# 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 \*

135

1.03 LEA Name \*

Meridian PCS

1.04 School Code \*

165

1.05 School Name \*

Meridian PCS

1.06 Ward \*

1

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 you have nursing and/or allied health professional coverage in your school? *	
• Yes	
O No	
Please state the	ne coverage of nursing and/or allied health professional coverage in your school.
Number of f	all time nurses * 2
Funding Sou	rce * Provided by DC Health
Number of p	art time nurses * 0
Funding Sou	rce * NA
Number of f	all time allied health professionals * 2
Funding Sou	rce * Provided by DC Health
Number of p	art time allied health professionals * 0
Funding Sou	rce * NA
2.02 What type(	s) of health services does your school offer to students? *
☐ Access	and/or referrals to medical providers through a systematic process
Preven	tion materials and resources for chronic diseases
Screen	ing, testing, and/or treatment for chronic diseases (diabetes, obesity, asthma, etc.)
On-site	COVID-19 testing
Preven	tion materials and resources for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)
✓ Screen	ing, testing, and/or treatment for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)

<b>✓</b>	Oral health services (dental screening, cleaning, counseling, etc.)
<b>/</b>	Vision screenings
<b>/</b>	Hearing screenings
	On-site COVID-19 vaccinations and routine pediatric immunizations
2.03 Doe	s your school partner with any outside programs or organizations to provide health services to students?
<b>O</b>	Yes
0	No
Plea	ase 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
<b>V</b>	Hillcrest Children and Family Center
	Howard University Hospital
	MBI Health Services
	Paving the Way MSI
	SMILE Therapy Services
	Other
2.04 Doe	s your school have at least two unexpired undesignated epinephrine auto-injectors? *
⊙ ·	Yes
0	No

2.05 Does your school have at least two employees or agents (outside of the school nurse) who are certified to administer both an undesignated and a designated epinephrine auto-injector during all hours of the school day in case of an anaphylactic emergency?

O No
Please provide the names of AOM (Administration of Medication) certified personnel at your school and when they were certified, if applicable
First Name * Angelicia
Last Name * Robinson
Email * arobinson@meridian-dc.org
Date of Certification * 2/7/2022
First Name * Anquelique
Last Name * Powells
Email * apowells@meridian-dc.org
Date of Certification * 3/11/2022
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 women's and one gender-neutral bathroom (or if your school does not have a gender-neutral bathroom, then at least one men's bathroom)? $*$
At least one Women's bathroom
At least one Gender-neutral bathroom
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? *

Yes

O Yes
⊙ 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 perioducts? *
O Yes
⊙ 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) *
⊙ Yes
O No
# of Full Time * 1
Funding Source * Self Funded
# of Part Time * 0
Funding Source * NA
Licensed Graduate Social Worker (LGSW) *
O Yes
⊙ No

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 * Elizabeth
Last Name * Pinede
Email * epinede@meridian-dc.org
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
0 1	No
Plea Health, 6	se identify their name(s) below (including Community Based Organizations, Department of Behavioral etc.). *
	Children's National
<b>V</b>	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
2.13 Doe	s your school facilitate parent engagement?
⊙ ·	Yes
0 1	No
2.14 Doe	s your school offer any health and wellness education for parents? *
<b>O</b> '	Yes
0 1	No
Whi	ch of the following health and wellness education options does your school offer to parents? *
✓ rou	Health risks related education (e.g. managing student asthma, importance of annual well-child visits and time 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)
<b>V</b>	Physical activity education (e.g. Zumba, yoga, parent-child exercise classes)
✓ rela	Personal health education (e.g. how to talk to your child about appropriate touch, puberty, healthy ationships, sexual health resources)
<b>✓</b>	COVID-19 risks related education (e.g. mitigation strategies, vaccination, etc.)
	Other
2.15 Doe	s your school offer any health and wellness initiatives to staff that contribute to a positive school climate?
<b>⊙</b> ′	Yes
0 1	No
Wha	at type of staff wellness initiatives does your school offer that contribute to a positive school climate? *
<b>✓</b> day	Organizational structures to support staff wellness (lactation rooms, welcoming break rooms, early dismissal vs, opportunities to engage teacher voice and build trusting relationships, etc.)
✓ like	Staff wellness events (retreats, wellness days, workshops, campaigns, etc.) to promote positive self-care skills e fitness, nutrition, stress management, etc.
<b>✓</b>	Professional development (Trauma informed care, self-care, grief and loss, etc.)
✓ cor	Mental/Behavioral health services offered through an Employee Assistance Program or partnering nmunity-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? \* 0
- 3.03 How many teachers instruct both health and physical education in your school? \* 3

**Dual Instructor 1** 

First Name \* James

Last Name \* Seitz

Dual Instructor 2
First Name Brittany
Last Name Thomas
Email bthomas@meridian-dc.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 * 60
Grade 1 (Minutes/Week) * 60
Grade 2 (Minutes/Week) * 60
Grade 3 (Minutes/Week) * 60
Grade 4 (Minutes/Week) * 60
Grade 5 (Minutes/Week) * 60
Grade 6 (Minutes/Week) * 60
Grade 7 (Minutes/Week) * 60
Grade 8 (Minutes/Week) * 60
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.)? *
⊙ Yes
O No
Name of agency or organization
If yes, please specify the name(s) of the partner program or organization below. *
Department of Behavioral Health

Email \* jseitz@meridian-dc.org

OC Health
☐ Food Corps
☐ FRESHFARM Food Prints
☐ Teen Promise Project
☐ Grass Roots Project
☐ Hillcrest Children and Family Center
☐ Howard University Hospital
☐ Martha's Table
☐ Mary's Center
Other
3.08 Does your school teach the following health education topics? Grades: $K{-}5$
Alcohol, Tobacco, and Other Drugs Prevention Education
⊙ Yes
O No
If Yes, what curriculum do you use? Teacher planned lessons
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? Teacher planned lessons

O Yes	
O No	
If Yes, what curriculum do you use?	OSSE PE Standards
Mental and Emotional Health Educa	tion
• Yes	
O No	
If Yes, what curriculum do you use?	OSSE PE Standards
Safety Skills Education	
⊙ Yes	
O No	
If Yes, what curriculum do you use?	Teacher Planned Lessons
<b>Suicide Prevention Education</b>	
O Yes	
⊙ No	
If Yes, what curriculum do you use?	NA
3.08 Does your school teach the following	s health education topics? Grades: 6 - 8
Alcohol, Tobacco, and Other Drugs l	Prevention Education
⊙ Yes	
O No	
If Yes, what curriculum do you use?	Teacher Planned Lessons
<b>Disease Prevention Education</b>	
⊙ Yes	
O No	

If Yes, what curriculum do you use? Decisions for Health

<b>Human Body and Personal Health E</b>	ducation
• Yes	
O No	
If Yes, what curriculum do you use?	OSSE PE Standards
HIV/STI Prevention Education	
O Yes	
⊙ No	
If Yes, what curriculum do you use?	NA
<b>Nutrition Education</b>	
⊙ Yes	
O No	
If Yes, what curriculum do you use?	OSSE PE Standards
Mental and Emotional Health Educa	ntion
⊙ Yes	
O No	
If Yes, what curriculum do you use?	Decisions of Health
Safety Skills Education	
⊙ Yes	
O No	
If Yes, what curriculum do you use?	Teacher Planned Lessons
If Yes, what curriculum do you use?  Suicide Prevention Education	Teacher Planned Lessons
	Teacher Planned Lessons
Suicide Prevention Education	Teacher Planned Lessons

If Yes, what curriculum do you use?  $\,\,\mathrm{NA}$ 

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

### **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.

Physical Education Minutes: 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 \* 60

Grades: 6 - 8 Minutes/Week \* 120

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

**Grades:** K – 5 \* Teacher Planned Lessons

**Grades:** 6 - 8 \* Teacher Planned Lessons

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 \*

O Less than 50%

<b>⊙</b> 5	50% or more
Grad	les: 6 - 8 *
O 1	Less than 50%
<b>⊙</b> 5	50% or more
4.04 Pleas students:	se indicate the average number of minutes per day of physical activity offered for pre-K3 and pre-K4 * 30
Pleas	e indicate the number of sessions of outdoor physical activity per day 1
Pleas	e indicate the average minutes per session of outdoor physical activity per day 30
4.05 Hov	many minutes per day do students get recess on average?
Grad	es: K – 5 * 30
Grad	es: 6 - 8 * 15
4.06 Wha	at strategies does your school use, during or outside of regular school hours, to promote physical activity? *
<b>✓</b>	Active Recess
<b>✓</b>	Movement in the Classroom
<b>√</b>	Walk to School
<b>✓</b>	After-School Activities
<b>✓</b>	Athletic Programs
<b>V</b>	Safe Routes to School
<b>✓</b>	Bike to School
<b>✓</b>	Playground/field on school campus
<b>✓</b>	Before-School Activities
<b>✓</b>	Playground/field off of school campus
<b>V</b>	Reward for student achievement or good behavior
<b>√</b>	Shared Use Agreement with organizations providing physical activity outside of normal school day
<b>V</b>	Gardening

<b>✓</b>	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)? *
O Yes
⊙ No
O I have never heard of GFPP
5.07 Does your school have a local 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
<b>✓</b>	To foodservice staff
<b>✓</b>	To students
	Upon request
<b>✓</b>	School main office
<b>✓</b>	To parent/teacher organization
<b>✓</b>	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
<b>✓</b>	To foodservice staff
<b>✓</b>	To students
<b>√</b>	Upon request
<b>✓</b>	School main office

<b>✓</b>	To parent/teacher organization
<b>✓</b>	To administrators
	This information is not available for distribution
	School does not have a school menu
Nutr	ritional Content of Each Menu Item *
	School website
	School cafeteria or eating areas
<b>V</b>	To foodservice staff
	To students
<b>√</b>	Upon request
	School main office
	To parent/teacher organization
<b>√</b>	To administrators
	This information is not available for distribution
	School does not have nutritional content of menu items
Ingr	edients of Each Menu Item *
	School website
	School cafeteria or eating areas
<b>✓</b>	To foodservice staff
	To students
<b>√</b>	Upon request
	School main office
	To parent/teacher organization
<b>✓</b>	To administrators

	This information is not available for distribution
	School does not have ingredients of menu items
	rmation 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
<b>V</b>	To foodservice staff
	To students
<b>√</b>	Upon request
	School main office
	To parent/teacher organization
<b>√</b>	To administrators
	This information is not available for distribution
	School does not have this information
6.02 Do y	ou offer vegetarian options at your school? *
⊙ Y	Z'es
ON	No
Are s	students and parents informed about the availability of vegetarian food options at your school? *
⊙ Y	/es
O 1	No
How	are vegetarian food options made available to students at your school?
<b>√</b>	Veg food options are available at Breakfast
<b>✓</b>	Veg food options are rotated daily to avoid repetition
$\checkmark$	Veg food options are available at Lunch

✓	Veg food options are clearly labeled or identified
<b>✓</b>	Veg accommodations available through formal process or upon request
6.03 Are	milk alternatives, such as soy milk or lactose free milk, available at your school? *
<b>O</b> Y	Yes
0 1	No
Ares	students and parents informed about the availability of milk alternatives? *
<b>O</b> Y	Yes
0 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? *	
⊙ Yes	
0 1	No
How	many students are exposed to 10 or more hours of outdoor learning per school year? * 620
How i	s your outdoor learning space used?
Instr	ruction
<b>V</b>	English
<b>✓</b>	Art
<b>✓</b>	Math
<b>✓</b>	Music
<b>V</b>	Science
<b>/</b>	Physical Education
<b>/</b>	Social Studies
<b>✓</b>	Health Education
	Other
Scho	ol Meals
<b>V</b>	Breakfast
<b>✓</b>	Lunch
<b>√</b>	Fresh Fruit and Vegetable Program (FFVP)
<b>✓</b>	Snack

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? 50
Lead Science Teacher/Environmental Literacy Instructor
First Name * Akoya
Last Name * Durham
Email * adurham@meridian-dc.org
First Name Trevor
Last Name Proctor
Email tproctor@meridian-dc.org
$7.05(a) \ Please \ select \ the \ environmental \ literacy \ topics \ currently \ addressed \ in \ your \ school. \ Grades: \ K-5$
Air (e.g., quality, climate change) *
⊙ Yes
O No
Curriculum * Teacher planned lessons
Course * Science
Water (e.g., stormwater, rivers, aquatic wildlife) *
⊙ Yes
O No
Curriculum * Teacher planned lessons
Course * Science
Resource Conservation (e.g., energy, waste, recycling) *
O V
⊙ Yes

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

Resource Conservation (e.g., energy, waste, recycling) *	
⊙ Yes	
O No	
Curriculum * Teacher planned lessons	
Course * Science	
Health (e.g., nutrition, gardens, food) *	
O Yes	
O No	
Curriculum * Teacher planned lessons	
Course * Science	
Land (e.g., plants, soil, urban planning, terrestrial wildlife) *	
⊙ Yes	
O No	
Curriculum * Teacher planned lessons	
Course * Science	
.06 Which of the following groups in your school participated in environmental education (EE) learn xperiences provided by outside organizations or agencies?	ing
Teachers of Grades K – 5 *	
O Yes	
⊙ No	
Teachers of Grades 6 – 8 *	
O Yes	
⊙ No	

Course \* Science

	Administrators *
	O Yes
	⊙ No
	7 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.
	O 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.
	• No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.
7.0	8 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
	Stormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens)

	Other			
	None of these			
7.09 Wh	at type of recycling hauling services does your school receive? *			
<b>✓</b>	Cardboard only			
<b>✓</b>	Paper and cardboard only			
<b>✓</b>	Mixed recyclables (plastic, metals, glass) only			
<b>✓</b>	Co-mingled paper, cardboard, and mixed recyclables together ("single-stream")			
	Organics			
	Other			
	None of these			
7.10 Does your school compost? *				
	Yes, we participate in an organics recycling (off-site composting) program			
<b>V</b>	Yes, on-site outdoors (e.g. in garden)			
	Yes, on-site indoors (e.g. worm bin in classroom)			
	Other			
	No, we don't compost			
	s your school promote the Environmental Protection Agency's Indoor Air Quality Tools for Schools to reduce exposure to environmental factors that impact asthma among children and adults in public *			
<b>O</b>	Yes			
0	No			
7.12 Doe	s your school purchase environmentally friendly cleaning supplies? *			
<b>O</b>	Yes			
0 1	No			

7.15 Does your school cleaning/maintenance stail follow green cleaning procedures?			
• Yes			
O No			