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DIRECTIONS

Smart Source serves as a comprehensive inventory of practices and policies to guide Colorado schools and districts in their health and wellness efforts. Your responses to the questions on Smart Source are not scored in any way and are intended to be used by your school to identify gaps and inform improvements. Please respond to each item as accurately as possible.

Schools that complete the Smart Source inventory as a team achieve higher accuracy on their responses and more meaningful results. We strongly recommend that you meet with or, at a minimum, gather input from various school staff noted in the descriptions under each section header throughout the tool.

This document contains all items included on the online tool for combined schools, from both elementary and secondary versions. Certain questions only apply to one of these school levels and will be designated with an italicized note. Additionally, some questions are only relevant based on answers to previous questions—these are also noted in italics at the top of each item.

For use in survey administration, we recommend schools download and print the Smart Source paper tool respective to their school level, available through the online tool.

GENERAL HEALTH POLICIES AND PRACTICES

The questions in this section refer to the systematic strategies schools have in place to broadly impact health in schools. These strategies focus on the sustainability of health and wellness efforts, as well as using data to inform and improve school health policies and practices. The principal could help provide answers to these questions.

| | | |
|--|--------------------------|--------------------------|
| 1) 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? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2) [Note: answer only if yes is selected in #1 above] In addition to school staff, does your school health council, committee, or team include membership from the following? | | |
| | Yes | No |
| a) School administrators | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Students | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Parents/guardians | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Community leaders (e.g., representatives of local public health, county/city government, community-based organizations) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) [Note: answer only if yes is selected in #1 above] How many times, on average, does your school health council, committee, or team meet per school year? | | |
| <input type="checkbox"/> None <input type="checkbox"/> 1-2 times <input type="checkbox"/> 3-4 times <input type="checkbox"/> 5-6 times <input type="checkbox"/> 7 or more times | | |
| 4) [Note: answer only if yes is selected in #1 above] During the past year, has any school health council, committee, or team at your school done any of the following activities? | | |
| | Yes | No |
| a) Identified student health needs based on a review of relevant data | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Recommended new or revised health and safety policies and activities to school administrators or the school improvement team | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Sought funding or leveraged resources to support health and safety priorities for students and staff | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Reviewed health-related curricula or instructional materials | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Assessed the availability of physical activity opportunities for students | <input type="checkbox"/> | <input type="checkbox"/> |
| g) 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="checkbox"/> | <input type="checkbox"/> |
| 5) Does your school have an identified staff person who leads or coordinates school health efforts? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6) Has your school adopted a wellness policy (school and/or district-created)? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| <p>7) Does your school have a process for identifying students who are at risk of being chronically absent (i.e., monitoring attendance data)? <i>Chronic absenteeism is defined as a student missing 10% or more of a school year for any reason, including illness, suspension, need to care for a family member, regardless of whether absences are excused or unexcused.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--|-----|----|----------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <p>8) [Note: answer only if yes is selected in #7 above] Does your school have a procedure to follow up on students who are at risk of being chronically absent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9) Does your school incorporate health and wellness in its Unified Improvement Planning Process?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>10) Does your school administer a survey to assess perceptions of school climate to the following?</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) Students</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Teachers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Other staff</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Parents/guardians</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | Yes | No | a) Students | <input type="checkbox"/> | <input type="checkbox"/> | b) Teachers | <input type="checkbox"/> | <input type="checkbox"/> | c) Other staff | <input type="checkbox"/> | <input type="checkbox"/> | d) Parents/guardians | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| a) Students | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| b) Teachers | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| c) Other staff | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| d) Parents/guardians | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>11) Does your school participate in the following student-level health and wellness assessments?</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) A district-created assessment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) [Note: answer for secondary grades only] Healthy Kids Colorado Survey (or the Youth Risk Behavior Survey)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Other (please specify) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | Yes | No | a) A district-created assessment | <input type="checkbox"/> | <input type="checkbox"/> | b) [Note: answer for secondary grades only] Healthy Kids Colorado Survey (or the Youth Risk Behavior Survey) | <input type="checkbox"/> | <input type="checkbox"/> | c) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| a) A district-created assessment | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| b) [Note: answer for secondary grades only] Healthy Kids Colorado Survey (or the Youth Risk Behavior Survey) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| c) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>12) [Note: answer for secondary grades only] 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?</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) Physical activity</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Nutrition</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Tobacco and/or other substance use prevention</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Asthma</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) Injury and violence prevention</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) HIV, STI, and teen pregnancy prevention</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | Yes | No | a) Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | b) Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | c) Tobacco and/or other substance use prevention | <input type="checkbox"/> | <input type="checkbox"/> | d) Asthma | <input type="checkbox"/> | <input type="checkbox"/> | e) Injury and violence prevention | <input type="checkbox"/> | <input type="checkbox"/> | f) HIV, STI, and teen pregnancy prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| a) Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| b) Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| c) Tobacco and/or other substance use prevention | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| d) Asthma | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| e) Injury and violence prevention | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| f) HIV, STI, and teen pregnancy prevention | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |

NUTRITION

The questions in this section refer to the food and beverages available to students at your school. Questions on the offerings provided through the school meal program are not included in this tool due to their inclusion in separate assessments conducted at the district level via federal and state processes. “Healthy foods” mentioned throughout this section generally refer to foods that are low in calories (i.e., 200 calories or less per serving), low in fat, low sodium (i.e., less than 200 mg per serving), low in added sugar, and high in whole grains (if applicable). The food service manager, as well as classroom teachers, could help provide answers to these questions.

| | | | |
|--|--------------------------|--------------------------|--|
| 13) Does your school provide the following meals daily to students? | | | |
| | Yes | No | |
| a) Breakfast | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Lunch | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14) [Note: answer only if yes is selected in #13a above] | | | |
| a) How many total minutes, on average, is your school’s breakfast period? | | | |
| _____ total minutes (i.e., the sum of line, serving, and seated time) | | | |
| b) Of those total minutes, how many minutes, on average, do students have to eat breakfast? | | | |
| _____ minutes to eat breakfast (i.e., seated time) | | | |
| 15) [Note: answer only if yes is selected in #13a above] | | | |
| Does your school incorporate strategies aimed at increasing universal student access to nutritious breakfast (e.g., Grab ‘N’ Go Breakfast, Breakfast in the Classroom, Breakfast on the Bus)? | | | |
| <input type="checkbox"/> Yes | | | |
| <input type="checkbox"/> No | | | |
| 16) [Note: answer only if yes is selected in #13b above] | | | |
| a) How many total minutes, on average, is your school’s lunch period? | | | |
| _____ total minutes (i.e., the sum of line, serving, and seated time) | | | |
| b) Of those total minutes, how many minutes, on average, do students have to eat lunch? | | | |
| _____ minutes to each lunch (i.e., seated time) | | | |
| 17) Are students permitted to have a drinking water bottle during the school day? | | | |
| <input type="checkbox"/> Yes, in all locations | | | |
| <input type="checkbox"/> Yes, in certain locations | | | |
| <input type="checkbox"/> No | | | |
| 18) Does your school offer a free source of drinking water in the following locations? | | | |
| | Yes | No | N/A, your school does not have this location |
| a) Cafeteria during breakfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Cafeteria during lunch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Gymnasium or other indoor physical activity facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Outdoor physical activity facilities and sports fields | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Hallways throughout the school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered? | | | |
| <input type="checkbox"/> Food or beverages are not offered at school celebrations | | | |
| <input type="checkbox"/> Never | | | |
| <input type="checkbox"/> Rarely | | | |

- Sometimes
- Always or almost always

20) Does your school prohibit advertisements for candy, fast food restaurants, or soft drinks in each of the following locations?

| | Yes | No |
|---|--------------------------|--------------------------|
| a) In school buildings | <input type="checkbox"/> | <input type="checkbox"/> |
| b) On school grounds including on the outside of the school building, on playing fields, or other areas of the campus | <input type="checkbox"/> | <input type="checkbox"/> |
| c) On school buses or other vehicles to transport students | <input type="checkbox"/> | <input type="checkbox"/> |
| d) In school publications (e.g., newsletters, newspapers, web sites, other school publications) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media) | <input type="checkbox"/> | <input type="checkbox"/> |

21) Has your school adopted a written policy (school and/or district-created) that...

| | Yes | No |
|--|--------------------------|--------------------------|
| a) Prohibits using food as a reward (e.g., food coupons, candy for positive behavior)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Prohibits the advertising of unhealthy food/beverages on school grounds (e.g., banners, student newspaper)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Requires predominantly healthy food/beverages for celebrations? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Requires non-food or healthy food school-sponsored fundraisers (e.g., gift wrap, fruit baskets)? | <input type="checkbox"/> | <input type="checkbox"/> |

22) 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?

- Yes
- No

23) [Note: answer only if yes is selected in #22 above]

Are food and beverages available for students to purchase during the following times?

| | Before school | | During lunch | | During the school day (not at lunch) | | After school (not including at sporting events) | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|---|--------------------------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | a) Vending machines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) School store, canteen, or snack bar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24) [Note: answer only if yes is selected in #22 above]

Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or the snack bar?

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Chocolate candy | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Other kinds of candy | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Salty snacks that are not low in fat (e.g., regular potato chips) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Low sodium or “no added salt” pretzels, crackers, or chips | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Ice cream or frozen yogurt that is not low in fat | <input type="checkbox"/> | <input type="checkbox"/> |
| g) 2% or whole milk (plain or flavored) | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Nonfat or 1% (low-fat) milk (plain) | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Water ices or frozen slushes that do not contain juice | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Soda pop or fruit drinks that are not 100% juice | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| k) Sports drinks (e.g., Gatorade) | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Energy drinks (e.g., Red Bull, Monster) | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Bottled water | <input type="checkbox"/> | <input type="checkbox"/> |
| n) 100% fruit or vegetable juice | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Foods or beverages containing caffeine | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Fruits (not fruit juice) | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Non-fried vegetables (not vegetable juice) | <input type="checkbox"/> | <input type="checkbox"/> |
| 25) During this school year, has your school done any of the following? | Yes | No |
| a) Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Provided information to students or families on the nutrition and caloric content of foods available | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Conducted taste tests to determine food preferences for nutritious items | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Served locally or regionally grown foods in the cafeteria or classrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Planted a school food or vegetable garden | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Placed fruits and vegetables near the cafeteria cashier, where they are easy to access | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Used attractive displays for fruits and vegetables in the cafeteria | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Offered a self-serve salad bar to students | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Labeled healthful foods with appealing names (e.g., crunchy carrots) | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Encouraged students to drink plain water | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes | <input type="checkbox"/> | <input type="checkbox"/> |

PHYSICAL EDUCATION/PHYSICAL ACTIVITY

Questions in this section refer to your school's Comprehensive Physical Activity Program (CSPAP), a national framework developed by the Centers for Disease Control and Prevention (CDC), which includes quality physical education as the foundation, physical activity before, during, and after school, staff involvement, and family and community engagement. The physical education teacher, as well as classroom teachers, coaches, and out-of-school program staff could help provide answers to these questions.

26) [Note: answer for only the grades your school serves]

(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?

| | Yes | No |
|---------------------------|--------------------------|--------------------------|
| a) Kindergarten | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 1 st grade | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 2 nd grade | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 3 rd grade | <input type="checkbox"/> | <input type="checkbox"/> |
| e) 4 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| f) 5 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| g) 6 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| h) 7 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| i) 8 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| j) 9 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| k) 10 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| l) 11 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| m) 12 th grade | <input type="checkbox"/> | <input type="checkbox"/> |

27) [Note: answer only if yes is selected for any elementary grade in #26 above]

a) How many class sessions per week, on average, are provided to an elementary student enrolled in physical education?

_____ class sessions per week

b) How many minutes, on average, is each elementary-level physical education class session?

_____ minutes per class session

28) [Note: answer for secondary grades only]

What type of academic schedule does your school follow?

- Semester
- Quarter
- Trimester

29) [Note: answer for secondary grades only]

How many _____s [fill in answer from #28 above] of physical education does your school require for each secondary student (before graduating or advancing out of your school)?

_____ semester(s)/quarter(s)/trimester(s)

30) [Note: answer only if yes is selected for any secondary grade in #26 above]

a) How many class sessions per week, on average, are provided to a secondary student enrolled in physical education?

_____ class sessions per week

b) How many minutes, on average, is each secondary-level physical education class session?
 _____ minutes per class session

31) [Note: answer for secondary grades only]
Does your school allow waivers and/or exemptions for secondary-level physical education for the following?

| | Yes | No | N/A, your school does not offer this program |
|---------------------------------|--------------------------|--------------------------|--|
| a) Band | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) School-sponsored athletics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) ROTC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

32) During physical education courses, what percentage of the time, on average, are students engaged in moderate to vigorous physical activity (equivalent to brisk walking, bicycling, aerobic dance, etc.)?
 _____ % of the time

33) Do the physical education programs at your school...

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Appropriately modify activities to promote the participation of all students (in particular, students with chronic health conditions and special needs)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Use instructional strategies that support the needs of the diversity of the student population? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have a student/teacher ratio that is comparable with other classes at all grade levels? | <input type="checkbox"/> | <input type="checkbox"/> |

34) Does your school's physical education instruction use the following?

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Physical Education Standards | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Unit and lesson plans to guide instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Objectives that are observable and measurable | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Summative/performative assessments (e.g., unit or course exams) to evaluate students' mastery of objectives | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Formative assessments | <input type="checkbox"/> | <input type="checkbox"/> |

35) How many staff at your school teach physical education? Please give your answer in FTEs (full-time equivalents).
For example, if your school has one full-time P.E. teacher (1.0 FTE) and one part-time P.E. teacher (0.5 FTE), the total would be 1.5 FTEs.
 _____ physical education FTEs

36) Does your school require your physical education teachers to have the following?

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Undergraduate training in P.E. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Graduate training in P.E. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Licensure with an endorsement in P.E. | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Ongoing professional development related to physical education (at least annually) | <input type="checkbox"/> | <input type="checkbox"/> |

37) Does your school offer opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity?

Yes

No

38) Outside of physical education, do students participate in physical activity breaks in classrooms during the school day?

- Yes
- No

39) [Note: answer only if yes is selected in #38 above]

How many teachers in your school, on average, offer physical activity breaks in their classrooms?

- No teachers
- Few teachers
- Some teachers (approximately half)
- Most teachers
- All teachers

40) 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.)

- Yes
- No

41) [Note: answer for secondary grades only]

Does your school offer interscholastic sports to students?

- Yes
- No

42) How often is physical activity (e.g., walking/running laps, performing push-ups) used as punishment for student misbehavior before, during, and after school?

- Never
- Rarely
- Sometimes
- Always or almost always

43) Has your school adopted a written policy (school and/or district-created) that prohibits the use of physical activity as punishment for student misbehavior?

- Yes
- No

44) [Note: answer for only the elementary grades your school serves]

How many minutes, on average, do elementary students have for recess during the school day? Please include all recess after the morning bell rings (e.g., morning, lunch, afternoon recess). For grades your school serves that do not have recess, enter "0" minutes per day.

| | Minutes per day |
|--------------------------|----------------------|
| a) Kindergarten | <input type="text"/> |
| b) 1 st grade | <input type="text"/> |
| c) 2 nd grade | <input type="text"/> |
| d) 3 rd grade | <input type="text"/> |
| e) 4 th grade | <input type="text"/> |
| f) 5 th grade | <input type="text"/> |
| g) 6 th grade | <input type="text"/> |

45) [Note: answer only for each grade that has recess as designated in #44 above]
Is recess provided before lunch in each of the following elementary grades in your school?

| | Yes, for <u>all</u> students in this grade | Yes, for <u>some</u> students in this grade | No |
|--------------------------|--|---|--------------------------|
| a) Kindergarten | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 1 st grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 2 nd grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 3 rd grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) 4 th grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) 5 th grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) 6 th grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

46) [Note: answer for elementary grades only]
In the case of inclement weather, how often is outdoor recess replaced with comparable indoor physical activity?

Never
 Rarely
 Sometimes
 Always or almost always

47) [Note: answer for elementary grades only]
In the case of inclement weather, has your school adopted a written policy (school and/or district-created) that requires outdoor recess be replaced with comparable indoor physical activity?

Yes
 No

48) [Note: answer for elementary grades only]
How often is all or part of recess taken away from students for the following reasons?

| | Never | Rarely | Sometimes | Always or almost always |
|---|--------------------------|--------------------------|--------------------------|----------------------------|
| a) Punishment for misbehavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Make up for lost instructional time or testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

49) [Note: answer for elementary grades only]
Has your school adopted a written policy (school and/or district-created) that prohibits taking away all or part of recess for the following reasons?

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Punishment for misbehavior | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Make up for lost instructional time or testing | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH EDUCATION

Questions in this section refer to your school's health education program led by qualified staff that help students acquire the knowledge, attitudes, and skills to make healthy choices. The health education program may be administered through formal health education courses integrated into other courses/subject areas, or through school-sponsored events. The staff members who teach health education or the principal could help provide answers to these questions.

| | | |
|---|--------------------------|--------------------------|
| 50) [Note: please answer for only the grades your school serves] | | |
| Is a health education course offered in each of the following grades in your school? | | |
| | Yes | No |
| a) Kindergarten | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 1 st grade | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 2 nd grade | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 3 rd grade | <input type="checkbox"/> | <input type="checkbox"/> |
| e) 4 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| f) 5 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| g) 6 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| h) 7 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| i) 8 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| j) 9 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| k) 10 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| l) 11 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| m) 12 th grade | <input type="checkbox"/> | <input type="checkbox"/> |
| 51) [Note: answer only if yes is selected for any elementary grade in #50 above] | | |
| a. How many class sessions per week, on average, are provided to an elementary student enrolled in health education? _____ class sessions per week | | |
| b. How many minutes, on average, is each elementary-level health education class session? _____ minutes per class session | | |
| 52) [Note: answer for secondary grades only] | | |
| How many _____s [fill in answer from #28 in the Physical Education/Physical Activity section above] of health education does your school require for each secondary student (before graduating or advancing out of your school)? _____ semester(s)/quarter(s)/trimester(s) | | |
| 53) [Note: answer only if yes is selected for any secondary grade in #50 above] | | |
| a) How many class sessions per week, on average, are provided to a secondary student enrolled in health education? _____ class sessions per week | | |
| b) How many minutes, on average, is each secondary-level health education class session? _____ minutes per class session | | |

| | | |
|---|--------------------------|--------------------------|
| 54) Do the following staff members teach health education topics at your school? | | |
| | Yes | No |
| a) Health education teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Physical education teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Science teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Non-science classroom teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| e) School counselor | <input type="checkbox"/> | <input type="checkbox"/> |
| f) School nurse | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 55) [Note: answer only for each choice for which yes is selected in #54 above] | | |
| Do the following staff members who teach health education receive professional development/training annually related to health education? | | |
| | Yes | No |
| a) Health education teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Physical education teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Science teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Non-science classroom teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| e) School counselor | <input type="checkbox"/> | <input type="checkbox"/> |
| f) School nurse | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 56) [Note: answer only if yes is selected in #54a above] | | |
| Does your school require its health education teachers to have the following? | | |
| | Yes | No |
| a) Undergraduate training in health education | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Graduate training in health education | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Certification or licensure in health education | <input type="checkbox"/> | <input type="checkbox"/> |
| 57) Does your school's health education instruction use the following? | | |
| | Yes | No |
| a) Instruction/curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Health Education Standards | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Unit and lesson plans to guide instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Objectives that are observable and measurable | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Units and lessons that provide opportunities for practicing health-related skills | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Summative/performative assessments (e.g., unit or course exams, portfolios, peer to group projects, expeditionary learning) to evaluate students' mastery of standards and objectives | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Formative assessments | <input type="checkbox"/> | <input type="checkbox"/> |
| 58) Do your health education courses and lessons prioritize instruction on health skills (e.g., comprehend concepts, influences, access valid information, interpersonal communication, decision-making, goal setting, self-management, advocacy for self & others)? | | |
| <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> No | | |
| 59) Are the following health education topics taught at your school (including through a health education course, other courses/subject areas, or school assemblies or events)? | | |
| | Yes | No |
| a) Healthy eating | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Physical activity | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| c) Personal hygiene | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Oral health | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Mental and emotional wellness | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Alcohol, tobacco, and other drug use prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Unintentional injury prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Violence prevention (e.g., bullying, fighting, homicide) | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Suicide prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Human sexuality/sexual health education | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Stress management | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

60) [Note: answer only if yes is selected in #59j above]

Are the following topics taught as part of sexual health education at your school?

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Consent (i.e., voluntarily giving permission or saying “yes”) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Healthy relationships (e.g., communication skills, prevention of dating violence) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) How alcohol and drug use impairs responsible and healthy decision making | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Internet/social media literacy (e.g., privacy, sexting) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Abstinence | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Medically accurate information about methods other than abstinence (e.g., birth control, condoms) to prevent unintended pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Medically accurate information about methods other than abstinence (e.g., condoms) to prevent sexually transmitted infections, including HIV/AIDS and human papillomavirus (HPV) | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Adolescent pregnancy options and resources | <input type="checkbox"/> | <input type="checkbox"/> |

61) [Note: answer only if yes is selected in #59j above]

Does your school’s sexual health education program include information that is specific to the experiences and needs of students who identify as the following?

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Lesbian, gay, bisexual, queer or questioning | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Transgender | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Intersex (i.e., people born with reproductive or sexual anatomy that does not fit the typical definitions of “female” or “male”) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) People with physical or intellectual disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| e) People who have experienced sexual assault | <input type="checkbox"/> | <input type="checkbox"/> |

62) [Note: answer only if yes is selected in #59j above]

Is your school’s sexual health education program sensitive to students from diverse backgrounds including race, color, ethnicity, and national origin?

- Yes
 No

63) Does your school integrate health content and skills into other courses/subject areas (e.g., math, English, science, social studies, art, music)?

- Yes, most if not all courses/subject areas have integrated health content and skills
 Yes, some courses/subject areas have integrated health content and skills
 No

HEALTH SERVICES

Questions in this section focus on school health services which are overseen by a school nurse/school nurse consultant to manage student chronic diseases, such as asthma and diabetes, provide first aid and emergency care, and screen and refer for specific health conditions. The school nurse, health aide, and principal could help provide answers to these questions. Additionally, some of the information requested can be found within a student information system (e.g., Infinite Campus, PowerSchool).

| | | |
|---|--------------------------|--------------------------|
| 64) How many hours per week, on average, is the school nurse/school nurse consultant present at your school? | | |
| <input type="checkbox"/> 0 hours/week (a school nurse/school nurse consultant is not present at our school) | | |
| <input type="checkbox"/> 1-10 hours/week | | |
| <input type="checkbox"/> 11-20 hours/week | | |
| <input type="checkbox"/> 21-30 hours/week | | |
| <input type="checkbox"/> 31-40 hours/week | | |
| 65) Who at your school is designated to address daily health emergencies and chronic health needs of students? Mark all that apply. | | |
| a) School nurse/school nurse consultant | <input type="checkbox"/> | |
| b) Health clerk, health aide, health paraprofessional | <input type="checkbox"/> | |
| c) Administrator | <input type="checkbox"/> | |
| d) Secretary/administrative assistant | <input type="checkbox"/> | |
| e) Other (please specify) _____ | <input type="checkbox"/> | |
| 66) [Note: answer only for each choice for which yes is selected in #65b-e above] Does a school nurse/school nurse consultant provide oversight and training to these designated staff? | | |
| | Yes | No |
| a) Health clerk, health aide, health paraprofessional | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Administrator | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Secretary/administrative assistant | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 67) How many times, on average, do students seek services from designated staff for daily health emergencies and chronic health needs (including daily medications) each month? _____ # visits/month | | |
| 68) Does your school have documentation of the number of students who have the following? | | |
| | Yes | No |
| a) Health conditions (e.g., asthma, life-threatening allergies, diabetes (type 1 or 2), seizures) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Immunization status (including the number of students with signed personal, religious, or medical exemptions) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Health insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Medication needs | <input type="checkbox"/> | <input type="checkbox"/> |
| e) A BMI at or above the 85 th percentile (may be taken as part of physical education screenings) | <input type="checkbox"/> | <input type="checkbox"/> |
| 69) [Note: answer only for each choice for which yes is selected in #68 above] Is this documentation available electronically (i.e., through a student information system such as Infinite Campus or PowerSchool) for the number of students who have the following? | | |
| | Yes | No |
| a) Health conditions (e.g., asthma, life-threatening allergies, diabetes (type 1 or 2), seizures) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Immunization status (including the number of students with signed personal, religious, or medical exemptions) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Health insurance | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|--|--|--|--------------------------|
| d) Medication needs | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| e) A BMI at or above the 85 th percentile (may be taken as part of physical education screenings) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 70) Does your school screen and refer for the following every year? | | | | | |
| | Yes, in all grades <u>and</u> for new students | Yes, in all grades but <u>not</u> for new students | Yes, in certain grades <u>and</u> for new students | Yes, in certain grades but <u>not</u> for new students | No |
| a) Hearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Oral health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71) [Note: answer only for each choice for which yes is selected in #70 above] | | | | | |
| Once referrals are made, does your school have a follow-up procedure for the following? | | | | | |
| | | | | Yes | No |
| a) Hearing problems | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Vision problems | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Oral health problems | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 72) Does your school screen and refer for substance use (e.g., alcohol, tobacco, marijuana, or other drug use)? | | | | | |
| <input type="checkbox"/> Yes, for all students <input type="checkbox"/> Yes, if a student is identified as at-risk <input type="checkbox"/> No | | | | | |
| 73) [Note: answer only if either yes response is selected in #72 above] | | | | | |
| Does your school use an evidence-based approach for screening and referrals for substance use (e.g., Screening, Brief Intervention, Referral to Treatment (SBIRT))? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 74) Does your school actively seek outside funding sources (including in-kind donations) to support health services? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 75) Does your school have a designated individual(s) or team who regularly (e.g., weekly, monthly, quarterly) evaluates students with a physical and/or mental impairment for disability under Section 504? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 76) Does your school provide case management for students with chronic health conditions (e.g., asthma, diabetes)? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES

Questions in this section refer to the counseling, psychological, and social services provided to students at your school. These questions are aligned with the [Colorado Framework for School Behavioral Health Services](#), which focuses on prevention, early intervention, and intervention for student social, emotional, and behavioral health needs to reduce barriers to learning. The framework ensures appropriate supports for all students. The counselor, psychologist, or social worker could help provide answers to these questions.

| | | | | | |
|---|--|--|-------------------------------|--------------------------|--------------------------|
| 77) How many hours per week, on average, are the following mental health professionals present at your school? | | | | | |
| | 0 hours/week (this staff is not present at your school) | 1-10 hours/week | 11-20 hours/week | 21-30 hours/week | 31-40 hours/week |
| a) School counselor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) School psychologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) School social worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78) Do the following staff members at your school regularly receive training (e.g., Responsive Classroom, Youth Mental Health First Aid, Signs of Suicide) on how to identify and support students with social, emotional, and behavioral health needs? | | | | | |
| | | Yes, most if not all receive training | Yes, some receive training | No | |
| a) Teachers | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Administrators | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Coaches | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Health aides, health paraprofessionals | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e) Other (please specify) _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 79) How many teachers in your school, on average, practice mindfulness with students in their classrooms? | | | | | |
| <input type="checkbox"/> No teachers <input type="checkbox"/> Few teachers <input type="checkbox"/> Some teachers (approximately half) <input type="checkbox"/> Most teachers <input type="checkbox"/> All teachers | | | | | |
| 80) With regard to <u>all</u> students (i.e., Tier 1)... | | | | | |
| a. Does your school conduct a universal screening? <i>Definition: A universal screening is an annual process using a validated tool (e.g., Behavioral and Emotional Screening System (BASC-2/BESS), Strengths and Difficulties Questionnaire (SDQ)), usually led by a mental health professional, to assess the social, emotional, and behavioral health needs of <u>all</u> students and determine whether they require individual intervention services.</i> | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| b. Have teachers and other staff received training on how to incorporate principles of social and emotional learning (SEL) into their work with students? | | | | | |
| <input type="checkbox"/> Yes, most if not all receive training <input type="checkbox"/> Yes, some receive training <input type="checkbox"/> No | | | | | |

c. Does your school provide opportunities that develop the knowledge, attitudes, and skills for student social and emotional learning (SEL)?

- Yes
- No

d. Does your school conduct assessments (e.g., self-report surveys, interview protocols, observations and rating scales, performance-based assessments) of student social and emotional learning (SEL)?

- Yes
- No

e. Does your school provide school-wide-student supports for modeling, practicing, and reinforcing pro-social behavior?

- Yes
- No

81) With regard to some students (i.e., Tier 2)...

a. Does your school use a system (e.g., Check & Connect, Check-In/Check-Out) for weekly monitoring the progress of select students toward identified goals?

- Yes
- No

b. Does your school have a class(es) for identified students in need of social, emotional, and behavioral health supports (e.g., Advancement Via Individual Determination (AVID), Healthy Environment And Response To Trauma in School (HEARTS))?

- Yes
- No

82) With regard to few students (i.e., Tier 3)...

a. Have teachers and other staff received training on how to respond to an individual student in crisis (i.e., threatening harm to self or others)?

- Yes, most if not all receive training
- Yes, some receive training
- No

b. Does your school have a re-entry plan for students after a prolonged absence (e.g., from hospitalization or residential treatment) that includes social and emotional support for re-integration into school?

- Yes
- No

| | | |
|--|--------------------------|--------------------------|
| c. Does your school provide or refer for therapeutic services? | | |
| | Yes | No |
| i. Individual counseling (in-school) | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Group counseling (in-school) | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Referrals to services (outside of school) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. [Note: answer only if yes is selected in #82c_iii above] | | |
| Does your school's referral protocol involve an in-person meeting where a school staff member directly introduces the student to the external behavioral health provider (e.g., "warm hand-off")? | | |
| <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> No | | |
| 83) Does your school have a written protocol for responding to the suicide of a student or other member of the school community (i.e., postvention protocol)? | | |
| <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> No | | |
| 84) [Note: answer only if yes is selected in #83 above] | | |
| Does your school's suicide response protocol include the following? | | |
| | Yes | No |
| a) Staff who implement the protocol are trained on their responsibilities | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Identified community partners to help in the event of a suicide | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Policy on memorialization for suicide death that is consistent with memorialization of other death policies | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Policy for preventing suicide contagion | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Strategies to address ongoing needs (e.g., death anniversaries, supporting friends or siblings of someone who has died) | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTHY AND SAFE SCHOOL ENVIRONMENT

Questions in this section refer to the environment of your school, including crisis preparedness and response, aspects of school climate and culture that promote a safe and welcoming environment, and the physical environment, including the building as well as the surrounding school grounds. The principal, another administrator, or the facilities manager could help provide answers to these questions.

| | | |
|---|--------------------------|--------------------------|
| 85) Does your school have a formal crisis preparedness, response, and recovery plan (school and/or district-created) in place? Your school may call this your Safe School Plan or Emergency Operations Plan. | | |
| <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> No | | |
| 86) [Note: answer only if yes is selected in #85 above] | | |
| Does your school's crisis preparedness, response, and recovery plan include the following? | | |
| | Yes | No |
| a) Evacuation plans | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Procedures to stop people from leaving school buildings (lock down plans) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Procedures to stop people from entering school buildings (secure plans) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Requirements to conduct regular emergency drills, other than fire drills | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Family reunification procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Accommodations for students and staff with special needs | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Provision of mental health services for students, faculty, and staff after a crisis has occurred (e.g., to treat post-traumatic stress disorder) | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Mechanisms for communicating with school personnel | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| i) Requirements for periodic review and revision of the crisis preparedness, response, and recovery plan | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Procedures to coordinate with first responders (e.g., police and fire departments) | <input type="checkbox"/> | <input type="checkbox"/> |
| 87) [Note: answer only if yes is selected in #85 above] Have teachers and other school staff received training in implementing the crisis preparedness, response, and recovery plan? | | |
| <input type="checkbox"/> Yes, most if not all receive training | | |
| <input type="checkbox"/> Yes, some receive training | | |
| <input type="checkbox"/> No | | |
| 88) Does your school have a process that uses a set of strategies or pathways to determine the credibility and seriousness of a threat (e.g., a threat assessment)? | | |
| <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> No | | |
| 89) [Note: answer only if yes is selected in #88 above] What threat assessment tool does your school use? | | |
| <input type="checkbox"/> Colorado Threat Assessment & Management Protocol (CTAMP) | | |
| <input type="checkbox"/> Original Adams County Threat Assessment | | |
| <input type="checkbox"/> Salem Keizer Threat Assessment | | |
| <input type="checkbox"/> SIGMA Threat Assessment | | |
| <input type="checkbox"/> V-Stag Threat Assessment | | |
| <input type="checkbox"/> A district-created assessment | | |
| 90) [Note: answer only if yes is selected in #88 above] Please be sure to answer the following questions for your school and <u>not</u> your district: | | |
| a) How many threat assessment <u>screens</u> did your school complete last year? _____ | | |
| b) How many <u>full</u> threat assessments did your school complete last year? _____ | | |
| 91) Does your school use the following equipment to keep weapons out of the school environment? | | |
| | Yes | No |
| a) Metal detectors | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Monitored single point of entry | <input type="checkbox"/> | <input type="checkbox"/> |
| c) X-ray equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Doors that lock from the inside within classrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Technology that integrates with your security cameras to identify weapons in your building | <input type="checkbox"/> | <input type="checkbox"/> |
| 92) Does your school engage in the following practices to address positive school climate? | | |
| | Yes | No |
| a) Communicate expectations for learning and behavior to students | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Communicate expectations for student learning and behavior to parents/guardians | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Hold school-wide activities that give students opportunities to share in diverse cultures and experiences | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Incorporate materials and activities that reflect the diversity of your student body | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Have a student-led club that aims to create a safe and welcoming school environment for all members of the school community, including gender and sexually diverse students and staff (e.g., gay/straight alliances) | <input type="checkbox"/> | <input type="checkbox"/> |
| 93) Does your school have a student-centered discipline approach (e.g., restorative practices, alternatives to suspension) that prioritizes keeping students in the learning environment by using the principles of reflection, restoration, and relationships? | | |

| | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 94) [Note: answer only if yes is selected in #93 above] Does your school use this student-centered discipline approach in response to substance use, including e-cigarettes or vape products? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 95) Has your school adopted a written policy (school and/or district-created) prohibiting harassment and bullying? <input type="checkbox"/> Yes, our school has a written policy, and it includes cyberbullying <input type="checkbox"/> Yes, our school has a written policy, but it does <u>not</u> include cyberbullying <input type="checkbox"/> No | | |
| 96) [Note: answer only if yes is selected in #95 above] Does this written policy prohibiting harassment and bullying delineate protection for <u>all</u> of the following classifications: disability, race, creed, color, sex, sexual orientation, national origin, religion, ancestry, or need for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 97) Does your school engage in the following practices to address harassment and bullying? | | |
| | Yes | No |
| a) Conduct trainings for school staff about how to respond to harassment and bullying | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Provide information to parents/guardians about harassment and bullying | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Provide information to students about the consequences of harassment and bullying | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Implement strategies or programming to prevent harassment and bullying | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Provide anonymous methods for students to report harassment and bullying | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Institute corrective measures for students engaged in bullying (e.g., instruction on acceptable behavior, counseling, appropriate discipline) | <input type="checkbox"/> | <input type="checkbox"/> |
| 98) Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth? | | |
| | Yes | No |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Provide gender neutral bathrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Affirm student and staff names and pronouns | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
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| 99) Does your school have the following <u>indoor</u> features to help create a safe environment? | | |
| | Yes | No |
| a) Slip-resistant flooring surfaces | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Sturdy guardrails on stairways or ramps | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Clearly labeled poisons and chemical hazards that are stored in locked cabinets | <input type="checkbox"/> | <input type="checkbox"/> |
| d) First aid equipment and notices describing safety procedures available | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Sufficient lighting in all indoor areas of the school | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Supervised or sealed-off secluded areas | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Operational smoke alarms, sprinklers, and fire extinguishers | <input type="checkbox"/> | <input type="checkbox"/> |
| h) An air quality management program | <input type="checkbox"/> | <input type="checkbox"/> |
| 100) Does your school have the following <u>outdoor</u> features on school grounds to help create a safe environment? | | |
| | Yes | No |
| a) Sidewalks leading to/from the school that are safe to use (e.g., plowed and not damaged) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Trails or paths leading to/from the school that are safe to use | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Bike lanes leading to/from the school that are safe to use (e.g., plowed and not damaged) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Sufficient bike racks or a secure place for students to keep their bikes, skate boards, scooters, or roller blades | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Facilities (e.g., playground, tennis courts, track, fields, basketball courts) that are safe to use (e.g., not damaged, clear of glass, debris, and holes) | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Shade structures such as trees or canopies | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Sufficient lighting in all outdoor areas of the school | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Availability of outdoor classrooms and outdoor learning spaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 101) Does your school have programming or partnerships related to providing safe biking and walking routes to school? | | |
| <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> No | | |
| 102) Are the following periodically inspected at your school? | | |
| | Yes | No |
| a) Pests | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Condensation in and around school facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Cracks or leaks in the building foundation, walls, and roof | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Mold | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Plumbing system | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Heating, ventilation, and air conditioning system | <input type="checkbox"/> | <input type="checkbox"/> |

FAMILY, COMMUNITY, AND STUDENT INVOLVEMENT

Questions in this section refer to how your school engages families, students, and the broader community in its health and wellness efforts. The principal, another administrator, or a representative of a parent group (e.g., PTA) could help provide answers to these questions.

| | | | |
|---|--|---|--------------------------|
| 103) During non-school hours, do community members have access to the following school facilities for physical activities (including opportunities for community groups to use, reserve, or rent school space)? | | | |
| | Yes, they have access to <u>all</u> facilities | Yes, they have access to <u>some</u> facilities | No |
| a) Indoor facilities (e.g., gym, weight room, pool) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Outdoor facilities (e.g., playground, tennis courts, track, fields) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104) Does your school, either directly or through the school district, have a joint use agreement for shared use of school or community physical activity or sports facilities? (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 or community facilities to share costs and responsibilities.) | | | |
| <input type="checkbox"/> Yes | | | |
| <input type="checkbox"/> No | | | |
| 105) Does your school involve the community by... | | | |
| | Yes | No | |
| a) Inviting community members to activities or events related to health and safety (e.g., fun runs, health fairs)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Asking community members to plan and conduct health and safety-related events/activities? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 106) Does your school collaborate with the following organizations in developing or coordinating health activities/programs for students? | | | |
| | Yes | No | |
| a) Local health department | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Parks and recreation department | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Hospital | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Health clinic | <input type="checkbox"/> | <input type="checkbox"/> | |
| e) Doctor's office | <input type="checkbox"/> | <input type="checkbox"/> | |
| f) Mental health center | <input type="checkbox"/> | <input type="checkbox"/> | |
| g) Social services agency | <input type="checkbox"/> | <input type="checkbox"/> | |
| h) Service club (e.g., Rotary Club) | <input type="checkbox"/> | <input type="checkbox"/> | |
| i) Nonprofit (e.g., YMCA) | <input type="checkbox"/> | <input type="checkbox"/> | |
| j) Faith-based group | <input type="checkbox"/> | <input type="checkbox"/> | |
| k) College or university | <input type="checkbox"/> | <input type="checkbox"/> | |
| l) Businesses | <input type="checkbox"/> | <input type="checkbox"/> | |
| m) Local family/youth leadership council | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | |
|---|--------------------------------------|---|---|
| 107) Does your school use the following communication methods to provide information to parents/guardians and families about school health programs and activities? | | | |
| | | Yes | No |
| a) Written materials | | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Meetings held at the school | | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Meetings held in the community | | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Phone or text notifications | | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Website | | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Social media | | <input type="checkbox"/> | <input type="checkbox"/> |
| 108) In an effort to be culturally relevant, does your school engage students, families, and community members in developing communications about school health programs and activities? | | | |
| <input type="checkbox"/> Yes | | | |
| <input type="checkbox"/> No | | | |
| 109) Does your school engage parents/guardians and families in school health programs and activities through the following? | | | |
| | | Yes | No |
| a) Gathering feedback and input from families on school health and wellness activities | | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Meeting with a parent organization (e.g., PTA) to discuss school health needs and strategies | | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Providing families with information on school health policies, strategies, and services | | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Hosting school health activities for families (e.g., cooking classes, yoga or Zumba classes) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 110) How does your school obtain input from students about the following components of school health? | | | |
| | Input from students is not solicited | Suggestions are collected from students | Programs or policies are co-created by students |
| a) Student health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Health (including sexual health) education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Physical education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Counseling, psychological, and social services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Food served in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) The school's physical environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) School culture and climate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STAFF HEALTH PROMOTION

Questions in this section refer to your school's staff health and wellness strategies and programs that promote a healthy work environment to support students' health and learning. The principal or another administrator could help provide answers to these questions.

| | | |
|--|--------------------------|--------------------------|
| 111) Does your school... | Yes | No |
| a) Conduct a school employee wellness needs assessment or interest survey? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Develop a written school employee wellness action plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have a school employee wellness leader or committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Obtain administrator support for school employee wellness? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Invite school staff to provide input on staff well-being policies and practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 112) Do school staff have opportunities to participate in the following employee wellness activities? | Yes | No |
| a) Health screenings (e.g., BMI, blood pressure, cholesterol) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Annual flu shots at the school or district office | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Stress management activities | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Tobacco cessation efforts | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Healthy food-related activities (e.g., cooking classes, taste testing, nutrition education) | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Physical activity (e.g., providing physical activity breaks during meetings, walking programs, encouraging use of non-motorized transportation) | <input type="checkbox"/> | <input type="checkbox"/> |
| g) First Aid/CPR training | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Conflict resolution education | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Counseling for emotional disorders such as anxiety or depression | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Crisis intervention for personal problems | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 113) Do school staff have opportunities to... | Yes | No |
| a) Build and maintain relationships with each other (e.g., activities during staff meetings, potlucks, staff outings)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Recognize accomplishments and display gratitude toward each other? | <input type="checkbox"/> | <input type="checkbox"/> |
| 114) Do school staff receive professional learning in the following areas? | Yes | No |
| a) Combating the impacts of compassion fatigue and burnout | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Planning, implementing, and reflecting on their own well-being | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Equity, diversity, and inclusion | <input type="checkbox"/> | <input type="checkbox"/> |

LOCAL WELLNESS POLICY

Questions in this section are specific to the [Local School Wellness Policy](#) final rule requiring that a wellness policy is established to create a school environment that promotes student health and learning. School districts and charter schools must update their local wellness policy and assess implementation in each of their schools at least once every three years. This section of the Smart Source tool is designed and endorsed by the Colorado Department of Education Office of School Nutrition (CDE OSN) to serve as that assessment to meet these requirements.

To answer the questions below, please reference your school district or charter school's local wellness policy which should be publicly available and likely posted on your district or charter school board policy page (it is most often coded as ADF). Please note: if your wellness policy has additional documentation (i.e., ADF-R, guidelines, regulations, exhibits, etc.), feel free to consider those in your responses as well. Your responses will be used by your district or charter school to meet the federal law during the food service department's review by CDE OSN. **Please answer the questions below to the best of your ability. Your responses to the questions below will not reflect negatively on your district or charter school. The completion of this section fulfills the assessment requirement and your responses will not be scored or evaluated.**

| | | | | |
|---|---|--|---|---|
| <p>115) To ensure accurate responses in this section, it is important that you reference your district or charter school's local wellness policy. Please agree to the following statement before advancing:</p> <p><input type="checkbox"/> I have reviewed my district or charter school's local wellness policy and will use this information to inform responses.</p> | | | | |
| <p>116) Federal regulation requires local wellness policies to address the seven elements below. Since the effective date of your district or charter school's local wellness policy, which of the following best describes the actions of your school toward meeting the goals as defined in the policy?</p> | | | | |
| | No action taken (have not yet addressed goals in local wellness policy) | Making plans to implement related activities | Implementing <u>some</u> related activities | Implementing <u>all</u> related activities |
| a) Nutrition education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Nutrition promotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Food and beverage marketing guidelines on school grounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Nutrition guidelines for all foods and beverages available but <u>not sold</u> on school grounds (i.e., classroom celebrations, rewards, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Nutrition standards for all foods <u>sold</u> on school grounds (i.e., a la carte, school stores, vending machines, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Other school-based activities (as defined by your policy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |