2023-24 SCHOOL YEAR SCHOOL HEALTH PROFILES FORM

Healthy Schools Act of 2010

Under Section 602 of the *Healthy Schools Act of 2010* (L18-0209, DC Official Code § 38-826.02), each public school and public charter school within the District of Columbia is required to:

- 1.) **Complete and submit** the online School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE).
- 2.) **Make the completed profile available to the public** by posting it online, if the school has a website, and making the information available to parents in the school's main office.

Any public school or public charter school that fails to complete and submit its SHP form to OSSE **on or before Feb. 16** of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010. The School Health Profile is used by OSSE to inform the School Report Card. Non-compliant schools will not include data from their School Health Profile on their School Report Card.

Section 1: School Profile

This section includes your school's profile information as pulled from OSSE's authoritative database.

1.02 LEA ID *

189

1.03 LEA Name *

Breakthrough Montessori PCS

1.04 School Code *

289

1.05 School Name *

Breakthrough Montessori PCS

1.06 Ward *

4

1.07 Grades Served *

PreK; K-5; 6-8

Note: Responses are required for questions with an asterisk.

Section 2: Health Services

Recommended point of contact for this section: School Health Professional and School Behavioral Health Professional .

The following section asks your school to provide information on the physical and behavioral health services provided to students, parents, and staff at your school.

2.01 Do y	ou have nursing and/or allied health professional coverage in your school? *
⊙ Y	res
O N	Го
Please	state the coverage of nursing and/or allied health professional coverage in your school.
Numb	per of full time nurses * 1
Fundi	ing Source * Self Funded
Numb	per of part time nurses * 0
Fundi	ing Source * NA
Numb	per of full time allied health professionals * 0
Fundi	ing Source * NA
Numb	per of part time allied health professionals * 0
Fundi	ing Source * NA
2.02 Wha	t type(s) of health services does your school offer to students? *
	Access and/or referrals to medical providers through a systematic process
	Prevention materials and resources for chronic diseases
	Screening, testing, and/or treatment for chronic diseases (diabetes, obesity, asthma, etc.)
✓	On-site COVID-19 testing
	Prevention materials and resources for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)
	Screening, testing, and/or treatment for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)

Oral health services (dental screening, cleaning, counseling, etc.)
✓ Vision screenings
☐ Hearing screenings
On-site COVID-19 vaccinations and routine pediatric immunizations
2.03 Does your school partner with any outside programs or organizations to provide health services to students?
⊙ Yes
O No
Please identify their name below (including community-based organizations, DC Health, etc.). *
☐ April May
☐ Catholic Charities
☐ Department of Behavioral Health
✓ DC Health
☐ WISE Center - MedStar Georgetown University Hospital
☐ Hillcrest Children and Family Center
☐ Howard University Hospital
☐ MBI Health Services
☐ Paving the Way MSI
☐ SMILE Therapy Services
Other
Specify * Safeway
2.04 Does your school have at least two unexpired undesignated epinephrine auto-injectors? *
⊙ Yes
O No

2.05 Does your school have at least two employees or agents (outside of the school nurse) who are certified to

case of an anaphylactic emergency?	
⊙ Yes	
O No	
Please provide the names of AOM (Administration of Medication) certified personnel at your school and they were certified, if applicable	when
First Name * Landy	
Last Name * Cervantes	
Email * landy@breakthroughmontessori.org	
Date of Certification * 1/25/2024	
First Name * Heather	
Last Name * Erich	
Email * heather@breakthroughmontessori.org	
Date of Certification * 8/20/2023	
2.06 Does your school have an Automated External Defibrillator (AED)?	
⊙ Yes	
O No	
2.07 Student Access to Period Products (Grades Pre-K3 - Pre-K4, K-5)	
Does your school have a dispenser stocked with free period products in at least one student-accessible wound one gender-neutral bathroom (or if your school does not have a gender-neutral bathroom, then at least onen's bathroom)? *	
At least one Women's bathroom	
At least one Gender-neutral bathroom	
At least one Men's bathroom	
□ None	

administer both an undesignated and a designated epinephrine auto-injector during all hours of the school day in

Does your school have a poster placed by each dispenser with information on the safe use and disposal of period products? *
⊙ Yes
O No
2.08 Student Access to Period Products (Grades 6-8, 9-12)
Does your school have a dispenser stocked with free period products in each student-accessible women's and gender-neutral bathroom (or if your school does not have a gender-neutral bathroom, then at least one men's bathroom)? Select all that apply. *
☐ All Women's bathrooms
All Gender-neutral bathrooms
At least one Men's bathroom
None
Does your school have a poster placed by each dispenser with information on the safe use and disposal of period products? \ast
O Yes
O No
2.09 How many of the following clinical staff are currently employed, work as a contractor, or volunteer at your school?
Licensed Independent Clinical Social Worker (LICSW) *
O Yes
⊙ No
Licensed Graduate Social Worker (LGSW) *
⊙ Yes
O No
of Full Time * 1
Funding Source * Self Funded

of Part Time * 0
Funding Source * NA
Licensed Professional Counselor (LPC) *
O Yes
⊙ No
Licensed Graduate Professional Counselor (LGPC) *
O Yes
⊙ No
Psychologist *
⊙ Yes
O No
of Full Time * 1
Funding Source * Self Funded
of Part Time * 0
Funding Source * NA
Psychiatrist *
O Yes
⊙ No
2.10 Please provide the contact information of your School Behavioral Health Coordinator.
First Name * Cierra
Last Name * LittleJohn
Email * cierra@breakthroughmontessori.org

 ${\bf 2.11\ Does\ your\ school\ provide\ access\ to\ behavioral\ health\ services\ to\ all\ enrolled\ students?}$

⊙ Yes
O No
2.12 Does your school partner with any outside programs or organizations to provide behavioral/mental health services to students?
⊙ Yes
O No
Please identify their name(s) below (including Community Based Organizations, Department of Behavioral Health, etc.). \ast
☐ Children's National
☐ DC Health
☐ Department of Behavioral Health
☐ Mary's Center
☐ Shield T3
☐ WISE Center - MedStar Georgetown University Hospital
☐ Elaine Ellis Center of Health
☐ Grassroots Project
Hillcrest Children and Family Center
Paving the Way MSI
✓ Other
Specify * Young & Well, Onyx
2.13 Does your school facilitate parent engagement?
⊙ Yes
O No
2.14 Does your school offer any health and wellness education for parents? *
⊙ Yes
O No

Which of the following health and wellness education options does your school offer to parents? *	
Health risks related education (e.g. managing student asthma, importance of annual well-child visits and routine pediatric immunizations, blood pressure screenings)	
Mental/behavioral health education (e.g. stress management, warning signs of youth suicide)	
Physical health education (e.g. nutrition or cooking classes, obesity prevention)	
Physical activity education (e.g. Zumba, yoga, parent-child exercise classes)	
Personal health education (e.g. how to talk to your child about appropriate touch, puberty, healthy relationships, sexual health resources)	
COVID-19 risks related education (e.g. mitigation strategies, vaccination, etc.)	
Other	
2.15 Does your school offer any health and wellness initiatives to staff that contribute to a positive school climate	? :
⊙ Yes	
O No	
What type of staff wellness initiatives does your school offer that contribute to a positive school climate? *	
Organizational structures to support staff wellness (lactation rooms, welcoming break rooms, early dismissal days, opportunities to engage teacher voice and build trusting relationships, etc.)	
Staff wellness events (retreats, wellness days, workshops, campaigns, etc.) to promote positive self-care skills like fitness, nutrition, stress management, etc.	
Professional development (Trauma informed care, self-care, grief and loss, etc.)	
Mental/Behavioral health services offered through an Employee Assistance Program or partnering community-based organization	

Note: Responses are required for questions with an asterisk.

Section 3: Health Education Instruction

Recommended points of contact for this section: Health Education teacher and Physical Education teacher. .

<u>Health Education</u>: Formal, structured health education as defined by the Centers for Disease Control and Prevention consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. Health education instruction of the District of Columbia Health Education Standards (DC Official Code § 38–821.01). The Healthy Schools Act requires an average of 75 minutes of health education per week for grades K - 8 (DC Official Code § 38–824.02).

Health Education Minutes (Grades 1-8): The average number of minutes per week during the school year that a student receives health education instruction. This average should only include time devoted exclusively to health education instruction that utilizes a health-specific curriculum. Do NOT include physical education instruction time in this figure. For this question, please indicate the average number of minutes per week that your school provides health education instruction to each grade level. Average number of minutes of health education instruction per week can range between 0 and 125 minutes.

Note: If your school provides more than 125 minutes of health education instruction in an average week, enter 125. If a student only receives health education for one semester or one quarter, please average the total weekly minutes for the whole school year.

Do you have questions regarding this calculation and need support? If so, please contact OSSE's Division of Health and Wellness here: OSSE.HYDT@dc.gov.

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the Health Education minute requirements. Schools that do not meet the required Health Education minutes will receive follow-up support from OSSE.

<u>Health Education Requirement (Grades 9-12):</u> According to the District of Columbia Municipal Regulations, prior to graduation, all students must have one and one half (1.5) Carnegie Units in Health/Physical Education.

Cardiopulmonary Resuscitation (CPR) Training: Cardiopulmonary resuscitation (CPR) is a lifesaving technique that is useful in many emergencies, such as a heart attack or near drowning, in which someone's breathing, or heartbeat has stopped. District of Columbia public and public charter schools that serve grades 9 through 12 shall include cardiopulmonary resuscitation (CPR) instruction in at least one health class necessary for graduation. The instruction shall be nationally recognized and based on the most current evidence-based emergency cardiovascular care guidelines for resuscitation, include appropriate use of an automated external defibrillator (AED), and incorporate hands-on practice (DC Official Code § 38–824.02).

- 3.01 How many teachers instruct only health education in your school? * $\,\,0\,$
- 3.02 How many teachers instruct only physical education in your school? * 1

Physical Education Instructor 1

First Name * Travis

Last Name * Sherlin

Email * travis@breakthroughmontessori.org

3.04 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.
Kindergarten * 100
Grade 1 (Minutes/Week) * 100
Grade 2 (Minutes/Week) * 100
Grade 3 (Minutes/Week) * 100
Grade 4 (Minutes/Week) * 100
Grade 5 (Minutes/Week) * 100
Grade 6 (Minutes/Week) * 100
Grade 7 (Minutes/Week) * 0
Grade 8 (Minutes/Week) * 0
3.05 Does your school partner with any outside programs or organizations to supplement the health education topical instruction (including nutrition, alcohol, tobacco and other drugs, sexual health, oral health, etc.)? *
O Yes
⊙ No
3.08 Does your school teach the following health education topics? Grades: $K-5$
Alcohol, Tobacco, and Other Drugs Prevention Education
O Yes
⊙ No
If Yes, what curriculum do you use? NA
Disease Prevention Education
O Yes
⊙ No

3.03 How many teachers instruct both health and physical education in your school? * $\,\,0\,$

Human Body and Personal Health Education Yes O No If Yes, what curriculum do you use? Healthy Relationships Project **Nutrition Education** O Yes O No If Yes, what curriculum do you use? NA **Mental and Emotional Health Education** Yes O No If Yes, what curriculum do you use? Merell's strong start 2nd edition & Zones of Regulation **Safety Skills Education** O Yes O No If Yes, what curriculum do you use? NA **Suicide Prevention Education** O Yes O No If Yes, what curriculum do you use? Merell's strong start 2nd edition & Zones of Regulation 3.08 Does your school teach the following health education topics? Grades: 6 - 8 Alcohol, Tobacco, and Other Drugs Prevention Education O Yes

If Yes, what curriculum do you use? NA

O No
If Yes, what curriculum do you use? NA
Disease Prevention Education
O Yes
⊙ No
If Yes, what curriculum do you use? NA
Human Body and Personal Health Education
⊙ Yes
O No
If Yes, what curriculum do you use? Healthy Relationships Project
HIV/STI Prevention Education
O Yes
⊙ No
If Yes, what curriculum do you use? NA
Nutrition Education
O Yes
⊙ No
If Yes, what curriculum do you use? NA
Mental and Emotional Health Education
⊙ Yes
O No
If Yes, what curriculum do you use? Merell's strong start 2nd edition & Zones of Regulation
Safety Skills Education
O Yes

13

⊙ No			
If Yes, what curriculum do you use? NA			
Suicide Prevention Education			
• Yes			
O No			

If Yes, what curriculum do you use? Merell's strong start 2nd edition & Zones of Regulation

 $Note: Responses \ are \ required \ for \ questions \ with \ an \ asterisk.$

Section 4: Physical Education Instruction

Recommended point of contact for this section: Physical Education Teacher

Physical Activity: For students in grades K-8, it shall be the goal to provide 60 minutes of physical activity per day (DC Official Code § 38–824.01). For students in grades Pre-K3 and Pre-K4, schools shall provide an average of 60 minutes of physical activity per day, with a goal to provide 90 minutes of physical activity per day. (DC Official Code § 38–824.02). For this question, please indicate a daily average between 0 and 135 for grades Pre-K3 and Pre-K4.

<u>Physical Education Minutes</u>: The Healthy Schools Act sets requirements for physical education and physical activity by grade band. For students in grades K - 5, schools shall provide an average of 90 minutes of physical education per week, with a goal to provide an average of 150 minutes per week. For students in grades 6 - 8, schools shall provide an average of 135 minutes of physical education per week, with a goal to provide an average of 225 minutes per week. At least 50 percent of physical education time shall be spent-on-moderate to vigorous physical activity (movement resulting in substantially increased heart rate and breathing). (DC Official Code § 38–824.02).

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the Physical Education minute requirements. Schools that do not meet the required Physical Education minutes will receive follow-up support from OSSE.

Moderate-to-Vigorous Physical Activity Minutes: For students in grades K-8, at least 50 percent of physical education time shall be spent on moderate-to-vigorous physical activity (DC Official Code § 38–824.02). For this question, please indicate a weekly average between 0 and 225 for grades K-5, and a weekly average between 0 and 300 for grades 6-8.

Recess and Outdoor Physical Activity: Schools shall provide recess and outdoor physical activity for all students on a daily basis (weather and space permitting). For students in grades K – 8, it shall be the goal to provide at least one recess of at least 20 minutes per day. For students in grades Pre-K3 and Pre-K4, schools shall be the goal to provide at least two 20-minute sessions of outdoor physical activity per day (DC Official Code § 38–824.02).

4.01 For each grade span 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.

Grades: K – 5 Minutes/Week * 130

Grades: 6 - 8 Minutes/Week * 130

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

Grades: K − 5 * DC common core curriculum

Grades: 6 - 8 * DC common core curriculum

4.03 Within the physical education course during the regular instructional school week, how much time is devoted to actual moderate-to-vigorous physical activity?

Grades: K - 5 *

Less than 50%

15

0 5	50% or more
Grae	des: 6 - 8 *
⊙ 1	Less than 50%
0 :	50% or more
4.04 Plea students:	se indicate the average number of minutes per day of physical activity offered for pre-K3 and pre-K4 * 40
Pleas	se indicate the number of sessions of outdoor physical activity per day 1
Pleas	se indicate the average minutes per session of outdoor physical activity per day 40
4.05 Hov	v many minutes per day do students get recess on average?
Grad	les: K – 5 * 60
Crad	les: 6 - 8 * 60
Grac	
4.06 Wh	at strategies does your school use, during or outside of regular school hours, to promote physical activity? *
V	Active Recess
✓	Movement in the Classroom
✓	Walk to School
V	After-School Activities
/	Athletic Programs
	Safe Routes to School
✓	Bike to School
✓	Playground/field on school campus
	Before-School Activities
✓	Playground/field off of school campus
	Reward for student achievement or good behavior
	Shared Use Agreement with organizations providing physical activity outside of normal school day
V	Gardening

✓	Dancing or Dance Program
	Other
Note: Resp	onses are required for questions with an asterisk

Section 5: School Nutrition and Local Wellness Policy

Recommended points of contact for this section: Food Services Director or Manager, Principal and Chair of School Wellness Council/Committee.

<u>Good Food Purchasing Program (GFPP):</u> Public schools, public charter schools, and participating private schools are strongly encouraged to procure food in a manner consistent with the GFPP's core values established by the Center for Good Food Purchasing. (DC Official Code § 38–822.01.c) They include:

(A) Local	economics;
(B) Nutrit	ion;
(C) Value	d workforce;
(D) Envir	onmental sustainability; and
(E) Anima	al welfare.
5.01 Doe	s your school operate a share table? *
0 1	Yes
0	No
5.02 Is co	old, filtered water available to students during meal times? *
⊙ <u>v</u>	Yes
0 1	No
5.03 How	many vending machines are available to students? * 0
Wha	t items are sold from student vending machines?
	100% fruit and/or vegetable juice
	Regular chips, pretzels and snack mixes
	Baked chips, lower calorie and/or fat snacks
	Sodas and/or fruit drinks
	Fresh fruits and/or non-fried vegetables
	Whole grain products
	Milk and dairy products
	Water

☐ Fruit snacks
5.04 Does your school have a school store?
O Yes
⊙ No
5.05 Does your school serve breakfast via an alternative serving model? *
⊙ Yes
O No
Select all alternative serving models in operation. *
Breakfast in the Classroom (BIC)
Grab n Go (in-school)
Second Chance Breakfast
5.06 Does your school choose to procure foods in a manner consistent with the Good Food Purchasing Program's (GFPP) five core values (local economies, nutrition, valued workforce, environmental sustainability, and animal welfare)? *
• Yes
O No
O I have never heard of GFPP
If yes, which of the recommended steps of the GFPP has your school completed? *
☐ Have not started
✓ Learning about GFPP
☐ Measuring school baseline through a baseline assessment
☐ Identifying goals and developing an action plan
☐ Improving impact and tracking progress
☐ Institutionalizing GFPP goals
☐ Celebrating success

School GFPP contact	
First Name * Heather	
Last Name * Erich	
Email * Heather@breakthrou	ighmontessori.org
First Name NA	
Last Name NA	
Email NA	
5.07 Does your school have a loca	al wellness committee or school health council/team? *
• Yes	
O No	

Note: Responses are required for questions with an asterisk.

Section 6: Distributing Information

Recommended points of contact for this section: Principal, Business Manager and Director of Operations.

<u>Vegetarian Food Option:</u> Food or beverages that are: (a) free of meat, poultry, and seafood; and/or (b) utilize a meat alternative recognized by the United States Department of Agriculture as a meat alternate free of meat, poultry, and seafood for the purposes of the National School Lunch Program. Schools shall have a vegetarian food optional available for students as a main course for breakfasts and lunches. Schools shall clearly label vegetarian food options and rotate the main course vegetarian food option to avoid repetition (DC Official Code § 38–822.01).

6.01 How and to whom are the following items distributed at your school?

LEA	's Local Wellness Policy *
✓	School website
	School cafeteria or eating areas
	To foodservice staff
	To students
✓	Upon request
	School main office
	To parent/teacher organization
	To administrators
	This information is not available for distribution
	School does not have a Local Wellness Policy
Scho	ol Menu for Breakfast and Lunch *
✓	School website
	School cafeteria or eating areas
✓	To foodservice staff
	To students
V	Upon request
V	School main office

☐ To parent/teacher organization	
☐ To administrators	
☐ This information is not available for distribution	
☐ School does not have a school menu	
Nutritional Content of Each Menu Item *	
☐ School website	
☐ School cafeteria or eating areas	
✓ To foodservice staff	
☐ To students	
✓ Upon request	
☐ School main office	
☐ To parent/teacher organization	
☐ To administrators	
☐ This information is not available for distribution	
☐ School does not have nutritional content of menu items	
Ingredients of Each Menu Item *	
☐ School website	
☐ School cafeteria or eating areas	
✓ To foodservice staff	
☐ To students	
✓ Upon request	
☐ School main office	
☐ To parent/teacher organization	
☐ To administrators	

		This information is not available for distribution
		School does not have ingredients of menu items
		mation on where fruits and vegetables served in school are grown and whether growers are engaged in ble agriculture practices *
		School website
		School cafeteria or eating areas
		To foodservice staff
		To students
	V	Upon request
		School main office
		To parent/teacher organization
		To administrators
		This information is not available for distribution
		School does not have this information
6.02	Do y	you offer vegetarian options at your school? *
	⊙ Y	Yes
	O N	No
	Are s	students and parents informed about the availability of vegetarian food options at your school? *
	⊙ Y	Yes
	O N	No.
	How	are vegetarian food options made available to students at your school?
	V	Veg food options are available at Breakfast
	V	Veg food options are rotated daily to avoid repetition
	✓	Veg food options are available at Lunch

✓	Veg food options are clearly labeled or identified
V	Veg accommodations available through formal process or upon request
5.03 Are	milk alternatives, such as soy milk or lactose free milk, available at your school? *
⊙ Y	Yes .
O 1	No
Ares	students and parents informed about the availability of milk alternatives? *
⊙ Y	⁄es
O 1	No

Section 7: Environment

Recommended points of contact for this section: Principal and Lead Science Teacher.

Data from the School Health Profile will be used to complete the Environmental Literacy Indicator Tool, a biennial survey used to determine progress on environmental literacy goals in the Chesapeake Bay Watershed Agreement. In the future, compiled results will be available on the chesapeakebayprogress.com website.

7.01 Does your school have an outdoor learning space? *	
⊙ <u>y</u>	Yes .
0 1	No
How	many students are exposed to 10 or more hours of outdoor learning per school year? * 366
How i	s your outdoor learning space used?
Instr	ruction
	English
✓	Art
	Math
✓	Music
/	Science
V	Physical Education
	Social Studies
	Health Education
	Other
Scho	ol Meals
✓	Breakfast
✓	Lunch
✓	Fresh Fruit and Vegetable Program (FFVP)
V	Snack

	Supper
	Other
Socia	al Development
	Morning Meetings
√	After-School Activities
✓	Student Activity Club Meetings
	Wellness Breaks
✓	Educator Wellness Programs
	Other
Outdo	oor learning coordinator(s):
First	Name * Travis
Last	Name * Sherlin
Emai	l* travis@breakthroughmontessori.org
First	Name NA
Last	Name NA
Emai	l NA
7.02 Doe	s your school currently have a School Garden? *
O 7	Yes .
0 1	No
Gard	en Contact
First	Name * Emily
Last	Name * Hedin
Emai	l* emily@breakthroughmontessori.org

First Name NA
Last Name NA
Email NA
7.03 Did any of your classes or student groups attend a farm field trip this year? *
O Yes
⊙ No
7.04 Does your school offer an Environmental Science Class? *
⊙ Yes
O No
How many students are enrolled in this course in the 2022-23 school year? 346
Lead Science Teacher/Environmental Literacy Instructor
First Name * Travis
Last Name * Sherlin
Email * travis@breakthroughmontessori.org
First Name NA
Last Name NA
Email NA
7.05(a) Please select the environmental literacy topics currently addressed in your school. Grades: $K-5$
Air (e.g., quality, climate change) *
⊙ Yes
O No
Curriculum * Montessori Curriculum

Water (e.g., stormwater, rivers, aquatic wildlife) *
⊙ Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
Resource Conservation (e.g., energy, waste, recycling) *
⊙ Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
Health (e.g., nutrition, gardens, food) *
⊙ Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
Land (e.g., plants, soil, urban planning, terrestrial wildlife) *
⊙ Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
7.05(b) Please select the environmental literacy topics currently addressed in your school. Grades: 6-8
Air (e.g., quality, climate change) *

Course * Montessori Course

• Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
Water (e.g., stormwater, rivers, aquatic wildlife) *
⊙ Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
Resource Conservation (e.g., energy, waste, recycling) *
• Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
Health (e.g., nutrition, gardens, food) *
O Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course
Land (e.g., plants, soil, urban planning, terrestrial wildlife) *
⊙ Yes
O No
Curriculum * Montessori Curriculum
Course * Montessori Course

7.06 Which of the following groups in your school participated in environmental education (EE) learning experiences provided by outside organizations or agencies?

	Teachers of Grades K – 5 *
	O Yes
	⊙ No
	Teachers of Grades 6 – 8 *
	O Yes
	⊙ No
	Administrators *
	O Yes
	⊙ No
	For each grade at your school, please indicate the level of participation in Meaningful Watershed Educational periences (MWEE).
	Grades: K – 5 *
	O A system wide Meaningful Watershed Educational Experience is in place.
	O Some classes participated in a Meaningful Watershed Educational Experience.
	• No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.
	Grades: 6 – 8 *
	O A system wide Meaningful Watershed Educational Experience is in place.
	O Some classes participated in a Meaningful Watershed Educational Experience.
	O No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.
7.08	B Does your school implement any practices related to sustainable, green schools? *
	School-wide Recycling Program

√	Lead testing of water		
	On-site Composting		
	LEED Certification		
	Project Learning Tree Green Schools		
	National Wildlife Federation Eco-Schools		
√	Environmentally friendly cleaning products		
/	Landscaping with native plants		
V	Stormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens)		
/	Other		
	None of these		
Please specify * working insect hotel			
7.09 What type of recycling hauling services does your school receive? *			
7.09 Wn	at type of recycling hauling services does your school receive? *		
7.09 Wh	Cardboard only		
7.09 Wh			
	Cardboard only		
	Cardboard only Paper and cardboard only		
	Cardboard only Paper and cardboard only Mixed recyclables (plastic, metals, glass) only		
	Cardboard only Paper and cardboard only Mixed recyclables (plastic, metals, glass) only Co-mingled paper, cardboard, and mixed recyclables together ("single-stream")		
	Cardboard only Paper and cardboard only Mixed recyclables (plastic, metals, glass) only Co-mingled paper, cardboard, and mixed recyclables together ("single-stream") Organics		
	Cardboard only Paper and cardboard only Mixed recyclables (plastic, metals, glass) only Co-mingled paper, cardboard, and mixed recyclables together ("single-stream") Organics Other		
	Cardboard only Paper and cardboard only Mixed recyclables (plastic, metals, glass) only Co-mingled paper, cardboard, and mixed recyclables together ("single-stream") Organics Other None of these		
	Cardboard only Paper and cardboard only Mixed recyclables (plastic, metals, glass) only Co-mingled paper, cardboard, and mixed recyclables together ("single-stream") Organics Other None of these s your school compost? *		

	Other
V	No, we don't compost
	es your school promote the Environmental Protection Agency's Indoor Air Quality Tools for Schools n to reduce exposure to environmental factors that impact asthma among children and adults in public *
•	Yes
0	No
7.12 Do	es your school purchase environmentally friendly cleaning supplies? *
O	Yes
0	No
7.13 Doc	es your school cleaning/maintenance staff follow green cleaning procedures? *
0	Yes
0	No