

## 1. 2016-2017 School Health Survey, Texas Education Agency

The Texas Education Code (TEC), §38.0141, requires the Texas Education Agency (TEA) to collect data relating to student health and physical activity from each school district/charter district. The School Health Survey has been developed for this purpose. The data gathered will allow the agency to better address the various health-related needs of Texas schools and students statewide.

The survey will take approximately 15-30 minutes to complete. This survey must be completed **ONLINE** and can be submitted only once for each school district and/or charter district. Your responses should reflect the entire 2016-2017 academic year and may require you to work with colleagues in your district to completely answer the questions. You may wish to copy the questions and complete the answers in a text document before entering your responses online.

**Survey completion deadline – MONDAY, May 7, 2018**

### INSTRUCTIONS

The online submission requires you to complete the entire survey. To make changes, simply click on the new response. In some cases, you will need to unclick a previous answer to change the response. To move through the survey, click the previous/next ("Prev"/"Next") buttons at the bottom of each page. Any question marked with an asterisk (\*) requires a response.

At the end of the survey, you may wish to print a copy of the completed survey for your records **BEFORE** you click "DONE." After clicking "DONE" you will not be able to re-enter the survey to make changes. You will receive a "pop-up" message as your confirmation receipt. You will not receive any other confirmation.

**Thank you for your participation in the 2016-2017 School Health Survey.**

\* 1. Please complete the following fields:

District/Charter

School Name

County-District Number

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\* 2. Please indicate the education service center (ESC) region(s) in which your district/charter school receives training. (Mark all that apply.)

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

Other (if not applicable, please specify)

\* 3. Preparer Information

Name of Preparer	<input type="text"/>
Title of Preparer	<input type="text"/>
Phone Number of Preparer	<input type="text"/>
Email Address of Preparer	<input type="text"/>

4. School Health Advisory Council (SHAC) Information

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

Name of SHAC District/Charter Contact	<input type="text"/>
Phone Number of SHAC District/Charter Contact	<input type="text"/>
Email Address of SHAC District/Charter Contact	<input type="text"/>
Name of Required Parent SHAC District/Charter Chair or Co-Chair	<input type="text"/>

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

- |  |  |
|--|--|
| <input type="checkbox"/> Business community                              | <input type="checkbox"/> School administrators                 |
| <input type="checkbox"/> Clergy/faith-based organizations                | <input type="checkbox"/> School teachers                       |
| <input type="checkbox"/> Health care professionals (e.g., school nurses) | <input type="checkbox"/> Senior citizens                       |
| <input type="checkbox"/> Law enforcement                                 | <input type="checkbox"/> Students                              |
| <input type="checkbox"/> Local domestic violence programs                | <input type="checkbox"/> Not applicable (charter schools only) |
| <input type="checkbox"/> Non-profit health organizations                 |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (If yes, please select from the following organizations) | <input type="checkbox"/> School district                         |
| <input type="checkbox"/> No   | <input type="checkbox"/> Non-profit organization (e.g., TAHPERD) |
| <input type="checkbox"/> Center for Disease Control (CDC) and Prevention              | <input type="checkbox"/> Texas Education Agency (TEA)            |
| <input type="checkbox"/> Department of State Health Services (DSHS)                   | <input type="checkbox"/> Not applicable (charter schools only)   |
| <input type="checkbox"/> Education service centers (ESCs)                             |  |

Other (please specify)

\* 7. How many times did your SHAC meet during the 2016-2017 academic year?

8. During the 2016-2017 academic year, has your local SHAC physical activity and fitness planning subcommittee made any policy recommendations related to physical activity and fitness pursuant to TEC §28.004(I-1)?

- Yes                       No                       Not Applicable (charter schools only)

9. During the 2016-2017 academic year, has your school board or district/charter school implemented/changed a policy, program, or practice as a result of a SHAC recommendation?

- Yes                       No (If no, skip to question #11)                       Not Applicable (charter schools only, skip to question #11)
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10. If you responded "yes" on question #9, please indicate what topics were addressed. (Mark all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Active transport to schools (e.g., Safe Routes to Schools, Walking School Bus, KidsWalk) | <input type="checkbox"/> HIV/STD prevention (education, universal precautions, curricula) |
| <input type="checkbox"/> Adaptations for special populations in physical education                                | <input type="checkbox"/> Off-campus physical activity programs                            |
| <input type="checkbox"/> Asthma management  | <input type="checkbox"/> Parental involvement   |
| <input type="checkbox"/> Bullying   | <input type="checkbox"/> Physical activity requirements in kindergarten to grade 8        |
| <input type="checkbox"/> Comprehensive school physical activity programs  | <input type="checkbox"/> Recess   |
| <input type="checkbox"/> Coordinated school health programming  | <input type="checkbox"/> School menu/nutrition services                                   |
| <input type="checkbox"/> Early mental health intervention   | <input type="checkbox"/> Sex education  |
| <input type="checkbox"/> Fitness assessment data  | <input type="checkbox"/> Staff professional development                                   |
| <input type="checkbox"/> Fitness assessment requirements  | <input type="checkbox"/> Staff wellness   |
| <input type="checkbox"/> Food and beverage marketing  | <input type="checkbox"/> Suicide prevention/postvention                                   |
| <input type="checkbox"/> Fundraising  | <input type="checkbox"/> Teen pregnancy prevention  |
| <input type="checkbox"/> Health education curriculum  | <input type="checkbox"/> Tobacco use, e-cigarettes, and prevention                        |
| <input type="checkbox"/> Health promotion   | <input type="checkbox"/> Vending machines   |
| <input type="checkbox"/> High school graduation requirements  | <input type="checkbox"/> Wellness policies  |

Other (please specify)

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

- |  |   |
|--|---|
| <input type="checkbox"/> 30 minutes/day for all grade levels                               | <input type="checkbox"/> More than 135 minutes/week |
| <input type="checkbox"/> 30 minutes/day for some grade levels, 135 minutes/week for others | <input type="checkbox"/> More than 150 minutes/week |
| <input type="checkbox"/> 135 minutes/week for all grade levels                             |   |

Other (please specify)

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

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

Other (please specify)

\* 13. Does each campus in your district/charter school have the appropriate facilities and adequate equipment for students to engage in the amount and intensity of physical activity required by TEC §28.002(l)?

- Yes       No

\* 14. Does your district/charter school provide recess in elementary school?

- Yes       No

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

- Yes       No (if no, skip to #17.)

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

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

Other (please specify)

\* 17. Does your district/charter school have a policy that allows teachers or administrators in the district to withhold physical activity from a student as a form of punishment?

- Yes       No

\* 18. Does your district/charter school allow modifications or accommodations that allow physical education courses to meet the needs of students with disabilities?

- Yes       No
-

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

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

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

- Yes  No

\* 21. Has your district/charter school adopted policies and procedures that prescribe penalties for the use of electronic-cigarettes and tobacco products by students and others on campuses or at school-sponsored or school-related activities?

- Yes  No

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

- Yes  No

Other (please specify)

\* 23. Does your district/charter school provide training for staff in dealing with students at risk of suicide, recognizing early warning signs, and how to intervene effectively with students?

- Yes  No

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

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Bienestar | <input type="checkbox"/> Great Body Shop |
| <input type="checkbox"/> CATCH     | <input type="checkbox"/> SPARK           |

Other (If not applicable, please explain.)

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

Bienestar

Great Body Shop

CATCH

SPARK

Other (If not applicable, please explain.)

26. During the 2016-2017 academic year, did your district/charter school require health education as a graduation requirement for high school students in all graduation programs?

Yes

No

Other (please specify)

27. During the 2016-2017 academic year, did your district/charter school implement the Parenting and Paternity Awareness (p.a.p.a.) Program?

Yes

No

Other (please specify)

\* 28. Which school health-related assessment tools does your district/charter school use? (Mark all that apply.)

ActivityGram

Health Education Curriculum Analysis Tool (HECAT)

District-developed

Healthy School Report Card (Association for Supervision and Curriculum Development)

FitnessGram once annually

Physical Education Curriculum Analysis Tool (PECAT)

FitnessGram pre- and post-testing

School Health Index (SHI)

Other (please specify)

\* 29. Indicate if your district/charter school staff attends or needs training or staff development on any of the following topics (mark all that apply).

	Attends	Needs
Abstinence	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence plus	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and drug use/prevention	<input type="checkbox"/>	<input type="checkbox"/>

Attends

Needs

Asthma management

Bullying

Care of students with diabetes (Required by Health and Safety Code, Chapter 168)

Child abuse and neglect

Child or adolescent development

Comprehensive school physical activity programs

Coordinated school health programming

Eligibility and benefits of CHIP/Medicaid

Family violence

Fitness assessment

HIV/STD prevention

Injury prevention

Nutrition

Pedestrian and traffic safety

Positive youth development

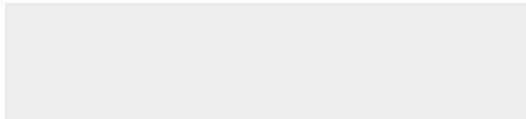
School nurse jurisprudence

Staff wellness and health promotion

Suicide prevention/postvention

Teen pregnancy prevention

Tobacco use, e-cigarettes, and prevention



Other (please specify)



\* 30. Has your district/charter school adopted policies to meet the United States Department of Agriculture (USDA) smart snack requirements?

Yes

No

Other (if not applicable, please specify)

31. Does your local wellness policy address any of the following?

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

Other (please specify)

32. During the 2016-2017 academic year, did your SHAC recommend joint use agreements or strategies for collaboration between the school district/charter school and community organizations or agencies pursuant to TEC §28.004(c)(5)?

Yes

No

Not applicable (charter schools)

\* 33. Does your district/charter school bullying policy address any of the following? Mark all that apply.

- Bullying based on gender       Bullying based on physical characteristics
- Bullying based on race/ethnicity       Cyberbullying
- Bullying based on sexual orientation/identity

Other - please specify (if not applicable, please explain)

\* 34. Of the following health-related topics, which are addressed in each of your district/charter school's campus improvement plans?

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

Other (please specify topic and campus level)