

# 2018 School Health Profiles: Principal

## VT Principal Survey

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### 2018 SCHOOL HEALTH PROFILES 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.

This questionnaire should be completed by the principal (or the person acting in that capacity) and concerns only activities that occur in your school for the grade span indicated below. Please consult with other people if you are not sure of an answer.

## Demographic Information

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### Page description:

This information is only used to contact you if clarification of information is needed. Individual responses will be kept confidential and at no time will your identity or that of your school or community be disclosed.

### Please complete the following demographic information

First Name

[contact('first name')]

Last Name

[contact('last name')]

Title

School Name

[contact('team')] \*

- Other
- Albany Community School
- Albert D. Lawton School
- Alburgh Community Ed Center
- Arlington Memorial High School
- Bakersfield School
- Barnet Elementary School
- Barre City Elem/Middle School
- Barre Town Middle And Elementary School
- Barstow Memorial School
- Barton Graded School
- Bellows Falls Middle School
- Bellows Falls Uhsd #27
- Bellows Free Academy (Fairfax) - High School
- Bellows Free Academy (Fairfax) - Middle School
- Bellows Free Academy (St Albans)
- Benson Village School
- Berkshire Elementary School
- Black River Usd #39
- Blue Mountain Usd #21
- Bratt. Area Middle Sch Uhsd #6
- Brattleboro Sr. Uhsd #6
- Brighton Elementary School
- Brownington Central School
- Burke Town School
- Burlington Senior High Sch
- Burr and Burton Academy

Cabot School  
Canaan Schools  
Castleton Village School  
Champlain Valley Uhsd #15  
Charleston Elem. School  
Charlotte Central School  
Chelsea Public School  
Colchester High School  
Colchester Middle School  
Concord Graded/ Middle School  
Coventry Village School  
Craftsbury Academy  
Crossett Brook Middle Usd #45  
Danville School  
Dorset School  
Dummerston Schools  
Edmunds Middle School  
Enosburg Falls Jr/Sr High Sch  
Essex Comm. Ed. Ctr. Uhsd #46  
Essex Middle School  
Fair Haven Grade School  
Fair Haven Uhsd #16  
Fairfield Center School  
Flood Brook Usd #20  
Folsom Ed. And Community Ctr  
Frances C Richmond  
Frederick H. Tuttle Middle Sch  
Georgia Elem/Middle School  
Glover Village School  
Grand Isle School  
Green Mountain Uhsd #35  
Halifax School  
Hanover High School  
Hartford High School  
Hartford Mem. Middle School  
Hartland Elementary School  
Harwood Uhsd #19

Harwood Uhsd #19  
Hazen Uhsd #26  
Hinesburg Community School  
Irasburg Village School  
Lake Region Uhsd #24  
Lamoille Uhsd #18  
Lamoille Union Middle School  
Leland And Gray Uhsd #34  
Lowell Graded School  
Lunenburg & Gilman Schools  
Lyman C. Hunt Middle School  
Lyndon Institute  
Lyndon Town School  
Main Street School  
Manchester Elem/Middle School  
Marlboro Elementary School  
Middlebury Sr. Uhsd #3  
Middlebury Union Middle Sch #3  
Mill River Usd #40  
Millers Run Usd #37  
Milton Middle School  
Milton Senior High School  
Missisquoi Valley Uhsd #7  
Montgomery Center School  
Montpelier High School  
Mount Abraham Uhsd #28  
Mt Mansfield Modified USD #401B  
Mt. Anthony Sr. Uhsd #14  
Mt. Anthony Union Middle Sch  
Newark School  
Newton Elementary School  
North Country Jr Uhsd #22  
North Country Sr Uhsd #22  
Northfield Middle/High School  
Orange Center School  
Orleans Elementary School

Orwell Village School  
Otter Valley Uhsd #8  
Oxbow Uhsd #30  
Peoples Academy  
Peoples Academy Middle School  
Poultney High School  
Proctor Jr/Sr High School  
Putney Central School  
Randolph Uhsd #2  
Readsboro Elementary School  
Richford Jr/Sr High School  
Rivendell Academy  
Riverside Middle School  
Rochester School  
Rutland Middle School  
Rutland Senior High School  
Rutland Town School  
Shelburne Community School  
Sheldon Elementary School  
So. Burlington High School  
So. Royalton School  
Spaulding Hsud #41  
Springfield High School  
St Albans City School  
St Johnsbury Academy  
St Johnsbury School  
St. Albans Town Educ. Center  
Stamford Elementary School  
Stowe Middle/High School  
Sutton Village School  
Thetford Academy  
Troy School  
Tunbridge Central School  
Twin Valley High School  
Twin Valley Middle School  
Twinfield Usd #33

- U-32 High School (Uhsd #32)
- Vergennes Uhsd #5
- Waits River Valley Usd #36
- Walden School
- Washington Village School
- Waterford Elementary School
- Weathersfield School
- West Rutland School
- Westford Elementary School
- Whitcomb Jr/Sr High School
- Williamstown Middle/High Sch
- Williston Central School
- Windsor Schools
- Winooski High School
- Winooski Middle School
- Woodstock Uhsd #4
- Woodstock Union Middle School
- Other

School Name

District / Supervisory Union[contact("group")] \*

- Addison Central
- Addison Northeast
- Addison Northwest
- Addison-Rutland
- Barre
- Battenkill Valley
- Bennington-Rutland
- Bennington-Rutland
- Blue Mountain SD
- Burlington SD
- Caledonia Central

Caledonia North  
Caledonia North  
Chittenden Central  
Chittenden East  
Chittenden South  
Colchester SD  
Essex North  
Essex Town SD  
Essex-Caledonia  
Franklin Central  
Franklin Northeast  
Franklin Northwest  
Franklin West  
Grand Isle  
Hartford SD  
Lamoille North  
Lamoille South  
Milton SD  
Montpelier SD  
North Country  
Orange East  
Orange East  
Orange North  
Orange Southwest  
Orange-Windsor  
Orleans Central  
Orleans Southwest  
Rivendell Interstate SD  
Rutland Central  
Rutland City SD  
Rutland Northeast  
Rutland South  
Rutland Southwest  
School Administrative Unit  
South Burlington  
Southwest Vermont

Springfield SD  
St. Johnsbury  
St. Johnsbury  
Two Rivers  
Washington Central  
Washington Northeast  
Washington South  
Washington West  
Windham Central  
Windham Northeast  
Windham Southeast  
Windham Southwest  
Windsor Central  
Windsor Northwest  
Windsor Southeast  
Windsor Southwest  
Winooski SD  
Other

District / Supervisory Union

Email Address[contact("email")]

Phone Number



**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.)**

Yes No

Physical education and physical activity

Nutrition

Tobacco-use prevention

Chronic health conditions (e.g., asthma, food allergies)

Unintentional injury and violence prevention (safety)

Sexual health, including HIV, other STD, and pregnancy prevention

**The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Does your school’s written SIP include health-related objectives on any of the following topics? (Mark yes or no for each topic, or if your school does not have a SIP, mark “No SIP.”)**

	Yes	No	No SIP
Health education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School meal programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foods and beverages available at school outside the school meal programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling, psychological, and social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and emotional climate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**During the past year, did your school review health and safety data such as Youth Risk Behavior Survey data or fitness data as part of your school's improvement planning process?** (Mark one response.)

- Yes
- No
- Our school did not engage in an improvement planning process during the past year.

**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.)

	Yes	No
Reviewed your district's local wellness policy	<input type="radio"/>	<input type="radio"/>
Helped revise your district's local wellness policy	<input type="radio"/>	<input type="radio"/>
Communicated to school staff about your district's local wellness policy	<input type="radio"/>	<input type="radio"/>
Communicated to parents and families about your district's local wellness policy	<input type="radio"/>	<input type="radio"/>
Communicated to students about your district's local wellness policy	<input type="radio"/>	<input type="radio"/>
Measured your school's compliance with your district's local wellness policy	<input type="radio"/>	<input type="radio"/>
Developed an action plan that describes steps to meet requirements of your district's local wellness policy	<input type="radio"/>	<input type="radio"/>

**Currently, does someone at your school oversee or coordinate school health and safety programs and activities?**

(Mark one response.)

- Yes
- No

**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

**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.)

	Yes	No
Identified student health needs based on a review of relevant data	<input type="radio"/>	<input type="radio"/>
Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	<input type="radio"/>	<input type="radio"/>
Sought funding or leveraged resources to support health and safety priorities for students and staff	<input type="radio"/>	<input type="radio"/>
Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members	<input type="radio"/>	<input type="radio"/>
Reviewed health-related curricula or instructional materials	<input type="radio"/>	<input type="radio"/>
Assessed the availability of physical activity opportunities for students	<input type="radio"/>	<input type="radio"/>
Developed a written plan for implementing a Comprehensive School Physical Activity Program (a multi-component approach that provides opportunities for students to be physically active before, during, and after school)	<input type="radio"/>	<input type="radio"/>

**Does your school have any clubs that give students opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark one response.)

- Yes
- No

**During the past year, did your school offer each of the following activities for students to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark yes or no for each activity.)

Yes No

Lessons in class

Special events sponsored by the school or community organizations (e.g., multicultural week, family night)

## Sexual Orientation

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**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.** (Mark one response.)

Yes

No

**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.)**

Yes No

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

Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity

Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity

Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth

Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth

**Bullying and Sexual Harassment**

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**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.**

**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

**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

**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.)

- Yes
- No

## **Required Physical Education**

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**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.**



**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.”)

	Yes	No	Grade not taught in your school
6th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### **Physical Education and Physical Activity**

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**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

**Are those who teach physical education at your school provided with each of the following materials?**

(Mark yes or no for each material.)

Yes No

Goals, objectives, and expected outcomes for physical education  Yes  No

A chart describing the annual scope and sequence of instruction for physical education  Yes  No

Plans for how to assess student performance in physical education  Yes  No

A written physical education curriculum  Yes  No

Resources for fitness testing  Yes  No

Physical activity monitoring devices, such as pedometers or heart rate monitors, for physical education  Yes  No

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

Yes

No

**Does your school offer opportunities for all students to participate in intramural sports programs or physical activity clubs? (Intramural sports programs or physical activity clubs are any physical activity programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.) (Mark one response.)**

- Yes
- No

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

- Yes
- No

**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.)**

Yes No

Before the school day

After the school day

**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.)**

Yes No

Physical activity or sports facilities

Kitchen facilities and equipment

### **Tobacco-Use Prevention Policies**

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

Yes

No

### **Tobacco-Use Prevention Policies**


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**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

Cigarettes


Yes  
No



Yes  
No




Yes  
No




Smokeless tobacco  
(e.g., chewing tobacco, snuff, dip, snus)


Yes  
No



Yes  
No




Yes  
No




Cigars


Yes  
No



Yes  
No




Yes  
No




Pipes


Yes  
No



Yes  
No




Yes  
No




Electronic vapor products  
(e.g., e-cigarettes, vape pipes, hookah pens)


Yes  
No



Yes  
No



Yes  
No



**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

During school hours

 Yes  
 No Yes  
 No Yes  
 No

During non-school hours

 Yes  
 No Yes  
 No Yes  
 No

**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

In school buildings

 Yes  
 No Yes  
 No Yes  
 No

Outside on school grounds, including parking lots and playing fields

 Yes  
 No Yes  
 No Yes  
 No

On school buses or other vehicles used to transport students

 Yes  
 No Yes  
 No Yes  
 No

At off-campus, school-sponsored events

 Yes  
 No Yes  
 No Yes  
 No

**Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed?** (Mark one response.)

- Yes
- No

## **Nutrition-Related Policies and Practices**

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**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

**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

## **Nutrition-Related Policies and Practices**

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**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.)

	Yes	No
Chocolate candy	<input type="radio"/>	<input type="radio"/>
Other kinds of candy	<input type="radio"/>	<input type="radio"/>
Salty snacks that are not low in fat (e.g., regular potato chips)	<input type="radio"/>	<input type="radio"/>
Low sodium or “no added salt” pretzels, crackers, or chips	<input type="radio"/>	<input type="radio"/>
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	<input type="radio"/>	<input type="radio"/>
Ice cream or frozen yogurt that is not low in fat	<input type="radio"/>	<input type="radio"/>
2% or whole milk (plain or flavored)	<input type="radio"/>	<input type="radio"/>
Nonfat or 1% (low-fat) milk (plain)	<input type="radio"/>	<input type="radio"/>
Water ices or frozen slushes that do not contain juice	<input type="radio"/>	<input type="radio"/>
Soda pop or fruit drinks that are not 100% juice	<input type="radio"/>	<input type="radio"/>
Sports drinks (e.g., Gatorade)	<input type="radio"/>	<input type="radio"/>
Energy drinks (e.g., Red Bull, Monster)	<input type="radio"/>	<input type="radio"/>
Plain water, with or without carbonation (e.g., Dasani, Aquafina, Smart Water)	<input type="radio"/>	<input type="radio"/>
Calorie-free, flavored water, with or without carbonation (e.g., Dasani Flavors, Aquafina FlavorSplash)	<input type="radio"/>	<input type="radio"/>
100% fruit or vegetable juice	<input type="radio"/>	<input type="radio"/>
Foods or beverages containing caffeine	<input type="radio"/>	<input type="radio"/>
Fruits (not fruit juice)	<input type="radio"/>	<input type="radio"/>
Non-fried vegetables (not vegetable juice)	<input type="radio"/>	<input type="radio"/>

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

	Yes	No
Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	<input type="radio"/>	<input type="radio"/>
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	<input type="radio"/>	<input type="radio"/>
Provided information to students or families on the nutrition and caloric content of foods available	<input type="radio"/>	<input type="radio"/>
Conducted taste tests to determine food preferences for nutritious items	<input type="radio"/>	<input type="radio"/>
Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	<input type="radio"/>	<input type="radio"/>
Served locally or regionally grown foods in the cafeteria or classrooms	<input type="radio"/>	<input type="radio"/>
Planted a school food or vegetable garden	<input type="radio"/>	<input type="radio"/>
Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	<input type="radio"/>	<input type="radio"/>
Used attractive displays for fruits and vegetables in the cafeteria	<input type="radio"/>	<input type="radio"/>
Offered a self-serve salad bar to students	<input type="radio"/>	<input type="radio"/>
Labeled healthful foods with appealing names (e.g., crunchy carrots)	<input type="radio"/>	<input type="radio"/>
Encouraged students to drink plain water	<input type="radio"/>	<input type="radio"/>
Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	<input type="radio"/>	<input type="radio"/>
Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	<input type="radio"/>	<input type="radio"/>

**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.)

Yes No

In school buildings

On school grounds including on the outside of the school building, on playing fields, or other areas of the campus

On school buses or other vehicles used to transport students

In school publications (e.g., newsletters, newspapers, web sites, other school publications)

In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)

**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

**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.)

	Yes	No	NA
Cafeteria during breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cafeteria during lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gymnasium or other indoor physical activity facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor physical activity facilities and sports fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallways throughout the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Health Services

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**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

**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

**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

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

	Yes	No
HIV testing	<input type="radio"/>	<input type="radio"/>
HIV treatment (ongoing medical care for persons living with HIV)	<input type="radio"/>	<input type="radio"/>
STD testing	<input type="radio"/>	<input type="radio"/>
STD treatment	<input type="radio"/>	<input type="radio"/>
Pregnancy testing	<input type="radio"/>	<input type="radio"/>
Provision of condoms	<input type="radio"/>	<input type="radio"/>
Provision of condom-compatible lubricants (i.e., water- or silicone-based)	<input type="radio"/>	<input type="radio"/>
Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD])	<input type="radio"/>	<input type="radio"/>
Prenatal care	<input type="radio"/>	<input type="radio"/>
Human papillomavirus (HPV) vaccine administration	<input type="radio"/>	<input type="radio"/>
Assessment for alcohol or other drug use, abuse, or dependency	<input type="radio"/>	<input type="radio"/>
Daily medication administration for students with chronic health conditions (e.g., asthma, diabetes)	<input type="radio"/>	<input type="radio"/>
Stock rescue or "as needed" medication for any student experiencing a health emergency (e.g., asthma episode, severe allergic reaction)	<input type="radio"/>	<input type="radio"/>
Case management for students with chronic health conditions (e.g., asthma, diabetes)	<input type="radio"/>	<input type="radio"/>

**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.)**

Yes No

HIV testing

HIV treatment (ongoing medical care for persons living with HIV)

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)

STD testing

STD treatment

Pregnancy testing

Provision of condoms

Provision of condom-compatible lubricants (i.e., water- or silicone-based)

Provision of contraceptives other than condoms (e.g., birth control pill,  
birth control shot, intrauterine device [IUD])

Prenatal care

Human papillomavirus (HPV) vaccine administration

Alcohol or other drug abuse treatment

**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

**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.)**

	Yes	No
Asthma	<input type="radio"/>	<input type="radio"/>
Food allergies	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Epilepsy or seizure disorder	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>
Hypertension/high blood pressure	<input type="radio"/>	<input type="radio"/>
Oral health condition (e.g., abscess, tooth decay)	<input type="radio"/>	<input type="radio"/>



**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.)**

Yes No

Asthma

Food allergies

Diabetes

Epilepsy or seizure disorder

Obesity

Hypertension/high blood pressure

Oral health condition (e.g., abscess, tooth decay)

**Which of the following best describes your school's practices regarding parental consent and notification when sexual or reproductive health services, such as STD testing or pregnancy testing, are provided by your school?** (Mark one response.)

- This school does **not provide** any sexual or reproductive health services.
- Parental consent is required before any sexual or reproductive health services are **provided**.
- Parental consent is **not** required for sexual or reproductive health services and parents are provided with information about services **provided** only upon request.
- Parental consent is **not** required for sexual or reproductive health services, but parents may be notified depending on the service **provided**.
- Parental consent is **not** required for sexual or reproductive health services, but parents are notified about all services **provided**.
- Parental consent is **not** required for sexual or reproductive health services and parents are **not** notified about any services **provided**.

**Which of the following best describes your school's practices regarding parental consent and notification when sexual or reproductive health services, such as STD testing or pregnancy testing, are referred by your school?** (Mark one response.)

- This school does **not refer** any sexual or reproductive health services.
- Parental consent is required before any sexual or reproductive health services are **referred**.
- Parental consent is **not** required for sexual or reproductive health services and parents are provided with information about **referrals** provided only upon request.
- Parental consent is **not** required for sexual or reproductive health services, but parents may be notified depending on the **referral** provided.
- Parental consent is **not** required for sexual or reproductive health services, but parents are notified about all **referrals** provided.
- Parental consent is **not** required for sexual or reproductive health services and parents are **not** notified about any **referrals** provided.

**Family and Community Involvement**

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

Yes No

Provided parents and families with information about how to communicate with their child about sex

Provided parents with information about how to monitor their child (e.g., setting parental expectations, keeping track of their child, responding when their child breaks the rules)

Involved parents as school volunteers in the delivery of health education activities and services

Linked parents and families to health services and programs in the community

Provided disease-specific education for parents and families of students with chronic health conditions (e.g., asthma, diabetes)

**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 inform parents about school health services and programs? (Mark one response.)**

Yes

No

**Does your school participate in a program in which family or community members serve as role models to students or mentor students, such as the Big Brothers Big Sisters program? (Mark one response.)**

- Yes
- No

**Service learning is a particular type of community service that is designed to meet specific learning objectives for a course. Does your school provide service-learning opportunities for students? (Mark one response.)**

- Yes
- No

**Does your school provide peer tutoring opportunities for students? (Mark one response.)**

- Yes
- No

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

- Yes
- No

Many Vermont supervisory unions and school districts have created wellness teams to work on health related policies, procedures, programs, and activities. In 2014, the CDC and the Association for Supervision and Curriculum Development (ASCD) partnered to create the [Whole School, Whole Community, Whole Child \(WSCC\)](#) model. This expanded model:

- Expands upon the eight domains of the Coordinated School Health model into the 10 domains
- Combines the Coordinated School Health model with the ASCD's Whole Child framework
- Demonstrates integration of health and education to improve academic achievement
- Promotes alignment, integration and collaboration between health and education in order to achieve improved cognitive, physical, social and emotional development

**Does your school have representatives or participate on a SU or district-wide 'Whole School, Whole Community, Whole Child' ([WSCC](#)) wellness team that meets at least four times a year?**

- Yes there is a team with representatives from our school and meets at least four times per year
- Yes there is a team with representatives from our school, but it meets less frequently
- There is an SU/SD committee or team, but our school is not represented
- Our SU/SD does not have a WSCC team
- Not Sure

[Proficiency-Based Graduation Requirements](#) (PBGRs) are the locally-delineated set of content knowledge and transferable skills connected to state standards that, when supplemented with any additional locally-developed requirements, have been determined to qualify a student for earning a high school diploma. Proficiencies in health and physical education should align with the National Health Education Standards and the National Physical Education Standards (NASPE).

**Does your school have Proficiency-Based Graduation Requirements (PBGRs) for health and physical education?** (Mark one response for each topic)

	We have identified PBGRs	We are in the process of identifying PBGRs	We have NOT identified PBGRs
Health Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Health Screening, Referrals, and Cooperative Agreements**

**Does your school have screening and referral procedures for students who are self-referred or referred by staff for suspected:** (Check ALL that apply)

	Referral	Screening	Neither
Drug and/or alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Does your school have a cooperative or formal agreement with an outside agency to provide assessment and treatment services for students with:** (Mark one response for each topic)

	Yes	No
Drug and/or alcohol problems	<input type="radio"/>	<input type="radio"/>
Mental health issues	<input type="radio"/>	<input type="radio"/>

**Does your school have referral procedures or provide dental services for students who have not visited a dentist in the past year:** (Check all that apply)

- Referrals to a dental provider for comprehensive care including preventative services
- School-based dental services program (e.g. on-site dental chair, mobile dental van)
- Referrals for urgent dental needs only
- Not Sure

## Upcoming YRBS

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**In 2019 schools will have the option of completing the Youth Risk Behavior Survey on a computer or tablet.**

**How would your school prefer to implement the 2019 YRBS?**

- Online     Paper and Pencil     Not Sure



**If the YRBS was online would your school be able to do the following:** (Check ALL that apply)

Implement the survey at one time (e.g. have a 1:1 computer-stude ratio)

Have IT support available

Need tech support from VDH

Other questions or concerns

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**Thank You**

**Thank you for your responses.**

**Your survey has been submitted.**