

# School Health Survey 2012-2013

## 1. 2012-2013 School Health Survey, Texas Education Agency

This survey must be completed ONLINE ONLY and ONLY ONCE by EACH SCHOOL DISTRICT (not campus) AND CHARTER SCHOOL. Your responses should reflect the 2011-2012 academic year. Work with colleagues in the district to answer questions BEFORE completing online.

Survey completion deadline - FRIDAY, APRIL 12, 2013.

### TIPS FOR USING SURVEY MONKEY

The online submission will not allow you to fill out only a portion of the survey. You may wish to fill in a copy of the report in paper form before logging into Survey Monkey to enter and submit all of the data at once. Your responses will reflect district-level policies and practices as well as campus averages. The survey MUST be submitted online via Survey Monkey. After completing the survey, click "DONE". A message thanking you for completing the survey will pop up. You will not be able to access the completed survey again. Therefore, you may wish to keep a copy of the survey for your own records and give another to the district superintendent.

While entering data online into Survey Monkey, change responses by simply clicking on the new response. In some cases, you will need to unclick a previous answer if it was incorrectly entered. You will move through the survey by clicking on the previous/next ("Prev"/"Next") buttons at the bottom of each page. Any question marked with an asterisk (\*) requires a response. At the end of the survey, when you click on the "Done" button, your data will be automatically submitted. You will not receive any other confirmation. TEA will contact the person identified in the survey if any questions arise about a data submission.

Entering this information online takes approximately 15-30 minutes. If you have misplaced the copy of the survey that was emailed to you, you can go through and print screens page by page.

Thank you for your participation.

The Texas Education Code §38.0141 specifies that the Texas Education Agency must collect statistics and data relating to student health and physical activity from each school district. The following survey has been developed for this purpose. The data collected from this survey will be shared with the Texas Legislature. Additionally, the data will allow the agency to better address the various health-related needs of our schools and students statewide.

### **\* 1. Please answer the following questions:**

District Name

County-District Number

# School Health Survey 2012-2013

**\*2. Please indicate the Education Service Center (ESC) Region(s) in which your district or charter receives training. (Mark all that apply.)**

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

Other (if not applicable, please specify)

## \*3. Preparer Information

Name of Preparer

Title of Preparer

Phone Number of Preparer

Email Address of Preparer

## \*4. School Health Advisory Council (SHAC) Information

Name of SHAC District

Contact

Phone Number of SHAC

District Contact

Email Address of SHAC

District Contact

Name of Required PARENT

SHAC District Chair or Co-Chair

Phone Number of Required

PARENT SHAC DISTRICT  
Chair or Co-Chair

Email Address of Required

PARENT SHAC District  
Chair or Co-Chair

# School Health Survey 2012-2013

## \*5. District Fitness Assessment Testing Coordinator Information

Name of District Fitness Assessment Testing Coordinator

Phone Number of District Fitness Assessment Testing Coordinator

Email Address of District Fitness Assessment Testing Coordinator

## \*6. What types of campuses does your district or charter serve? (Mark all that apply.)

- Elementary
- Middle School/Jr. High
- High School
- Other (please specify)

## \*7. Indicate the number of campuses that exist in your district for each of the following categories:

Elementary

Middle School/Jr. High

High School

Other (please specify)

## \*8. List the members of your SHAC:

# School Health Survey 2012-2013

**\*9. In your district, are members of the following groups represented on any school health council, committee, or team? (Mark all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Businesses   | <input type="checkbox"/> Mental health or social services staff     |
| <input type="checkbox"/> Community members                                    | <input type="checkbox"/> Nutrition or food service staff            |
| <input type="checkbox"/> Faith-based organizations                            | <input type="checkbox"/> Parent Teacher Association or Organization |
| <input type="checkbox"/> Health education teachers                            | <input type="checkbox"/> Parents or families of students            |
| <input type="checkbox"/> Health services staff (e.g., school nurses)          | <input type="checkbox"/> Physical education teachers                |
| <input type="checkbox"/> Library/media center staff                           | <input type="checkbox"/> School administrators                      |
| <input type="checkbox"/> Local government agencies                            | <input type="checkbox"/> Student body                               |
| <input type="checkbox"/> Local health departments, agencies, or organizations | <input type="checkbox"/> Technology staff                           |
| <input type="checkbox"/> Maintenance and transportation staff                 |   |

**\*10. Has your district SHAC received any formal training related to development, recruitment, leadership, policy improvement strategies, etc.?**

- Yes
- No (If no, skip to #12.)

**11. If you responded "yes" to question #10, who provided that training? (Mark all that apply.)**

- Centers for Disease Control and Prevention
- Department of State Health Services
- Education Service Center
- School District
- Texas Association of Health, Physical Education, Recreation and Dance
- Texas Education Agency

Other (please specify)

**\*12. How many times did your district's SHAC meet during the 2011-2012 school year?**

- |                         |                         |                                    |
|-------------------------|-------------------------|------------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 5 | <input type="radio"/> 10           |
| <input type="radio"/> 1 | <input type="radio"/> 6 | <input type="radio"/> 11           |
| <input type="radio"/> 2 | <input type="radio"/> 7 | <input type="radio"/> 12           |
| <input type="radio"/> 3 | <input type="radio"/> 8 | <input type="radio"/> More than 12 |
| <input type="radio"/> 4 | <input type="radio"/> 9 |                                    |

# School Health Survey 2012-2013

**\*13. Has your school district implemented a policy, program, or practice as a result of a School Health Advisory Council (SHAC) recommendation?**

- Yes
- No (If no, skip to #15.)

**14. If you responded "yes" to question #13, what topics were addressed? (Mark all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Adaptations for Special Populations in Physical Education | <input type="checkbox"/> Parental Involvement                                      |
| <input type="checkbox"/> Asthma Action Plan  | <input type="checkbox"/> Physical Activity Requirements in Kindergarten to Grade 8 |
| <input type="checkbox"/> Bullying  | <input type="checkbox"/> Recess  |
| <input type="checkbox"/> Coordinated School Health Programming                     | <input type="checkbox"/> Safe Routes to School                                     |
| <input type="checkbox"/> Early Mental Health Intervention                          | <input type="checkbox"/> School Menu/Nutrition Services                            |
| <input type="checkbox"/> Fitness Assessment Data                                   | <input type="checkbox"/> Sex Education   |
| <input type="checkbox"/> Fitness Assessment Requirements                           | <input type="checkbox"/> Staff Professional Development                            |
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Suicide Prevention  |
| <input type="checkbox"/> Health Education Curriculum                               | <input type="checkbox"/> Teen Pregnancy Prevention                                 |
| <input type="checkbox"/> High School Graduation Requirements                       | <input type="checkbox"/> Tobacco Use and Prevention                                |
| <input type="checkbox"/> HIV Policy (Practice, Universal Precautions, Curricula)   | <input type="checkbox"/> Vending Machines  |
| <input type="checkbox"/> Off-campus Physical Activity Programs                     | <input type="checkbox"/> Wellness Policies   |
| <input type="checkbox"/> Other (please specify)                                    |  |

**\*15. Has your school board made policy changes because of a SHAC recommendation?**

- Yes
- No

# School Health Survey 2012-2013

## \*16. What is your district's policy for meeting the elementary school physical activity requirements?

- 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)

## \*17. What is your district's policy 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)

## \*18. Does your district provide recess in elementary school?

- Yes
- No
- Other (please specify)

## 19. Does your district have a written policy that specifies the number of recess minutes students should participate in per day?

- Yes
- No (if no, skip to #21.)

Other (please specify)

# School Health Survey 2012-2013

**20. If you responded "yes" to question 19, how many minutes per day is required for recess in your school district?**

- 10-15
- 15-20
- 20-25
- 25-30
- >30

Other (please specify)

**\*21. Does your district assess the fitness levels of only those students in grades 3-12 who are enrolled in a physical education class or substitute?**

- Yes
- No (If no, skip to #23)
- Other (please specify)

**22. If your district assesses students outside of physical education classes and substitutes, please indicate all grade levels for which you assess additional students.**

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

# School Health Survey 2012-2013

**\*23. Of the following, which topics were addressed on your district's website and/or handbook? (Mark all that apply.)**

	Handbook	Website
Bullying	<input type="checkbox"/>	<input type="checkbox"/>
Early mental health intervention	<input type="checkbox"/>	<input type="checkbox"/>
Elementary physical activity policy	<input type="checkbox"/>	<input type="checkbox"/>
Food allergy notification	<input type="checkbox"/>	<input type="checkbox"/>
Human sexuality curriculum information	<input type="checkbox"/>	<input type="checkbox"/>
Immunization requirements	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis vaccination requirements for college students	<input type="checkbox"/>	<input type="checkbox"/>
Middle school physical activity policy	<input type="checkbox"/>	<input type="checkbox"/>
Parental access to student's fitness assessment results	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions on vending machines/food service usage	<input type="checkbox"/>	<input type="checkbox"/>
School Health Advisory Council information	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use and prevention	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other (please explain)

**\*24. Does your district have a policy prohibiting physical activity from being used as a form of punishment?**

Yes

No



## School Health Survey 2012-2013

**\*25. Are all of the campuses in your district established as "tobacco-free" (including for students, staff, parents, visitors, etc.)?**

- Yes
- No
- Other (please specify)

**\*26. Has your district adopted policies and procedures that prescribe penalties for the use of tobacco products by students and others on campuses or at school-sponsored or school-related activities?**

- Yes
- No

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

- Yes
- No
- Other (please specify)

**\*28. Which Coordinated School Health Program is your district implementing in elementary schools?**

- Bienestar
- Great Body Shop
- CATCH
- SPARK/Healthy & Wise
- Other (If not applicable, please explain.)

**\*29. Which Coordinated School Health Program is your district implementing in middle and/or junior high schools?**

- Bienestar
- SPARK/Healthy & Wise
- CATCH
- Other (If not applicable, please explain.)

# School Health Survey 2012-2013

**\* 30. Does your district require health education as a graduation requirement for high school in all graduation plans for the 2011-2012 school year?**

- Yes
- No
- Not Applicable (please explain)

**\* 31. Indicate the date your district sent the letter to parents/guardians regarding human sexuality instruction (per TEC §28.004).**

Date letter mailed      MM      DD      YYYY  
 /  /

**\* 32. Which school health-related assessment tools does your district use? (Mark all that apply.)**

- ActivityGram
- District-developed
- FITNESSGRAM once annually
- FITNESSGRAM pre- and post-testing
- Health Education Assessment Tools (HECAT)
- Healthy School Report Card (Association for Supervision and Curriculum Development)
- Physical Education Assessment Tools (PECAT)
- School Health Index
- Other (please specify)

**\* 33. Indicate if your district collects statistics and data on any of the following health issues (mark all that apply).**

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify any other health-related statistics your district collects)

# School Health Survey 2012-2013

**\*34. Indicate if your district staff attends or needs training or staff development on any of the following topics (mark all that apply).**

	Attends	Needs
Abstinence	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence Plus	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Drug Use	<input type="checkbox"/>	<input type="checkbox"/>
Asthma Training	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>
Care of Students with Diabetes (Required by HB 984)	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse and Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adolescent Development	<input type="checkbox"/>	<input type="checkbox"/>
Coordinated School Health Programming	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility and Benefits of CHIP/Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian and Traffic Safety	<input type="checkbox"/>	<input type="checkbox"/>
Positive Youth Development	<input type="checkbox"/>	<input type="checkbox"/>
STD Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Teen Pregnancy Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use and Prevention	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

# School Health Survey 2012-2013

**\*35. Does your district have a policy for addressing HIV prevention education?**

- Yes
- No (If no, skip to #37.)
- In process of developing a policy or educational program
- Not Applicable (please explain)

**36. Which of the following does your HIV prevention education policy address? (Mark all that apply.)**

- Abstinence
- Bloodborne pathogens
- Risk reduction
- Other (please specify)

**\*37. Has your district adopted and implemented a policy that addresses maintaining confidentiality of HIV-infected students and staff and the procedures to protect HIV-infected students and staff from discrimination?**

- Yes
- No

**\*38. Does your district use a teen pregnancy/STD prevention/abstinence program or curriculum?**

- Yes
- No (If no, skip to #40.)

**39. Which teen pregnancy/STD prevention/abstinence program or curriculum does your district use?**

# School Health Survey 2012-2013

**\*40. Does your district implement the Parenting and Paternity Awareness (P.A.P.A.) Program in health education classes?**

- Yes
- No

Other or Not Applicable (please specify)

**\*41. What percent of the campuses in your district employ full-time registered nurses (RNs)?**

	Elementary	Middle School/Jr. High	High School
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1% - 10%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11% - 25%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26% - 50%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51% - 75%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76% - 99%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Campuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*42. What percent of the campuses in your district employ full-time licensed vocational nurses (LVNs)?**

	Elementary	Middle School/Jr. High	High School
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1% - 10%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11% - 25%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26% - 50%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51% - 75%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76% - 99%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Campuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*43. How many campuses in your district have trained unlicensed diabetes care assistants as outlined in the Diabetes Council Guidelines and in accordance with Section 168.005 of the Texas Health and Safety Code? (specify the number of campuses)**

Elementary	<input style="width: 100%; height: 20px;" type="text"/>
Middle School/Jr. High	<input style="width: 100%; height: 20px;" type="text"/>
High School	<input style="width: 100%; height: 20px;" type="text"/>
Other - please specify	<input style="width: 100%; height: 20px;" type="text"/>

## School Health Survey 2012-2013

**\*44. Has your district implemented the School Meals Program and established a local wellness policy?**

- Yes
- Not Applicable (Our district does not accept federal funding for reimbursable meals.)
- No (please explain)

**\*45. Has your district adopted policies to ensure that campuses comply with the Texas Department of Agriculture (TDA) vending machine and food service guidelines for restricting student access?**

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

**\*46. Has your district initiated the required plan for measuring the implementation of your local wellness policy?**

- Yes
- No (If no, skip to #48.)
- Not Applicable (Our district does not accept federal funding for reimbursable meals)

**47. As a result of measuring the implementation of your local wellness policy, which of the following has your district addressed?**

- 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)

# School Health Survey 2012-2013

**\*48. In which of the following capacities does your school district involve youth?**

- Campus advisory committees
- Curriculum development
- School board
- SHAC
- Other - please specify (if not applicable, please explain)

**\*49. What percent of the campuses in your district have a Parent Teacher Association (PTA) Healthy Lifestyles Chair?**

	Elementary	Middle School/Jr. High	High School
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1% - 10%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11% - 25%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26% - 50%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51% - 75%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76% - 99%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Campuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*50. Does your district allow the use of its recreational facilities (e.g., gyms, fields, tracks, courts, recreation equipment, etc.) by the public before and/or after school hours?**

- Yes
- No
- Not Applicable (please explain)

**\*51. Do any campuses in your district have a school garden?**

- Yes
- No

## School Health Survey 2012-2013

**\*52. Does your district bullying policy include specific information on 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)

**53. Does your district integrate bullying prevention education in one or more of its required subject areas?**

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

**\*54. Does your district notify the parent/guardian of a child who is the victim of bullying?**

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



# School Health Survey 2012-2013

**\*55. Of the following health-related topics, which are addressed in each of your district's campus improvement plans?**

	Elementary	Middle School/Jr. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide 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)