Ple	ase respond to all statements a	s the	y applied to your school system d	urin	ng the 2014-2015 school year.
*1	. School System:				
0	Allegany	0	Charles	0	Prince George's
0	Anne Arundel	0	Dorchester	0	Queen Anne's
0	Baltimore City	0	Frederick	0	St. Mary's
0	Baltimore County	0	Garrett	0	Somerset
0	Calvert	0	Harford	0	Talbot
0	Caroline	0	Howard	0	Washington
0	Carroll	0	Kent	0	Wicomico
0	Cecil	0	Montgomery	0	Worcester
	olementation of wellness p Yes No	olici	es?		

	l. Please provide the name and/or title of the person who ensures school-level plementation of wellness policies or check "not in place" or "don't know" below.
	Not in Place
	Don't Know
	Name and Title
	i. What is your role in your school system's School Health Council?
	Lead Role (Chairperson, President, etc)
0	2nd in command (vice-chair, etc)
	Member I do not sit on my school system's School Health Council
	Tuo not sit on my school system's school fleatin council

My School System

	6. How did your school system support school 15 school year? Check all that apply:	ol-level wellness teams during the 2014-
	Provided training	
	Provided a stipend	
	Provided technical assistance	
	Provided assigned wellness duty	
	Collected data	
	No system-level support	
Othe	ner (please specify):	

My School System:

Please check one response for each statement.

Explanation of the Likert Scale:

"Fully in Place" = policy/practice was fully implemented throughout the entire 2014-2015 school year

*7. My School System:

	Fully in Place	Partially in Place	Under Development	Not in Place	Don't Know
Had a SCHOOL HEALTH COUNCIL that addressed general health and wellness issues	O	0	O	О	О
Had a SCHOOL HEALTH COUNCIL that focused on healthy eating and physical activity in schools	О	O	С	O	C
COORDINATED services related to healthy eating and physical activity for students	О	С	O	С	O
Provided opportunities for TEACHER/ SCHOOL HEALTH PROFESSIONAL INPUT in updating Wellness Policies	O	O	O	O	C
Provided opportunities for PARENT INPUT in updating Wellness Policies	0	0	O	O	O
Provided opportunities for STUDENT INPUT in updating Wellness Policies	O	О	0	O	O

[&]quot;Partially in Place" = policy/practice started or was partially implemented during 2014-2015 school year

[&]quot;Under Development" = a plan is in place to implement this policy/practice in the future

[&]quot;Not in Place" = there is no plan to implement this policy/practice

My School System:

Please check one response for each statement.

Explanation of the Likert Scale:

- "Fully in Place" = policy/practice was fully implemented throughout the entire 2014-2015 school year
- "Partially in Place" = policy/practice started or was partially implemented during 2014-2015 school year
- "Under Development" = a plan is in place to implement this policy/practice in the future
- "Not in Place" = there is no plan to implement this policy/practice

*8. My School System:

	Fully in Place	Partially in Place	Under Development	Not in Place	Don't Know
INFORMED THE PUBLIC when Wellness Policies were updated	С	С	O	С	О
Promoted healthy eating and physical activity for STAFF MEMBERS	O	0	C	O	0
Encouraged STAFF MEMBERS to model healthy eating and physical activity behaviors	С	С	C	С	O
Included "wellness policy implementation" as a STANDING AGENDA ITEM FOR ADMINISTRATIVE MEETINGS	C	O	0	O	O
Included "wellness policy implementation" as a STANDING AGENDA ITEM FOR BOARD OF EDUCATION MEETINGS	0	O	O	0	0

My School System:

Please check one response for each statement.

Explanation of the Likert Scale:

- "Fully in Place" = policy/practice was fully implemented throughout the entire 2014-2015 school year
- "Partially in Place" = policy/practice started or was partially implemented during 2014-2015 school year
- "Under Development" = a plan is in place to implement this policy/practice in the future

*9. My School System

	Fully in Place	Partially in Place	Under Development	Not in Place	Don't Know
Provided schools with TECHNICAL ASSISTANCE TO EVALUATE Wellness Policy implementation in schools	•	•	O	О	O
COLLECTED ANNUAL PROGRESS REPORTS FROM SCHOOLS on school level implementation of wellness policies	O	О	0	O	O
COLLECTED DATA FROM SCHOOLS to monitor implementation of wellness policy goals related to NUTRITION GUIDELINES	©	•	0	©	O
COLLECTED DATA FROM SCHOOLS to monitor implementation of wellness policy goals related to NUTRITION EDUCATION/	O	O	0	O	0
COLLECTED DATA FROM SCHOOLS to monitor implementation of wellness policy goals related to PHYSICAL EDUCATION/ PHYSICAL ACTIVITY	C	0	C	C	C

[&]quot;Not in Place" = there is no plan to implement this policy/practice

My School System:

Please check one response for each statement.

Explanation of the Likert Scale:

*10. My School System

	Fully in Place	Partially in Place	Under Development	Not in Place	Don't Know
Provided PUBLIC UPDATES on the IMPLEMENTATION of Wellness Policies	O	O	C	О	O
Provided schools with FUNDING to support nutrition and physical activity policies/ practices	O	О	O	©	C
Provided schools with OTHER RESOURCES to support nutrition and physical activity polices/ practices	С	О	C	O	О
Required the identification of WELLNESS POLICY COORDINATORS IN EACH SCHOOL	0	0	0	O	O
Required the integration of NUTRITION AND PHYSICAL ACTIVITY GOALS into the overall SCHOOL IMPROVEMENT PLAN	С	С	C	O	О

[&]quot;Fully in Place" = policy/practice was fully implemented throughout the entire 2014-2015 school year

[&]quot;Partially in Place" = policy/practice started or was partially implemented during 2014-2015 school year

[&]quot;Under Development" = a plan is in place to implement this policy/practice in the future

[&]quot;Not in Place" = there is no plan to implement this policy/practice

	1. How frequently does your school system's school health council (or wellness policy dership team) convene?
0	Monthly
0	Quarterly
0	Semiannually
0	Annually
0	Don't Know
0	Other (please specify):

*12. Please indicate the composition of your school system's school health council (or wellness policy leadership group) below: (select all that apply)

 The second second of the second secon
School Board Members
Superintendent
School Administrators
Representative from the Central Office: Physical Education
Representative from Central Office: Health Education
Representative from Central Office: Nurse
Representative from Central Office: Food Service/School Nutrition Program
Representative from Central Office: Other (<u>please specify below</u>)
School Staff: Physical Education
School Staff: Health Education
School Staff: Nurse
School Staff: Food Service/School Nutrition Program
School Staff: Counseling
School Staff: Student Services
School Staff: Other (please specify below)
Community Members
Food Service
Parents
Students
Local Health Department
Community Organizations
Nurses
Don't Know
Other (please specify):

2014-2015 Maryland Active Living/Health Eating in School Systems *13. How often do you ASSESS the implementation of the school system's School

	Ilness Policy?
0	Semiannually
0	Annually
0	Biannually
0	We have not reviewed the implementation of the school system's School Wellness Policy in the past 3 years
0	Don't Know
0	Other (please specify):
	14. How does the public know about the results of the most recent assessment of llness policy implementation in your school system (select all that apply)?
	Website
	Newsletters
	Bulletin board
	Word of mouth
	PTA/Community meetings
	School Board meetings
	Personal invitation
	Email
	We do not have a mechanism in place for notifying the public about our school's wellness activities
	Other (please specify):
k -	15. How often do you UPDATE the school system's School Wellness Policy?
_	15. How often do you UPDATE the school system's School Wellness Policy? Semiannually
0	
0	Semiannually
k · o o o	Semiannually Annually

2014-2015 Maryland Active Living/Health Eating in School Systems *16. Who REVIEWS your School System's Wellness Policy? Committee (i.e. School Health Council, Board of Education) Individual (please list in next question) External partner/organization Other (please specify):

*17. Name of Individual who REVIEWS: *18. Who UPDATES your school system's School Wellness Policy? Committee (i.e. School Health Council, Board of Education) Individual (provide name in the next question) External partner/organization Other (please specify):

*19. Name of individual who UPDATES: *20. How are potential stakeholders made aware of their ability to participate in the development, review, update, and implementation of your School System's Wellness Policy (select all that apply)? Website Newsletters Bulletin board Word of mouth Community meetings School Board meetings Personal invitation We do not have a mechanism in place for notifying potential stakeholders ☐ Don't Know Other (please specify):

014-2015 Maryland Active Living/Health Eating in School Systems					
Additional Comments					
21. Additional Comments:					

Thank You! Thank you for completing the survey! Click on the link below to access the MSDE Guide to Implementing and Monitoring School Wellness Policies in Maryland: Making Wellness Work: One School at a Time