent HIV infection for those at risk for HIV)	1	2
e.	STI testing	1	2
f.	STI treatment	1	2
g.	Pregnancy testing	1	2
h.	Provision of condoms	1	2
i.	Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD])	1	2
j.	Prenatal care	1	2
k.	Human papillomavirus (HPV) vaccine administration	1	2
l.	Other vaccine administration (e.g., COVID-19, influenza)	1	2
m.	Alcohol or other drug abuse treatment	1	2
n.	Tobacco-use cessation (e.g., individual or group counseling)	1	2

44. 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

45. 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	1	2
b.	Food allergies	1	2
c.	Diabetes	1	2
d.	Epilepsy or seizure disorder	1	2
e.	Obesity	1	2
f.	Hypertension/high blood pressure	1	2
g.	Oral health condition (e.g., abscess, tooth decay)	1	2

46. 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	1	2
b.	Food allergies	1	2
c.	Diabetes	1	2
d.	Epilepsy or seizure disorder	1	2
e.	Obesity	1	2
f.	Hypertension/high blood pressure	1	2
g.	Oral health condition (e.g., abscess, tooth decay)	1	2

47. 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.)

	Topic	Yes	No
a.	Basic sexual health overview including community-specific information about STI, HIV, and unplanned pregnancy rates and prevention strategies	1	2
b.	Sexual health services that adolescents should receive	1	2
c.	Laws and policies related to adolescent sexual health services, such as minor consent for sexual health services	1	2
d.	Importance of maintaining student confidentiality for sexual health services	1	2
e.	How to create or use a student referral guide for sexual health services	1	2
f.	How to make successful referrals of students to sexual health services	1	2

Question 47, continued		Yes	No
g.	Best practices for adolescent sexual health services provision, such as making services youth-friendly	1	2
h.	Ensuring sexual health services are inclusive of lesbian, gay, and bisexual (LGB) students	1	2
i.	Classroom strategies that can help promote students' self-awareness, self-management, and positive relationships	1	2
j.	Implementing trauma-informed practices in school health services	1	2
k.	Recognizing signs of mental health issues in students	1	2
l.	Recognizing when students need mental health supports	1	2

MENTAL HEALTH

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

	Program or service	Yes	No
a.	Universal mental health promotion programs (e.g., Positive Behavioral Interventions and Supports, Social-Emotional Learning programs or supports)	1	2
b.	Confidential mental health screening to identify students in need of services (e.g., students at risk of mental health disorders, students experiencing trauma)	1	2
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)	1	2
d.	Small, topic-focused counseling or therapeutic groups (e.g., cognitive behavioral therapy [CBT], pro-social skills, stress management)	1	2
e.	Multitiered systems of support (MTSS) (i.e., providing comprehensive differentiated supports to support students' mental and behavioral health)	1	2

49. During the regular school day, are there set opportunities for students to check in on their emotions and connect with their peers and teacher (e.g., "morning meeting" or "advisory period")? (Mark one response.)

ⓐ Yes
ⓑ No

50. Does your school engage in the following practices related to mental and behavioral health service referrals? These referrals could be for services provided at school or those provided by organizations or health care professionals not on school property. (Mark yes or no for each practice.)

	Practice	Yes	No
a.	Establish procedures or protocols for making referrals	1	2
b.	Train school staff on referral processes	1	2
c.	Communicate with students and families to increase awareness and use of mental and behavioral health referral system	1	2
d.	Monitor and evaluate implementation of the referral system	1	2
e.	Track provision of mental and behavioral health supports and services (i.e., interventions)	1	2
f.	Assess the impact of mental and behavioral health services on student progress	1	2

51. Does your school have any established partnerships with any organizations or health care professionals not on school property to support student access to <u>mental and behavioral health services</u>? (Mark one response.)

ⓐ Yes
ⓑ No

FAMILY AND COMMUNITY ENGAGEMENT

(Definition: "Families" refers to the adult primary caregiver(s) of a child's basic needs (e.g., feeding, safety). This includes biological parents; other biological relatives such as grandparents, aunts, uncles, or siblings; and nonbiological parents such as adoptive parents, foster parents, or stepparents.)

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

	Activity	Yes	No
a.	Assessed the needs and interests of families to support their engagement in school health programs, policies, or practices	1	2
b.	Communicated directly with families about school health programs, policies, or practices (e.g., newsletters, websites, parent portals)	1	2
c.	Provided training, workshops, or seminars to families about student sexual health	1	2
d.	Provided training, workshops, or seminars to families about student mental and behavioral health	1	2
e.	Provided training, workshops, or seminars to families about healthy eating and physical activity	1	2

Question 52, continued		Yes	No
f.	Provided disease-specific education for parents and families of students with chronic health conditions (e.g., asthma, diabetes)	1	2
g.	Provided training, workshops, or seminars to families about how to monitor their teen's activities (e.g., setting parental expectations, keeping track of their teen, responding when their teen breaks the rules)	1	2
h.	Invited families to volunteer in school health programs and activities (e.g., health and physical education classes, field day, health fairs, athletics)	1	2
i.	Linked parents and families to health services and programs in the community	1	2
j.	Coordinated health-related information, resources, and services with community partners to benefit families	1	2
k.	Provided families with home activities to promote health habits consistent with school messages (e.g., being physically active, eating healthy foods, getting enough sleep)	1	2
l.	Provided parents with access to information about relevant portions of school Emergency Operations Plans (EOPs) or similar plans (e.g., reunification plans, upcoming drills, emergency communication methods)	1	2

(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.)

53. 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.)

	Program	Yes	No
a.	Service-learning programs, that is, community service designed to meet specific learning objectives	1	2
b.	Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students	1	2

54. 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.)

	Program	Yes	No
a.	Service-learning programs, that is, community service designed to meet specific learning objectives	1	2
b.	Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students	1	2

EMPLOYEE HEALTH

55. Employee health and well-being programs are designed to provide benefits that address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees. Do staff at your school have an employee health and well-being program available to them? (Mark one response.)

ⓐ Yes
ⓑ No

Thank you for your responses. Please return this questionnaire.