SLIM	Profiles 2014 Questions
Exemplary Sexual Health Education (ESHE) **ESHE SLIM 1** The percentage of schools that <u>teach</u> all of the following in a required course taught during grades 6, 7, or 8 and during grades 9, 10, 11, or 12: • How to create and sustain healthy and respectful relationships. • Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. • Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. • The benefits of being sexually abstinent. • The importance of limiting the number of sexual partners. • The importance of using condoms consistently and correctly. • The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy. • How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy. • Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health. • Influences of family, peers, culture, media, technology and other factors on sexual risk behaviors. • Influencing and supporting others to avoid or reduce sexual risk behaviors.	If all Teacher Q10c-h, j, m-p=yes for both 6,7,8 column AND 9,10,11,12 column, then ESHE SLIM 1=yes. TQ10. **During this school year, did teachers in your school teach each of the following <u>HIV, STD, or pregnancy prevention topics</u> in a <u>required course</u> for students <u>in each of the grade spans below?</u>** (Mark yes or no for each topic for each grade span, or mark NA for each topic if your school does not contain grades in that grade span.) **Topic** c. The benefits of being sexually abstinent d. How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy e. The influences of family, peers, culture, media, technology and other factors on sexual risk behaviors f. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy g. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy h. Influencing and supporting others to avoid or reduce sexual risk behaviors j. The importance of using condoms consistently and correctly m. The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy n. How to create and sustain healthy and respectful relationships o. The importance of limiting the number of sexual partners p. Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health

SLIM	Profiles 2014 Questions
ESHE SLIM 2 The percentage of schools that <u>assess</u> the ability of the students to do the following in a required course taught during grades 6, 7, or 8 and during grades 9, 10, 11, or 12: - Comprehend concepts important to prevent HIV, other STD and pregnancy. - Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors. - Access valid information, products, and services to prevent HIV, other STD and pregnancy. - Use interpersonal communication skills to avoid or reduce sexual risk behaviors. - Use decision-making skills to prevent HIV, other STD and pregnancy. - Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them. - Influence and support others to avoid or reduce sexual risk behaviors.	If all Teacher Q12a-g=yes for both 6,7,8 column AND 9,10,11,12 column, then ESHE SLIM 2=yes. TQ12. **During this school year, did teachers in your school assess the ability of students to do each of the following in a <u>required course</u> for students <u>in each of the grade spans below</u>?** (Mark yes or no for each topic for each grade span, or mark NA for each topic if your school does not contain grades in that grade span.) **Topic** a. Comprehend concepts important to prevent HIV, other STD and pregnancy b. Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors c. Access valid information, products, and services to prevent HIV, other STD and pregnancy d. Use interpersonal communication skills to avoid or reduce sexual risk behaviors e. Use decision making skills to prevent HIV, other STD and pregnancy f. Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them g. Influence and support others to avoid or reduce sexual risk behaviors

SLIM	Profiles 2014 Questions
ESHE SLIM 3 The percentage of schools in which those who teach sexual health education are provided with the following: • Goals, objectives, and expected outcomes for sexual health education. • A written health education curriculum that includes objectives and content addressing sexual health education. • A chart describing the annual scope and sequence of instruction for sexual health education. • Strategies that are age-appropriate, relevant, and actively engage students in learning. • Methods to assess student knowledge and skills related to sexual health education.	If all Teacher Q6a-e=yes, then ESHE SLIM3=yes. TQ6. **Are those who teach sexual health education at your school provided with each of the following materials?** (Mark yes or no for each material, or mark NA for each material if no one in your school teaches sexual health education.) **Material** a. Goals, objectives, and expected outcomes for sexual health education b. A written health education curriculum that includes objectives and content addressing sexual health education c. A chart describing the annual scope and sequence of instruction for sexual health education d. Strategies that are age-appropriate, relevant, and actively engage students in learning e. Methods to assess student knowledge and skills related to sexual health education

SLIM	Profiles 2014 Questions
ESHE SLIM 4 The percentage of schools in which the lead health education teacher received *professional development* during the past two years on all of the following: • Describing how widespread HIV and other STD infections are and the consequences of these infections. • Describing the prevalence and potential effects of teen pregnancy. • Understanding the modes of transmission and effective prevention strategies for HIV and other STDs. • Identifying populations of youth who are at high risk of being infected with HIV and other STDs. • Identifying populations of youth who are at high risk of becoming pregnant. • Implementing health education strategies using prevention messages that are likely to be effective in reaching youth. • Assessing students' performance in HIV prevention education. • Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills. • Current district or school board policies or curriculum guidance regarding HIV education or sexual health education. • Teaching students of different sexual orientations or gender identities.	If all Teacher Q20a-i=yes AND Teacher Q22d= yes, then ESHE SLIM 4=yes. TQ20. **During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following <u>topics</u>?** (Mark yes or no for each topic.) **Topic** a. Describing how widespread HIV and other STD infections are and the consequences of these infections b. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs c. Identifying populations of youth who are at high risk of being infected with HIV and other STDs d. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth e. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills f. Assessing students' performance in HIV prevention education g. Describing the prevalence and potential effects of teen pregnancy h. Identifying populations of youth who are at high risk of becoming pregnant i. Current district or school board policies or curriculum guidance regarding HIV education or sexual health education TQ22. **During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following <u>topics</u>?** (Mark yes or no for each topic.) **Topic** d. Teaching students of different sexual orientations or gender identities

SLIM	Profiles 2014 Questions

Safe and Supportive Environment (SSE)
SSE SLIM 1
The percentage of schools that implement parent engagement strategies for all students by doing at least four of the following:
■ Providing parents and families with information about how to communicate with their child about sex.
■ Providing parents and families with information about how to monitor their child (this includes the expectations parents have for their child's behavior; the actions parents take to keep track of their child; and the ways parents respond when their child breaks the rules).
■ Establishing one or more communication channels (e.g., electronic, paper, or oral) with parents about school health services and programs.
■ Involving parents as school volunteers in the delivery of health education activities and services.
■ Engaging parents and students in health education activities at home.
■ Engaging parents in the development and implementation of school health policies and programs.
■ Linking parents and families to health services and programs in the community.
	If at least 4 of Principal Q45a-d, Teacher Q18, Principal Q46, AND Principal Q50=yes, then SSE SLIM 1=yes.
	
	PQ45. **During this school year, has your school done any of the following activities?** (Mark yes or no for each activity.)
	  a. Provided parents and families with information about how to communicate with their child about sex
	  b. Provided parents with information about how to monitor their child (e.g., setting parental expectations, keeping track of their child, responding when their child breaks the rules)
	  c. Involved parents as school volunteers in the delivery of health education activities and services
	  d. Linked parents and families to health services and programs in the community
	
	TQ18. **During this school year, have teachers in this school given students homework assignments or health education activities to do at home with their parents?** (Mark one response.)
	  a. Yes
	  b. No
	
	PQ46. **Does your school use electronic (e.g. e-mails, school website), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to inform parents about school health services and programs?** (Mark one response.)
	  a. Yes
	  b. No
	
	PQ50. **During the past two years, have students' families helped develop or implement policies and programs related to school health?** (Mark one response.)
	  a. Yes
	  b. No

SLIM	Profiles 2014 Questions

SSE SLIM 2
The percentage of schools that implement school connectedness strategies by doing at least three of the following:
    ▪ Providing students with opportunities to be involved in mentoring programs.
    ▪ Providing students with opportunities to be involved in service learning.
    ▪ Providing students with opportunities to be involved in peer tutoring.
    ▪ Having a lead health education teacher who received professional development on classroom management techniques during the past 2 years.
    ▪ Providing clubs or activities that give students opportunities to learn about people different from them (e.g., students with disabilities, LGBTQ youth, homeless youth, or people from different cultures).
	If at least 3 of Principal Q47, Principal Q48, Principal Q49, Teacher Q22h, OR (Principal Q8 OR Principal Q9a OR Principal Q9b OR Principal Q11)=yes then SSE SLIM 2=yes.
	
	PQ47. **Does your school participate in a program in which family or community members serve as role models to students or mentor students, such as the Big Brothers Big Sisters program?** (Mark one response.)
	    a. Yes
	    b. No
	
	PQ48. **Service learning is a particular type of community service that is designed to meet specific learning objectives for a course. Does your school provide service-learning opportunities for students?** (Mark one response.)
	    a. Yes
	    b. No
	
	PQ49. **Does your school provide peer tutoring opportunities for students? (**Mark one response.)
	    a. Yes
	    b. No
	
	TQ22h. **During the past two years, did you receive professional development (e.g. workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?** (Mark yes or no for each topic.)
	    Topic
	    h. Classroom management techniques (e.g. social skills training, environmental modification, conflict resolution and mediation, and behavior management)

SLIM	Profiles 2014 Questions

SSE SLIM 2, continued	PQ8. **Does your school have any clubs that give students opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark one response.)
	    a. Yes
	    b. No
	
	PQ9. **During the past year, did your school offer each of the following activities for students to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark yes or no for each.)
	    Activity
	  a. Lessons in class
	  b. Special events sponsored by the school or community organizations (e.g., multicultural week, family night)
	
	PQ11. **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.** (Mark one response.)
	    a. Yes
	    b. No

SLIM	Profiles 2014 Questions

SSE SLIM 3
 	
The percentage of schools that prevent bullying and sexual harassment, including electronic aggression, among all students by doing all of the following:
 	
▪ Providing annual professional development for all school staff on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression.
 	
▪ Publicizing and disseminating policies/rules/regulations on bullying and sexual harassment, including electronic aggression, via one or more communication channels (e.g., electronic, paper, or oral).
 	
▪ Providing a confidential mechanism for reporting student bullying and sexual harassment, including electronic aggression, to a designated school staff member.
 	
▪ Providing information and resources to parents on preventing student bullying and sexual harassment, including electronic aggression.
	If Principal Q13 AND Principal Q14 and Principal Q15 and Teacher Q17h=yes, then SSE SLIM 3=yes.
	
	(Definitions: For the purposes of these questions, "bullying" means when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly. "Sexual harassment" means unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. "Electronic aggression," sometimes called cyber-bullying, means when students use a cell phone, the Internet, or other communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.)
	
	PQ13. **During the past year, did all staff at your school receive professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression?** (Mark one response.)
	    a. Yes
	    b. No
	
	PQ14. **Does your school have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression?** (Mark one response.)
	    a. Yes
	    b. No
	
	PQ15. **Does your school use electronic (e.g. e-mails, school web site), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression?** (Mark one response.)
	    a. Yes
	    b. No

SLIM	Profiles 2014 Questions

SSE SLIM 3, continued	TQ17. **During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics?** (Mark yes or no for each topic.)
	
	    Topic
	    h. Preventing student bullying and sexual harassment, including electronic aggression

SLIM	Profiles 2014 Questions
SSE SLIM 4 The percentage of schools that implement HIV, other STD, and pregnancy prevention strategies that meet the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth by doing all of the following: ▪ Providing curricula or supplementary materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (e.g., curricula or materials that use inclusive language or terminology). ▪ Identifying "safe spaces" such as a counselor's office, designated classroom, or student organization where LGBTQ youth can receive support from administrators, teachers, or other school staff. ▪ Prohibiting harassment based on a student's perceived or actual sexual orientation or gender identity. ▪ Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth. ▪ Facilitating access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth. ▪ Encouraging staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity.	If all Principal Q12a-e AND Teacher Q15=yes, then SSE SLIM 4=yes. PQ12. **Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth?** (Mark yes or no for each practice.) **Practice** a. Identify "safe spaces" (e.g., a counselor's office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff b. Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth TQ15. **Does your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth (e.g., curricula or materials that use inclusive language or terminology)?** (Mark one response.) a. Yes b. No

SLIM	Profiles 2014 Questions

Sexual Health Services (SHS)
SHS SLIM 1
The percentage of schools that provide students with on-site services or referrals to healthcare providers for all of the following services:
   - HIV testing   - STD testing   - Pregnancy testing   - Provision of condoms   - Provision of condom-compatible lubricants (i.e., water- or silicone-based)   - Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD)   - Human papillomavirus, or HPV, vaccine administration
	If (Principal Q40a=yes OR Q41a=yes) AND (Q40c=yes OR Q41c=yes) AND (Q40e=yes OR Q41e=yes) AND (Q40f=yes OR Q41f=yes) AND (Q40g=yes OR Q41g=yes) AND (Q40h=yes OR Q41h=yes) AND (Q40j=yes OR Q41j=yes), then SHS SLIM 1=yes.
	
	PQ40. **Does your school provide the following services to students?** (Mark yes or no for each service.)
	    a. HIV testing
	    c. STD testing
	    e. Pregnancy testing
	    f. Provision of condoms
	    g. Provision of condom-compatible lubricants (i.e., water- or silicone-based)
	    h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD])
	    j. Human papillomavirus (HPV) vaccine administration
	
	PQ41. **Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services?** (Mark yes or no for each service.)
	    a. HIV testing
	    c. STD testing
	    e. Pregnancy testing
	    f. Provision of condoms
	    g. Provision of condom-compatible lubricants (i.e., water- or silicone-based)
	    h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD])
	    j. Human papillomavirus (HPV) vaccine administration

Additional DASH Measures	Profiles 2014 questions

ADD 1 (formerly HIV SLIM 9)
 	
The percentage of schools that follow a policy or policies that address all of the following issues:
• Attendance of students with HIV infection
• Procedures to protect HIV-infected students and staff from discrimination.
• Maintaining confidentiality of HIV-infected students and staff.
	If all Principal Q10a-c=yes, then ADD 1=yes.
	
	PQ10. **Has your school adopted a policy that addresses each of the following issues on human immunodeficiency virus (HIV) or AIDS?** (Mark yes or no for each issue.)
	    a. Attendance of students with HIV infection
	    b. Procedures to protect HIV-infected students and staff from discrimination
	    c. Maintaining confidentiality of HIV-infected students and staff

ADD 2 (formerly HIV SLIM 11)
 	
The percentage of schools that teach about all of the following contraceptives in a required course taught during grades 9, 10, 11, or 12:
• Birth control pill (e.g., OrthoTri-cyclen)
• Birth control patch (e.g., Ortho Evra)
• Birth control ring (e.g., NuvaRing)
• Birth control shot (e.g., Depo-Provera)
• Implants (e.g., Implanon)
• Intrauterine device (IUD) (e.g., Mirena, ParaGuard)
• Emergency contraception (e.g., Plan B)
	If all Teacher Q11a-g=yes, then ADD 2=yes.
	
	TQ11. **During this school year, did teachers in your school teach about the following contraceptives in a <u>required course</u> for students <u>in any of grades 9 through 12?</u>** (Mark yes or no for each contraceptive, or mark NA for each one if your school does not contain grades 9, 10, 11, or 12.)
	    a. Birth control pill (e.g., OrthoTri-cyclen)
	    b. Birth control patch (e.g., Ortho Evra)
	    c. Birth control ring (e.g., NuvaRing)
	    d. Birth control shot (e.g., Depo-Provera)
	    e. Implants (e.g., Implanon)
	    f. Intrauterine device (IUD; e.g, Mirena, ParaGard)
	    g. Emergency contraception (e.g., Plan B)

ADD 3 (formerly CSH SLIM 2, 2012 version)
The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 6 or more of the following:
•   School administrators
•   Health education teachers.
•   Physical education teachers.
•   Classroom teachers
•   Nutrition or food service staff
•   Health services staff (e.g., school nurse) or mental health or social services staff (e.g., school counselors)
•   Parents or families of students
•   Community members (e.g. local health departments, agencies, or organizations; faith-based organizations; businesses; local government)
	Principal Q5=yes AND if at least 6 of the following=yes: Principal Q6a, Q6b, Q6c, Q6d, Q6f, Q6l OR (Q6e OR Q6g) OR(Q6m OR Q6n OR Q6o OR Q6p OR Q6q) then ADD 3=yes.
	
	PQ5. **Is there one or more than one group (e.g., a school health council, committee, or team) at your school that offers guidance on the development of policies or coordinates activities on health topics?** (Mark one response.)
	     a. Yes
	     b. No
	
	P6. **Are each of the following groups represented on any school health council, committee, or team?** (Mark yes or no for each group.)
	     a. School administrators
	     b. Health education teachers
	     c. Physical education teachers
	     d. Other classroom teachers
	     e. Mental health or social services staff (e.g., school counselors)
	     f. Nutrition or food service staff
	     g. Health services staff (e.g., school nurse)
	     h. Maintenance and transportation staff
	     i. Technology staff
	     j. Library/media center staff
	     k. Student body
	     l. Parents or families of students
	     m. Community members
	     n. Local health departments, agencies, or organizations
	     o. Faith-based organizations
	     p. Businesses
	     q. Local government agencies

ADD 4
The percentage of schools that have ever assessed their policies, and programs using the School Health Index or similar self-assessment tool in all of the following areas:
• HIV, STD, and teen pregnancy prevention.
• Physical activity.
• Nutrition.
• Tobacco-use prevention.
	If all of Principal Q1a-c AND f=yes, then ADD 4=yes.
	
	PQ1. **Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas?** (Mark yes or no for each area.)
	   a. Physical activity
	   b. Nutrition
	   c. Tobacco-use prevention
	   f. HIV, STD, and teen pregnancy prevention

ADD 5 (formerly CSH SLIM 7)
The percentage of schools that follow a written health curriculum that addresses all of the following:
• Comprehending concepts related to health promotion and disease prevention to enhance health.
• Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.
• Accessing valid information and products and services to enhance health.
• Using interpersonal communication skills to enhance health and avoid or reduce health risks.
• Using decision-making skills to enhance health
• Using goal-setting skills to enhance health.
• Practicing health-enhancing behaviors to avoid or reduce risks.
	If Teacher Q4d=yes AND all Teacher Q5a-h=yes, then ADD 5=yes.
	
	TQ4. **Are those who teach health education at your school provided with each of the following materials?** (Mark yes or no for each material.)
	   Material
	   d. A written health education curriculum
	
	TQ5. **Does your health education curriculum address each of the following?** (Mark yes or no for each skill; or mark NA for each skill if your school does not have a health education curriculum.)
	   a. Comprehending concepts related to health promotion and disease prevention to enhance health
	   b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors
	   c. Accessing valid information and products and services to enhance health
	   d. Using interpersonal communication skills to enhance health and avoid or reduce health risks
	   e. Using decision-making skills to enhance health
	   f. Using goal-setting skills to enhance health
	   g. Practicing health-enhancing behaviors to avoid or reduce risks
	   h. Advocating for personal, family, and community health

ADD 6 (formerly CSH SLIM 9, 2012 version)
The percentage of schools that include at least one health and safety objective in their school improvement plan AND have completed a self-assessment of school health policies and practices (e.g., the School Health Index) and have reviewed health and safety data during the past year as part of their school improvement process.
	If any of Principal Q1a-e=yes AND any of Principal Q2a-j=yes AND Principal Q3=yes, then ADD 6=yes.
	
	PQ1. **Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas?** (Mark yes or no for each area.)
	    a. Physical activity
	    b. Nutrition
	    c. Tobacco-use prevention
	    d. Asthma
	    e. Injury and violence prevention
	
	PQ2. **The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Does your school's written SIP include health-related objectives on any of the following topics?** (Mark yes or no for each topic, or if your school does not have a SIP, mark "no SIP.")
	    a. Health education
	    b. Physical education
	    c. Physical activity
	    d. School meal programs
	    e. Foods and beverages available at school outside the school meal programs
	    f. Health services
	    g. Mental health and social services
	    h. Healthy and safe school environment
	    i. Family and community involvement
	    j. Faculty and staff health promotion
	
	PQ3. **During the past year, did your school review health and safety data such as Youth Risk Behavior Survey data or fitness data as part of your school's improvement planning process?** (Mark one response.)
	    a. Yes
	    b. No
	    c. Our school did not engage in an improvement planning process during the past year.

ADD 7 (formerly CSH SLIM 10)
The percentage of schools that have a group (e.g., school health team that performs all of the following actions to help plan and implement school health programs:
 	
• Identify student health needs based on a review of relevant data.
• Recommend new or revised health and safety policies and activities to the school administrators or the school improvement team.
• Seek funding or leverage resources to support school health and safety priorities for students and staff.
• Communicate the importance of health and safety policies and activities to the school administrators or the school improvement team.
• Review health-related curricula or instructional materials.
	If Principal Q5=yes AND all of Principal Q7a-e=yes, then ADD 7=yes.
	
	PQ5. **Is there one or more than one group (e.g., a school health council, committee, or team) at your school that offers guidance on the development of policies or coordinates activities on health topics?** (Mark one response.)
	    a. Yes
	    b. No
	
	PQ7. **During the past year, has any school health council, committee, or team at your school done any of the following activities?** (Mark yes or no for each activity.)
	    a. Identified student health needs based on a review of relevant data
	    b. Recommended new or revised health and safety policies and activities to school administrators or the school improvement team
	    c. Sought funding or leveraged resources to support health and safety priorities for students and staff
	    d. Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members
	    e. Reviewed health-related curricula or instructional materials