

IT'S ALL ABOUT KIDS
2018-2019 SCHOOL HEALTH READINESS ASSESSMENT

It's All About Kids (IAK) is now available to all elementary schools in Tulsa County! We have developed this assessment to streamline our process. **To partner with IAK and receive services this assessment must be completed. Assessment submissions will be accepted April 1, 2018 – September 1, 2018.** The assessment will allow us to tailor our services specifically to the needs of your school. To complete this assessment the principal, assistant principal, grade level team leads, PE teacher, nurse/health assistant, counselor, and community coordinator/parent liaison may need to work collaboratively. If your team does not know or have access to certain information, please put NA. This assessment is used as a tool for IAK to gain a perspective of your school's climate. The assessment follows the 10 components of the Whole School, Whole Community, Whole Child (WSCC) Model. The WSCC Model combines the Coordinated School Health Model and the Whole Child approach to strengthen a unified collaborative approach to learning and health.

GENERAL INFORMATION

1. School name and address
2. Name of Principal
 - a. Number of years the principal has been at this school
 - b. Total number of years this individual has been a principal
3. Classroom teacher turnover rate
4. Number of students enrolled
5. Average attendance rate
6. Student mobility rate
7. Percentage of students receiving free or reduced meals
8. Please provide the following percentage for race and ethnicity information for your student population.
 - African American
 - American Indian/Alaska Native
 - Asian/Other Pacific Islander
 - Caucasian
 - Hispanic/Latino
 - Other

9. What do you consider the best features of your school? Please select all that apply.

- Supportive Leadership
- Engaged Students
- Involved Parents
- Dedication to Student Achievement
- Positive School Climate
- Team Approach
- Dedicated Fellow Teachers and Staff
- Other, please specify.

10. Please select the following Professional Development topics that would benefit your school staff.

- Whole School, Whole Community, Whole Child (WSCC) Model
- Understanding Nutrition and How it Effects Learning
- Classroom Cohesion
- Science Behind Movement and Learning – Action Based Learning I
- Developmental Gaps – Action Based Learning II
- How to Incorporate Kinesthetic Seating into the Classroom – Action Based Learning
- Incorporating Fitness into the Classroom
- Incorporating Core Curriculum into the PE Class – Great for classroom teachers!
- Physical Education Large Group Games
- Coordinated Approach to Child Health (CATCH)
- Classroom Management
- Trauma Informed Classroom
- Bully Prevention

TOP THREE WSCC MODEL PRIORITIES

To complete the assessment please decide which three components from the Whole School, Whole Community, Whole Child (WSCC) Model your school would like to focus on for the 2018-2019 school year. The ten components can be seen in the image below. Please choose your top three and only answer the questions for those these sections. You do not need to answer the questions in sections you did not choose as a priority. (In the online survey the lay out is slightly different than this PDF. There will be three separate questions asking for your first, second, and third priority. Once you choose the first priority it will automatically redirect you to the correct set of questions. Once those questions are completed it will continue to the second priority question which redirects you again to the specific set of questions. It follows the same pattern for the third priority question.)



1. Please select your top three Whole School, Whole Community, Whole Child (WSCC) Model components to focus on for the 2018-2019 school year.
 - Health Education
 - Physical Education & Physical Activity
 - Nutrition Environment & Services
 - Health Services
 - Counseling, Psychological & Social Services
 - Social & Emotional Climate
 - Physical Environment
 - Employee Wellness
 - Family Engagement
 - Community Involvement

HEALTH EDUCATION

1. How would you rate the importance of having health education in your school?

- Very important
- Somewhat important
- Not important

2. Please provide the following information.

Grade	Number of Classes	Number of Students per Class
K		
1st		
2nd		
3rd		
4th		
5th		
6th		

3. What areas of health education would you be interested in having IAK provide in your school? You may select up to three areas.

- Hygiene
- Tobacco Prevention
- Dental Health
- Responsible Decision Making
- Human Growth & Development (5th)

PHYSICAL EDUCATION & PHYSICAL ACTIVITY

1. How many times per week do students attend PE class?
2. What is your biggest challenge in PE class? Please check all that apply.
 - Lack of equipment
 - Class size
 - Behavior Management
 - Incorporating State PE Standards
 - Connecting Core Curriculum in PE Class (e.g. math, language arts, science, social studies)
 - Other, please specify.
3. What areas of physical education would you be interested in having IAK provide in your school? You may select up to three areas.
 - Fitness in the Classroom
 - Incorporating Core Curriculum into Your PE class
 - Teambuilding
 - Action Based Learning
 - Other, please specify.
4. Does the school offer physical activity opportunities before or after school (e.g. Bike Club, Running Club, Walking School Bus/Bike to School, etc.)?
 - Yes
 - No

If yes, please describe the physical activity opportunities offered.

5. Are students provided 60 minutes of physical activity outside of PE per week (e.g. Brain Boosters, GoNoodle, Fitness in the Classroom, exercise programs, additional recess, wellness and nutrition education, etc.)?
 - Yes
 - No

If yes, please describe the additional physical activities.

6. Would you be interested in ideas for ways to be physically active during inside recess?
 - Yes
 - No

NUTRITION ENVIRONMENT & SERVICES

1. How would you rate the importance of having nutrition education in your school?
 - Very important
 - Somewhat important
 - Not important

2. Does your school district provide nutrition education services?
 - Yes
 - No
 - Unsure

3. Does your school have a working garden?
 - Yes
 - No

4. What areas of nutrition education would you be interested in having IAK provide in your school? Please check all that apply. You may select up to three areas.
 - CATCH Nutrition Curriculum
 - Nutrition in the Classroom
 - Nutrition in PE
 - Cooking Club
 - Nutrition Demonstrations (food has to be purchased by the school)
 - Sugar Shockers Assembly with Tulsa Roughnecks (3rd-5th)
 - Nutrition Consultations (students or staff)
 - Blender Bike Class
 - School Garden Program Resources

5. Would your school be interested in ideas for healthy fundraisers?
 - Yes
 - No

HEALTH SERVICES

1. What are the most prevalent health concerns among your students and families?

2. What health services would be helpful within your school? Please check all that apply.
 - Assistance with Online SoonerCare Applications
 - Transportation to Medical Appointments
 - Eyeglasses Repairs
 - Prescription Pickup
 - Health Talk (school picks a topic to be discussed with small groups of parents)
 - Farmers' Market Session and Tour (parents learn how to use their SNAP benefits at the market)
 - Other, please specify.

COUNSELING, PSYCHOLOGICAL, & SOCIAL SERVICES

1. Please indicate if the following staff are full-time or part-time and if the services they provide are available to all students or a specific student population. Choose NA if your school does not offer/staff a certain position.

School Provided	Full-time	Part-time	Available to All Students	Available to Specific Student Population	NA
Psychologist					
Counselor					
Social Worker					
Nurse					
Health Assistant/Clerk					
Communities in Schools Coordinator					
Community School Coordinator					
Parent Liaison					
Parent Facilitator					
Please list any staff that is not listed above, but fills a similar role.					

2. What are the most prevalent behavioral concerns among your students?
3. Would your school be interested in learning more about the MindUp Curriculum? It is a science-centric and evidence-based program for Pre-K through 8th grade.
- Yes
 - No

SOCIAL & EMOTIONAL CLIMATE

1. Using data from the 2017-2018 school year, please provide the information below.
Number of in-school suspensions
Number of out-of-school suspensions
Number of expulsions
Number of referrals for safety/disciplinary problems
Number of times law enforcement was called

2. What are the biggest challenges faced by students in your school?

3. What areas of social and emotional learning would you be interested in having IAK provide in your school? You may select up to three areas.
 - Classroom Cohesion
 - Bully Prevention
 - Bully Busters Assembly (K-2nd)
 - Mindfulness
 - Conflict Resolution/Getting Along
 - Responsible Decision Making

4. Many schools incorporate movement within their classrooms to address behavioral concerns. Would you be interested in learning more about this?
 - Yes
 - No

PHYSICAL ENVIRONMENT

1. Select the following topics you would be interested in regarding physical environment.

You may select up to three topics.

- Safe Routes to School
 - Playground Safety
 - Water Filling Stations
 - Natural Lighting vs Artificial Lighting
 - Drop-off/Pick-up Emission Reduction
2. Would you be interested in having an Emergency Preparedness lesson?
- Yes
 - No

EMPLOYEE WELLNESS

1. Total number of employees at this school.
2. What would motivate your staff to participate in a wellness program?
3. What type of wellness programming would your staff participant in? Please select all that apply.
 - a. Lunch & Learns – Education Based
 - b. Lunch & Learns – Nutrition Make & Take
 - c. Health Talks
 - d. Nutrition Consultations
 - e. Fitness Challenges
4. What would be the best time of day for a wellness program? Please select all that apply.
 - a. Before School
 - b. During Lunch Break
 - c. Afterschool
 - d. Other, please specify.

FAMILY ENGAGEMENT

1. IAK offers the following family engagement opportunities. Please select topics of interest.
 - Nutrition – Blender Bike or Cooking Demos (food has to be purchased by the school)
 - Math and Literacy Games
 - Family Fitness Night
 - Other, please specify.

2. Does your school have an active PTA/PTO?
 - Yes
 - No

3. Do parents have the opportunity to volunteer within the school? For example, classroom assistance, lunchroom, reading partners, before/after school programs or events, in the office, etc.
 - Yes
 - No

If yes, please specify.

4. Do parents have the opportunity to be at the school for reasons other than disciplinary or parent-teacher conferences?
 - Yes
 - No

If yes, please specify.

5. Is there a “parent center” located within your school with information regarding upcoming events at the school, community resources, parent-child activity ideas, or school policies?
 - Yes
 - No

If yes, please specify.

COMMUNITY INVOLVEMENT

1. What type of community partnerships support your school? Please select all that apply.
 - Community organizations bring programs to the school
 - Community organizations invite students into their space
 - Community organizations serve on school committees and participate in planning events

2. Please indicate which support team/services are provided from community organizations. Check all that apply.
 - Social Services
 - Juvenile Services
 - Before-school Programs
 - After-school Programs
 - Summer Programs
 - Mental Health Counseling
 - Health Promotion/Health Education
 - Faith-based Organizations
 - Other services (e.g. CREOKS, F&CS, Dayspring), please specify.

3. Using the information from the previous question, please indicate if the staff and/or services provided from the community organizations are full-time or part-time, and if they are available to all students or just a specific population of students.

Community Organization Provided	Full-time	Part-time	Available to All Students	Available to Specific Student Population	NA
Social Services					
Juvenile Services					
Before-school Programs					
After-school Programs					
Summer Programs					
Mental Health Counseling					
Health Promotion/Health Education					
Faith-based Organizations					

4. What percentage of students participate in one or more of the student programs available?

5. Please select student programs available to all students.

- Organized before-school program
- Organized after-school program
- Organized extracurricular sports
- Music programs
- Drama/Theater/Arts programs
- Clubs
- Global Gardens/Community Gardens
- YMCA GO Club
- Girl/Boy Scouts of America
- Campfire
- Other, please specify