



Office of the



State Superintendent of Education

SCHOOL HEALTH PROFILE FORM

Healthy Schools Act of 2010

Under Section 602 of the Healthy Schools Act of 2010 (B18-0564), each public school and public charter school within the District of Columbia is required to complete and submit the School Health Profile form to the Office of the State Superintendent of Education (OSSE) on or before January 15th of each year. Schools are also required to post the information requested in this School Health Profile form online if the school has a website and make the information available to parents for pick up at the main office.

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

Instructions

This School Health Profile form must be completed by each school. For example, if your school includes five campuses each campus must have a completed School Health Profile. Please complete all sections of the form. Once submitted, please post your School Health Profile form online if your school has a website and make it available to parents at your school's main office.

Submission Deadlines

Forms must be received on or before January 15th of each year. No exceptions will be made. It is highly recommended to submit your School Health Profile form as soon as possible and before the deadline. OSSE will post the information from each School Health Profile form on the OSSE website within 14 days of receipt. Schools that participate will be identified publicly and a report will be sent to the Mayor, City Council and Healthy Youth and Schools Commission.

The School Health Profile form can be completed and submitted on-line at www.osse.dc.gov or mailed in paper format to:

Office of the State Superintendent of Education
Wellness and Nutrition Services
810 First Street NE
4th Floor
Washington, DC 20002

For assistance, please call 202-741-6484 or email OSSE.HSAhealthform@dc.gov.



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Section 1: School Profile		
School Name		
Street Address		
Does your school currently have a Website? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is your school's website address?	
Section 2: Health Services		
How many school nurses are available at your school? <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more*	Does your school currently have a school-based health center? Yes <input type="checkbox"/> No <input type="checkbox"/>	
School Nurse 1 Coverage <input type="checkbox"/> Full- time <input type="checkbox"/> Part- time <input type="checkbox"/> None	School Nurse 2 Coverage <input type="checkbox"/> Full- time <input type="checkbox"/> Part- time <input type="checkbox"/> None	
Name of School Nurse 1	Nurse 1 Phone	E-mail Address
Suite/Room Location		
Name of School Nurse 2	Nurse 2 Phone	E-mail Address
Suite/Room Location		
How many Mental Health Counselors are available at your school? <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more*		
Mental Health Counselor 1 Coverage <input type="checkbox"/> Full- time <input type="checkbox"/> Part- time <input type="checkbox"/> None	Mental Health Counselor 2 Coverage <input type="checkbox"/> Full- time <input type="checkbox"/> Part- time <input type="checkbox"/> None	
Does your school currently have a school-based mental health program or similar services on site for students? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>*If the school has three or more school nurses and/or mental health counselors please attach additional information on each personnel requested in section 2.</i>		
Section 3: Health Education Instruction		
Does your school currently have a certified health teacher on staff? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did that teacher have a concentration in health and physical education in college? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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For each grade in your school, please indicate the average number of minutes per week during school hours students receive health education instruction.

Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____

Is the health education instruction based on the District’s health standards that specify what each student should know and be able to do to improve and maintain their health by the end of each grade level? Yes No

Section 4: Physical Education Instruction

For each grade in your school, please indicate the average number of minutes per week during school hours students receive in physical education instruction.

Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____

Is the physical education instruction based on the District’s physical education standards that identify what each student should know and be able to do at the end of each grade levels? Yes No

For each of the above grades, please indicate the number of minutes devoted to actual physical activity within the physical education course.

Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____

How does your school promote physical activity? (Check all that apply)

- Active Recess Movement in the Classroom Walk or Bike to School
- After-School Activities Athletic Programs Other(please specify): _____

Section 5: Nutrition Programs

Company name of food service vendor

Your Local Education Agency currently has a local wellness policy. Does your local wellness policy include the following:

The goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness Yes No

Nutrition guidelines for all foods available on each school campus during the school day with objectives of promoting student health and reducing childhood obesity. Yes No

A plan for measuring implementation for the local wellness policy, including designation of 1 or more persons within the local education agency or each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the local wellness policy

Yes No

Community involvement in the development of the school wellness policy Yes No

Goals for improving the environmental sustainability of schools Yes No

Goals for increasing the use of locally-grown, locally processed, and unprocessed foods growers engaged in sustainable agriculture practices Yes No

Increasing physical activity Yes No

Is your school currently in compliance of its local wellness policy? Yes No

Where can a copy of the policy be found?

- School Website School Main Office
 School Cafeteria or Eating Area Other (please specify): _____

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Where are the following items located at your school?

School Menu

- School Website School Main Office School Cafeteria or Eating Areas
 Other (please specify): _____

Nutritional Content of each Menu Item

- School Website School Main Office School Cafeteria or Eating Areas
 Other (please specify): _____

Ingredients of each Menu Item

- School Website School Main Office School Cafeteria or Eating Areas
 Other (please specify): _____

Information on where fruits served in schools are grown and processed?

- School Website School Main Office School Cafeteria or Eating Areas
 Other (please specify): _____

Information on where vegetables served in schools are grown and processed?

- School Website School Main Office School Cafeteria or Eating Areas
 Other (please specify): _____

Does your school offer lunch components that meet the Healthy Schools Act of 2010 lunch menu criteria, if so please specify if you serve the following:

A different vegetable at lunch each day of the week? Yes No

- Dark green vegetables at least twice a week? Yes No
- An orange vegetable at least once a week? Yes No
- Cooked dry beans or peas at least once a week? Yes No

A different fruit at lunch every day of the week? Yes No

- Fresh fruit at lunch twice a week? Yes No

Whole grains at lunch at least once a day? Yes No

Milk each day? Low-fat(1%)/flavored or unflavored Fat-free(skim)/flavored or unflavored

SCHOOL HEALTH PROFILE FORM

Farm-to-School Program

Does your school serve locally grown, processed, and unprocessed foods from growers engaged in sustainable agricultural practices? Yes No

If yes, how often?

- Once or twice per day Once or twice per week Three or four times per week
 Once or twice per month Other (please specify): _____

(Locally-grown means grown in Washington, DC, Maryland, Virginia, Delaware, West Virginia, Pennsylvania, North Carolina, and New Jersey. Preference given to foods grown in Washington, DC, Maryland or Virginia).

Does your grower engage in sustainable agriculture practices? Yes No

(Sustainable Agriculture means 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 non renewable 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.)

Are students and parents informed about the availability of vegetarian food options at your school? Yes No

If yes, where can they find these options?

- School Website School Main Office School Cafeteria or Eating Areas
 Other (please specify): _____

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

Yes No

If yes, where can they find these options?

- School Website School Main Office School Cafeteria or Eating Areas
 Other (please specify): _____

School Gardens Program

Does your school currently have a School Garden? Yes No

If no, is your school going to start a garden this school year? Yes No

Section 6: Posting and Form Availability to Parents

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

How will you make this information available to parents?

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

Please Do Not Complete This Section- Office Use Only	School ID
Section 602-A-2b Yes <input type="checkbox"/> No <input type="checkbox"/> Section 602-A-4a Yes <input type="checkbox"/> No <input type="checkbox"/> Section 602-D Yes <input type="checkbox"/> No <input type="checkbox"/>	Date received: _____ Date Posted: _____ Section 602-D Yes <input type="checkbox"/> No <input type="checkbox"/> Attachments Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____