

1994 School Health Policies and Programs Study (SHPPS)

District Health Education

The purpose of the SHPPS is to describe school health policies and programs nationwide, including: health education, physical education, school health services, school food service, and policies on tobacco use, alcohol and other drug use, violence, and HIV infection. Results will be used to assess school health needs at the state, district, and school levels and to improve school health programs throughout the nation.

This questionnaire is about your district's policies and programs related to health education. Health education refers to any instruction about health topics. Policies mean institutionalized practices, formally adopted school board policies, legislated mandates, and administrative regulations or directives.

Some questions ask you to circle the one best answer. Other questions ask you to circle or check all that apply. We understand that your district may not have certain grades or levels (e.g. elementary). Please answer every question which applies to you or your district.

Completing the questionnaire is voluntary. Participation by all respondents is requested to ensure that all state, district, and school needs are represented. All information will be summarized for the nation as a whole. You and your district will not be identified in any reports.

Public reporting burden for this collection of information is estimated to average .25 hours (or 15 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0340); Washington, DC 20503

DISTRICT ORGANIZATION

1.Does your district have a person responsible for directing or coordinating health education at the district level? **CIRCLE THE ONE BEST ANSWER.**

- a.No -- **SKIP TO Q.4**
- b.Yes

2.Besides health education, what are the other responsibilities of the district health education director? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No other responsibilities
- b. Coordinates physical education
- c.Coordinates instruction in other curricular areas
- d.Coordinates school health services
- e.Coordinates driver's education
- f.Coordinates federally-funded HIV Education
- g.Coordinates federally-funded Drug Free Schools Program
- h.Other (**SPECIFY**):

3.How many schools does the district health education director supervise?

SPECIFY THE NUMBER OF SCHOOLS: _____

HEALTH EDUCATION REQUIREMENTS

4.Does your district require or recommend that schools offer health education? **CIRCLE THE ONE BEST ANSWER.**

- a.No -- **SKIP TO Q.11**
- b.Yes, require
- c.Yes, recommend -- **SKIP TO Q.11**

5. How much health education (e.g., years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units) does your district require at specific grades or levels? Use as many blocks as necessary to fully describe your state's requirements. **SPECIFY AS INDICATED.**

<p style="text-align: center;">How much health education?</p> <p>Amount: Specify number of years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units</p>	<p style="text-align: center;">In what grades or levels?</p> <p>Grades: Specify any of K - 12 or Levels: elementary, middle/junior high, high school</p>
Amount:	Grade(s) or level(s):
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6.How does your district require elementary schools to offer health education?
CIRCLE ALL THAT APPLY. SPECIFY OTHER.

- a.Health education is not required in elementary schools
- b.Requirement does not specify how elementary schools must offer health education
 - c. As a separate course devoted almost entirely to health topics
 - d.As a course split equally between subjects, such as health education and physical education **(SPECIFY SUBJECTS):**
 - e. As lessons taught as part of the elementary school curriculum
- f.Other **(SPECIFY):**

7.How does your district require middle/junior high schools to offer health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a.Health education is not required in middle/junior high schools
- b.Requirement does not specify how middle/junior high schools must offer health education
 - c. As a separate course devoted almost entirely to health topics
 - d.As a course split equally between subjects, such as health education and physical education **(SPECIFY SUBJECTS):**
 - e.As lessons taught as part of other required subject courses **(SPECIFY SUBJECTS):**
- f.Other **(SPECIFY):**

8.How does your district require senior high schools to offer health education?
CIRCLE ALL THAT APPLY. SPECIFY OTHER.

- a.Health education is not required in senior high schools.
- b.Requirement does not specify how senior high schools must offer health education
 - c. As a separate course devoted almost entirely to health topics
 - d.As a course split equally between subjects, such as health education and physical education **(SPECIFY SUBJECTS):**
 - e.As lessons taught as part of other required subject courses **(SPECIFY SUBJECTS):**
- f.Other **(SPECIFY):**

9. Which health education topics does your district specifically require be offered in any subject at each level? **FOR EACH TOPIC (A-V), CHECK LEVEL(S) AT WHICH TOPIC IS REQUIRED OR CHECK "NOT REQUIRED AT ANY LEVEL." USE THE "OTHER" CATEGORY TO SPECIFY ADDITIONAL REQUIRED TOPICS AND THE LEVEL(S) AT WHICH THEY ARE REQUIRED.**

HEALTH TOPICS	Not required at any level	Elementary level	Middle/Jr. high level	Senior high level
a. Alcohol and other drug use prevention				
b. Community health				
c. Conflict resolution / Violence prevention				
d. Consumer health				
e. C.P.R.				
f. Death and dying				
g. Dental and oral health				
h. Dietary behaviors and nutrition				
i. Disease prevention and control				
j. Emotional and mental health				
k. Environmental health				
l. First aid				
m. Growth and development				
n. HIV prevention				
o. Human sexuality				
p. Injury prevention and safety				
q. Personal health				

HEALTH TOPICS	Not required at any level	Elementary level	Middle/Jr. high level	Senior high level
r.Physical activity and fitness				
s.Pregnancy prevention				
t.Sexually transmitted disease (STD) prevention				
u.Suicide prevention				
v.Tobacco use prevention				
w.Other (SPECIFY):				

10.Does your district set a maximum number of students that may be scheduled into a required health education class? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a.No

b.Yes (**SPECIFY THE NUMBER**): _____

CURRICULUM/GUIDELINES/Framework

11. At which levels does your district have a written curriculum, guidelines, or framework for health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No written curriculum, guidelines, or framework at any level – **SKIP TO Q.15**
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

12. Which of the following are included in your district's written curriculum, guidelines, or framework for health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Goals, objectives, or outcomes
- b. Scope and sequence chart
- c. Subject matter content
- d. Lesson plans
- e. Learning activities
- f. Resources
- g. Student assessment plans
- h. Curriculum evaluation plans
- i. Other (**SPECIFY**):

13. What types of goals, objectives, or outcomes are specified in your district's written curriculum, guidelines, or framework for health education? **CHECK LEVEL(S) FOR EACH TYPE OF WRITTEN GOAL, OBJECTIVE, OR OUTCOME. USE THE "OTHER" CATEGORY TO SPECIFY ADDITIONAL TYPES OF GOALS, OBJECTIVES, OR OUTCOMES AND THE LEVEL(S) AT WHICH THEY ARE SPECIFIED.**

WRITTEN GOALS, OBJECTIVES, OR OUTCOMES	No written goals, objectives, or outcomes at any level	Elementary level	Middle/Jr. high level	Senior high level
a. <u>Knowledge</u> about health education topics and issues				
b. Positive <u>attitudes</u> toward healthy behaviors				
c. <u>Skills</u> to practice healthy behaviors				
d. <u>Participation</u> in healthy behaviors				
e. Other (SPECIFY):				

14. How does your district monitor compliance with the district's curriculum, guidelines, or framework for health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Compliance is not monitored
- b. Schools submit periodic compliance reports
- c. District performs periodic on-site monitoring
- d. Other (**SPECIFY**):

PROFESSIONAL PREPARATION

15. During the past two years, on which health education topics has your district offered (provided or made available) in-service training to health education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. In-service training on health education topics was not offered by the district – **SKIP TO Q.17**
- b. Alcohol and other drug use prevention
- c. Community health
- d. Conflict resolution/Violence prevention
- e. Consumer health
- f. C.P.R.
- g. Death and dying
- h. Dental and oral health
- i. Dietary behaviors and nutrition
- j. Disease prevention and control
- k. Emotional and mental health
- l. Environmental health
- m. First aid
- n. Growth and development
- o. HIV prevention
- p. Human sexuality
- q. Injury prevention and control
- r. Personal health
- s. Physical activity and fitness
- t. Pregnancy prevention
- u. Sexually transmitted disease (STD) prevention
- v. Suicide prevention
- w. Tobacco use prevention
- x. Other (**SPECIFY**):

16. During the past two years, how many health education teachers has your district trained (in-service) on health education topics? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. **SPECIFY THE NUMBER OF TEACHERS:** _____
- b. Don't know

17. During the past two years, on which health education topics has your district offered (provided or made available) materials to health education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Materials on health education topics were not offered by the district
- b. Alcohol and other drug use prevention
- c. Community health
- d. Conflict resolution/Violence prevention
- e. Consumer health
- f. C.P.R.
- g. Death and dying
- h. Dental and oral health
- i. Dietary behaviors and nutrition
- j. Disease prevention and control
- k. Emotional and mental health
- l. Environmental health
- m. First aid
- n. Growth and development
- o. HIV prevention
- p. Human sexuality
- q. Injury prevention and control
- r. Personal health
- s. Physical activity and fitness
- t. Pregnancy prevention
- u. Sexually transmitted disease (STD) prevention
- v. Suicide prevention
- w. Tobacco use prevention
- x. Other (**SPECIFY**):

COORDINATION AND COLLABORATION

18. Does your district have a district-wide health advisory council to address policies and programs related to school health? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.20**
- b. Yes

19. What groups are represented on your district's school health advisory council? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Students
- b. Parents
- c. Teachers
- d. Administrators
- e. Food service staff
- f. School nurses
- g. Counselors
- h. School board members
- i. Public health department staff
- j. Business community
- k. Medical community (e.g., doctors, nurses)
- l. Mental health community
- m. Churches or other religious organizations
- n. Community-based organizations
- o. Other (**SPECIFY**):

20. During the past two years, with which programs in your district has the health education program been involved in joint district-level activities or projects? **CIRCLE ALL THAT APPLY. SPECIFY AS INDICATED.**

- a. No joint activities or projects
 - b. Physical education
- c. School food service
- d. School health services
- e. School counseling/psychology
- f. Community agencies/organizations (**SPECIFY**):
- g. Other (**SPECIFY**):

IMPROVING SCHOOL HEALTH EDUCATION

21. What would you like to **DO** in health education in your district that you have **NOT** been able to do? **RECORD RESPONSE IN SPACE BELOW.**

22. What has **PREVENTED** you from doing the things you just described? **RECORD RESPONSE IN SPACE BELOW.**

23. What has been MOST HELPFUL to you in improving health education in your district?
RECORD RESPONSE IN SPACE BELOW.

24. What SUGGESTIONS OR RECOMMENDATIONS do you have to improve health education in your district? **RECORD RESPONSE IN SPACE BELOW.**

25. What is your name, title, address, and telephone number? This information will be used only to contact you for additional information about your responses. You will not be identified in any reports.

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire to your district's coordinator for this project unless instructed otherwise.