2014-2015 SCHOOL HEALTH PROFILE FORM

Healthy Schools Act of 2010

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 February 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 in 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 February 15th of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010.

2014-2015 SCHOOL HEALTH PROFILE FORM

Section 1: School Profile

1. **Type of School ***

☑ Public School ☐ Public Charter School ☐ Private School

2. **LEA ID:** 1 3. **School Code:** 427 4. **Ward:** 7

5a. LEA Name*

District of Columbia Public Schools

5b. School Name*

Sousa Middle School

6. **Does your school currently have a website?*** ☑ Yes ☐ No

6a. What is your school's website address?

sousamiddlemiddleschool.org

7. **Current number of students enrolled*** 297

8. **Grades Served** *select all that apply**

☐ PS	☐ 2	☑ 6	☐ 10	
☐ PK	☐ 3	☑ 7	☐ 11	
☐ K	☐ 4	☑ 8	☐ 12	
☐ 1	☐ 5	☐ 9	☐ Adult	☐ Other

9a. Contact Name*

Clarence Humes

9b. Contact Email*

clarence.humes@dc.gov

9c. Contact Job Title*

Principal

OSSE will contact this person if there are questions about the Profile. This person will automatically be added as a user for the 2015-2016 Healthy Schools Act School Health Profile and will receive a PDF copy of the completed HSA School Health Profile via e-mail for posting per section 602(c) of the Healthy Schools Act.

Section 2: Health Services

Recommended point of contact for this section: School Health Providers

10.What type of nurse coverage does your school have?*

☑ Full-time ☐ Part- time ☐ No coverage

11.How many nurses are available at your school? *

☑ One ☐ Two ☐ Three or more

11a. Name of School Nurse 1 **11a1. School Nurse 1 E-mail**

Barbara Stewart

11b. Name of School Nurse 2 **11b1. School Nurse 2 E-mail**

11c. Name of School Nurse 3 **11c1. School Nurse 3 E-mail**

12.Does your school currently have a School Mental Health Program or similar services on site for students?*

☑ Yes ☐ No

13.How many of the following clinical staff does your school currently employ?

☐ Psychiatrist # full time # part time

☑ Psychologist 1 # full time # part time

☑ Licensed Independent Clinical Social Worker (LICSW) 1 # full time 1 # part time

☐ Licensed Professional Counselor (LPC) # full time # part time

14.**Do you partner with any outside organizations or agencies to address social-emotional needs, improve school climate around mental health, and/or provide for mental health needs?**

☐ Yes ☑ No

14a. Please specify the agency or organization:

15.Does your school see a need for more school-based behavioral/mental health services than you currently have?

☑ Yes ☐ No

16.Has your school ever used the Child and Adolescent Mobile Psychiatric Services (ChAMPS) or the Department of Mental Health's Access Helpline? ☐ Yes ☑ No

17. Does your school currently have an anti-bullying policy? ☑ Yes ☐ No ☐ Don't know

17a. If yes, is it complaint with the **Youth Bullying Prevention Act of 2012?** ☑ Yes ☐ No ☐ Don't know

18. Does your school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called gay/straight alliances. ☑ Yes ☐ No ☐ Don't know

Section 3: Health Education Instruction

Recommended point of contactfor this section: Health Education Teacher

19.Are students required to take health education at your school?* ☑ Yes ☐ No

20.Does your school currently have at least one certified or highly qualified health teacher on staff?* ☑ Yes ☐ No

21.How many health education teachers does your school currently have on staff?*

☐ None ☑ One ☐ Two ☐ Three or more

22a. Name of Health Ed Instructor 1* **22a1. Health Ed Instructor 1 E-mail**

Johnathan Abraham

22b. Name of Health Ed Instructor 2* **22b1. Health Ed Instructor 2 E-mail**

22c. Name of Health Ed Instructor 3* **22c1. Health Ed Instructor 2 E-mail**

23.How is health education instruction provided? *select all that apply*

☑ Health education course
☐ Incorporated into another course
☐ Assemblies or presentations
☐ Other:
☐ No health education is provided

24.For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that a student receives health education instruction:*

Grade: PS	Minutes/Week:	Grade: 4	Minutes/Week:		Grade: 10	Minutes/Week:	
Grade: PK	Minutes/Week:	Grade: 5	Minutes/Week:		Grade: 11	Minutes/Week:	
Grade: K	Minutes/Week:	Grade: 6	Minutes/Week:	30	Grade: 12	Minutes/Week:	
Grade: 1	Minutes/Week:	Grade: 7	Minutes/Week:	30	Adult :	Minutes/Week:	
Grade: 2	Minutes/Week:	Grade: 8	Minutes/Week:	30	Other :	Minutes/Week:	
Grade: 3	Minutes/Week:	Grade: 9	Minutes/Week:				

25.Is the health education instruction based on OSSE's health education standards?*

☑ Yes ☐ No

26.For the health topics listed, please specify which health education curriculum (or curricula) your school uses for instruction:

Grade: PS

☐ Communication and Emotional Health Curriculum:
☐ Safety Skills Curriculum:
☐ Human Body and Personal Health Curriculum:
☐ Human Growth and Development Curriculum:
☐ Disease Prevention Curriculum:
☐ Nutrition Curriculum:
☐ Alcohol, Tobacco and Other Drugs Curriculum:
☐ Healthy Decision Making Curriculum:
☐ Sexuality and Reproduction Curriculum:

Grade: PK

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: K

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 1

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 2

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 3

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 4

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 5

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 6

- ☑ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 7

- [ ] Communication and Emotional Health Curriculum:
- [ ] Safety Skills Curriculum:
- [ ] Human Body and Personal Health Curriculum:
- [x] Human Growth and Development Curriculum:
- [ ] Disease Prevention Curriculum:
- [ ] Nutrition Curriculum:
- [ ] Alcohol, Tobacco and Other Drugs Curriculum:
- [ ] Healthy Decision Making Curriculum:
- [ ] Sexuality and Reproduction Curriculum:

Grade: 8

- [ ] Communication and Emotional Health Curriculum:
- [ ] Safety Skills Curriculum:
- [ ] Human Body and Personal Health Curriculum:
- [ ] Human Growth and Development Curriculum:
- [x] Disease Prevention Curriculum:
- [ ] Nutrition Curriculum:
- [ ] Alcohol, Tobacco and Other Drugs Curriculum:
- [ ] Healthy Decision Making Curriculum:
- [ ] Sexuality and Reproduction Curriculum:

Grade: 9

- [ ] Communication and Emotional Health Curriculum:
- [ ] Safety Skills Curriculum:
- [ ] Human Body and Personal Health Curriculum:
- [ ] Human Growth and Development Curriculum:
- [ ] Disease Prevention Curriculum:
- [ ] Nutrition Curriculum:
- [ ] Alcohol, Tobacco and Other Drugs Curriculum:
- [ ] Healthy Decision Making Curriculum:
- [ ] Sexuality and Reproduction Curriculum:

Grade: 10

- [ ] Communication and Emotional Health Curriculum:
- [ ] Safety Skills Curriculum:
- [ ] Human Body and Personal Health Curriculum:
- [ ] Human Growth and Development Curriculum:
- [ ] Disease Prevention Curriculum:
- [ ] Nutrition Curriculum:
- [ ] Alcohol, Tobacco and Other Drugs Curriculum:
- [ ] Healthy Decision Making Curriculum:
- [ ] Sexuality and Reproduction Curriculum:

Grade: 11

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: 12

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: Adult

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

Grade: Other

- ☐ Communication and Emotional Health Curriculum:
- ☐ Safety Skills Curriculum:
- ☐ Human Body and Personal Health Curriculum:
- ☐ Human Growth and Development Curriculum:
- ☐ Disease Prevention Curriculum:
- ☐ Nutrition Curriculum:
- ☐ Alcohol, Tobacco and Other Drugs Curriculum:
- ☐ Healthy Decision Making Curriculum:
- ☐ Sexuality and Reproduction Curriculum:

27. Does your school partner with any outside programs or organizations to satisfy the health educatic requirements?* ☐ Yes ☑ No

27a. Please specify the agency or organization agency:

Section 4: Physical Education Instruction

Recommended point of contact for this section: Physical Education Teacher

28. Are students required to take physical education at your school?*

☑ Yes ☐ No

29. Does your school currently have at least one certified or highly qualified physical education teacher on staff? ☑ Yes ☐ No

30. How many physical education teachers does your school have on staff?*

☐ None ☑ One ☐ Two ☐ Three or more

31a. Name of Physical Education Instructor 1

johnathan abraham

31ai. Physical Education Instructor 1 E-mail

31b. Name of Physical Education Instructor 2

31bi. Physical Education Instructor 2 E-mail

31c. Name of Physical Education Instructor 3

31ci. Physical Education Instructor 3 E-mail

32. What strategies does your school use, during or outside of regular school hours, to promote physical Activity? *select all that apply*

☐ Active Recess ☑ Movement in the Classroom ☐ Walk or Bike to School

☑ After-School Activities ☑ Athletic Programs ☐ Safe Routes to School

☐ None ☐ Other:

33. For each grade 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.*

Grade: **PS** Minutes/Week:	Grade: **4** Minutes/Week:	Grade: **9** Minutes/Week:
Grade: **PK** Minutes/Week:	Grade: **5** Minutes/Week:	Grade: **10** Minutes/Week:
Grade: **K** Minutes/Week:	Grade: **6** Minutes/Week: 30	Grade: **11** Minutes/Week:
Grade: **1** Minutes/Week:	Grade: **7** Minutes/Week: 30	Grade: **12** Minutes/Week:
Grade: **2** Minutes/Week:	Grade: **8** Minutes/Week: 30	Grade: **Other** Minutes/Week:
Grade: **3** Minutes/Week:		

34. For each grade that receives physical education instruction, please indicate the average number of minutes per week during the regular instructional school week devoted to <u>actual physical activity within the physical education course</u>.*

Grade: **PS** Minutes/Week:	Grade: **4** Minutes/Week:	Grade: **9** Minutes/Week:
Grade: **PK** Minutes/Week:	Grade: **5** Minutes/Week:	Grade: **10** Minutes/Week:
Grade: **K** Minutes/Week:	Grade: **6** Minutes/Week: 30	Grade: **11** Minutes/Week:
Grade: **1** Minutes/Week:	Grade: **7** Minutes/Week: 30	Grade: **12** Minutes/Week:
Grade: **2** Minutes/Week:	Grade: **8** Minutes/Week: 30	Grade: **Other** Minutes/Week:
Grade: **3** Minutes/Week:		

35. Is the physical education instruction based on OSSE's physical education standards?*

☑ Yes ☐ No

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

Grade: **PS**	**Curriculum:**	Grade: **6**	**Curriculum:** life skills/ making proud choices
Grade: **PK**	**Curriculum:**	Grade: **7**	**Curriculum:** LIFE SKILLS/ making proud choices
Grade: **K**	**Curriculum:**	Grade: **8**	**Curriculum:** life skills/ making proud choices
Grade: **1**	**Curriculum:**	Grade: **9**	**Curriculum:**
Grade: **2**	**Curriculum:**	Grade: **10**	**Curriculum:**
Grade: **3**	**Curriculum:**	Grade: **11**	**Curriculum:**
Grade: **4**	**Curriculum:**	Grade: **12**	**Curriculum:**
Grade: **5**	**Curriculum:**	Grade: **Other Curriculum:**	

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

Grade: **PS**	**Curriculum:**	Grade: **6**	**Curriculum:** life skills/ making proud choices
Grade: **PK**	**Curriculum:**	Grade: **7**	**Curriculum:** life skills/ making proud choices
Grade: **K**	**Curriculum:**	Grade: **8**	**Curriculum:** life skills/ making proud choices
Grade: **1**	**Curriculum:**	Grade: **9**	**Curriculum:**
Grade: **2**	**Curriculum:**	Grade: **10**	**Curriculum:**
Grade: **3**	**Curriculum:**	Grade: **11**	**Curriculum:**
Grade: **4**	**Curriculum:**	Grade: **12**	**Curriculum:**
Grade: **5**	**Curriculum:**	Grade: **Other Curriculum:**	

38. Does your school use a physical education or fitness assessment tool?* (e.g., Fitness-gram, President's Physical Fitness Test, etc.) ☑ Yes ☐ No

38a. What is the name of the tool? Fitnessgram

39. Does your school partner with any outside programs or organizations to satisfy the physical Education or physical activity requirements?* ☐ Yes ☑ No

39a. Please specify the agency or organization:

40. How many days per week do students get recess?*

Grade: **PS**	# of Days:	Grade: **6**	# of Days: **0**
Grade: **PK**	# of Days:	Grade: **7**	# of Days: **0**
Grade: **K**	# of Days:	Grade: **8**	# of Days: **0**
Grade: **1**	# of Days:	Grade: **9**	# of Days:
Grade: **2**	# of Days:	Grade: **10**	# of Days:
Grade: **3**	# of Days:	Grade: **11**	# of Days:
Grade: **4**	# of Days:	Grade: **12**	# of Days:
Grade: **5**	# of Days:	Grade **Other:**	# of Days:

41. How many minutes is one (1) recess period?*

Grade: **PS**	# of Minutes:	Grade: **6**	# of Minutes: **0**
Grade: **PK**	# of Minutes:	Grade: **7**	# of Minutes: **0**
Grade: **K**	# of Minutes:	Grade: **8**	# of Minutes: **0**
Grade: **1**	# of Minutes:	Grade: **9**	# of Minutes:
Grade: **2**	# of Minutes:	Grade: **10**	# of Minutes:
Grade: **3**	# of Minutes:	Grade: **11**	# of Minutes:
Grade: **4**	# of Minutes:	Grade: **12**	# of Minutes:
Grade: **5**	# of Minutes:	Grade **Other:**	# of Minutes:

42. What is the estimated operating budget for your physical activity programs?

ET-15 position only

Section 5: Nutrition Programs

Recommended point of contact for this section: Food Services Director or Manager

43.Name of Food Service Vendor* Chartwells

44. What types of nutrition promotion does your vendor provide?* *select all that apply*

- [x] None
- [ ] Multimedia
- [ ] Vendor-provided nutrition education
- [ ] Posters
- [ ] Meal time presentations
- [ ] Classroom Instruction
- [ ] Outside speakers
- [ ] Handouts/brochures
- [ ] Other (*please specify if a specific nutrition curricula is used*):

44a. Please comment on the quality and/or effectiveness of the nutrition promotion that your vendor provides:

45. Does your school offer free breakfast to all students?* [x] Yes [ ] No

46. Does your school offer breakfast in the classroom? [ ] Yes [x] No

46a. If yes, please specify the grades for which breakfast is served in the classroom:

[ ] PS	[ ] 1	[ ] 4	[ ] 7	[ ] 10	[ ] Adult
[ ] PK	[ ] 2	[ ] 5	[ ] 8	[ ] 11	[ ] Other
[ ] K	[ ] 3	[ ] 6	[ ] 9	[ ] 12	

46b. If you do not offer breakfast in the classroom, please explain why (i.e., not required):

in cafeteria

47. Does your school offer any alternative breakfast models *select all that apply*?

- [x] Cafeteria
- [ ] Grab and Go cart
- [ ] Second chance/extend
- [ ] Other, please specify

47a. Where is your Grab and Go cart located? *select all that apply*

- [ ] In the cafeteria
- [ ] In/near the main entrance of the school
- [ ] Other

If other, please specify

48. Does your school provide meals that meet the nutritional standards required by the federal and District laws, such as the Healthy Hunger-Free Kids Act and the Healthy Schools Act?

These requirements (for lunch) include: a different vegetable every day; dark green, red/orange, dry beans/peas, starchy, and other vegetables each week; a different fruit every day; fresh fruit at least 3 times per week; 100% juice only once per week; a whole grain-rich serving every day; 3 different types of whole-grain rich foods each week; only low-fat (1% or less) or fat-free (skim) fluid milk each day.

☑ Yes ☐ No

49. On average, how many minutes is one (1) lunch period?* **40**

50. Does your school serve locally grown and/or locally processed and unprocessed foods at meal Times?

☑ Yes ☐ No

50a. Are these items served at breakfast?

☑ Yes ☐ No

50b. Are these items served at lunch?

☑ Yes ☐ No

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

☐ Yes ☑ No

Section 6: Local Wellness Policy

Recommended point of contact for this section: Principal, Chair of School Wellness Council/Committee

52. All Local Education Agencies (LEAs) in DC have a local wellness policy. Has your LEA's local wellness policy been distributed to the following? *select all that apply*

- [ ] Parent/teacher organization
- [ ] Wellness committee/council
- [ ] Foodservice staff
- [ ] Administrators
- [ ] Students
- [x] None
- [ ] Other

53. Is your school implementing your LEA's local wellness policy? [ ] Yes [x] No

53a. Name of Head of Wellness Committee* Barbara Stewart (Nurse)

53b. Head of Wellness Committee E-mail* barbara.stewart@dc.gov

54. Does your school have vending machines available to students?*

[x] Yes [ ] No

55a. How many student vending machines do you have: 2

55b. What are the hours of operation of student vending machines? 11:30 - 2

55c. What items are sold from student vending machines?

chips/ bars

55d. Do the items comply with the Healthy Schools Act?

[x] Yes [ ] No

56. Does your school sell foods or beverages of any kind for fundraisers?

[x] Yes [ ] No

57. Does your school have a school store?*

[x] Yes [ ] No

57a. What are the hours of operation for the school store? 8-8:45/ 3:15 - 3:30

57b. What food and beverages are sold?

none in school store

Section 7: Distributing Information

58. Where are the following items located at your school?

LEA's Local Wellness Policy*

☐ School Website ☑ School Main Office ☐ School Cafeteria or Eating Areas

☐ This information is not available ☐ Other:

School Menu for Breakfast and Lunch*

☐ School Website ☑ School Main Office ☑ School Cafeteria or Eating Areas

☐ This information is not available ☐ Other:

Nutritional Content of Each Menu Item*

☐ School Website ☑ School Main Office ☑ School Cafeteria or Eating Areas

☐ This information is not available ☐ Other:

Ingredients of Each Menu Item*

☐ School Website ☑ School Main Office ☑ School Cafeteria or Eating Areas

☐ This information is not available ☐ Other:

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

☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas

☑ This information is not available. ☐ Other:

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

☑ Yes ☐ No ☐ Vegetarian food options are not available

59a. Where can they find this information?

☐ School Website ☑ School Main Office ☑ School Cafeteria or Eating Areas

☐ Other:

60. 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

60a. Where can they find these options?

☐ School Website ☑ School Main Office ☑ School Cafeteria or Eating Areas

☐ Other

Section 8: School Gardens

Recommended point of contact for this section: School Garden Coordinator

61. Does your school currently have a School Garden?*

☑ Yes ☐ No

61a. Name of Garden Contact

Ann Lamers

61b. Garden Contact E-mail

ann.lamers@dc.gov

62. How many unique students participated in your school garden program this year? 27

63. In what year was this garden established? 2014

64. Which grades are most impacted by the school garden program?

☐ Pre-School ☐ Grades K-5 ☑ Grades 6-8 ☐ Grades 9-12

65. Please list any partners that have supported your garden program this school year:

Kid Power

66. What is the approximate size of your garden in square feet? 12

67. What type of school garden do you have? *select all that apply*

☑ Edible Garden ☐ Stormwater/Rain Garden

☐ Pollinator/Butterfly Garden ☐ Wildlife Habitat/Native Garden

☐ Greenhouse ☐ Other:

68. When do activities happen in the school garden? *select all that apply*

☐ Classroom instruction (during the school day) ☐ Lunch time activities

☑ Extracurricular activities (outside the school day) ☑ Summer time

69. What topic is most frequently taught in the school garden?

☐ Nutrition ☑ Environment ☐ STEM

☐ English ☐ Math ☐ Art

☐ Other:

70. What is the estimated operating budget for your school garden? 0

71. Did your school participate in Growing Healthy Schools Week (September 27- October 3, 2014) or planning to participate in Strawberries and Salad Greens Day (May 2015)?

☑ Yes ☐ No

72. Does your school have a school-wide recycling program?

- [x] Yes
- [ ] No

72a. Which of these materials does your school recycle (materials recycled/composted off site)? *select all that apply*

- [x] Aluminum
- [x] Cardboard
- [x] Food waste
- [x] Glass
- [x] Paper
- [x] Plastics
- [ ] None of the above

73. Does your school compost on-site? *select all that apply*

- [ ] Yes, outside on school grounds
- [ ] Yes, inside in classroom worm bins
- [x] Yes, other method
- [ ] No

Section 9: Environmental Literacy

Recommended point of contact for this section: Lead Science Teacher

74. Does your school offer an Environmental Science Class?*

☐ Yes ☑ No

74a. How many students were enrolled in this course in the 2014-2015 school year?

75. Name of Lead Science Teacher / Environmental Literacy Instructor

75a. Lead Science Teacher/ Environmental Literacy Instructor Email

76. 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:

GRADE: PK

☐ **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:

☐ **None:**

GRADE: K

☐ **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:

☐ **None:**

GRADE: 1

☐ **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:

☐ **None:**

GRADE: 2

☐ **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:

☐ **None:**

GRADE: 3

☐ **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:

☐ **None:**

GRADE: 4

☐ **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:

☐ **None:**

GRADE: 5

☐ **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:

☐ **None:**

GRADE: 6

☐ **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:

☐ **None:**

GRADE: 7

☐ **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:

☐ **None:**

GRADE: 8

☐ **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:

☐ **None:**

GRADE: 9

☐ **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:

☐ **None:**

GRADE: 10

☐ **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:

☐ **None:**

GRADE: 11

☐ **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:

☐ **None:**

GRADE: 12

☐ **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:

☐ **None:**

GRADE: Adult

☐ **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:

☐ **None:**

GRADE: Other

☐ **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:

☐ **None:**

Section 10: 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".

77. How will you make this information available to parents?*

☑ Online ☐ Copies Available at Main Office

☐ Other *(please specify)*:

78. Is your school sharing information about the Healthy Schools Act in any other ways?

☑ Yes ☐ No

78a. Please explain:

monthly newsletter