

Healthy School Team Assessment

SY16

In accordance with the District’s Wellness Promotion Policy (2.035) and the USDA’s Healthy School Team mandate, please complete the following assessment so that we can gauge as a District how we are doing with regard to our wellness initiative. Your feedback will help us determine how and where additional resources are required inside the district.

This assessment must be submitted online and is due in May 2016 (the official May due date will be included in the Bulletin sent to “All Principals”).

School Name: _____

Name of Person Completing this Survey: _____

Official School Role: _____

Email Address: _____

Who are the members of the Healthy School Team at your school for SY16 and what is their official role?
(Place Additional ✓ on Right - to Indicate Healthy School Team Leader)

ROLE	NAME / EMAIL
<input type="checkbox"/> Principal	
<input type="checkbox"/> Assistant Principal	<input type="checkbox"/>
<input type="checkbox"/> Wellness Designee	<input type="checkbox"/>
<input type="checkbox"/> Wellness Champion (Employee Wellness)	<input type="checkbox"/>
<input type="checkbox"/> SFS Manager	<input type="checkbox"/>
<input type="checkbox"/> Physical Education Teacher	<input type="checkbox"/>
<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/>
<input type="checkbox"/> School Nurse	<input type="checkbox"/>
<input type="checkbox"/> Afterschool Director	<input type="checkbox"/>
<input type="checkbox"/> Parent	
<input type="checkbox"/> Student	
<input type="checkbox"/> Community Members	

Wellness

1. How does the staff at your school receive updates regarding wellness initiatives including the Wellness Rewards program, healthy campaigns, etc.? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Email
<input type="checkbox"/> Newsletter
<input type="checkbox"/> US Mail
<input type="checkbox"/> Phone Call out messages
<input type="checkbox"/> AM/PM School Announcements
<input type="checkbox"/> Other (List) | <input type="checkbox"/> Facebook
<input type="checkbox"/> Instagram
<input type="checkbox"/> Twitter
<input type="checkbox"/> Wellness Champion
<input type="checkbox"/> Healthy School Team Leader |
|---|--|

2. How do the employees at your school promote and adhere to the Tobacco Free Environment “No Use” policy regarding tobacco, illegal drugs and alcohol consumption set forth in School Board Policy 7.19? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Verbally | <input type="checkbox"/> Signage |
| <input type="checkbox"/> School Events | <input type="checkbox"/> School Handbooks |
| <input type="checkbox"/> Other: (List) | |
-

3. How is the “Green School Initiative” implemented and demonstrated in daily school practices at your school? Check all that apply.

- Recycling
 - Energy Conservation
 - Indoor Air Quality Protection
 - Composting
 - Other: (List)
-

4. What after school programming activities does your school provide to students? Check all that apply.

- Cooking Clubs
 - Running Clubs
 - Gardening Clubs
 - Mindfulness Clubs
 - Yoga
 - Dance Clubs
 - PTA/PTSA activities
 - Other: (List)
-

5. What after school programming activities does your school provide to staff? Check all that apply.

- Cooking Clubs
 - Running Clubs
 - Gardening Clubs
 - Mindfulness Clubs
 - Yoga
 - Dance Clubs
 - Staff Development Training
 - PTA/PTSA activities
 - Other: (List)
-

6. Are you interested in having volunteers on campus to assist with your wellness projects and initiatives?

- Yes, describe details:
- No

Nutrition

1. How does your school provide students with Nutrition Education activities and resources?

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Health Fairs | <input type="checkbox"/> School Newsletter |
| <input type="checkbox"/> Guest Speakers | <input type="checkbox"/> Commit 2BFit |
| <input type="checkbox"/> Morning/Afternoon Announcements | <input type="checkbox"/> Other: (List) |

2. Has your school established nutritional standard requirements for classroom parties, fundraisers, evening and/or community events?

- Yes (Provide details in comment section)
 No

Comments:

Classroom Parties:

Fundraisers:

Evening and/or Community Events:

3. Does your school have a garden?

- Yes
- Produce harvested on campus is:
 - Sold on or off campus
 - Samples are provided to students
 - Our School Garden Contact(s) is/are:

Name	Official School Role	Email

- No, we don't have a school garden.
- Provide the name and email address of the confidential secretary for your school.
-

- We would like to have a garden on campus.
- Please Contact (Name/Email):
-

4. If School Food Service is not the only source of food SOLD to students during the school day (midnight to 30 minutes after the official school days ends), identify where students at your school purchase food. (Refer to School Board Policy 6.185 – Food and beverages SOLD in vending machines must comply with the USDA Smart Snacks in School Standards at all times)

Where	Items Sold	When (What times are these items offered during the day?)
Vending Machines		
School Store(s)		
Snack/Coffee Bar		
Concession Stand		
Fundraisers		
Classroom Party		
Other (Specify)		

5. Do you use the Smart Snack Calculator located on the District’s School Food Service website to determine compliance with food items SOLD outside of the cafeteria?
- Yes
- No – Describe process followed to ensure compliance:

6. Each school level has an allowable number of days where food fundraisers SOLD to students may fall outside the Smart Snack Guidelines. These are referred to as "exemptions" or "exempted" food fundraisers. In the box below, please provide each "exempted" food fundraiser conducted at your school this year. The following information **MUST** be submitted for each "exempted" food fundraiser:

Type of Food SOLD to students (candy, doughnuts, snow cones, ice cream, etc.)

Dates and Times SOLD to students

Example:

Type of Food SOLD: Candy Bars

Dates and Times SOLD: April 1, 2, 3, 4 and 5th - from 3pm to 4pm

Physical Activity

1. How does your school encourage students to participate in physical activity? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Field Day | <input type="checkbox"/> PEP Grant |
| <input type="checkbox"/> Walking Classroom | <input type="checkbox"/> South Florida Kids Mile |
| <input type="checkbox"/> Organized Walks/Runs | <input type="checkbox"/> Jump Rope for Heart |
| <input type="checkbox"/> Adventures to Fitness | <input type="checkbox"/> Intramural Sports Activities |
| <input type="checkbox"/> Commit 2BFit | |
| <input type="checkbox"/> Other: (List) | |
-

Comments:

2. How does your school encourage staff to participate in physical activity? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Field Day | <input type="checkbox"/> PEP Grant |
| <input type="checkbox"/> Walking Classroom | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Organized Walks/Runs | <input type="checkbox"/> South Florida Kids Mile |
| <input type="checkbox"/> Adventures to Fitness | <input type="checkbox"/> Jump Rope for Heart |
| <input type="checkbox"/> Commit 2BFit | <input type="checkbox"/> Intramural Sports Activities |
| <input type="checkbox"/> Other: (List) | |
-

Comments:

3. What resources are classroom teachers currently using on campus to provide activity breaks throughout the school day? Check all that apply.

- | |
|---|
| <input type="checkbox"/> Go Noodle |
| <input type="checkbox"/> Adventure to Fitness (ATF) |
| <input type="checkbox"/> Other: (List) |
-

4. Which grades at your school participate in recess in addition to physical education? How often does recess take place? Check all that apply.

Grade	Recess Weekly	Daily	1x	2x	3x	4x
Pre-K						
Kindergarten						
1 st						
2 nd						
3 rd						
4 th						
5 th						
6 th						
7 th						
8 th						

Emotional Well-being

1. Are counseling resources available on your campus to address the academic, social and emotional well-being needs of all students attending your school?

Yes

Provide Comments:

No

Bonus Question:

1. If your school has implemented wellness practices that are more robust than what is required by the District's policy, please explain.

SY17 Healthy School Team Leader – Be sure to indicate the team leader

School Role	Full Name	Email Address	Phone	√ Healthy School Team Leader
* Assistant Principal (AP)				
* Wellness Designee				
* Wellness Champion / Include Official School Role				
* Physical Education Teacher				
* SFS Manager				
* Guidance Counselor				
* School Nurse				
Parents				
Students				
Community Members				
Afterschool Director				

* Indicates a CORE team member – core members are **recommended** team members.