

School Health Survey 2017-2018

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 2017-2018 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 31, 2019**

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 (Forward arrow/Back arrow) buttons at the bottom of each page.

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 2017-2018 School Health Survey.

Please select your region and district from the list below.

ESC Region

District Name and Number



Preparer Information

Name of Preparer (First/Last Name) _____

Title of Preparer _____

Phone Number of Preparer _____

Email Address of Preparer _____

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 (First/Last Name)

Phone Number of SHAC District/Charter Contact

Email Address of SHAC District/Charter Contact

Name of Required Parent SHAC District/Charter Chair or Co-Chair (First/Last Name)

1. In your district/charter school, were members of the following groups represented on your SHAC? (Mark all that apply.)

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

2. Did your district/charter school SHAC receive any formal training related to development, recruitment, leadership, policy improvement strategies, etc., from the following organizations? (Mark all that apply).

Yes (If yes, please select from the list of organizations that follow)

No

- Center for Disease Control (CDC) and Prevention
- Department of State Health Services (DSHS)
- Education Service Centers (ESCs)
- School District
- Non-profit organization (e.g., TAHPERD)
- Texas Education Agency (TEA)
- Not applicable (charter schools only)
- Other (please specify) _____

3. How many times did your SHAC meet during the 2017-2018 academic year?

▼

4. During the 2017-2018 academic year, did your local SHAC physical activity and fitness planning subcommittee make any policy recommendations related to physical activity and fitness pursuant to TEC [§28.004\(l-1\)](#)?

Yes

No

Not Applicable (charter schools only)

5. During the 2017-2018 academic year, did your school board or district/charter school implement/change a policy, program, or practice as a result of a SHAC recommendation?

Yes

No

Not Applicable (charter schools only)

6. If you responded "Yes" on the previous question, please indicate what topics were addressed. (Mark all that apply.)

Active transport to school (e.g., Safe Routes to Schools, Walking School Bus, KidsWalk)

Adaptations for special populations in physical education

Asthma management

Bullying

Comprehensive physical activity programs

Coordinated school health programming

Early mental health intervention

Fitness assessment data

Fitness assessment requirements

Food and beverage marketing

Fundraising

Health education curriculum

- Health promotion
- High school graduation requirements
- HIV/STD prevention (education, universal precautions, curricula)
- Off-campus physical activity programs
- Parental involvement
- Physical activity requirements in kindergarten to grade 8
- Recess
- School men/nutrition services
- Sex Education
- Staff professional development
- Staff wellness
- Suicide prevention/postvention
- Teen pregnancy prevention
- Tobacco use, e-cigarettes, and prevention
- Vending machines
- Wellness policies
- Other (please specify) _____

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

- 30 minutes/day for all grade levels
- 30 minutes/day for some grade levels, 135 minutes/week for others
- 135 minutes/week for all grade levels
- More than 135 minutes/week
- More than 150 minutes/week
- Other (please specify) _____

8. What was 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
- 225 minutes/two weeks in physical education for four semesters
- Four semesters of physical activity in alternative programs
- A mixture of physical education and alternative programs
- Other (please specify) _____

9. Did 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\(I\)](#)?

- Yes
 - No
-

10. Did your district/charter school provide recess in elementary school?

Yes

No

11. Did your district/charter school have a written policy specifying the number of minutes per day that students should participate in recess?

Yes

No

12. If you responded "Yes" to the previous question, how many minutes per day were required for recess in your district?

10-15

16-20

21-25

26-30

>31

Other (please specify) _____

13. Did your district/charter school have a policy to allow teachers or administrators in the district to withhold physical activity from a student as a form of punishment?

Yes

No

14. Did your district/charter school allow modifications or accommodations to enable physical education courses to meet the needs of students with disabilities?

Yes

No

15. If your district/charter school assessed student physical fitness outside of physical education and substitute activities, please indicate all grade levels for which your district administered additional physical fitness assessments.

Grade 3

Grade 4

Grade 5

Grade 6

Grade 7

Grade 8

Grade 9

Grade 10

Grade 11

Grade 12

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

Yes

No

17. Did your district/charter school adopt policies and procedures that prescribed 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

18. Did your district/charter school use a suicide prevention program or curriculum for students from the Suicide Prevention Resource Center's Best Practice Registry?

Yes

No

Other (please specify) _____

19. Did 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

20. Which Coordinated School Health Program did your district/charter school implement in elementary schools?

- Bienestar
- CATCH
- Great Body Shop
- SPARK
- Other (please specify) _____

21. Which Coordinated School Health Program did your district/charter school implement in middle and/or junior high schools?

- Bienestar
- CATCH
- Great Body Shop
- SPARK
- Other (please specify) _____

22. During the 2017-2018 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) _____

23. During the 2017-2018 academic year, did your district/charter school implement the Parenting and Paternity Awareness (p.a.p.a.) Program?

Yes

No

Other (please specify) _____

24. Which school health-related assessment tools did your district/charter school use? (Mark all that apply.)

ActivityGram

District developed

FitnessGram once annually

FitnessGram pre- and post-testing

Health Education Curriculum Analysis Tool (HECAT)

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

Physical Education Curriculum Analysis Tool (PECAT)

School Health Index (SHI)

Other (please specify) _____

25. Indicate if your district/charter school staff attended or needed training or staff development on any of the following topics? (Mark all that apply).

	Training or Staff Development	
	Attended	Needed
Abstinence	<input type="radio"/>	<input type="radio"/>
Abstinence plus	<input type="radio"/>	<input type="radio"/>
Alcohol and drug use/prevention	<input type="radio"/>	<input type="radio"/>
Asthma management	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>
Care of students with diabetes (Required by Health and Safety Code, Chapter 168)	<input type="radio"/>	<input type="radio"/>
Child abuse and neglect	<input type="radio"/>	<input type="radio"/>
Child or adolescent development	<input type="radio"/>	<input type="radio"/>
Comprehensive school physical activity programs	<input type="radio"/>	<input type="radio"/>
Coordinated school health programming	<input type="radio"/>	<input type="radio"/>
Eligibility and benefits of CHIP/Medicaid	<input type="radio"/>	<input type="radio"/>
Family violence	<input type="radio"/>	<input type="radio"/>
Fitness assessment	<input type="radio"/>	<input type="radio"/>
HIV/STD prevention	<input type="radio"/>	<input type="radio"/>

Injury prevention	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>
Pedestrian and traffic safety	<input type="radio"/>	<input type="radio"/>
Positive youth development	<input type="radio"/>	<input type="radio"/>
School nurse jurisprudence	<input type="radio"/>	<input type="radio"/>
Staff wellness and health promotion	<input type="radio"/>	<input type="radio"/>
Suicide prevention/postvention	<input type="radio"/>	<input type="radio"/>
Teen pregnancy prevention	<input type="radio"/>	<input type="radio"/>
Tobacco use, e-cigarettes, and prevention	<input type="radio"/>	<input type="radio"/>
Other (please specify)		

26. Did your district/charter school adopt policies to meet the U.S. Department of Agriculture (USDA) smart snack requirements?

- Yes
- No
- Other (if not applicable, please specify)

27. Did your local wellness policy address any of the following? (Mark all that apply).

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

28. During the 2017-2018 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)

29. Did your district/charter school bullying policy address any of the following? (Mark all that apply.)

- Bullying based on gender
- Bullying based on race/ethnicity
- Bullying based on sexual orientation/identity
- Bullying based on physical characteristics
- Cyberbullying
- Other - please specify (if not applicable, please explain)

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

	Elementary	Middle School/Junior High	High School
Bullying prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinated School Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Mental Health Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention/Postvention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify topic and campus level)			