



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

**2016-17 SCHOOL YEAR**

## **SCHOOL HEALTH PROFILE FORM**

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### **Healthy Schools Act of 2010**

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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 Feb. 15 of each year.

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

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

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## 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 2016-17 school year, unless otherwise noted. Once submitted, OSSE will e-mail a PDF copy 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.

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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 Frequently Asked Questions (FAQs) at the end of this document. Words and questions with a "^" symbol have been defined and/or clarified in the Definitions and Question Assistance section, also at the end of this document.

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**Submission Deadlines** Forms must be received on or before Feb. 15 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 Feb. 15, 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 DC Council, and the Healthy Youth and Schools Commission.

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

- The SHP form must be completed and submitted through <https://octo.quickbase.com>. Contact [OSSE.callcenter@dc.gov](mailto:OSSE.callcenter@dc.gov) for more information.
- Due to skip patterns, you may not answer all the questions. For example, if your school does not have a website, you will move automatically to question 7.

**For assistance, please call (202) 719-6500 or e-mail [OSSE.callcenter@dc.gov](mailto:OSSE.callcenter@dc.gov).**

- For more information, see the FAQs page at 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

5. LEA Name\* \_\_\_\_\_

5a. 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\*

Pre-K       3       7       11  
 K       4       8       12  
 1       5       9       Adult  
 2       6       10       Other \_\_\_\_\_

9. Contact Name\* \_\_\_\_\_

9a. Contact E-mail\* \_\_\_\_\_

9b. Contact Job Title\* \_\_\_\_\_

*OSSE will contact this person if there are questions about the SHP. This person will automatically be added as a user for the 2017-18 HSA SHP and will receive a PDF copy of the completed HSA SHP via e-mail for posting per section 602(c) of the Healthy Schools Act of 2010.*

## Section 2: Health Services

*Recommended point of contact for this section: School Health Providers*

**10. Do you have nursing and/or paraprofessional coverage in your school?\***

Yes  No

**10a. Please state the coverage of nursing and/or paraprofessional coverage in your school:\***

Nurse \_\_\_\_\_ # full time (0 – 10) \_\_\_\_\_ # part time (0 – 10)

Paraprofessional \_\_\_\_\_ # full time (0 – 10) \_\_\_\_\_ # part time (0 – 10)

**10b. For the coverage you indicated in 10a, please state the funding source:\***

Nurse	Yes	No	Paraprofessional	Yes	No
Self-funded	<input type="checkbox"/>	<input type="checkbox"/>	Self-funded	<input type="checkbox"/>	<input type="checkbox"/>
Provided by the Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	Provided by the Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**11. Please indicate the type(s) of health services your school offers to students and whether these are offered through the DC Department of Health (DOH) or through another source: *Select all that apply***

Infectious Diseases (e.g. HIV/AIDS, sexually transmitted infections, meningitis)	Service offered by?			
	DOH	Other	Not offered	Don't know
Access and/or referrals to medical providers through a systematic process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention materials and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening/testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Chronic Diseases** (e.g. diabetes, obesity, asthma)

**Service offered by?**

	DOH	Other	Not offered	Don't know
Access and/or referrals to medical providers through a systematic process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention materials and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening/testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. How many of the following clinical staff are currently employed, work as a contractor, or volunteer at your school?\***

Psychiatrist	___ # full time (0 – 10)	___ #part time (0 – 10)
Psychologist	___ # full time (0 – 10)	___ #part time (0 – 10)
Licensed Independent Clinical Social Worker (LICSW)	___ # full time (0 – 10)	___ #part time (0 – 10)
Licensed Professional Counselor (LPC)	___ # full time (0 – 10)	___ #part time (0 – 10)

**13. What type of training do you provide for each audience on your anti-bullying policy? *Select all that apply***

Staff	Yes	No
Professional Development (internal)	<input type="checkbox"/>	<input type="checkbox"/>
Webinars	<input type="checkbox"/>	<input type="checkbox"/>
Written Materials	<input type="checkbox"/>	<input type="checkbox"/>
Outside Organizations: Which one(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>Students</b>	<b>Yes</b>	<b>No</b>
Professional Development (internal)	<input type="checkbox"/>	<input type="checkbox"/>
Webinars	<input type="checkbox"/>	<input type="checkbox"/>
Written Materials	<input type="checkbox"/>	<input type="checkbox"/>
Outside Organizations: Which one(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>Parents/Community</b>	<b>Yes</b>	<b>No</b>
Professional Development (internal)	<input type="checkbox"/>	<input type="checkbox"/>
Webinars	<input type="checkbox"/>	<input type="checkbox"/>
Written Materials	<input type="checkbox"/>	<input type="checkbox"/>
Outside Organizations: Which one(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Health Education Instruction

***Recommended point of contact for this section: Health Education Teacher, Physical Education teacher***

**Important Definitions for this Section:**

Health Education: Health education is defined by the Centers for Disease Control and Prevention as education that 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.

Physical Education: Physical education (PE) provides students with a structured, sequential, standards-based program of instruction designed to: develop knowledge on motor skills, health-related benefits of active living, and physical activity; increase self-esteem and social responsibility; build a foundation of practices that promote and facilitate the attainment of movement skills, fitness, and physical activities that can be maintained throughout life.

Health Education Minutes: This number should represent the average number of minutes over the course of the year. If a student only receives health education for one semester or one quarter, please average the minutes for the whole year. Do **NOT** include physical education instruction time in this figure. This average should only include time that a particular student in each grade would receive health education instruction taught with a curriculum specifically designed for health education. For this question, please indicate an average between 0 and 125 minutes of health education that your school provides per grade for every week of the school year.

**14. How many teachers instruct only health education in your school?\*** \_\_\_\_\_ (0 – 10)

*Note: Please make sure teachers reported in questions 14, 15, and 16 are not counted for more than one time.*

**14a. Name of Health Education Instructor 1**

\_\_\_\_\_

**14ai. Health Education Instructor 1 E-mail**

\_\_\_\_\_

**14b. Name of Health Education Instructor 2**

\_\_\_\_\_

**14bi. Health Education Instructor 2 E-mail**

\_\_\_\_\_

**14c. Name of Health Education Instructor 3**

\_\_\_\_\_

**14ci. Health Education Instructor 3 E-mail**

\_\_\_\_\_

**15. How many teachers instruct only physical education in you school?\*** \_\_\_\_\_ (0 – 10)

**15a. Name of Physical Education Instructor 1**

\_\_\_\_\_

**15ai. Physical Education Instructor 1 E-mail**

\_\_\_\_\_

**15b. Name of Physical Education Instructor 2**

\_\_\_\_\_

**15bi. Physical Education Instructor 2 E-mail**

\_\_\_\_\_

**15c. Name of Physical Education Instructor 3**

\_\_\_\_\_

**15ci. Physical Education Instructor 3 E-mail**

\_\_\_\_\_

**16. How many teachers instruct *both* health and physical education in your school?\*** \_\_\_\_\_ (0 – 10)

**16a. Name of Dual Instructor 1**

\_\_\_\_\_

**16ai. Dual Instructor 1 E-mail**

\_\_\_\_\_

**16b. Name of Dual Instructor 2**

\_\_\_\_\_

**16bi. Dual Instructor 2 E-mail**

\_\_\_\_\_

**16c. Name of Dual Instructor 3**

\_\_\_\_\_

**16ci. Dual Instructor 3 E-mail**

\_\_\_\_\_

**17. If your school partners with any outside programs or organizations to satisfy the health education requirements (including nutrition, alcohol, tobacco and other drugs, sexual health, oral health, etc.), please specify their name below.\***

Name of agency or organization: \_\_\_\_\_

No current partnership(s)

**18. For each grade span in your school, please indicate the average number of minutes per week during the regular instructional school week that students receive health education instruction:\***<sup>^</sup>

Grades: K – 5    Minutes/Week: \_\_\_\_\_ (0 – 125)

Grades: 6 – 8    Minutes/Week: \_\_\_\_\_ (0 – 125)

**19. Please indicate the total Carnegie Units/credit hours of health education instruction that your school offers for high school students per year:** \_\_\_\_\_ Units/year

**20. For the health topics listed, please specify which health education curriculum (or curricula) your school uses for instruction: *Select all that apply***

*Note: Please state the curriculum's full name. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.*

**Grades: K – 5**

**No curriculum is used**

Mental and Emotional Health  
Curriculum:

Safety Skills  
Curriculum:

Human Body and Personal Health  
Curriculum:

Disease Prevention  
Curriculum:

Nutrition  
Curriculum:

Alcohol, Tobacco and Other Drugs  
Curriculum:

**Grades: 6 – 8**

**No curriculum is used**

Mental and Emotional Health  
Curriculum:

Safety Skills  
Curriculum:

Human Body and Personal Health  
Curriculum:

Disease Prevention

Curriculum:

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Nutrition  
Curriculum:

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Alcohol, Tobacco and Other Drugs  
Curriculum:

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**Grades: 9 – 12**

**No curriculum is used**

Mental and Emotional Health  
Curriculum:

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Safety Skills  
Curriculum:

---

Human Body and Personal Health  
Curriculum:

---

Disease Prevention  
Curriculum:

---

Nutrition  
Curriculum:

---

Alcohol, Tobacco and Other Drugs  
Curriculum:

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## Section 4: Physical Education Instruction

*Recommended point of contact for this section: Physical Education Teacher*

### **Important Definitions for this Section:**

**Physical Education:** Physical education provides students with a structured, sequential, standards-based program of instruction designed to: develop knowledge on motor skills, health-related benefits of active living, and physical activity; increase self-esteem and social responsibility; build a foundation of practices that promote and facilitate the attainment of movement skills, fitness, and physical activities that can be maintained throughout life.

**Physical Education Minutes:** This number should represent the average number of minutes over the course of the year. If a student only receives physical education for one semester or one quarter, please average the minutes for the whole year. Do **NOT** include health education instruction time in this figure. This average should only include time that students receive physical education instruction with a curriculum specifically designed for physical education. For this question, please indicate an average between 0 and 225 for grades K – 5 and between 0 and 300 for grades 6 – 8.

**Physical Activity:** Any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a resting level. Physical activity can be repetitive, structured, and planned movement; leisurely; sports-focused; work-related; or transportation-related.

**Physical Activity Minutes:** This number should include the time that students are participating in moderate to vigorous physical activity. It should **NOT** include time devoted to administrative tasks, transitions, or breaks. The number reported in question 22 cannot exceed the number in question 22a. For this question, please indicate an average between 0 and 225 for grades K – 5 and between 0 and 300 for grades 6 – 8.

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Active Recess           | <input type="checkbox"/> Movement in the Classroom | <input type="checkbox"/> Walk to School        |
| <input type="checkbox"/> After-School Activities | <input type="checkbox"/> Athletic Programs         | <input type="checkbox"/> Safe Routes to School |
| <input type="checkbox"/> None                    | <input type="checkbox"/> Bike to School            |  |
| <input type="checkbox"/> Other: _____            |  |  |

### **22. 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: \_\_\_\_\_ (0 – 225)

Grades: 6 – 8    Minutes/Week: \_\_\_\_\_ (0 – 300)

**22a. For each grade span 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.\*^**

Grades: K – 5 Minutes/Week: \_\_\_\_\_ (0 – 225)

Grades: 6 – 8 Minutes/Week: \_\_\_\_\_ (0 – 300)

**23. Please indicate the Carnegie Units/credit hours of physical education instruction that your school offers for high school students per year: \_\_\_\_\_ Units/year**

**23a. 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.\*^**

Grades: 9 – 12 Minutes/Week: \_\_\_\_\_ (0 – 300)

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

*Note: Please state the curriculum's full name. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.*

Grades: K – 5 Curriculum: \_\_\_\_\_

Grades: 6 – 8 Curriculum: \_\_\_\_\_

Grades: 9 – 12 Curriculum: \_\_\_\_\_

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

*Note: Please state the curriculum's full name. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.*

Grades: K – 5 Curriculum: \_\_\_\_\_

Grades: 6 – 8 Curriculum: \_\_\_\_\_

Grades: 9 – 12 Curriculum: \_\_\_\_\_

**26. How many minutes per week do students get recess on average?\***

Grades: K – 5 Minutes/Week: \_\_\_\_\_

Grades: 6 – 8 Minutes/Week: \_\_\_\_\_

Grades: 9 – 12 Minutes/Week: \_\_\_\_\_

## Section 5: School Nutrition and Local Wellness Policy

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

*Foods and/or beverages provided through vending machines, fundraisers, or school stores must meet following requirements of the United States Department of Agriculture’s Healthier US School Challenge Program at the Gold Award Level: Calories from total fat must be ≤ 35% (excluding nuts, seeds, nut butters, and reduced-fat cheese); trans-fat must < 0.5g; calories from saturated fat must be < 10% (reduced-fat cheese is exempt); total sugar must ≤ 35% by weight (including naturally occurring and added sugars); sodium must be ≤ 200mg per side dish and ≤ 480mg per main dish/entrée; and portion sizes must not exceed the serving size of foods served in the National School Lunch/School Breakfast Programs and/or exceed 200 calories.*

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

Yes  No

**28. Where are fruits and/or non-fried vegetables available for students on school grounds?\*** *Select all that apply*

	Available free/at no cost	Available for purchase	Not available
A La Carte in cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near the cash register in the service line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By the entrée selections in the service line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the beginning of the lunch line in the service line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere on school grounds – where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. When foods and/or beverages are offered at school celebrations, are fruits and/or non-fried vegetables provided?**

Yes  No

**30. How many vending machines are available to students?\*** \_\_\_\_\_ (0 – 10)

**30a. What hours are student vending machines available? *Select all that apply***

	<b>Yes</b>	<b>No</b>
Before and/or after school	<input type="checkbox"/>	<input type="checkbox"/>
During school hours	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, excluding meal times	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, only at meal times	<input type="checkbox"/>	<input type="checkbox"/>

**30b. What items are sold from student vending machines? *Select all that apply***

- |   |  |
|---|--|
| <input type="checkbox"/> 100% fruit and/or vegetable juice            | <input type="checkbox"/> Regular chips, pretzels and snack mixes |
| <input type="checkbox"/> Baked chips, lower calorie and/or fat snacks | <input type="checkbox"/> Sodas and/or fruit drinks               |
| <input type="checkbox"/> Fresh fruits and/or non-fried vegetables     | <input type="checkbox"/> Whole grain products                    |
| <input type="checkbox"/> Milk and dairy products                      | <input type="checkbox"/> Water                                   |
| <input type="checkbox"/> Other: _____                                 |  |

**31. If you have a school store, what are the hours of operation? *Select all that apply\****

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Before and/or after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, excluding meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, only at meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**31a. What food and/or beverages are sold in the school store? *Select all that apply***

- |   |  |
|---|--|
| <input type="checkbox"/> 100% fruit and/or vegetable juice            | <input type="checkbox"/> Regular chips, pretzels and snack mixes |
| <input type="checkbox"/> Baked chips, lower calorie and/or fat snacks | <input type="checkbox"/> Sodas and/or fruit flavored drinks      |
| <input type="checkbox"/> Fresh fruits and/or non-fried vegetables     | <input type="checkbox"/> Whole grain products                    |
| <input type="checkbox"/> Milk and dairy products                      | <input type="checkbox"/> Water                                   |
| <input type="checkbox"/> Other: _____                                 |  |

## Section 6: Distributing Information

**Recommended point of contact for this section: Principal, Business Manager, Director of Operations**

### **Important Definitions for this Section:**

**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.

### **32. Does your school have a wellness committee, school health council, or team?\***

Yes

No

### **33. How are following items distributed at your school? *Select all that apply***

#### ***LEA's Local Wellness Policy***

- |   |   |
|---|---|
| <input type="checkbox"/> School Website                   | <input type="checkbox"/> School Main Office                                 |
| <input type="checkbox"/> School Cafeteria or Eating Areas | <input type="checkbox"/> To parent/teacher organization                     |
| <input type="checkbox"/> To foodservice staff             | <input type="checkbox"/> To administrators                                  |
| <input type="checkbox"/> To students                      | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> School does not have a Local Wellness Policy       |

#### ***School Menu for Breakfast and Lunch***

- |   |   |
|---|---|
| <input type="checkbox"/> School Website                   | <input type="checkbox"/> School Main Office                                 |
| <input type="checkbox"/> School Cafeteria or Eating Areas | <input type="checkbox"/> To parent/teacher organization                     |
| <input type="checkbox"/> To foodservice staff             | <input type="checkbox"/> To administrators                                  |
| <input type="checkbox"/> To students                      | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> School does not offer school menu                  |

**Nutritional Content of Each Menu Item**

- School Website
- School Cafeteria or Eating Areas
- To foodservice staff
- To students
- Other: \_\_\_\_\_
- 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
- Other: \_\_\_\_\_
- School Main Office
- To parent/teacher organization
- To administrators
- This information is not available for distribution
- School does not have the ingredients of menu items

**Information on where fruits and vegetables served in school are grown and whether growers are engaged in sustainable agriculture^ practices**

- School Website
- School Cafeteria or Eating Areas
- To foodservice staff
- To students
- Other: \_\_\_\_\_
- School Main Office
- To parent/teacher organization
- To administrators
- This information is not available for distribution
- School does not have this information

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

- Yes
- No
- Vegetarian food options are not available

**35. 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

## Section 7: Environment

***Recommended point of contact for this section: Principal, Lead Science Teacher***

### **Important Definitions for this Section:**

School Gardens: outdoor spaces that engage students through hands-on lessons that enhance learning.

Meaningful Watershed Educational Experience (MWEE's): Provide students with a better understanding of the natural environment by connecting classroom learning with outdoor field investigations. MWEE's encourage students to define an environmental issue, investigate the issue by collecting data through outdoor field experiences, take action to address the environmental issue at the personal or societal level, and then analyze and evaluate the results of the investigation to communicate findings to an audience. More information about MWEE's can be found at [http://www.chesapeakebay.net/publications/title/meaningful\\_watershed\\_educational\\_experience](http://www.chesapeakebay.net/publications/title/meaningful_watershed_educational_experience).

**36. Does your school currently have a School Garden?\***<sup>^</sup>

Yes

No

**36a. Name of Garden Contact\*** \_\_\_\_\_

**36b. Garden Contact E-mail\*** \_\_\_\_\_

**37. Did any of your classes or student groups attend a farm field trip this year?\***

Yes

No

**37a. How many students attended a farm field trip?** \_\_\_\_\_

**37b. What farm(s) did the students visit? *Select all that apply***

- |  |  |
|--|--|
| <input type="checkbox"/> Alice Ferguson Foundation's Hard Bargain Farm       | <input type="checkbox"/> Common Good City Farm   |
| <input type="checkbox"/> Arcadia Center for Sustainable Food and Agriculture | <input type="checkbox"/> Red Wiggler Farm        |
| <input type="checkbox"/> Calleva Farm  | <input type="checkbox"/> Rocklands Farm          |
| <input type="checkbox"/> City Blossoms Community Green Spaces                | <input type="checkbox"/> Washington Youth Garden |
| <input type="checkbox"/> Other: _____  |  |

**37c. Was this trip funded through an OSSE Farm Field Trip grant?**

Yes

No

**38. Does your school offer an Environmental Science Class?\***

Yes  No

**38a. How many students are enrolled in this course in the 2016-17 school year? \_\_\_\_\_**

**39. Name of Lead Science Teacher/Environmental Literacy Instructor\***

\_\_\_\_\_

**39a. Lead Science Teacher/Environmental Literacy Instructor E-mail\***

\_\_\_\_\_

**40. 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:**

*Note: Please state the curriculum's full name. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.*

**Grades: K – 5**

**No curriculum is used**

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: \_\_\_\_\_

**Grades: 6 – 8**

**No curriculum is used**

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: \_\_\_\_\_

**Grades: 9 – 12**

**No curriculum is used**

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: \_\_\_\_\_

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

**41. Teachers of Grades K – 5**  Yes  No

**41a. Who was the provider?**

- Informal EE organization (e.g., Anacostia Watershed Society)
- Higher Education (e.g., University of the District of Columbia)
- Local Education Agency (e.g., DC Public Schools)
- State Education Agency (OSSE)
- Other District Agency (e.g., DC Department of Energy & Environment)
- Federal Program (e.g., Smithsonian Institution)
- Other, please list: \_\_\_\_\_

**42. Teachers of Grades 6 – 8**  Yes  No

**42a. Who was the provider?**

- Informal EE organization (e.g., Anacostia Watershed Society)
- Higher Education (e.g., University of the District of Columbia)
- Local Education Agency (e.g., DC Public Schools)
- State Education Agency (OSSE)
- Other District Agency (e.g., DC Department of Energy & Environment)
- Federal Program (e.g., Smithsonian Institution)
- Other, please list: \_\_\_\_\_

**43. Teachers of Grades 9 – 12**  Yes  No

**43a. Who was the provider?**

- Informal EE organization (e.g., Anacostia Watershed Society)
- Higher Education (e.g., University of the District of Columbia)
- Local Education Agency (e.g., DC Public Schools)
- State Education Agency (OSSE)
- Other District Agency (e.g., DC Department of Energy & Environment)
- Federal Program (e.g., Smithsonian Institution)
- Other, please list: \_\_\_\_\_

**44. Administrators**  Yes  No

**44a. Who was the provider?**

- Informal EE organization (e.g., Anacostia Watershed Society)
- Higher Education (e.g., University of the District of Columbia)

- Local Education Agency (e.g., DC Public Schools)
- State Education Agency (OSSE)
- Other District Agency (e.g., DC Department of Energy & Environment)
- Federal Program (e.g., Smithsonian Institution)
- Other, please list: \_\_\_\_\_

**45. For each grade at your school, please indicate the level of participation in Meaningful Watershed Educational Experiences (MWEE) ^.**

**Grades: K – 5**

- A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): \_\_\_\_\_
- Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): \_\_\_\_\_
- No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.

**Grades: 6 – 8**

- A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): \_\_\_\_\_
- Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): \_\_\_\_\_
- No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.

**Grades: 9 – 12**

- A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): \_\_\_\_\_
- Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): \_\_\_\_\_
- No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.

**46. What practices is your LEA implementing related to sustainable, green schools? *Select all that apply***

- School-wide Recycling Program
- Lead testing of water
- On-site Composting
- LEED Certification Type: \_\_\_ Silver      \_\_\_ Gold      \_\_\_ Platinum
- Project Learning Tree Green Schools
- National Wildlife Federation Eco-Schools



## 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* (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 SHP 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 HSA. A report is required by Section 405 of the HSA and is submitted by OSSE to the Mayor and City Council. Reports on the HSA may be found at: <http://osse.dc.gov/service/healthy-schools-act>.
  
3. **When is the SHP due?** The SHP is due by Feb. 15 of each year. The SHP should be submitted electronically no later than 5 p.m. on Monday, Feb. 15, 2017.
  
4. **Who should complete the SHP?** The Principal and contact person from the 2015-16 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](mailto:OSSE.callcenter@dc.gov) and include the designee' name, title, and email address along with the local education agency 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: School Nutrition and Local Wellness Policy	Principal, Food Services Director or Manager, Chair of School Wellness Council/Committee
6: Distributing Information	Principal
7: Environment	Principal, Lead Science Teacher

**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 “2016-17 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. 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 a webinar to review the login process, how to request access for new users, navigate through the application, and answer certain questions.

A recording of the webinar will be made available at: <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 a.m. – 5:30 p.m. or email [OSSE.callcenter@dc.gov](mailto:OSSE.callcenter@dc.gov).

## Definitions and Question Assistance

Q18, 19. Health Education: Health education is defined by the Centers for Disease Control and Prevention as education that 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.

Q18, 19. Health Education Minutes: This number should represent the average number of minutes over the course of the year. If a student only receives health education for one semester or one quarter, please average the minutes for the whole year. Do **NOT** include physical education instruction time in this figure. This average should only include time that a particular student in each grade would receive health education instruction taught with a curriculum specifically designed for health education. For this question, please indicate an average between 0 and 125 minutes of health education that your school provides per grade for every week of the school year.

Q15, 22, 22a, 23, 23a, 24. Physical Education: Physical education provides students with a structured, sequential, standards-based program of instruction designed to: develop knowledge on motor skills, health-related benefits of active living, and physical activity; increase self-esteem and social responsibility; build a foundation of practices that promote and facilitate the attainment of movement skills, fitness, and physical activities that can be maintained throughout life.

Q22, 23. Physical Education Minutes: This number should represent the average number of minutes over the course of the year. If a student only receives physical education for one semester or one quarter, please average the minutes for the whole year. Do **NOT** include health education instruction time in this figure. This average should only include time that students receive physical education instruction with a curriculum specifically designed for physical education. For this question, please indicate an average between 0 and 225 for grades K – 5 and between 0 and 300 for grades 6 – 8.

Q21, 22a, 23a, 25. Physical Activity: Any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a resting level. Physical activity can be repetitive, structured, and planned movement; leisurely; sports-focused; work-related; or transportation-related.

Q22a, 23a. Physical Activity Minutes: This number should include the time that students are participating in moderate to vigorous physical activity. It should **NOT** include time devoted to administrative tasks, transitions, or breaks. The number reported in question 21 cannot exceed the number in question 21a. The number reported in question 22 cannot exceed the number in question 22a. For this question, please indicate an average between 0 and 225 for grades K – 5 and between 0 and 300 for grades 6 – 8.

Q33. 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.

Q36. School Gardens: Outdoor spaces that engage students through hands-on lessons that enhance learning.

Q45. Meaningful Watershed Educational Experience (MWEE's): Provide students with a better understanding of the natural environment by connecting classroom learning with outdoor field investigations. MWEE's encourage students to define an environmental issue, investigate the issue by collecting data through outdoor field experiences, take action to address the environmental issue at the personal or societal level, and then analyze and evaluate the results of the investigation to communicate findings to an audience. More information about MWEE's can be found at [http://www.chesapeakebay.net/publications/title/meaningful\\_watershed\\_educational\\_experience](http://www.chesapeakebay.net/publications/title/meaningful_watershed_educational_experience).