



2014-2015 SCHOOL HEALTH PROFILE FORM

Healthy Schools Act of 2010

Under Section 602 of the *Healthy Schools Act of 2010* (L18-0209), each public school and public charter school within the District of Columbia is required to complete and submit the School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE) on or before February 15th of each year.

Schools are also required to post the information requested in this School Health Profile form online, if the school has a website, and make the information available to parents in the main office.

Any public school or public charter school that fails to complete and submit its School Health Profile form to OSSE on or before February 15th of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010.



Instructions

This SHP form must be completed by each school. For example, if your local education agency (LEA) includes five campuses, each campus must complete a SHP. Complete all sections of the form with responses for the 2014-2015 school year, unless otherwise noted. Once submitted, OSSE will e-mail a PDF of the completed SHP to the contact listed in Section 1. Each school is required to post the SHP on the school website, if one exists, and make the information available to parents at the main office.

OSSE recommends that one person at each school be responsible for disseminating the SHP form to school staff members (Health Teacher, Nurse, Food Services Director, etc.) and then collecting the data and submitting the form online. For more information on how to complete the SHP form, please see the FAQ at the end of this document.

Submission Deadlines Forms must be received on or before February 15th of each year. OSSE will post each completed SHP on the OSSE website within 30 days of receipt for public review. If your school has not completed the form by February 15th, your school will be listed on the OSSE website as out of compliance with Section 602 of the *Healthy Schools Act of 2010*. OSSE also reports compliance with the SHP to the Mayor, the City Council, and the Healthy Youth and Schools Commission.

When completing the online form, please do not use commas, quotes, or press “enter” in text boxes.

- The School Health Profile form must be completed and submitted through <https://octo.quickbase.com> . Contact OSSE.callcenter@dc.gov for more information.
- Due to skip patterns, you may not answer all the questions. For example, if you do not have a school nurse, you will move automatically to question 12.

For assistance, please call 202-719-6500 or email OSSE.callcenter@dc.gov.

- For more information, see the School Health Profile FAQs page and the end of this document.

Section 1: School Profile

1. Type of School*

- Public School Public Charter School Private School

2. LEA ID: Pre-filled

3. School Code: Pre-filled

4. Ward: Pre-filled

5a. LEA Name* _____

5b. School Name* _____

6. Does your school currently have a website?*

- Yes No

6a. What is your school's website address? _____

7. Current number of students enrolled* _____

8. Grades Served *select all that apply**

- | | | | |
|-----------------------------|----------------------------|----------------------------|---|
| <input type="checkbox"/> PS | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> PK | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> K | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> Adult <input type="checkbox"/> Other _____ |

9a. Contact Name* _____

9b. Contact Email* _____

9c. Contact Job Title* _____

OSSE will contact this person if there are questions about the Profile. This person will automatically be added as a user for the 2015-2016 Healthy Schools Act School Health Profile and will receive a PDF copy of the completed HSA School Health Profile via e-mail for posting per section 602(c) of the Healthy Schools Act.

Section 2: Health Services

Recommended point of contact for this section: School Health Providers

10. What type of nurse coverage does your school have?*

- Full-time Part-time No coverage

11. How many nurses are available at your school?*

- One Two Three or more

11a. Name of School Nurse 1

11ai. School Nurse 1 E-mail

11b. Name of School Nurse 2

11bi. School Nurse 2 E-mail

11c. Name of School Nurse 3

11ci. School Nurse 3 E-mail

12. Does your school currently have a School Mental Health Program or similar services on site for students?*

- Yes No

13. How many of the following clinical staff does your school currently employ?

- Psychiatrist ___ # full time ___ #part time
- Psychologist ___ # full time ___ #part time
- Licensed Independent Clinical Social Worker (LICSW) ___ # full time ___ #part time
- Licensed Professional Counselor (LPC) ___ # full time ___ #part time

14. Do you partner with any outside organizations or agencies to address social-emotional needs, improve school climate around mental health, and/or provide for mental health needs?

- Yes No

14a. Please specify the agency or organization: _____

15. Does your school see a need for more school-based behavioral/mental health services than you currently have?

Yes No

16. Has your school ever used the Child and Adolescent Mobile Psychiatric Services (ChAMPS) or the Department of Behavioral Health's Access Helpline?

Yes No

17. Does your school currently have an anti-bullying policy?

Yes No Don't know

17a. If yes, is it compliant with the Youth Bullying Prevention Act of 2012?

Yes No Don't know

18. Does your school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called gay/straight alliances.

Yes No Don't know

Section 3: Health Education Instruction

Recommended point of contact for this section: Health Education Teacher

19. Are students required to take health education at your school?*

Yes No

20. Does your school currently have at least one certified or highly qualified health teacher on staff?*

Yes No

21. How many health education teachers does your school currently have on staff?*

None One Two Three or more

22a. Name of Health Education Instructor 1*

22ai. Health Education Instructor 1 E-mail

22b. Name of Health Education Instructor 2*

22bi. Health Education Instructor 2 E-mail

22c. Name of Health Education Instructor 3*

22ci. Health Education Instructor 3 Email

23. How is health education instruction provided? *select all that apply*

Health education course Incorporated into another course

Assemblies or presentations Other: _____

No health education is provided

24. For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that students receive health education instruction:*

Grade: PK Minutes/Week: _____

Grade: 6 Minutes/Week: _____

Grade: K Minutes/Week: _____

Grade: 7 Minutes/Week: _____

Grade: 1 Minutes/Week: _____

Grade: 8 Minutes/Week: _____

Grade: 2 Minutes/Week: _____

Grade: 9 Minutes/Week: _____

Grade: 3 Minutes/Week: _____

Grade: 10 Minutes/Week: _____

Grade: 4 Minutes/Week: _____

Grade: 11 Minutes/Week: _____

Grade: 5 Minutes/Week: _____

Grade: 12 Minutes/Week: _____

Grade: Other Minutes/Week: _____

25. Is the health education instruction based on OSSE’s health education standards?*

- Yes No

26. For the health topics listed, please specify which health education curriculum (or curricula) your school uses for instruction:

Grade: PS

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: PK

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: K

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 1

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 2

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____

- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 3

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 4

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 5

- Communication and Emotional Health Curriculum: _____

- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 6

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 7

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____

- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 8

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 9

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 10

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____

- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 11

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: 12

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

Grade: Other

- Communication and Emotional Health Curriculum: _____
- Safety Skills Curriculum: _____
- Human Body and Personal Health Curriculum: _____
- Human Growth and Development Curriculum: _____
- Disease Prevention Curriculum: _____
- Nutrition Curriculum: _____
- Alcohol, Tobacco and Other Drugs Curriculum: _____
- Healthy Decision Making Curriculum: _____
- Sexuality and Reproduction Curriculum: _____

27. Does your school partner with any outside programs or organizations to satisfy the health education requirements?*

- Yes No

27a. Please specify the agency or organization: _____

Section 4: Physical Education Instruction

Recommended point of contact for this section: Physical Education Teacher

28. Are students required to take physical education at your school?*

Yes No

29. Does your school currently have at least one certified or highly qualified physical education teacher on staff?

Yes No

30. How many physical education teachers does your school have on staff?*

None One Two Three or more

31a. Name of Physical Education Instructor 1

31ai. Physical Education Instructor 1 E-mail

31b. Name of Physical Education Instructor 2

31bi. Physical Education Instructor 2 E-mail

31c. Name of Physical Education Instructor 3

31ci. Physical Education Instructor 3 Email

32. What strategies does your school use, during or outside of regular school hours, to promote physical activity? *select all that apply*

- Active Recess Movement in the Classroom Walk or Bike to School
 After-School Activities Athletic Programs Safe Routes to School
 None Other: _____

33. For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that a student receives physical education instruction. This does NOT include recess or after school activities.*

Grade: PK Minutes/Week: _____ Grade: 6 Minutes/Week: _____

Grade: K Minutes/Week: _____ Grade: 7 Minutes/Week: _____

Grade: 1 Minutes/Week: _____ Grade: 8 Minutes/Week: _____

Grade: 2 Minutes/Week: _____ Grade: 9 Minutes/Week: _____

Grade: 3 Minutes/Week: _____ Grade: 10 Minutes/Week: _____
 Grade: 4 Minutes/Week: _____ Grade: 11 Minutes/Week: _____
 Grade: 5 Minutes/Week: _____ Grade: 12 Minutes/Week: _____
 Grade: Other Minutes/Week: _____

34. For each grade that receives physical education instruction, please indicate the average number of minutes per week during the regular instructional school week devoted to actual physical activity within the physical education course. This does NOT include recess or after school activities.*

Grade: PK Minutes/Week: _____ Grade: 6 Minutes/Week: _____
 Grade: K Minutes/Week: _____ Grade: 7 Minutes/Week: _____
 Grade: 1 Minutes/Week: _____ Grade: 8 Minutes/Week: _____
 Grade: 2 Minutes/Week: _____ Grade: 9 Minutes/Week: _____
 Grade: 3 Minutes/Week: _____ Grade: 10 Minutes/Week: _____
 Grade: 4 Minutes/Week: _____ Grade: 11 Minutes/Week: _____
 Grade: 5 Minutes/Week: _____ Grade: 12 Minutes/Week: _____
 Grade: Other Minutes/Week: _____

35. Is the physical education instruction based on OSSE’s physical education standards?*

Yes No

36. Which physical education curriculum (or curricula) is your school currently using for instruction?

Grade: PK Curriculum: _____ Grade: 6 Curriculum: _____
 Grade: K Curriculum: _____ Grade: 7 Curriculum: _____
 Grade: 1 Curriculum: _____ Grade: 8 Curriculum: _____
 Grade: 2 Curriculum: _____ Grade: 9 Curriculum: _____
 Grade: 3 Curriculum: _____ Grade: 10 Curriculum: _____
 Grade: 4 Curriculum: _____ Grade: 11 Curriculum: _____
 Grade: 5 Curriculum: _____ Grade: 12 Curriculum: _____
 Grade: Other Curriculum: _____

37. Which physical activity curriculum (or curricula) is your school currently using for instruction?

Grade: PK Curriculum: _____ Grade: 6 Curriculum: _____

Grade: K Curriculum: _____ Grade: 7 Curriculum: _____
 Grade: 1 Curriculum: _____ Grade: 8 Curriculum: _____
 Grade: 2 Curriculum: _____ Grade: 9 Curriculum: _____
 Grade: 3 Curriculum: _____ Grade: 10 Curriculum: _____
 Grade: 4 Curriculum: _____ Grade: 11 Curriculum: _____
 Grade: 5 Curriculum: _____ Grade: 12 Curriculum: _____
 Grade: Other Curriculum: _____

38. Does your school use a physical education or fitness assessment tool?* (e.g., Fitnessgram, President’s Physical Fitness Test, etc.)

Yes No

38a. What is the name of the tool? _____

39. Does your school partner with any outside programs or organizations to satisfy the physical activity requirements?*

Yes No

39a. Please specify the agency or organization: _____

40. How many days per week do students get recess?*

Grade: PK	# of Days: _____	Grade: 6	# of Days: _____
Grade: K	# of Days: _____	Grade: 7	# of Days: _____
Grade: 1	# of Days: _____	Grade: 8	# of Days: _____
Grade: 2	# of Days: _____	Grade: 9	# of Days: _____
Grade: 3	# of Days: _____	Grade: 10	# of Days: _____
Grade: 4	# of Days: _____	Grade: 11	# of Days: _____
Grade: 5	# of Days: _____	Grade: 12	# of Days: _____
Grade: Other	# of Days: _____		

41. How many minutes is one (1) recess period?*

Grade: PK	# of Minutes: _____	Grade: 6	# of Minutes: _____
Grade: K	# of Minutes: _____	Grade: 7	# of Minutes: _____
Grade: 1	# of Minutes: _____	Grade: 8	# of Minutes: _____

Grade: 2 # of Minutes: _____ Grade: 9 # of Minutes: _____
Grade: 3 # of Minutes: _____ Grade: 10 # of Minutes: _____
Grade: 4 # of Minutes: _____ Grade: 11 # of Minutes: _____
Grade: 5 # of Minutes: _____ Grade: 12 # of Minutes: _____
Grade: Other # of Minutes: _____

42. What is the estimated operating budget for your physical activity programs?

Section 5: Nutrition Programs

Recommended point of contact for this section: Food Services Director or Manager

43. Name of Food Service Vendor* _____

44. What types of nutrition promotion does your vendor provide?* *select all that apply*

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Multimedia |
| <input type="checkbox"/> Vendor-provided nutrition education | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Meal time presentations | <input type="checkbox"/> Classroom Instruction |
| <input type="checkbox"/> Outside speakers | <input type="checkbox"/> Handouts/brochures |
| <input type="checkbox"/> Other (<i>please specify if a specific nutrition curricula is used</i>): _____ | |

44a. Please comment on the quality and/or effectiveness of the nutrition promotion that your vendor provides: _____

45. Does your school offer free breakfast to all students?*

- Yes No

46. Does your school offer breakfast in the classroom?

- Yes No

46a. If yes, please specify the grades for which breakfast is served in the classroom:

- | | | | |
|-----------------------------|----------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> PK | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> K | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | |

46b. If you do not offer breakfast in the classroom, please explain why (e.g., not required):

47. Does your school offer any alternative breakfast models? *select all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Grab and Go cart |
| <input type="checkbox"/> Second chance/extend <input type="checkbox"/> Other (<i>please specify</i>): _____ | |

47a. Where is your Grab and Go cart located? *select all that apply*

- In the cafeteria
- In/near the main entrance of the school
- Other

If other, please specify: _____

48. Does your school provide meals that meet the nutritional standards required by the federal and District laws, such as the Healthy Hunger-Free Kids Act and the Healthy Schools Act?*

These requirements (for lunch) include: a different vegetable every day; dark green, red/orange, dry beans/peas, starchy, and other vegetables each week; a different fruit every day; fresh fruit at least 3 times per week; 100% juice only once per week; a whole grain-rich serving every day; 3 different types of whole-grain rich foods each week; only low-fat (1% or less) or fat-free (skim) fluid milk each day.

- Yes
- No

49. On average, how many minutes is one (1) lunch period?* _____

50. Does your school serve locally grown and/or locally unprocessed foods at meal times?

- Yes
- No

50a. Are these items served at breakfast?

- Yes
- No

50b. Are these items served at lunch?

- Yes
- No

51. Is cold, filtered water available to students during meal times?*

- Yes
- No

Section 6: Local Wellness Policy

Recommended point of contact for this section: Principal, Chair of School Wellness Council/Committee

52. All Local Education Agencies (LEAs) in DC have a Local Wellness Policy. Has your LEA's Local Wellness Policy been distributed to the following? *select all that apply*

- Parent/teacher organization
- Wellness committee/council
- Foodservice staff
- Administrators
- Students
- None
- Other _____

53. Is your school implementing your LEA's local wellness policy?

- Yes No

53a. Name of Head of Wellness Committee* _____

53b. Head of Wellness Committee E-mail* _____

54. Does your school have vending machines available to students?*

- Yes No

55a. How many student vending machines do you have: _____

55b. What are the hours of operation of student vending machines? _____

55c. What items are sold from student vending machines? _____

55d. Do the items comply with the Healthy Schools Act?

- Yes No

56. Does your school sell foods or beverages of any kind for fundraisers?

- Yes No

57. Does your school have a school store?*

Yes No

57a. What are the hours of operation for the school store? _____

57b. What food and beverages are sold? _____

59. Are students and parents informed about the availability of vegetarian food options at your school?*

- Yes No Vegetarian food options are not available

59a. Where can they find this information?

- School Website School Main Office School Cafeteria or Eating Areas

Other: _____

60. Are students and parents informed about the availability of milk alternatives, such as soy milk, lactose free milk, etc., at your school?*

- Yes No Milk alternatives are not available

60a. Where can they find these options?

- School Website School Main Office School Cafeteria or Eating Areas

Other: _____

Section 8: School Gardens

Recommended point of contact for this section: School Garden Coordinator

61. Does your school currently have a School Garden?*

- Yes No

61a. Name of Garden Contact* _____

61b. Garden Contact E-mail* _____

62. How many unique students participated in your school garden program this year? _____

63. In what year was this garden established? _____

64. Which grades are most directly impacted by the school garden program?

- Pre-School
 K-5
 6-8
 9-12

65. Please list any partners that have supported your garden program this school year:

66. What is the approximate size of your garden in square feet? _____

67. What type of school garden do you have? *select all that apply*

- Edible Garden
 Stormwater/Rain Garden
 Pollinator/Butterfly Garden
 Wildlife Habitat/Native Garden
 Greenhouse
 Other: _____

68. When do activities happen in the school garden? *select all that apply*

- Classroom instruction (during the school day)

- Extracurricular activities (outside the school day)
- Lunch time activities
- Summer time

69. What topic is most frequently taught in the school garden?

- Nutrition Environment STEM
- English Math Art
- Other: _____

70. What is the estimated operating budget for your school garden? _____

71. Did your school participate in Growing Healthy Schools Week (September 27- October 3, 2014) or planning to participate in Strawberries and Salad Greens Day (May 2015)?*

- Yes No

72. Does your school have a school-wide recycling program?

- Yes No

72a. Which of these materials does your school recycle (materials recycled/composted off site)? *select all that apply*

- Aluminum
- Cardboard
- Food waste
- Glass
- Paper
- Plastics
- None of the above

73. Does your school compost on-site? *select all that apply*

- Yes, outside on school grounds
- Yes, inside in classroom worm bins
- Yes, other method
- No

Section 9: Environmental Literacy

Recommended point of contact for this section: Lead Science Teacher

74. Does your school offer an Environmental Science Class?*

- Yes No

74a. How many students are enrolled in this course in the 2014-2015 school year? _____

75. Name of Lead Science Teacher/Environmental Literacy Instructor

75a. Lead Science Teacher/Environmental Literacy Instructor Email

76. Please select the environmental literacy topics currently addressed in your school. For each selection, indicate the course in which the topic is taught and the curriculum (or curricula) that your school is currently using for instruction:

Grade: PK

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: K

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____)
 - Course: _____ Curriculum: _____
- None

Grade: 1

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____)
 - Course: _____ Curriculum: _____

None

Grade: 2

Air (quality, climate change)

○ Course: _____ Curriculum: _____

Water (stormwater, rivers, aquatic wildlife)

○ Course: _____ Curriculum: _____

Land (plants, soil, urban planning, terrestrial wildlife)

○ Course: _____ Curriculum: _____

Resource Conservation (energy, waste, recycling)

○ Course: _____ Curriculum: _____

Health (nutrition, gardens, food)

○ Course: _____ Curriculum: _____

Other: _____

○ Course: _____ Curriculum: _____

None

Grade: 3

Air (quality, climate change)

○ Course: _____ Curriculum: _____

Water (stormwater, rivers, aquatic wildlife)

○ Course: _____ Curriculum: _____

Land (plants, soil, urban planning, terrestrial wildlife)

○ Course: _____ Curriculum: _____

Resource Conservation (energy, waste, recycling)

○ Course: _____ Curriculum: _____

Health (nutrition, gardens, food)

○ Course: _____ Curriculum: _____

Other: _____

○ Course: _____ Curriculum: _____

None

Grade: 4

Air (quality, climate change)

○ Course: _____ Curriculum: _____

Water (stormwater, rivers, aquatic wildlife)

○ Course: _____ Curriculum: _____

Land (plants, soil, urban planning, terrestrial wildlife)

○ Course: _____ Curriculum: _____

Resource Conservation (energy, waste, recycling)

○ Course: _____ Curriculum: _____

Health (nutrition, gardens, food)

○ Course: _____ Curriculum: _____

Other: _____

○ Course: _____ Curriculum: _____

None

Grade: 5

Air (quality, climate change)

○ Course: _____ Curriculum: _____

Water (stormwater, rivers, aquatic wildlife)

○ Course: _____ Curriculum: _____

Land (plants, soil, urban planning, terrestrial wildlife)

○ Course: _____ Curriculum: _____

Resource Conservation (energy, waste, recycling)

○ Course: _____ Curriculum: _____

Health (nutrition, gardens, food)

○ Course: _____ Curriculum: _____

- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: 6

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: 7

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)

- Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: 8

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: 9

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____

- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: 10

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: 11

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)

- Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: 12

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____
- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____
 - Course: _____ Curriculum: _____
- None

Grade: Other

- Air (quality, climate change)
 - Course: _____ Curriculum: _____
- Water (stormwater, rivers, aquatic wildlife)
 - Course: _____ Curriculum: _____
- Land (plants, soil, urban planning, terrestrial wildlife)
 - Course: _____ Curriculum: _____

- Resource Conservation (energy, waste, recycling)
 - Course: _____ Curriculum: _____
- Health (nutrition, gardens, food)
 - Course: _____ Curriculum: _____
- Other: _____)
 - Course: _____ Curriculum: _____
- None

Section 10: Posting and Form Availability to Parents

Recommended point of contact for this section: Principal, Administrative Assistant

According to section 602(c) of the *Healthy School Act of 2010*, “each public school and public charter school shall post the information required by subsection (a) online if the school has a website and make this form available to parents in its office”.

77. How will you make this information available to parents?*

- Online Copies Available at Main Office
- Other (*please specify*): _____

78. Is your school sharing information about the Healthy Schools Act in any other ways?

- Yes No

78a. Please explain: _____

Healthy Schools Act School Health Profile Frequently Asked Questions

1. **What is the Healthy Schools Act School Health Profile?** The School Health Profile (SHP) is an online questionnaire that must be completed by each District of Columbia public school and public charter school according to Section 602 of the *Healthy Schools Act of 2010* (Healthy Schools Act or HSA). The contact person listed in the SHP will receive a PDF copy of the Profile that is required to be made available online if the school has a website and available to parents or guardians in the main office. The Office of the State Superintendent of Education (OSSE) will post completed profiles on our website within 30 days of submission.

2. **How is the information in the School Health Profiles used?** Information collected in the SHP is used to inform OSSE, the Mayor, City Council, and the Healthy Youth and Schools Commission on the extent to which the Districts schools are achieving the goals of the Healthy Schools Act. A report is required by Section 405 of the Healthy Schools Act and is submitted by OSSE to the Mayor and City Council. Reports on the Healthy Schools Act may be found at: <http://osse.dc.gov/service/healthy-schools-act>

3. **When is the School Health Profile (SHP) due?** The SHP is due by February 15th of each year. As the 15th is a Sunday and the 16th is federal holiday, the SHP should be submitted electronically no later than 5:00 pm on Tuesday, February 17, 2015.

4. **Who should complete the SHP?** The Principal and contact person from the 2013-2014 HSA SHP are automatically given access to the SHP; however, the SHP asks for information pertinent to the entire school. OSSE recommends that the Principal serve as the lead and distribute the printable SHP form to school staff who are most knowledgeable about each section (see chart below for suggestions). The Principal will then collect the information and enter the responses into the SHP online form. If the Principal wishes to designate another staff member as the lead, he/she must send an email to OSSE.callcenter@dc.gov and include the designee' name, title, and email address along with the LEA and school name. Login information will then be sent directly to the designee.

Section	Recommended to be completed by
1: School Profile	Principal, Administrative Assistant
2: Health Services	School Health Providers
3: Health Education Instruction	Health Education Teacher
4: Physical Education Instruction	Physical Education Teacher
5: Nutrition Programs	Food Services Director or Manager
6: Local Wellness Policy	Principal, Chair of School Wellness Council/Committee
7: Distributing Information	Principal
8: School Gardens	School Garden Coordinator
9: Environmental Literacy	Lead Science Teacher
10: Posting and Form Availability to Parents	Principal, Administrative Assistant

5. How do I complete the SHP online form?

- a. Log in to Quickbase (<http://octo.quickbase.com>):
 - DC.gov Users: sign in with your network email and password.
 - If you do not have a dc.gov email but have used Quickbase before, use your previous login and password (usually your school email address and password).
 - If you have not used Quickbase before but have been granted access via an email notification from Quickbase, click the link in the email and follow the instructions.
- b. Click on the application “2014-2015 OSSE HSA School Health Profile”.
- c. Select “Click to Complete” to be taken to your school’s profile.
- d. Once you start a page, you must complete the entire page to be able to save it; partially completed pages will not be saved.
- e. Click the pencil icon to edit your Profile and the eye icon to view the form as it will be submitted.
- f. Complete the questions on page 1. At the end of the page, click the “completed” box and then “save” to save the form.
- g. After clicking “save,” you will be taken to the top of page 1. Click “go to page 2” to move on. Once you are on page 2, click “edit” at the top right of the screen. Repeat for page 3.
- h. Many questions are required and you cannot save the form until all required questions on any one page are completed.
- i. Your Profile cannot be submitted unless all three “completed” boxes are checked.
- j. Do not use commas, quotes, or press “enter” in text boxes.
- k. Due to skip patterns, you may not answer all the questions. For example, if you do not have a school nurse, you will move automatically to question 12.

6. **Can I see all of the SHP questions in one document?** Yes, a printable version of the SHP is available in the Quickbase application and our webpage: <http://osse.dc.gov/node/722242>. We suggest that you share this with members of staff that are helping complete the Profile.

7. Important Definitions:

Certified Teacher: Certified means a teacher that has credentials from an organization, association, college, or university to teach in a particular subject.

Highly Qualified Teacher: As per the US Department of Education, highly qualified means that a teacher must have 1) a bachelor’s degree, 2) full state certification or licensure, and 3) prove that they know each subject they teach.

Locally-grown: Food grown in Delaware, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, Washington, DC, and West Virginia.

OSSE Health Education Standards: Health Education Standards specify what each student should know and be able to do to improve and maintain their health by the end of each grade level. They can be found at: <http://osse.dc.gov/publication/health-education-standards>

OSSE Physical Education Standards: Physical Education Standards specify what each student should know and be able to do in regards to physical activity and physical education by the end of each grade level. They can be found at: <http://osse.dc.gov/publication/physical-education-standards>

School-based health center: School-based health centers bring the services of a doctor's office to schools so students can prevent health-related absences. The centers are open during school hours and staffed with health professionals.

Sustainable Agriculture: An integrated system of plant and animal production practices having a site-specific application that will, over the long-term: (a) Satisfy human food and fiber needs; (b) Enhance environmental quality and the natural resources base upon which the agriculture economy depends; (c) Make the most efficient use of nonrenewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls; (d) Sustain the economic viability of farm operations and (e) Enhance the quality of life for farmers and society as a whole.

8. **What if I have other questions?** Please consult with other school staff if you are not sure of an answer on the profile. OSSE will hold two webinars to review the login process, requesting access for new users, how to navigate through the application, and how to answer certain questions. Click the links below to register:

Friday, November 21st 3:00 pm – 4:00 pm

Register: <https://www2.gotomeeting.com/register/188951314>

Tuesday, January 20th 10:00 am – 11:00 am

Register: <https://www2.gotomeeting.com/register/336230938>

A recording of the November webinar will be made available on our webpage:

<http://osse.dc.gov/node/722242>

If this FAQ page does not answer your question, please call OSSE Customer Service Center at (202) 719-6500 Monday-Friday 8:00 am – 5:30 pm or email OSSE.callcenter@dc.gov.