

School Wellness Inventory

Missouri Coordinated School Health Coalition

Supported by the Missouri Foundation for Health

The purpose of this project is to develop a universal school wellness tool that can be used to develop, implement, evaluate, and continuously improve School Wellness Policies and related wellness activities.

DISTRICT NAME: Sheldon R-VIII School District

COMPLETED BY:

**SCHOOL HEALTH ADVISORY COMMITTEE
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DATE COMPLETED: **4/30/2022**

MCSHC 2/2010

Our district has a Wellness Policy Committee (WPC) or School Health Advisory Committee (SHAC) that oversees school health and safety policies and programs.

 X Yes (Please specify WPC/SHAC: WPC)

 No

Our committee has met the following number of times during the past 12 months.

 None

 1 to 3 times

 X 4 to 6 times

 7 or more times

Our committee: Our	Yes/No/ Somewhat	Comments/Notes (N/A)
a. Has accessed and read our school district and building health and safety policies (this includes school wellness policy)	Yes	
b. Works in conjunction with district-level health and safety committees	Yes	
c. Has a designated committee leader. This person(s) is/are: <u>Jason Irwin</u>	Yes	
d. Includes an active representative from the following groups (*designates required by PL108-265): <ul style="list-style-type: none"> • School Administration (Principal, Asst. Principal, Superintendent)* • Representative of the Local Education Agency (mark all who are represented)*: <ul style="list-style-type: none"> ○ Nutrition Services (Food Service Director or Manager) ○ Physical Education Teacher ○ Health Education (Health Teacher/Health Educator) ○ Family and Consumer Science Teacher ○ Classroom Teacher (Other than Physical Education or Health) ○ School Nurse, School Health Clinic Staff, or trained professional Health Services Provider ○ School Counselor, Psychologist, or Social Worker ○ Others (e.g., Coach, Playground Supervisor, Resource Officer) • Family Involvement (Parent/Guardian, PTSA/PTSO Member)* • Student(s)* • Community Member/Member of the Public (e.g., Health Department, Business Leader)* <div style="display: flex; align-items: center;"> <input type="checkbox"/> School Board Member* <input type="checkbox"/> Other (please specify): </div>	Yes	

Each group should ideally be represented by separate members. If any committee members represent more than one group (e.g., school nurse is family representative), please describe here:

Mrs. Standley is our first grade teacher and also parent to a high school student, so is a representative as a parent and teacher.

SCHOOL WELLNESS POLICY MONITORING AND EVALUATION

Our committee routinely uses a formalized method to monitor implementation of our school wellness policy, develop data-based action plans, and evaluate progress:	Yes/No/ Somewhat	Comments/Notes (N/A)
a. Our committee has a plan for measuring implementation of the School Wellness Policy (if defined at the district level, building-level committee is aware of the plan).	Yes	
b. Our committee has designated one or more persons to ensure policy compliance.	Yes	
c. Our committee collects school or district-wide wellness data using a tool like the School Health Index.	No	We are a very small school, we collect data personally.
d. Our committee has used school-wide or district-wide wellness data to develop an action plan with specific, measurable goals.	Somewhat	This is a work in progress as we are continually finding ways to improve our plan.
e. Our committee has collected school-wide wellness data and used that data to evaluate progress in meeting the goals in our action plan.	Yes	We evaluate and discuss at every meeting.

Our committee tracks policy and/or environmental changes that result from School Wellness Policies (check all that apply, write in any data you have):	Yes/No/ Somewhat	Comments/Notes (N/A)
Revenue of Healthy Vending: <ul style="list-style-type: none"> • Elementary \$ _____ • Middle or Junior High \$ _____ • High Schools \$ _____ 	N/A	
Revenue of School Stores: <ul style="list-style-type: none"> • Elementary \$ _____ • Middle or Junior High \$ _____ • High Schools \$ _____ 	N/A	

Participation in the USDA School Breakfast Program (measure average daily participation): <ul style="list-style-type: none"> • Elementary # _____ • Middle # _____ • High School # _____ 	Yes	
Our committee tracks policy and/or environmental changes that result from School Wellness Policies (check all that apply, write in any data you have):	Yes/No/Somewhat	Comments/Notes (N/A)
Participation in the USDA National School Lunch Program (measure average daily participation): <ul style="list-style-type: none"> • Elementary # _____ • Middle # _____ • High School # _____ 	Yes	
Plate Waste in School Lunches (report by level if applicable):	N/A	
Healthier foods and beverages introduced, implemented and accepted into: <ul style="list-style-type: none"> • Vending • Concession stands • Fundraisers, classroom parties 	N/A	
<i>These additional health and educational performance indicators can measure changes that result from School Wellness Policies (check all that apply, write in any data you have):</i> Fitness Scores: <ul style="list-style-type: none"> • Aerobic Capacity • Body Composition • Muscular Strength • Muscular Flexibility • Muscular Endurance 	No	
Behavior Incidences: <ul style="list-style-type: none"> • Office referrals • Absenteeism • Tardiness • Truancy • Risky behaviors 	Yes	

Academic performance (e.g., MAP scores):	Yes	
Other (please list any possible data sources that could be broadly related to school wellness):		

FAMILY COMMUNICATION AND INVOLVEMENT

Our committee communicates and involves families in school wellness activities:	Yes/No/ Somewhat	Comments/Notes (N/A)
a. Our committee has made the School Wellness Policy accessible to families (e.g., posted on website, included in student handbook).	Yes	
b. Our committee has actively informed families about the School Wellness Policy (e.g., newsletter, conferences, PTO/PTA/PTSO/PTSA meetings).	Yes	
c. Our committee has collected information from parent to evaluate/improve: <ul style="list-style-type: none"> The PE program and other physical activity programs at school School meals or foods offered in schools <input type="checkbox"/> Health education at our school 	Yes	
d. Our committee has included families in School Wellness Policy Monitoring and/or Evaluation (e.g., monitoring implementation, collecting evaluation data, revising policies; outside of committee participation).	Yes	
e. Our committee has involved families in planning wellness activities (e.g., health fairs).	Yes	
f. Our committee has provided families with information/resources about the following topics: <input type="checkbox"/> <ul style="list-style-type: none"> Physical activity Healthy eating/Healthy weight Effective parenting strategies A tobacco-free lifestyle or smoking cessation <input type="checkbox"/> Other (please describe): 	Yes	

g. Our committee has offered programs, activities or events for families, related to: <ul style="list-style-type: none"> Physical activity (e.g., field day, mileage/walking clubs) Health eating/Healthy weight (e.g., health fairs, food tasting) Effective parenting strategies (e.g., Parenting at the Speed of Teens parent night) A tobacco-free lifestyle or smoke cessation (e.g., school anti-smoking campaigns) <input type="checkbox"/> Other (please describe): 	No	
Our committee communicates and involves families in school wellness activities:	Yes/No/ Somewhat	Comments/Notes (N/A)
h. Our committee has reached or involved the community (e.g., chamber of commerce, service clubs such as Rotary, local farmers) by: <ul style="list-style-type: none"> Inviting community members to programs, activities or events related to health Involving community members to plan and coordinate health-related activities 	Yes	
i. Our committee involves parents/guardians in the following school or school-linked activities: <ul style="list-style-type: none"> PTA/PTO; PTSA/PTSO Parent Center/Family Resource Center After School Programs (school-based or sponsored) After School Family Events (e.g., family fun nights) Practical Parenting Partnerships School volunteers (e.g., classroom, cafeteria, playground) Mentoring Booster club Advisory board School-community activities (e.g., neighborhood meetings, check out bags)—please specify: Other (please list): 	Yes	

COMMENTS:

Funding for this project was provided in full by the Missouri Foundation for Health. The Missouri Foundation for Health is a philanthropic organization whose vision is to improve the health of the people in the communities it serves.