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## DP23-0002 CDC Healthy Schools Program: Monthly Reporting Form

**Key:** Blue text – survey question type, piping logic, and other survey additions in Qualtrics

### SECTION I: INTRODUCTION

Thank you for submitting the monthly indicator report. Please submit this form by the 15<sup>th</sup> of each month, following the reporting period (e.g., submit January report by February 15).

1. **Select the period you are reporting on.** *[select one. Please see the table at the end of this document for a list of all reporting periods.]*

### SECTION II: PROFESSIONAL DEVELOPMENT

Professional development (PD) events include training, workshops, communities of practice, presentations, and information sessions designed to help individual participants obtain or develop new and existing knowledge and skills needed to put expected practices into action.

2. **How many PD events were delivered in {reporting period}?**

Please include PD events provided statewide and to your PLEA. *[write in #, min 0, max 30- for each write in # option in the form, Qualtrics data validation ensures the field accepts numeric answers only]*

Display Q3-17 if Q2>0

**SUB-SECTION FOR EACH PD EVENT**

The following questions pertain to **the {1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, ..., 30<sup>th</sup>} PD event.**

**3. What was the name of the PD event? [write in]****PD Topics of Focus**

For each the following questions, please select all the topics that were a major theme or focus of the PD event. A theme or focus is major if it has a learning objective or another meaningful result attached to it.

**4. Which of the following school health infrastructure building processes did the PD event focus on (if any)? (Select all that apply) [multiple selection]**

- Establishing and/or operating school health/wellness teams, councils, or committees
- Conducting and/or using the School Health Index (SHI)
- Conducting other CDC school health assessments (e.g., Wellness Policy in Action Tool (WPAT), Health Education Curriculum Assessment Tool (HECAT), or Physical Education Curriculum Assessment Tool (PECAT))
- Conducting non-CDC school health assessments (e.g., Thriving School's Integrated Assessment by the Alliance for a Healthier Generation, Health services Assessment Tool for Schools (HATS) by the American Academy of Pediatrics (AAP), or the Healthy Eating and Physical Activity (HEPA) Standards 2.0 Self-Assessment Tool by The National Afterschool Association (NAA))
- Developing and/or implementing school health action plans
- Developing and/or implementing local wellness policies
- Evaluating programs and initiatives
- Other infrastructure building process(es) [write in]
- No school health infrastructure building processes were a focus of the PD event [exclusive]

**5. Which of the following DP23-0002 priority topics did the PD event focus on (if any)? (Select all that apply) [multiple selection]**

- Health equity and/or health disparities
- Management of chronic health conditions
- Nutrition environment and services
- Physical activity/Physical education (PA/PE) or Comprehensive School Physical Activity Program (CSPAP)
- None of the above priority topics were a focus of the PD event [exclusive]

**6. Which of the following additional topics did the PD event focus on (if any)? (Select all that apply) [multiple selection]**

- Community involvement
- Counseling, psychological, and social services
- Employee wellness
- Family engagement
- Health education

- Health services
- Out-of-school time
- Physical environment
- Social and emotional climate
- Whole School Whole Community, Whole Child (WSCC) model
- Other topic(s) [write in]
- No additional topics were a focus of the PD event [exclusive]

### PD Participants

7. **How many total participants (i.e., individuals) attended the PD event?**

Include only intended PD recipients. Exclude PD event staff or partner observers who are not intended to receive the PD to increase their knowledge and/or skills. [write in #, default 0]

8. **How many of your state's unique local education agencies and/or schools were directly represented by one or more participants at the PD event?**

- a. Local education agencies [write in #, default 0]
- b. Schools [write in #, default 0]

9. [Display if 9a > 0] **Was the PLEA represented by one or more participants at the PD event?**  
Select 'yes' if the PLEA or corresponding schools within the PLEA were represented at the event.

[select one]

- Yes
- No

10. [Display if 9b > 0] **Of the schools represented at the PD event, how many were located within your PLEA (if any)?** [write in #, default 0]

11. **Please select the types of school participants that attended the PD event. (Select all that apply)** [multiple selection]

- School administrators
- School student support staff (i.e., counselors, psychologists, social workers)
- School health/physical education teachers
- School health coordinators
- School nurses
- School nutrition staff
- Other school teachers
- Other school staff

12. [Display if "Other school staff"] **What other categories of school staff attended the PD event?**  
[write in]

13. Please select the types of district (or LEA) participants that attended the PD event. (Select all that apply) [multiple selection]
- District family or community engagement staff
  - District health coordinators
  - District health/physical education staff
  - District nurses or health services staff
  - District nutrition staff
  - District superintendent
  - Other district staff
14. [Display if "Other district staff"] What other categories of district staff attended the PD event? [write in]
15. Please select the types of non-school and non-district participants that attended the PD event. (Select all that apply) [multiple selection]
- State education agency (SEA) staff
  - Other state government staff (e.g., health department staff)
  - Local government staff (e.g., local health department staff)
  - Out-of-school-time staff (e.g., administrators of out-of-school time programs, intermediary organizations, front line staff)
  - Community-based organization staff
  - Community members
  - Parents/family members
  - Students
  - Other non-school and non-district participants
16. [Display if "Other non-school or district participants"] What other categories of non-school and non-district participants attended the PD event? [write in]

**SECTION III: TECHNICAL ASSISTANCE**

**Technical assistance (TA)** is the process of providing direct, tailored support to an organization or individual(s). A **TA instance** is a collaborative (two-way) exchange between a provider (specialist) and one or more site(s) to address a need or problem. TA instances may occur by phone, e-mail, and virtual or in-person meetings and may include routine (e.g., monthly) and ad hoc communications. Multiple email exchanges or phone calls around one or more topics or issues should be counted as a single TA instance. Only report TA instances delivered as part of the DP23-0002 program.

**17. How many TA instances were provided in {reporting period}?**

Please include TA provided statewide and/or to your PLEA and corresponding schools. [\[write in #\]](#)

[For Q19 - 24, display if Q18 > 0](#)

**TA Topics of Focus****18. Select up to 3 school health infrastructure building processes most commonly addressed by TA instances in {reporting period}. [\[multiple choice, min 1, max 3\]](#)**

- Establishing and/or operating school health/wellness teams, councils, or committees
- Conducting and/or using the School Health Index (SHI)
- Conducting other CDC school health assessments (e.g., WPAT, HECAT, PECAT)
- Conducting non-CDC school health assessments (e.g., Healthy Generation's Healthy Schools Assessment)
- Developing and/or implementing school health action plans
- Developing and/or implementing local wellness policies
- Evaluating programs and initiatives
- Other process(es) [\[write in\]](#)
- No school health infrastructure building processes were the focus of TA [\[exclusive\]](#)

**19. Select up to 5 additional topics most commonly addressed by TA instances in {reporting period}. [\[multiple choice, min 1, max 5\]](#)**

- Community involvement
- Counseling, psychological, and social services
- Employee wellness
- Family engagement
- Health education
- Health equity and/or health disparities
- Health services
- Management of chronic health conditions
- Nutrition environment and services
- Out-of-school time
- Physical activity/physical education (PA/PE) or Comprehensive School Physical Activity Program (CSPAP)
- Physical environment
- Social and emotional climate
- Whole School Whole Community, Whole Child (WSCC) model

- Other topic(s) [write in]
- No topics were the focus of TA [exclusive]

#### TA Participants

20. How many of your state's unique local education agencies, schools, and/or other organizations did you provide TA to in {reporting period}?

- a. Local education agencies [write in #, default 0]
- b. Schools [write in #, default 0]
- c. Other organizations (e.g., community-based organizations, out-of-school providers) [write in #, default 0]

21. [Display if "Other organizations">0] What types of other organizations did you provide TA to in {reporting period}?

For example, community-based organizations, out-of-school time providers, local health departments. [write in]

22. Of the {Q18} TA instances provided in {reporting period}, how many were provided to the PLEA and/or PLEA corresponding schools? [write in #, default 0]

**SECTION IV: PLEA CORRESPONDING SCHOOLS**

This section pertains only to corresponding schools within your priority local education agency (PLEA). The maximum number of schools you may enter for any question is {#ofPLEAschools}.

**23. How many PLEA corresponding schools completed new school health assessments of each type in {reporting period}?**

Only report schools that completed the entire assessment during this period. Do not include schools that started or are in progress of completing an assessment or schools who had completed the assessment before this period.

- School Health Index (SHI) (CDC) [write in #, default 0, max {#ofPLEAschools}]
- Wellness Policy in Action Tool (WPAT) (CDC) [write in #, default 0, max {#ofPLEAschools}]
- Health Education Curriculum Assessment Tool (HECAT) (CDC) [write in #, default 0, max {#ofPLEAschools}]
- Physical Education Curriculum Assessment Tool (PECAT) (CDC) [write in #, default 0, max {#ofPLEAschools}]
- Thriving School's Integrated Assessment (Alliance for a Healthier Generation) [write in #, default 0, max {#ofPLEAschools}]
- Health services Assessment Tool for Schools (HATS) (American Academy of Pediatrics) [write in #, default 0, max {#ofPLEAschools}]
- Healthy Eating and Physical Activity (HEPA) Standards 2.0 Self-Assessment Tool (The National Afterschool Association) [write in #, default 0, max {#ofPLEAschools}]
- Other assessment(s) [write in #, default 0, max {#ofPLEAschools}]

**24. How many PLEA corresponding schools submitted a new fully developed DP23-0002 action plan in {reporting period}? [write in #, default 0, max {#ofPLEAschools}]****25. How many PLEA corresponding schools did you assist in implementing their action plans in {reporting period}? [write in #, default 0, max {#ofPLEAschools}]****26. [Display if Q28 > 0] In 1-2 sentences, describe how you assisted PLEA corresponding schools to implement their action plans. [write in]****27. You may provide any additional relevant notes on school health assessments and/or action plans here. (Optional) [write in]**

**SECTION V: WINS AND LESSONS LEARNED**

**28. Please share any wins and/or lessons learned in {reporting period}. (Optional)**

For example, a state or district adopting a policy you have been advocating for, a partner you helped write a grant proposal secured funding, a new collaboration has kicked off due to your network weaving efforts. [\[write in\]](#)

**29. Please share any other information that is important to understand your report this month (e.g., challenges, barriers, etc.).** [\[write in\]](#)

**SECTION VI: CERTIFICATION**

**I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.**

30. Name and title of person who completed this form [\[write in\]](#)

31. Email address [\[write in, validated\]](#)

Reporting Periods	
<p style="text-align: center;"><i>Project Year 2</i></p> <p>Quarter 1</p> <ul style="list-style-type: none"> <li>• July 2024</li> <li>• August 2024</li> <li>• September 2024</li> </ul> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>• October 2024</li> <li>• November 2024</li> <li>• December 2024</li> </ul> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>• January 2025</li> <li>• February 2025</li> <li>• March 2025</li> </ul> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>• April 2025</li> <li>• May 2025</li> <li>• June 2025</li> </ul>	<p style="text-align: center;"><i>Project Year 4</i></p> <p>Quarter 1</p> <ul style="list-style-type: none"> <li>• July 2026</li> <li>• August 2026</li> <li>• September 2026</li> </ul> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>• October 2026</li> <li>• November 2026</li> <li>• December 2026</li> </ul> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>• January 2027</li> <li>• February 2027</li> <li>• March 2027</li> </ul> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>• April 2027</li> <li>• May 2027</li> <li>• June 2027</li> </ul>
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