

36. Do you offer skim milk or 1% milk?
 YES NO
37. Within the last year have your food service staff attended any trainings or in-service programs (e.g., food service tips, preparation techniques, USDA guideline updates, etc.) in nutrition education?
 YES NO
38. Is there coordination between food service staff and teachers to reinforce and/or enhance classroom nutrition education?
 YES NO
39. Do vending machines available to students contain items that are healthy choices, (e.g., skim milk, 1% milk, bottled water, fruit, healthy bars, low sugar items, 100% fruit juice)?
 YES NO
 Do not have vending machines available to students in our school.
40. Is there a school policy restricting the use of vending machines by students during meal times?
 YES NO
 Do not have vending machines available to students in our school.
41. How often does your school provide a breakfast program?
 Every Day
 3-4 days per week
 1-2 days per week
 We do not have a breakfast program available
42. How often does the breakfast program contain healthy choices such as low fat milk, 100% fruit juice, fruits, bran cereal, or low sugar items?
 Every Day
 3-4 days per week
 1-2 days per week
 We do not have a breakfast program available

43. Does your school provide nutrition education programs for students?
 YES NO
44. Do your coaches of varsity/reserve sport teams and their staff receive training in sports nutrition?
 YES NO
 Do not have coaches
45. Does your school offer visual aids (e.g., signs/pictures) to promote healthy food selections to students?
 YES NO
46. Does your school have a policy which promotes the sale of healthy food items or non-food items for fund raising activities?
 YES NO
46. In the past year please check any of the technical assistance offerings that you attended.
 The annual Summer School Health Conference
 American Cancer Society Workshops *please list*.

 Ohio Department of Education Child Nutrition Services
 Ohio Department of Health Trainings *please list*.

 Other _____

Thank you

Notification of scores will be sent to principals in May.
 Send completed applications to:
 Ohio Department of Health
 6th floor
 246 North High Street
 Columbus, Ohio 43215

Governor's
Buckeye Best
 Healthy School
 2005-2006

School Information

PLEASE PRINT

Name of your School District	IRN
Name of your School Building	IRN
Name of your current school principal	

Select only ONE category for application. Each category requires a separate application.

- Elementary Middle/Jr.High High School

Please enlist the help of all appropriate staff members in completing this application.

Indicate below the titles of the individuals who assisted in completing this application. Check all that apply.

- Principal/Administrator Classroom Teacher Physical Education Teacher
 Health Education Teacher Food Service Personnel School Nurse
 Other, please specify _____

List contact information for this application.

Name	Job title	Telephone ()	
Street address		County	
City	State	ZIP	

Application

1. Who teaches physical education classes in your school? Check all that apply.
 Physical Education Teacher
 Health Education Teacher
 Other Teacher, specify training

 Other, area specialty

 We do not offer physical education classes in our school.
2. How many of the teacher(s) assigned to teach physical education in your school are certified in physical education?
 ALL SOME NONE
3. Who teaches health education classes in your school? Check all that apply.
 Health Education Teacher
 Physical Education Teacher
 Other Teacher, specify training

 Other, area specialty

 We do not offer health education classes in our school.
4. How many of the teacher(s) assigned to teach health education in your school are certified in health education?
 ALL SOME NONE



5. Is there a registered nurse (RN) assigned to your school building?
 YES, continue to Q5A
 NO, continue to Q6
- 5a. How many nursing service hours per week are provided by a registered nurse (RN) in your school building?
 30–40
 20–29
 1–19
6. Does your school have a School Health Advisory Council?
 YES NO
7. Which of the following wellness programs are offered to the faculty/staff? Check all that apply.
 Stress Management Class
 Healthy Eating/Nutrition/Weight Management
 Health Screenings/Fairs
 Physical Activity Opportunities
 Wellness Incentive Programs
 Smoking Cessation Classes
 Other, specify name of program _____
8. Does the School District employ a registered/licensed dietitian?
 YES NO Don't Know
9. Does your School District have a staff person who is responsible for the management and coordination of school health policies, programs and resources?
 YES NO

Physical Education

10. Does your school building host or provide before or after school programs?
 YES NO
11. Does your school provide structured physical education? (excludes varsity/reserve sports/activities, recess)
 YES, continue Q10 A, B
 NO, continue to Q11
- 11a. Does your school **require** all students to take physical education classes for **the entire school year**?
 YES NO
- 11b. How many minutes of **structured** physical education does your school require each week? (excludes varsity/reserve sports/activities, recess)
 150 and above
 120–149
 90–119
 60–89
 30–59
 0–29

- 11c. Estimate the percentage of structured physical education time that students are actually moving per class period?
 _____%

For high school applicants only

- 11d. Does your school require more than the state standard minimum of Physical Education credits to fulfill high school graduation requirements?
 YES NO
12. Does your school provide students with an opportunity for unstructured physical activity daily, i.e., recess, open gym?
 YES NO
13. Which of the following does your physical education curriculum include? Check all that apply.
 Team sports
 Individualized Fitness (strength/weight training, flexibility/agility)
 Social Interaction (e.g., dance, team building activities)
 Individual Sports (e.g., tennis, golf, bowling, hiking, jogging)
 Adaptive PE
 This school does not have a physical education curriculum
14. Within the last year how many of your physical education teachers have received continuing education in physical education?
 ALL SOME NONE
15. Does your school offer students opportunities to participate in intramural sports and/or sports clubs?
 YES NO
16. Does your school offer parent/student programs that promote health and/or physical activity (e.g., family fun night, wellness challenge, family walks, etc.)?
 YES NO
17. Outside of school hours or when school is not in session, are your athletic facilities open for use by the community?
 YES, outdoor facilities
 YES, indoor facilities
 This school does not have indoor facilities
 This school does not have outdoor facilities
 NO, not open for public use

Tobacco

18. Who is prohibited and where are they prohibited from using tobacco in your school?
 18a. Inside all buildings
 Student Faculty/Staff Visitor
 18b. On campus/school grounds/parking lots including sports venues
 Student Faculty/Staff Visitor
 18c. At school sponsored events off campus, i.e., field trips
 Student Faculty/Staff Visitor
19. Does your school policy prohibit tobacco advertising on school grounds and in school publications?
 YES NO
20. Does your school policy prohibit students from wearing tobacco brand-name apparel including non-clothing items such as gym bags, water bottles, etc.?
 YES NO
21. Do you have a procedure/process/mechanism in place to enforce all tobacco related policies?
 YES NO
22. Does your school have a tobacco education program in place that is used as an alternative to suspension for those students who violate the tobacco use policy?
 YES NO
23. Does your school provide tobacco prevention education to students during every school year?
 YES, all students, continue to 22a
 YES, some students, continue to 22a
 NO, continue to 23
- 23a. On average, how many hours of classroom time per year is provided for tobacco prevention education?
 10 or more
 3–9
 less than 3
24. Are tobacco use cessation programs offered to students wishing to quit tobacco use?
 YES NO
25. How many teachers receive continuing education in teaching tobacco use prevention curriculum during the school year?
 ALL SOME NONE
26. How many of your coaches of varsity/reserve sport teams and their staff instruct their players not to use tobacco products?
 ALL SOME NONE
 Do not have coaches

27. How many of your athletic coaches of varsity/reserve sport teams and their staff act as positive role models by not using tobacco during practices and games?
 ALL SOME NONE
 Do not have coaches
28. Has your school participated in the Ohio Youth Tobacco Survey?
 YES NO

Nutrition

29. Does your school lunch schedule permit students at least 20 minutes to eat their lunch? (*excludes* time required to stand in lunch lines)
 YES NO
30. Does your school have a cafeteria where hot meals are prepared?
 YES
 NO Meals are made off site and brought to the school.
 NO We have no meal service. Students must bring their lunch (skip to Q34)
31. How often does your cafeteria menu offer students a salad?
 Every day
 3–4 days per week
 1–2 days per week
 Never
32. How often does your lunch menu offer fresh fruit or uncooked vegetables?
 Every day
 3–4 days per week
 1–2 days per week
 Never
33. Do you have food purchasing and/or preparation practices to reduce the fat content of foods (e.g., purchasing specifications for pre-prepared foods requiring lower fat content, use low or reduced-fat cheese, draining cooked ground beef, etc.)
 YES NO
34. How often are fried foods offered, either as an entrée or side, in your cafeteria?
 Every day
 3–4 days per week
 1–2 days per week
 Never
35. How often does your cafeteria serve 100% fruit juice ala carte as a beverage?
 Every day
 3–4 days per week
 1–2 days per week
 Never