# TABLE OF CONTENTS

I. Abstract .......................................................................................................................... 2

II. Glossary of Key Terms ................................................................................................. 4

III. Background & Purpose .............................................................................................. 5

   a. Problem Statement and Relevance to MCH ......................................................... 7
   b. Critical review of literature .................................................................................. 8
   c. Target Community and Infrastructure .................................................................. 11
   d. Thomasville City Schools ..................................................................................... 13

IV. Description of Assessment (Methods) ....................................................................... 18

V. Results and Interpretation of Findings ...................................................................... 21

VI. Assessment of Strengths and Areas of Growth ......................................................... 27

   a. Health Education .................................................................................................... 27
   b. Physical Education and Activity ........................................................................... 28
   c. Nutrition Environment and Education .................................................................. 30
   d. Health Services ..................................................................................................... 32
   e. Counseling, Psychological and Social Services ................................................... 33
   f. Social and Emotional Climate ................................................................................ 35
   g. Physical Environment ............................................................................................ 37
   h. Employee Wellness ................................................................................................ 38
   i. Family Engagement ................................................................................................ 39
   j. Community Involvement ....................................................................................... 40

VII. Recommendations ..................................................................................................... 42

VIII. Limitations ................................................................................................................ 45

IX. Conclusions ................................................................................................................ 46

X. References .................................................................................................................. 47

XI. Acknowledgements ..................................................................................................... 49

XII. Appendices .................................................................................................................. 51

   a. Key Informant Interview Questions ...................................................................... 51
   b. Student Survey ........................................................................................................ 52
   c. Parent Survey ......................................................................................................... 53
   d. ASCD School Improvement Tool ........................................................................... 54
ABSTRACT

Background:

The fields of Public Health and Education have traditionally remained siloed in their approach toward improved child wellness and academic achievement. A growing body of research, however, has established that healthier children become more successful students and sustain healthier habits into adulthood. In 2015, the Centers for Disease Control and Prevention (CDC) and the Association for Supervision and Curriculum Development (ASCD) together launched Whole School, Whole Child, Whole Community (WSCC) as a holistic and collaborative approach to integrating health promoting practices in the school setting. This paper identifies measurable baseline data for each of the 10 WSCC components at Thomasville City Schools (TCS) in Davidson County NC and assesses the degree to which they are being met. Three aims were developed in response to the expressed interest of TCS Wellness Coordinator, Mary Jane Akerman:

AIM 1: Identify measurable baseline data for each of the 10 WSCC components
AIM 2: Assess TCS strengths and areas of growth for each of the 10 WSCC components
AIM 3: Offer recommendations for implementing WSCC at TCS

Methods:

The following methods were employed to address these three aims:

1) ASCD School Improvement Tool
2) Written Survey for Parents
3) Written Survey for Students
4) Key Informant Interviews
Findings:
Results indicated that employees, parents and students have differing perceptions of WSCC achievement in Thomasville City Schools. School employees consider Family Engagement as TCS’s highest performing WSCC component while only fifty-one (51%) of middle school students agree that schools engage families as partners. Likewise, school employees consider Counseling, Psychological, and Social Services as TCS’s second-highest performing WSCC component while seventeen percent (17%) of parents/guardians indicated that they were unsure of whether the school provided counseling and social services that benefit their child’s mental, emotional and social health. In contrast, school employees at all three schools participating in the ASCD School Improvement Survey identified Physical Environment as the lowest performing WSCC component. Finally, although the majority of middle school students surveyed were able to demonstrate knowledge of a well-balanced diet by completing a My Plate illustration (89%), both employees and parents/guardians perceived school meals and nutrition services to have room for improvement.

Recommendations:
Findings suggest that TCS has taken great strides toward educating the whole child, however employee, parent and student perceptions of WSCC achievement vary. TCS’s would benefit from developing leadership buy-in as well as school, family and community focused efforts to generate consensus and share ownership of responsibilities associated with implementing WSCC. Aligning WSCC benchmarks with existing policies and programs would also streamline the implementation, monitoring and evaluation processes, allow for continuous quality control, and allow for strategic investments into areas of opportunity.
## GLOSSARY OF KEY TERMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCD</td>
<td>Association for Supervision and Curriculum Development</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CSH</td>
<td>Coordinated School Health</td>
</tr>
<tr>
<td>HECAT</td>
<td>Health Education Curriculum Analysis Tool</td>
</tr>
<tr>
<td>LDE</td>
<td>Liberty Drive Elementary</td>
</tr>
<tr>
<td>SBT</td>
<td>School Based Therapist</td>
</tr>
<tr>
<td>Teen PEP</td>
<td>Teen Prevention Education Program</td>
</tr>
<tr>
<td>THS</td>
<td>Thomasville High School</td>
</tr>
<tr>
<td>TMS</td>
<td>Thomasville Middle School</td>
</tr>
<tr>
<td>TPS</td>
<td>Thomasville Primary School</td>
</tr>
</tbody>
</table>
BACKGROUND AND PURPOSE

Over the past 50 years, the United States has seen an unprecedented rise in preventable chronic health and wellness conditions among children and youth. As of 2012, one in three students were overweight, one in two LGBTQ students experienced cyber-bullying, and half of all youth with a mental health condition failed to receive mental health services. North Carolina in particular suffers from stark educational disparities with 81% of white youth and 48% of black youth graduating from high school. The state of our youth requires close examination and interdisciplinary intervention.

Schools offer a critical intervention opportunity. Approximately 95% of all children and youth in the United States attend school where they spend roughly 50% of their weekday waking hours. Such unparalleled interaction positions schools to effectively create safe, healthy and engaging environments for students that establish lifelong healthy behaviors, increase academic achievement, and effectively improve community level health and economic outcomes.

Historically two separate movements have addressed this aim: Coordinated School Health and the Whole Child Initiative.

CDC Coordinated School Health

Coordinated School Health is a health promotion framework first introduced by Lloyd Kolbe and Diane Allensworth in their 1987 published article “The Comprehensive School Health Program: Exploring an Expanded Concept” and later adopted by the Center for Disease Control and Prevention. Kolbe and Allensworth validated school’s potential to “help young people, and the adults they will become, to live healthier, longer, more satisfied and more productive lives” and subsequently challenged the existing efforts of school health programs. CSH consists of eight
fundamental components: Physical Education, Health Education, Health Promotion for Staff, School Health Services, Mental and Emotional Health, Nutrition Services, Family and Community Involvement and Healthy School Environment. While the framework has been celebrated among health professionals, CSH has been considered a public health initiative and therefore has largely failed to transfer to the education sector.

ASCD Whole Child Initiative

ASCD (the Association for Supervision and Curriculum Development) is an educational association of more than 125,000 superintendents, principals, teachers and student advocates from 128 countries. In 2007, ASCD launched the Whole Child Initiative as “an effort to change the conversation about education from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of children.” Consisting of five major tenants, Whole Child seeks to ensure that every child is healthy, safe, engaged, supported, and challenged. While educators enthusiastically embraced the Whole Child approach, the model failed to translate among the health community and consequently failed to gain interdisciplinary traction.
Problem Statement and Relevance to MCH

Whole School, Whole Child, Whole Community

Health and education have historically remained siloed sectors, separately working toward parallel goals yet failing to collaborate or acknowledge the interdependent nature of health and learning. In his 2010 meta-analysis, Charles Basch exposed health disparities as the major contributing factor toward the achievement gap in the United States. Basch wrote, “No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn.” In other words, if our goal is for students to be successful, health and wellness are non-negotiable.

Recent collaboration among the Centers for Disease Control and Prevention (CDC) and Association for Supervision and Curriculum Development (ASCD) has generated an interdisciplinary approach known as Whole School, Whole Child, Whole Community (WSCC). WSCC joins expanded components of Coordinated School Health with the tenants of ASCD’s Whole Child framework to generate a working model that calls for greater alignment across schools, systems, sectors and the community at large. Attention is drawn toward the coordination of policy, process and practice that prioritize improving student health and learning. Finally, the community is wrapped around the WSCC framework in order to demonstrate the important role it plays in developing the whole child.
Review of Literature

The following review of literature examines evidence and best practices of the Coordinated School Health framework and Whole Child Initiative in order to inform implementation of the Whole School, Whole Child, Whole Community (WSCC) framework.

Leadership

School reform requires leadership that is dedicated to bring about meaningful change. Traditionally, school health efforts have been designated to health teams or councils yet this approach has generated limited community buy-in and support. Superintendents and principals, however, maintain community-wide influence that can mobilize stakeholders toward a shared school culture that embraces the WSCC model. In fact, an ASCD pilot study of 11 schools receiving a school improvement community-building resource found that the most crucial role in implementing sustainable school improvement is the school principal. Superintendent leadership of the WSCC model in Denver, Colorado has brought about significant accomplishments as well, including a dramatic increase in schools providing breakfast “after the bell”, an investment in elementary school PE teachers leading to an additional 22 minutes of physical activity each week, and an investment in more school counselors leading to reduced expulsion and suspension rates.

The introduction of a school and district level coordinator is also associated with improved school outcomes. A 2006 cross-sectional study of Healthy Maine Partnerships’ Coordinated School Health program found schools which employed a local School Health Coordinator were more likely to offer physical activity intramural activities, improved nutritional options and tobacco cessation programs. Additionally the school health curricula at intervention schools were more predictive of decreased risk behaviors, and school policies were more likely
to address soda consumption, inactivity and tobacco use.\textsuperscript{15}

**Collaborative Teams**

The literature consistently identifies the development and promotion of high-functioning school wellness teams as a critical component of sustainable infrastructure. In order to advocate for prioritizing student health outcomes these teams should take form at the school, district and county level.\textsuperscript{16,17} At the individual school level, wellness teams and school improvement teams were most commonly cited as critical intervention points.\textsuperscript{14,18} The 2003 North Carolina Healthy Active Children Policy mandated that all school districts “establish and maintain School Health Advisory Councils to represent the eight components of a Coordinated School Health Program”\textsuperscript{19} and therefore they present a natural opportunity for expanded integration of the WSCC model.\textsuperscript{20}

Team representation influences the team’s effectiveness. Murray, Hurley and Ahmed state in their review article *Supporting the Whole Child through Community Policy, Processes, and Practices* that “diverse community representation enriches the level of discussion, ensures local community values are understood, and increases acceptance of proposed activities”.\textsuperscript{21} Teams should be diverse in knowledge, reflective of the community and authentically engaged in the work. In addition to health experts, educators and administration, this means that membership of students,\textsuperscript{18} parents,\textsuperscript{22} and community stakeholders should be prioritized.

**Systemic Assessment and Planning**

WSCC leaders need accurate and timely data in order to make sound, strategic decisions and track progress along the way. Research by Adelman and Taylor found that because schools have traditionally been strictly held accountable for academic outcomes, academic achievement
improvement policies are usually proactive and systematic yet interventions addressing barriers to learning, such as health and wellbeing, are often reactive and fragmented. This is a major setback for WSCC efforts. Expanding existing data collection systems or introducing new targeted tracking methods can each offer invaluable insight into a school’s health and wellness climate. Teams may utilize existing school level data such as graduation rates, attendance and parent volunteer involvement, as well as analyze results from state or national level assessments like the Youth Risk Behavior Survey and School Health Index. Tacoma Public Schools (TPS) in Washington state designed a “Whole Child Accountability System” that defines measurable benchmarks for each district level strategy and subsequently aligns policy, programs, communication and budgeting. Streamlining these processes led TPS to a 20% increase in graduation rates and a substantial rise in continuing education scholarships awarded to high school graduates.

Additional Challenges

The collective literature stresses the challenge of WSCC’s many moving parts. A baseline study of 162 school districts in Ohio found that “in spite of various efforts to promote [CSH], such as regional workshops, team building, needs assessment and analysis, and the development of goals and objectives, only 47% of districts reported exposure to CSH program concepts”. The most pervasive barrier to implementation was the program not being a priority, followed by a lack of leadership, funding or personnel. The study also found a positive association between district resources and implementation with larger school districts, suburban districts or districts with larger per pupil expenditures being more likely to have CSH program in place than rural or small to medium districts.
Target Community and Infrastructure

The city of Thomasville is located in Davidson County, North Carolina. With the exception of a boom in the late 1990’s, the population has remained steady at less than 28,000 residents. While Thomasville is often considered a rural community the majority of the population is concentrated within the town limits and therefore has a more densely populated city center. The city’s racial diversity is generally comparable to the state of North Carolina demographics. 2010 Census data estimated that 68% of the population identified as white, 20% identified as black and 8% as other. Over the past decade, the Hispanic and Latino community has grown significantly to make up an estimated 15.6% of the population, boosting their growth above the state average.

Economy

Since its official founding in 1904, the community has been built on and publically recognized for their notable furniture industry. Through the roaring 20’s, Great Depression and Baby Boom era Thomasville adapted with the times to produce relevant products and enjoyed prosperous employment. But as foreign competition increased in the late 1990’s, the furniture industry and by default, the local economy, were significantly impacted. According to a publication by the Duke University Department of Sociology, many companies either went out of business or were forced to consolidate by closing factories, laying off employees and importing international products. Key Informants explain that as Thomasville tried to cope with the changing economic landscape the 2007 Great Recession hit. This blow launched the community into its worst underemployment and unemployment rates to date. At that time, Thomasville suffered nearly double the national unemployment rate at 13.1% of the population. According to 2010 US Census, the per capita income for Thomasville was $16,045 with about 25.2% of the population living below the poverty line including 45.1% of individuals under age 18. Today,
Thomasville is on par with National and State unemployment estimations at 5.6% of the population yet the community continues to battle poverty in all its forms.

**Health Services**

Davidson County has a severe shortage of medical professionals. According to 2012 results, there were 7.71 MD’s per 10,000 residents in Davidson County compared to a state average of 22.31 and 1.59 dentists per 10,000 residents compared to a state average of 4.51. Additionally, only one dentist in Thomasville accepts Medicaid.

The Davidson County Health Department is located in Lexington. It operates a child health clinic, administers the Community Alternatives Program for Children (CAP-C) as well as offers vaccinations, screenings and certain chronic disease interventions. Novant Health serves as the community Medical Center providing emergency services, maternity care and a variety of other inpatient and outpatient services. Thomasville Pediatrics is a privately owned practice with 14 physicians on staff. Thomasville residents can also utilize Davidson Medical Ministries in Lexington for medical and dental visits as well as health insurance marketplace assistance.

**Social Services**

Davidson County Department of Social Services and Veteran Services are located in Thomasville. Primary services include child and adult protective services, foster care and, general assistance to ensure that food, shelter and medical needs are met. Fairgrove Family Resource Center and Cooperative Community Ministries both offer a variety of supplemental programs including a food pantry, financial assistance, parenting classes, senior and disabled citizen services and holiday gifts support. In addition, Thomasville residences can access services at The Salvation Army of Davidson County in Lexington.
Transportation

Thomasville offers a bus route Mondays-Saturdays between the hours of 6am-6pm. Circulating every hour, the route is centralized in the downtown area and connects to the shopping commons. Bus goers are able to take the bus to the county Health Department although it requires 3 separate rides.

Thomasville City Schools

Thomasville City Schools (TCS) is one of three school districts in Davidson County. It is one of 15 city school systems left in the state of North Carolina after a statewide push for city and county districts to consolidate in the late 1980’s. As the economy of Thomasville has declined, the majority of white, affluent families have moved to the outskirts of Thomasville’s city lines, yet outside TCS district limits. This has resulted in a high concentration of poverty within the TCS district and eligibility of substantial federal funding. Today TCS is made up of four schools: Thomasville Primary School (TPS), Liberty Drive Elementary (LDE), Thomasville Middle School (TMS), and Thomasville High School (THS). In the 2015-2016, the total student population was 2,464.

All four schools in Thomasville receive Title 1 funding, which is a federal program that provides supplemental funding to local school districts to ensure all students have a fair and equal opportunity to obtain quality education. Because over 75% of TCS families are below the poverty line, all students are eligible for free and reduced lunch. Although not accurately reflective of the city population, the public school district is diverse with about 37% of students self-identifying as black, 31% Hispanic and 24% non-Hispanic white. In line with recent citywide race and ethnicity trends, the schools are experiencing a shift in demographics with lower grades serving more Hispanic students than TMS or THS. THS graduation rates (85.1%) are on
par with the state average (85.6%) and notably above the national average (80%). The TCS high school dropout rate (5.26%) is nearly double the state average (2.28%), and as of 2013 THS was reported the 6th highest short-term suspension rate in the state (74.23 per 100 students); however because the district is small, rates can fluctuate drastically from year to year. 2015-2016 average daily attendance rates hovered around 95%, placing Thomasville City Schools in the 50th or median percentile among North Carolina districts.

Since 2006, sound leadership has invested in staff capacity and infrastructure to implement the coordinated school health model. The previous Superintendent of TCS, Dr. Maria Pitre-Martin, was considered a community champion of the WSCC model but has recently (May 2016) accepted the position of Chief Academic Officer at the NC Department of Public Instruction. The Interim Superintendent, Georgia Marshall, has since demonstrated support in maintaining a district-wide whole-child approach to learning with particular focus on promoting Principal engagement with the model. Principals have received a variety of trainings on the CSH and WSCC models, however their implementation of the model has varied widely. Some principals have taken innovative steps toward integrating the WSCC model into policy, process and practice while others have perceived it as competing with academic time and financial resources. This latter perspective demonstrates a lack of understanding of the WSCC model.

TCS employs one district-wide Wellness Coordinator who has played an integral role in coordinating district wide efforts and generating a shift in health and wellness culture. In 2008, the Wellness Coordinator introduced a Wellness Policy that was more robust than NC requirements and has since served as a guideline for future CSH effort. In 2014, Thomasville was awarded the Healthy Eating Active Living grant to employ a full time Community Liaison for School Health who is dedicated to improving physical education and activity, staff wellness and community engagement. That same year, the district expanded mental health services by
employing a full time School-Based Therapist. Today, each school is equipped with 1-2 school counselors and one full time nurse. School Wellness Teams and a county level School Health Advisory Council (SHAC) have adopted a Coordinated School Health framework for decision-making; however, WSCC has not been fully implemented. Active community partners include but are not limited to Communities In School, Parks and Recreation, Thomasville Pediatrics, Thomasville Rotary and various faith groups.

TCS has been active in collecting K-12 health and wellness data. Each year, the Community Liaison for School Health leads primary and elementary schools in Alliance for a Healthier Generation’s “School Health Index” and the North Carolina “Healthy Active Children Progress Report”. The School Health Index is a self-assessment and planning guide based on the components of coordinated school health. The Healthy Active Children report focuses on School Health Advisory Councils, physical activity and education. Every two years, the School Wellness Coordinator leads TMS and THS in the Youth Risk Behavior Survey, which is a national assessment that monitors six health risk behaviors: inadequate physical activity, unhealthy dietary behaviors, tobacco use, alcohol and drug use, sexual behaviors and behaviors that contribute to unintentional injuries and violence.32

**TCS Student Health Behaviors**

The Youth Risk Behavior Survey offers reliable, self-reported data on six types of health-risk behaviors that are covered in TCS’s Health Education curriculum. In 2015, THS students’ risk behaviors were comparable with most statewide figures yet often below national results. For example, THS students scored slightly above the state average (13.9%) yet three percentage points below the national average (17.7%) for drinking five or more drinks of alcohol in a row within the last 30 days. Similarly, the percentage of Thomasville youth who reported no
contraception method was used during the last time they had sexual intercourse was slightly above the state average (13.1%) yet below the national (13.8%).

Among categories in which North Carolina scored higher than the national average, Thomasville also scored highly. For example, as a tobacco state, North Carolina has historically scored higher than the national average in categories of cigarettes, chewing tobacco and vapor products. In 2015, over a quarter of high school students in Thomasville were active users of electronic vapor products, which was 3% higher than the national average (24.1%) and 2% below the state average (29.6%). Student vegetable consumption in Thomasville City Schools and at a state-level is lower than the national average. YRBS reports of no vegetable consumption in the last week are 5% higher among high school students in Thomasville than the national average (6.7%) and 3% higher than the state average (8.9%).

Because some survey questions were adapted in order to consolidate topics there are a number of results that cannot be compared to state or national standards. However, a sample comparison of THS and state/national YRBS results can be found in Figure 4 below.

<table>
<thead>
<tr>
<th>Youth Risk Behavior Survey Question</th>
<th>Thomasville</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drank Five Or More Drinks Of Alcohol In A Row</td>
<td>14.25%</td>
<td>13.9%</td>
<td>17.7%</td>
</tr>
<tr>
<td>*within a couple of hours on at least 1 day during the 30 days before the survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did Not Use Any Method To Prevent Pregnancy</td>
<td>13.7%</td>
<td>13.1%</td>
<td>13.8%</td>
</tr>
<tr>
<td>*during last sexual intercourse, among students who were currently sexually active</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently Used Electronic Vapor Products</td>
<td>27.71%</td>
<td>29.6%</td>
<td>24.1%</td>
</tr>
<tr>
<td>*including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
hookahs, and hookah pens on at least 1 day during the 30 days before the survey

<table>
<thead>
<tr>
<th>Did Not Eat Fruit Or Drink 100% Fruit Juices</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*during the 7 days before the survey</td>
<td>8.25%</td>
<td>9%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did Not Eat Vegetables</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables, during the 7 days before the survey</td>
<td>11.89%</td>
<td>8.9%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

*Figure 4: 2015 Youth Risk Behavior Survey high school average results by city, state, nation*
DESCRIPTION OF ASSESSMENT

**AIM 1:** Identify measurable baseline data for each of the 10 WSCC components
**AIM 2:** Assess TCS strengths and areas of growth for each of the 10 WSCC components
**AIM 3:** Offer recommendations for implementing WSCC at TCS

Three aims were developed in response to the expressed interest of TCS Wellness Coordinator, Mary Jane Akerman. AIM 1 addresses the need for measureable baseline data that reflect input from various community stakeholders: students, parents and employees. AIM 2 refers to the actual analysis of performance, often compared to state and national standards. Finally, AIM 3 offers next steps for TCS to consider when planning for implementation.

**Methods of Assessment**

The following methods of data collection were employed between April and June of 2016.

**ASCD School Improvement Tool:**

The ASCD School Improvement Tool was utilized in order to engage school employees in the improvement process and gather measurable baseline data. The tool is an online “perception” survey using a 5 point Likert response scale: strongly agree, agree, neutral, disagree, or strongly disagree. Indicators include the five ASCD Whole Child Tenants (see figure 1), six ASCD school improvement components (School Climate/Culture, Curriculum/Instruction, Leadership, Family/Community Engagement, Professional Development and Staff Capacity, and Assessment) and ten WSCC components (see figure 2). The survey is designed for teachers, school staff and administration and is expected to take participants approximately 10-15 minutes to complete. Principals at each of the four district schools were invited to distribute the survey link to all school staff between May 16th and June 8th of 2016. Three schools participated. Thomasville Primary School (TPS) distributed the survey to 62 staff and received
37 responses (53%). Liberty Drive Elementary School (LDE) distributed the survey to 29 staff and received 27 responses (93%). Thomasville High School (THS) distributed the survey to 65 staff and received 35 responses (53%). Thomasville Middle School (TMS) chose not to participate in the survey. Individual school results and collective county results were analyzed. Because this needs assessment centers on Thomasville City Schools as a whole district, countywide findings will be reported rather than individual school level findings unless unique outcomes were found at a particular school.

**Written Survey for Parents**

A printed survey was developed for parents of primary students. Questions were adapted from the previously mentioned ASCD School Improvement Tool. Parents were invited to participate in the optional survey at the primary school field day and the end of year event, “Party in the Park.” 126 surveys were collected. Surveys were anonymous.

**Written Survey for Students**

A printed survey was also developed for middle school students. The questions were designed to assess whether students were able to demonstrate knowledge of each of the 10 components of WSCC. The Community Liaison for School Health distributed the optional survey in four middle school classes. A total of 71 surveys were collected. Surveys remained anonymous.

**Key Informant Interviews**

*The following Key Informants provided information on Counseling, Psychological and Social Services, Social-Emotional Climate and Family Engagement*

1) *Sara Kramer*, School-Based Therapist
2) *Dr. Jessica Dreher*, Thomasville Primary School Counselor
3) *Teresa Billie*, Liberty Drive Elementary School Counselor
4) *Stephanie Preston*, Thomasville Middle School Counselor

5) *Kimmey Boozer*, Thomasville High School Counselor

Additional information was gathered through informational meetings with the following:

1) *Mary Jane Akerman*, Wellness Coordinator of TCS and primary contact for this project, provided comprehensive information on Coordinated School Health efforts at TCS, made introductions to community members and provided ongoing guidance and consultation.

2) *Alyson Shoaf*, Community Liaison for School Health provided information regarding Health Education, Physical Education and Activity, Community Engagement, Parent Involvement and Employee Wellness. She also provided access to various secondary data sources including Alliance for a Healthier Generation and Healthy Active Children reports.

3) *Brenda Watford*, Child Nutrition Director of TCS, provided district wide and school specific information on nutrition environment services.

4) *Dr. Barbara Armstrong*, Human Resource Director of TCS, provided district wide information on students identified as homeless through the McKinney-Vento Act.
RESULTS AND INTERPRETATION OF FINDINGS

**AIM 1:** Identify measurable baseline data for each of the 10 WSCC components

The following are baseline results of the ASCD School Improvement Tool, Written Student Survey and Written Parent Survey.

**Health Education**

Results show a discrepancy between employee and parent/guardian perception regarding the degree to which students are exposed to Health Education. Eighty-eight percent (88%) of primary and elementary school parents/guardians agreed that their child receives quality health education that assists them in living a healthier life. Ten percent (10%) of the remaining participants were “unsure” which may suggest a possible lapse in awareness, engagement or communication. In contrast, school employees ranked health education as the third lowest performing WSCC component with an average score of seventy-six percent (76%). Meanwhile, 98% of middle school students surveyed were able to demonstrate knowledge of health education topics. Students most commonly cited themes of sex education, nutrition and substance abuse as the most important topics learned in their health class.

**Physical Education and Activity**

Parents, employees and students consider Physical Education and Activity to have value at Thomasville City Schools. Ninety-one percent (91%) of parents/guardians agreed that that their school’s physical education program equipped students with knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. School employees ranked physical education and activity as a mid-level performing WSCC component at their schools with an average score of seventy-seven percent (77%). Finally, nearly all of student survey participants (97%) were able to identify reasons that physical education was important to lifetime health. Nearly half of all of respondents listed “being healthy” or “being active” as motivations. Remaining answers
most commonly included reducing risk of health conditions, living longer and maintaining healthy weight.

**Nutrition and Environment Services**

Both employees and parents/guardians perceived school meals and nutrition services to have room for improvement. Seventy-nine percent (79%) of parents/guardians agreed that their child’s school provides nutrition meals while seventy percent (70%) agreed that their child’s school limits unhealthy foods throughout the day. A significant proportion of the remaining respondents (21%) identified that they were unsure whether their child’s school limits unhealthy foods, which may indicate a need for enhanced school transparency and communication with parents about policies on this matter. Staff ranked nutrition environment and services as the second lowest performingWSCC component with an average score of seventy-six percent (76%).

Students, however, did demonstrate knowledge of a well-balanced diet. Middle school students were asked to complete the five components in a My Plate illustration. Eighty-nine percent (89%) of survey participants attempted to answer the question and among these, participants averaged a score of 4 out of 5 correct components.

**Health Services**

Parents and students appear to be unsure of whether TCS is meeting the health service needs of students. Twenty-one percent (21%) of parents/guardians surveyed were unaware of whether their child’s school provides access to referrals to health care and mental health services. Employees ranked health services as a mid-level performing WSCC component with an average score of seventy-seven percent (77%).
Results found that students may not be aware of all the health services available to them. In an effort to assess student awareness of health service options, survey participants were asked a multiple response question about the health resources available to them: call home, see the school nurse, visit the doctor, go to the hospital. Thirty-nine percent (39%) of students correctly answered by selecting all four options, while thirty-seven percent (37%) of students only selected the first two options. This may indicate that the majority of students do not consider urgent or emergency care as accessible while at school.

**Counseling, Psychological and Social Services**

While TCS employees consider Counseling, Psychological and Social Services as a leading WSCC component, parent and student awareness of the services requires further examination. Seventeen percent of parents/guardians indicated that they were unsure of whether the school provided counseling and social services that benefited their child’s mental, emotional and social health. It is unclear whether respondents were unaware that the counseling and social services existed or that they were unsure whether the programs benefited their children. School employees ranked counseling, psychological and social services as second highest performing WSCC components with an average score seventy-eight percent (78%). Finally, the majority of students (86%) were able to identify at least one reason for which a student might visit the school counselor. The most common answers were being bullied or bullying a peer, home/family issues or mental health concerns. In comparison, only 63% of students were able to identify at least one reason they might visit the School-Based Therapist (SBT). This discrepancy may be due to having one SBT serving all four schools, therefore limiting student interaction and awareness of their role. In addition, the SBT position was introduced in 2014 and therefore is still relatively new for the community.
Social and Emotional Climate

The parents/guardian survey asked participants to offer recommendations on how to increase school safety and accessibility. Thirty-one participants (25%) offered recommendations, which most commonly fell under the following themes: addressing bullying, addressing bullying on the bus, increasing accessibility of Spanish interpreters, improving facilities (playground, gym ceiling), and improving the school pick-up and parking process. School employees ranked the social and emotional climate as a mid-level performing WSCC component with an average score of seventy-six percent (76%).

Physical Environment

Physical Environment was the only WSCC component that scored within the lowest percentile for each of the three schools participating in the ASCD School Improvement Tool. Cumulatively, the component received the lowest score (73%) by nearly 3 percentage points, indicating significant room for growth. Students, meanwhile offer three important areas of focus. When asked what makes the school building safe and accessible, middle school students most commonly cited teachers and administration (25%), security or school resource officer (15%) and secure, locked doors (15%).

Employee Wellness

Parents and students were most commonly unsure of whether schools provide an opportunity for staff to improve their health and wellness. Seventy-eight percent (78%) of parents/guardians agreed that their child’s school provides wellness opportunities for teachers while twenty-one percent (21%) were unsure. School employees ranked Employee Wellness as a mid-level performing WSCC component with an average score of seventy-six percent (76%). Sixty-two
percent (62%) of middle school students surveyed were able to identify ways that the school encouraged teachers to be healthy and physically active, while thirty-eight percent (38%) of students did not answer the question. Examples that students most commonly cited were the school walking group, walking to school days and any opportunity for teachers to participate in P.E. or recess.

**Family Engagement**

The topic of Family Engagement generated a variety of responses from stakeholders. The majority of parents/guardians (87%) reported that their child’s school engages families as a central resource for the students’ learning and development. School employees also ranked Family Engagement as their strongest performing component with an average score of seventy-eight (78%). Approximately half of surveyed students agreed (51%) that their school encourages families to be a part of their health and learning while thirty-one percent (31%) of respondents were unsure. Further exploration is needed into family engagement efforts being made by schools and whether families are actually engaging as active participants in their child’s learning.

**Community Involvement**

Most parents (81%) agree that their child’s school promotes community involvement. Remaining respondents disagreed (7%), were unsure (10%) or failed to answer (2%). Employees ranked Community Involvement as a mid-level performing component, with an average score of 76%. The large majority of students (94%) were able to identify at least one community-based opportunity that helps them stay healthy and active. Students most commonly cited the school gym or track (30%), YMCA or Rec Center (20%), and Novant Hospital (10%).
Key Informant Interviews

Four school counselors and the school-based therapist (SBT) were interviewed as key informants on the components of Counseling, Psychological and Social Services, Social-Emotional Climate, and Family Engagement. Two major themes appeared: a need for improved parent/guardian engagement as well as a focus on bullying reduction and education.

Five out of five Key Informants expressed a need for improved parent/guardian engagement in their child’s social-emotional health and additionally identified family engagement as one of the most pervasive barriers to student achievement in school. Key Informants discussed their efforts to mitigate this barrier by making phone calls to parents, distributing printed marketing tools such as newsletters and flyers and hosting family-focused engagement nights, including parent breakfasts, Back-to-School Night, Multicultural Night, Science Night and career fairs. The SBT also mentioned that she and the school nurses are able to make home-visits for educational purposes or to reach non-responsive or hard-to-reach parents/guardians.

Four out of five Key Informants cited bullying as one of the most common challenges facing their students. Based on Key Informant feedback, in-school bullying is most prevalent among elementary and middle school students while online bullying is more prevalent among high school students. All five Key Informants agreed that students and parents often misinterpret the difference between being “picking on”, “teasing”, and “bullying”.


ASSESSMENT OF STRENGTHS AND AREAS OF GROWTH

**AIM 2:** Assess TCS strengths and areas of growth for each of the 10 WSCC components

*Based on results defined under AIM 1, a deeper assessment of TCS strengths and areas of growth was conducted for each of the 10 WSCC components*

**Health Education**

**Health Curricula**

According to the CDC, Health Education is considered any planned and structured learning experience that provides students with the opportunity to acquire information and skills necessary to make quality health decisions. Currently, health education in Thomasville is provided at each school. At the primary and elementary level, responsibility for teaching NC Healthful Living Essential Standards is assigned to the guidance counselor, school nurse or PE instructor. Although all standards have been assigned, the Healthy Active Children 2016 Principal Attestation indicates that TPS is not able to confirm that all courses are actually conducted. Monitoring of curriculum delivery would therefore be an appropriate next step.

TMS and THS students receive weekly health education utilizing the “Successfully Teaching Middle School and High School” Health curriculum. This curriculum has been evaluated by the NC Department of Instruction using the Health Education Curriculum Analysis Tool (HECAT). Results demonstrated that the curriculum meets NC Essential Standards for Healthy Living and the National Health Education Standards, is in compliance with the Healthy Youth Act, is evidence based, integrates technology, is cost effective, and is updated with each revision of the NC Standard Course of Study.33
Peer-to-Peer Education

Peer education is a common health promotion strategy based in empowerment theory that relies on participants to teach and model information with their community members. Due to shared social networks, trained peer-mentors are particularly effective among hard to reach populations, such as disengaged or out of school youth.\(^1\) While no health related peer-based initiatives were identified at the K-8 level, THS engages this strategy through an evidence based pregnancy prevention and leadership development program from the Center for Supportive Schools called Teen PEP (Prevention Education Program). In 2012, Thomasville Teen PEP received the APPCNC Youth Achievement Award.

Physical Education and Activity

Physical Activity

North Carolina’s Healthy Active Children Policy mandates primary and elementary schools to provide students with at least 30 minutes of physical activity at school each day. TPS and LDE are both meeting this benchmark.

North Carolina Healthful Living Essential Standards lay out an expectation for elementary and middle schools to teach the Healthful Living Standard Course of Study, which is a combination of health education and physical education. In 2014, 43% of middle schools in North Carolina reported that students were receiving the recommended 225 minutes of Healthful Living each week. According to the 2015 Healthy Active Children Report, TMS did meet this standard. Meanwhile, the 2015 YRBS results revealed that only 28% of TMS and 23% of THS students met the CDC recommendation of 60 minutes of physical activity each day. Investigating barriers to daily physical activity for middle and high school students may reveal opportunities to increase engagement.
Further efforts are being made to increase student rigorous activity and staff engagement during K-8 recess. A recess handbook has been developed that provides an extensive list of games, safety plans in case of an emergency and recess expectations for students and staff. Additionally, the school has participated in Playworks staff training and is considering a supplemental school-wide training through Playfit Education.

**Withholding Recess**

TCS Wellness policy states that “to ensure that students have ongoing opportunities for physical activity and maintain a positive attitude towards physical activity, structured/unstructured recess and other physical activity may not be taken away from students as a form of punishment. In addition, severe and inappropriate exercise may not be used as a form of punishment for students”. This policy component is a crucial step toward reducing incidents of withheld physical activity. Reports from staff members and students, however, have indicated that the policy has not been fully enforced, enabling employees to continue withholding physical activity or requiring students to walk laps as punishment. Next steps will require community wide buy-in, education on alternatives and monitoring of compliance.

**Extra-curricular Physical Activity Opportunities**

Thomasville schools provide a variety of sports and extracurricular programs that incorporate physical activity. TPS and LDE each offer a 100 Mile Club, Running Club, and Walk to School days twice a year. LDE also provides free swim lessons for all 5th grade students. TMS and THS each offer 10 female and 10 male sports as well as a variety of physical activity clubs: 100 Mile Club, Salsa, Dance, Running and Lifetime Fitness.
The YMCA, Thomasville Parks and Recreation, and Davidson County League Sports also offer youth sports opportunities including t-ball, softball, baseball, basketball, soccer, volleyball, swimming, cheerleading and football. Finally the Davidson County Department of Recreation recently launched a comprehensive guide of nearly 150 physical activity options in the county. In Thomasville alone, residents have access to more than 40 physical activity opportunities ranging from trails and basketball courts to dance, gymnastics and fitness centers.

**Movement in the Classroom**

Through the guidance of the Community Liaison for School Health, teachers are encouraged to integrate movement throughout the school day by using classroom energizers and brain boosters. Among primary and elementary grades, 3 classrooms have begun using stability balls to strengthen core and provide extra movement in the classroom. An additional K-8 strategy that is being considered for implementation during the 2016-2017 school year is to incorporate a physical activity section in the teacher’s daily-posted lesson plan. Because these lesson plans are posted each day in their classroom window, the intervention will be easily monitored by simply strolling the halls.

**Nutrition and Environment Services**

**Nutritious and Appealing Meals**

All students at TCS are eligible for free and reduced breakfast and lunch (FRL). This expanded service ensures that all students have access to at least two well-rounded meals during each weekday and aids in the reduction of any stigma associated with FRL.

TCS’s Wellness Policy also follows the USDA’s *Smart Snacks in School* standards. In 2015, TCS became one of 186 schools in North Carolina to receive the Fresh Fruit and Vegetable
Grant, which provided funding to increase the availability of snack fruits and vegetables. Through this grant, participating schools encouraged quick and healthy snacks between classes by setting baskets of fruits and vegetables in hallways and classrooms.

In an effort to reduce the burden of food insecurity during the summer, TCS offers a Summer Lunch Program that delivers meals to 36 district bus stops. The program feeds an estimated 1,500 students each day.

Child Nutrition Director of TCS, Brenda Watford, noted that the department is currently working toward introducing a dinner feeding program that would provide meals for students at school between 3-5pm and may also be delivered to bus stops.

**Student Choice in Food Selection and Decision Making**

In order to engage students in the meal selection and generate buy-in, TCS has developed opportunities for students to exercise “choice” in the foods they eat. The TCS Child Nutrition Department has conducted taste testing to gauge preferred dishes and gain students feedback. The Student Advisory Council also plays a key role in representing the student body to the Child Nutrition Department and making suggestions for how to make meals more appealing.

At breakfast and lunch students choose at least 3 of the 5 food options requiring only that they take at least one fruit or vegetable. Through the Fresh Fruit and Vegetable Program, students also have the option of picking up a quick and healthy snack.

**Nutrition Education**

TCS is in compliance with Section 6 of the NC Healthy Active Children Policy. Child Nutrition staff teach nutrition education in each classroom throughout the year. These sessions typically
take 5-10 minutes and focus on key nutrition knowledge that is relevant and age appropriate. For example, in 2016 Elementary students learned about the benefits of drinking milk and eating broccoli.

Health Services

Nurse to Student Ratio

Thomasville City Schools has invested in employing a full-time nurse at each of the four district schools. This brings TCS nurse to student ratio to 1:616, which is better than the federal recommendation (1:750) and significantly better than the state average (1:1,177).

Routine Screenings

At assigned grade levels, TCS students are screened for vision, hearing, BMI and orthopedic conditions. Nurses also conduct screenings as needed for students who display symptoms or make a request. While dental screenings have been conducted in the past, they have not been accomplished every year due to funding and the challenging logistics of equipment necessary for dental exams. 2016 YRBS results identified that 38.73% of middle school students and 42% of high school students had not seen a dentist within the past 12 months. Generating leadership buy-in to prioritize this issue and identifying a steady funding source would be tangible next steps.

School Nurse Education

School nurses implement a variety of health education strategies for students, staff and parents. In 2016, nurses covered 14 of 16 topic areas recommended by NC Department of Public Instruction. One-on-one health counseling sessions accounted for 516 K-5th grade visits, 261 6th-8th grade visits and 682 9th-12th grade visits. Twenty-two home visits were also made for
reasons of assessment, absenteeism, chronic illness, Individual Health Plan development and parent/family education.

Health related trainings and professional development for staff are also provided through the nurses. Nurses coordinate and track CPR/First Aid certifications for all staff as well as training for first responders and coaches once a year. In 2016, nurses provided staff-wide diabetes care training but did not implement a recommended training on asthma-care. Considering the student body’s high rate of asthma (11%), this training would be beneficial to the community.

**Community Referral Partners**

TCS’s strongest health referral partnerships are with Thomasville Pediatrics and Communities In Schools. Thomasville Pediatrics provides subsidized sports physicals and general non-emergency medical care for families that can’t afford it. Communities In Schools partners to identify financial support for eye exams, glasses or prescriptions.

Additionally, Novant Hospital offers a weeklong summer day camp so that youth with asthma can participate in outdoor activities and increase their ability to manage symptoms. School nurses partner to promote this opportunity heavily at TCS schools.

**Counseling, Psychological and Social Services**

**Student to Counselor Ratio 250:1**

Between one and two full-time counselors are employed at each of the four district schools. This brings the TCS student to counselor ratio to 416:1. For comparison, the state average is 384:1 while the national average is 470:1. Employing 1-2 additional counselors at each school would move TCS toward the national maximum recommendation of 250:1.\(^4\)
Counselors most often receive referrals from teachers or administration but parents and student-peers have also been known to reach out. All counselors maintain an open-door policy. Classroom education, individual counseling and peer intervention are most common practices. All counselors mentioned an effort to increase group-counseling options and improve continuum of care so that individual cases and counseling groups are smoothly handed off between schools.

**Mental Health Services**

The district has invested in psychological services by employing a full-time School-Based Therapist (SBT). The SBT serves all schools in the district with individual and group therapy as well as de-escalation and safety checks. It is a year-round position with the option of making home visits as needed. This position has been a significant addition to the community. In prior cases of crisis intervention counselors and families were limited to options of the mobile crisis unit, the hospital or intensive therapy in the neighboring city of Lexington, which posed transportation and insurance barriers. Additionally, for many families who cannot afford mental health services due to insurance barriers or unattainable copays, the SBT is a crucial resource that makes mental health services a realistic option.

Lorven Child and Family Development Counseling Services serves TPS 3 days each week and splits the remaining days between LDE and TMS. Lorven focuses on topics of adolescent issues, family violence, trauma, grief and loss. Lorven accepts Medicaid and private insurance.
Social and Emotional Climate

Evidence-informed Efforts

Bullying appears to be one of the most prevalent challenges facing TPS, LDE and TMS. Four of the five Key Informants identified bullying as a top challenge for their school and it was a top theme among parents when asked about ideas to increase school safety and accessibility. Counselors and schools have taken a number of prevention strategies. At the beginning of each year school counselors visit every classroom to conduct a lesson on what bullying is, bystander roles and whom they can talk to about it. During National Bullying Prevention Awareness Month schools participate in Blue Shirt Day and revolve classroom content around bullying awareness and prevention. The district has also developed a definition of bullying and designed a tool for students or parents to report cases online.

School counselors, the School-Based therapist and the Wellness Coordinator all shared that students and parents have at times misreported bullying. This calls for further examination into whether students, parents and teachers understand the definition of bullying and are equipped with the tools needed to address and report it.

Culture of Inclusivity

The 2016 Youth Risk Behavior Survey brought to light that 19.64% of the THS student body described themselves as “gay or lesbian” (3.32%), “bisexual” (8.67%), or “not sure” (7.65%). While neither North Carolina nor National YRBS results capture this data due to small sample sizes, two percent (2%) of the 3,982 YRBS high school respondents in Massachusetts and four point five percent (4.5%) of the 8,406 YRBS high school respondents in Vermont identified as “gay, lesbian or bisexual.”
Key Informants at the primary through middle school level consistently shared that students were not only accepting of their LGBTQ peers but considered it a non-issue. The high school counselor did note that multiple gay male students had reported being taunted by other heterosexual male students.

Administration has remained dedicated to creating a safe and inclusive school climate for all students. The TCS Wellness Coordinator has led staff trainings on House Bill 2\textsuperscript{36} and the rights and responsibilities of the school as well as organized optional Ally trainings for staff each year. School-Based Therapist, Sara Kramer, shared that TCS has goals to introduce a Gay Straight Alliance but has been advised by Time Out Youth, a youth focused LGBTQ advocacy and support agency, that to ensure student participation and club sustainability it should be a student led initiative.
Physical Environment

Security Measures

The Superintendent of the TCS heads up a district level safety committee that monitors and manages emergency planning, ensures state safety compliance and makes decisions on additional security measures. Each school has a school-wide safety plan that determines emergency drills and establishes standards in the case of a fire, active shooter or other potential crisis.

Prior to the school year, maintenance employees conduct safety checks of the property. These checks focus on interior and exterior hazard reduction such as addressing potential slip and fall zones as well as ensuring that fire code is met. The only consistent environment theme found throughout Key Informant interviews and parent surveys was the need for new and improved playground equipment, particularly at Liberty Drive Elementary.

In recent years, TCS has invested in security cameras, bell systems and the Ident-A-Kid visitor management system. Each school is assigned a School Resource Officer and has at least one trained first responder on every hallway. The School Resource Officers also conduct comprehensive safety inspections to ensure proper surveillance every two years.

Parents identified an unexpected need for bus attendants or monitors in order to support the driver in ensuring safety and addressing bullying issues. This topic was not addressed in interviews or surveys and therefore is recommended as an area of further investigation.
Environmental Sustainability Practices

TCS has an effective waste management system, however it does not employ recycling outside of TCS central office. This means that students are not practicing recycling habits at school unless teachers are implementing them in their classroom. Further investigation into possible barriers preventing the district from employing a recycling system would be beneficial.

A few gardens have been started at Bull Dog Academy and TPS however, due to the summer season and upkeep, none have been consistently maintained.

Employee Wellness

Staff Wellness Opportunities

In 2016, the Community Liaison for School Health conducted surveys to gain feedback on employee program and communication preferences. Based on results, a variety of programs were implemented including the SparkPeople Wellness Challenge, Eat Smart Move More Weigh Less weight management program, a staff healthy recipe exchange, monthly nutrition information and a student/teacher basketball game. A group also meets to walk around the gym each week. Future goals may include either introducing a staff wellness room or revamping the staff break room to promote relaxation and encourage healthy eating and active living.

While great strides have been made in terms of wellness opportunities for staff, participation has not been consistent. An end of year survey is recommended to gain feedback on how staff wellness programing can better meet employee needs and interests.
Professional Development

Results from the ASCD School Improvement tool found that all schools ranked Professional Development as one of the most successfully met components. In terms of WSCC focused professional development, principals have received multiple trainings on the model including a 1.5-hour brainstorming session on how each of the components could be better met among schools. Principals and teachers have received follow-up training on specific components during all-staff meetings and beginning of the year professional development sessions.

Family Engagement

Engagement strategies

As a Title 1 school, parent input is required in the planning and decision making process. Each year 1-3 parents are asked to participate on district level teams as well as school improvement teams. Each school in the district has a Parent Teacher Association, which hosts fundraising events and promotes parent and community engagement.

School-wide events have been introduced to increase family engagement. The most well attended events include Multicultural Night, Every Kid Healthy and Party in the Park events. Key Informants identified that parental involvement and communication is stronger at the beginning of the year and appears to reduce with each grade level. For example, High School Counselor and Key Informant, Kimmey Boozer, reported that out of 150 incoming Freshman, fewer than 15 parents participated in their open house night. One area for growth first identified by TPS School Counselor Dr. Jessica Dreher is the failure to quantitatively track parental involvement. Without baseline data it is challenging to recognize progress in family engagement.
**Communication Methods**

School and district wide news, reminders and updates are primarily communicated through a recorded voice messaging system. This program offers both English and Spanish services. Email is also a primary communication source. Texting services, however, are not currently available and may merit further consideration. TCS and individual school websites offer an additional communication source, however pages are often empty or out-of-date.

TCS employs a Spanish Translator who focuses on translation between staff and parents in both verbal and written form. In addition to the translator, each school has at least one Spanish Interpreter who is often the ESL or Spanish teacher. A need for more Spanish interpreters was mentioned in the parent survey and warrants further investigation among Spanish speaking families.

**Community Involvement**

**Partner Engagement with Schools**

Community members, businesses and faith groups appear to be reasonably involved in school events and programs. As of 2016, 80 external stakeholders were tracked as contributing to TCS efforts to reduce the drop-out rate and improve academic growth.

Communities In Schools (CIS) is a national evidence based program with a local affiliate located at the TCS central office. CIS offers one-to-one mentoring, tutoring and academic support, family assistance, parent engagement, and out of school enrichment and service learning. CIS recruits volunteers and matches them to students in need of a caring adult. In 2016, Communities In School publically recognized more than 130 community partners as donors of time, money and/or services.
While general lists of partners are available through the school and CIS, it would be beneficial to quantitatively track community involvement by time or financial amount of services contributed. These data will be helpful to measure current involvement and progress over time.

**Student Engagement with Community**

Peer Group Connection is a program designed by the Center for Supportive Schools and managed in Thomasville by Communities In Schools. Upperclassman are trained as peer leaders and paired with freshman students in order to aid in their transition into high school. A version of this program can also be implemented for middle school students but it's not currently being used at TMS.

Seniors are also connected to the community through their Graduation Project. Students choose a project of their interest and work with a school advisor and a mentor outside the school system to produce a paper, product, portfolio or presentation.

Finally TCS has invested in technology and programs that can expand educational opportunities. Students are able to experience global topics and issues from their classroom by video conferencing with students in other countries or taking “virtual fieldtrips” with experts in the field. Key Informants have noted that laptops and equipment are underutilized and therefore the program may benefit from exploring barriers to use in the classroom.
RECOMMENDATIONS

**AIM 3: Provide recommendations for implementing WSCC at TCS**

Findings suggest that TCS has taken great strides toward educating the whole child, however employee, parent and student perceptions of WSCC achievement vary. Prioritizing superintendent and principal buy-in is a best practice of school-reform efforts\(^2\) that serves to influence district and school-wide educational system and subsequently contribute to generating community consensus and accountability. Aligning WSCC benchmarks with existing policies and programs streamlines the implementation, monitoring and evaluation processes. Finally, these efforts allow for continuous quality control and investigation of areas of concern and allow for strategic investments into areas of opportunity.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
<th>Reference to Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote leadership buy-in</td>
<td>WSCC is not an additional feature of the school system but a nonnegotiable course toward healthy and successful communities. Prioritize superintendent and principal buy-in with emphasis on Whole Child’s academic benefits.</td>
<td>p.16</td>
</tr>
<tr>
<td>Generate community-wide consensus and accountability</td>
<td>Engage Committees, School Wellness Committee, SHAC in the WSCC evaluation and strategic planning process in order to build consensus and assign responsibility. Ensure student, parent and community</td>
<td>p.17 p.32 p.39</td>
</tr>
</tbody>
</table>
stakeholders are represented at each level with emphasis on underserved populations: racial or ethnic minorities, disabled persons, LGBTQ communities etc.

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Align WSCC benchmarks with existing policies/programs and track them with strengthened data collection systems</strong></td>
<td>Identify measurable WSCC benchmarks for each school/district level strategy and strengthen existing evaluation systems by incorporating relevant data points: tracking parent volunteers, quantifying community partner donations of time/money, annual screening of students mental health concerns etc.</td>
<td>p.39 p.41</td>
</tr>
<tr>
<td><strong>Monitor compliance of existing policies</strong></td>
<td>Monitor and hold community members accountable for compliance of existing school wellness policies.</td>
<td>p.30</td>
</tr>
</tbody>
</table>
| **Further investigate areas of particular concern** | Further investigate areas of particular concern:  
  - Barriers preventing middle and high school students from engaging in daily physical activity  
  - Whether students, parent and teachers have a shared definition of bullying and are equipped with the tools needed to properly address and report it.  
  - Whether bullying is monitored on buses.  
  - Why physical environment received poor ratings from employees  
  - Whether Spanish-speaking families have | p.29 p.35 p.37 p.40 |
<table>
<thead>
<tr>
<th>Invest in areas of opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizing that the WSCC framework is an investment in the academic future and health of students and communities, leadership should prioritize areas of particular opportunity:</td>
</tr>
<tr>
<td>• Introduce a dinner feeding program</td>
</tr>
<tr>
<td>• Offer annual dental screening services</td>
</tr>
<tr>
<td>• Provide asthma care professional development for teachers and staff</td>
</tr>
<tr>
<td>• Meet recommended student to school counselors ratio</td>
</tr>
<tr>
<td>• Aim to employ a School Health Coordinator at each school</td>
</tr>
<tr>
<td>• Introduce texting communication services</td>
</tr>
<tr>
<td>• Increase student awareness of the school-based therapist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>equitable access to school/student resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Impediments to introducing a recycling system</td>
</tr>
</tbody>
</table>
LIMITATIONS

There were several limitations of this assessment. While Liberty Drive Elementary School had a high response rate (93%) for the ASCD School Improvement Tool, rates were relatively low for Thomasville Primary School (53%) and Thomasville High School (53%). All together the survey did have a large number of respondents (n=99). Low rates may have been influenced by the time of year, as the survey was sent during the last 3 weeks of school, a traditionally busy time for school staff. The student survey was only conducted in four Thomasville Middle School classrooms and therefore had a low participation rate (22.7%). This was also due to time limitations at the end of the school year. One hundred twenty-six parent/guardian surveys were collected however, because the survey was an optional and only available for families who attended the Thomasville Primary School's Field Day and the end of year Party in the Park for primary and elementary school students and their families, the sample may have been biased. Additionally the survey results were likely skewed toward English literate families because a Spanish version of the survey was not available. Additionally the perspective of school principals would have been a valuable addition to the assessment, however due to time restraints these interviews were not conducted.
CONCLUSIONS

Thomasville City Schools has made great strides in its efforts to educate the whole child and has programming that impacts all 10 areas of the Whole School, Whole Child, Whole Community model (WSCC). This assessment generated baseline data for each of the 10 WSCC components and assessed whether Thomasville City Schools are meeting them. Findings suggest that TCS would benefit from school and community focused efforts at generating buy-in and shared ownership of responsibilities, aligning benchmarks with existing strategies and monitoring compliance.
REFERENCES


ACKNOWLEDGEMENTS

This assessment would not have been possible without the support and guidance of so many mentors, colleagues, friends and family.

First, I would like to thank Dr. Dorothy Cilenti, my advisor and first reader in the Department of Maternal and Child Health. Thank you for generously keeping an open door policy throughout my graduate experience, offering invaluable advice and tirelessly supporting me in reaching personal goals - and at times - challenging deadlines!

To Dr. Carolyn Hapern, my second reader and chair of the Department of Maternal and Child Health. Thank you for your always thoughtful and timely direction throughout the completion of this needs assessment. Your commitment to this project motivated me time and time again.

To TCS School Health Coordinator, Mary Jane Akerman, who has been my supervisor and guide in this adventure. I am deeply grateful to have studied under you, witnessed your dedication to the Thomasville community and caught some of your contagious passion for whole child health! I am truly a stronger public health practitioner because of your guidance and example.

To the many who are dedicated to improving health, academic and social-emotional outcomes of Thomasville students and its community. A BIG thank-you to the TCS Community Liaison for School Health, Alyson Shoaf, for your partnership in this assessment and for sharing valuable secondary data, big ideas and ongoing encouragement. To TCS Human Resource Director: Dr. Barbara Armstrong, Child Nutrition Director: Brenda Watford, School-Based Therapist: Sara Kramer, and School Counselors: Dr. Jessica Dreher, Teresa Billie, Stephanie Preston, and
Kimmey Boozer. Thank you for so generously sharing your time and abundant knowledge on whole child topics. Your perspectives gave depth to this assessment and your consistent enthusiasm truly energized me. Thank you also to the many school employees, parent/guardians and students who participated in WSCC surveys. This assessment would not have been possible without your time and honest feedback.

Last but certainly not least, thank you to my family, colleagues and friends who shared in this journey with me. A special thanks to my parents and first educators, Paul and Susan Brandt, who never fail to encourage and challenge me, and to Billy French, for being my biggest advocate and making me dinner countless times so that I could keep writing!
APPENDIX A: Key Informant Interview Questions

Thank you for your meeting with me today. I am a Masters in Social Work and Masters of Science in Public Health student at the University of North Carolina- Chapel Hill, and I am interning with Mary Jane Akerman to conduct a needs assessment of Whole School, Whole Child, Whole Community at Thomasville City Schools. This interview will help us to identify strengths and areas of growth for the school district. Today I will be asking you about 3 components.

COUNSELING, PSYCHOLOGICAL & SOCIAL SERVICES

1. To begin, please share with me about counseling and mental health services at your school.
2. How do students learn about your role at [insert school] and the services that you offer?
3. What reasons most frequently bring students to your office?
4. What barriers have students faced in accessing your services?
5. How has your school considered mitigating these barriers?
6. What efforts have been made to reduce and prevent bullying? To support and celebrate LGBTQ students?
7. When considering your counseling program, what are you most proud of?
8. What are your plans and goals for the counseling program?

SOCIAL EMOTIONAL CLIMATE

9. Tell me about the social emotional climate at your school.
10. Throughout your time at [insert school] how has the school climate changed or stayed the same?
11. What are some ways that your counseling program and/or school are impacting the social emotional climate?

FAMILY ENGAGEMENT

12. Tell me about Family Engagement at your school.
13. How have you attempted to engage parents, caregivers and families in student’s mental, emotional and/or social health?
14. What barriers have you faced in doing so and how have you mitigated them?
APPENDIX B: Student Survey

We are interested in hearing from you about ways that Thomasville City Schools can better support your health and wellbeing.

The most important things I learned in Health Class are
(1)________________________________________
(2)________________________________________

What are three ways that Physical education is important to your lifetime health?
(1)________________________________________
(2)________________________________________
(3)________________________________________

How does your school encourage teachers to be healthy and physically active?
________________________________________.

My school encourages my family to be part of my health and learning.
  Agree          Disagree          Not Sure

Name three places in Thomasville that can help you or your family stay healthy or be active:
 1.  
 2.  
 3.  

Build a healthy, well-balanced plate:

If I’m injured or sick at school, I can: (circle all that apply)
  a. Call home
  b. See the school nurse
  c. Visit the doctor
  d. Go to the hospital

A student could visit the school counselor for this reason(s):
________________________________________.

A student could visit the school-based therapist for this reason(s):
________________________________________.

What would a school be like that is socially, emotionally and physically safe?
________________________________________.

What makes your school building safe and accessible?
________________________________________.
APPENDIX C: Parent Opinion Survey

We are interested in hearing from you about ways that Thomasville City Schools can better support your child.

My child’s school provides quality health education that assists my child in living a healthier life.

- Agree
- Disagree
- Not Sure

My child’s school provides physical education that equips my child with the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity.

- Agree
- Disagree
- Not Sure

My child’s school provides nutritious meals.

- Agree
- Disagree
- Not Sure

My child’s school limits unhealthy foods during the school day.

- Agree
- Disagree
- Not Sure

My child’s school provides access and referrals to health care services and mental health services.

- Agree
- Disagree
- Not Sure

My child’s school provides counseling and social services that benefit my child’s mental, emotional, and social health.

- Agree
- Disagree
- Not Sure

Some ways that my child’s school can increase its safety and accessibility are:

My child’s school provides wellness opportunities for teachers that encourage healthy lifestyles and improve morale.

- Agree
- Disagree
- Not Sure

My child’s school engages families as a central source of students’ learning and development.

- Agree
- Disagree
- Not Sure

My child’s school promotes community involvement in order to enhance the health and well-being of students.

- Agree
- Disagree
- Not Sure
APPENDIX D: ASCD School Improvement Tool

HEALTHY

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our school culture supports and reinforces the health and well-being of each student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school health education curriculum and instruction support and reinforce the health and well-being of each student by addressing the physical, mental, emotional, and social dimensions of health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school physical education schedule, curriculum, and instruction support and reinforce the health and well-being of each student by addressing lifetime fitness knowledge, attitudes, behaviors, and skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school facility and environment support and reinforce the health and well-being of each student and staff member.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school addresses the health and well-being of each staff member.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school collaborates with parents and the local community to promote the health and well-being of each student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school integrates health and well-being into the school's ongoing activities, professional development, curriculum, and assessment practices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school sets realistic goals for student and staff health that are built on accurate data and sound science.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school facilitates student and staff access to health, mental health, and dental services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school supports, promotes, and reinforces healthy eating patterns and food safety in routine food services and special programming and events for students and staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To what degree do you agree with each of the following indicators about your school or community?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our school building, grounds, playground equipment, and vehicles are secure and meet all established safety and environmental standards.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school physical plant is attractive, is structurally sound, has good internal (hallways) and external (pedestrian, bicycle, and motor vehicle) traffic flow, including for those with special needs; and is free of defects.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our physical, emotional, academic, and social school climate is safe, friendly, and student-centered.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our students feel valued, respected, and cared for and are motivated to learn.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school staff, students, and family members establish and maintain school and classroom behavioral expectations, rules, and routines that teach students how to manage their behavior and help students improve problem behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school provides our students, staff, and family members with regular opportunities for learning and support in teaching students how to manage their own behavior, and reinforcing expectations, rules, and routines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school teaches, models, and provides opportunities to practice social-emotional skills, including effective listening, conflict resolution, problem solving, personal reflection and responsibility, and ethical decision making.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school upholds social justice and equity concepts and practices mutual respect for individual differences at all levels of school interactions—student-to-student, adult-to-student, and adult-to-adult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school climate, curriculum, and instruction reflect both high expectations and an understanding of child and adolescent growth and development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our teachers and staff develop and implement academic and behavioral interventions based on an understanding of child and adolescent development and learning theories.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ENGAGED

To what degree do you agree with each of the following indicators about your school or community?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our teachers use active learning strategies, such as cooperative learning and project-based learning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school offers a range of opportunities for students to contribute to and learn within the community at large, including service learning, internships, apprenticeships, and volunteer projects.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school policies and climate reinforce citizenship and civic behaviors by students, family members, and staff and include meaningful participation in decision making.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school uses curriculum-related experiences such as field trips and outreach projects to complement and extend our curriculum and instruction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each student in our school has access to a range of options and choices for a wide array of extracurricular and cocurricular activities that reflect student interests, goals, and learning profiles.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our curriculum and instruction promote students' understanding of the real-world, global relevance and application of learned content.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our teachers use a range of inquiry-based, experiential learning tasks and activities to help all students deepen their understanding of what they are learning and why they are learning it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our staff works closely with students to help them monitor and direct their own progress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school expects and prepares students to assume age-appropriate responsibility for learning through effective decision making, goal setting, and time management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school supports, promotes, and reinforces responsible environmental habits through recycling, trash management, sustainable energy, and other efforts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported Indicators</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Our school personalizes learning, including the flexible use of time and scheduling, to meet academic and social goals for each student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our teachers use a range of diagnostic, formative, and summative assessment tasks to monitor student progress, provide timely feedback, and adjust teaching-learning activities to maximize student progress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school ensures that adult-student relationships support and encourage each student's academic and personal growth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each student has access to school counselors and other structured academic, social, and emotional support systems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school staff understands and makes curricular, instructional, and school improvement decisions based on child and adolescent development and student performance information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school personnel welcome and include all families as partners in their children's education and significant members of the school community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school uses a variety of methods across languages and cultures to communicate with all families and community members about the school's vision, mission, goals, activities, and opportunities for students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school helps families understand available services, advocate for their children's needs, and support their children's learning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every member of our school staff is well-qualified and properly credentialed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All adults who interact with students—both within the school and through extracurricular, cocurricular, and community-based experiences—teach and model prosocial behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CHALLENGED

To what degree do you agree with each of the following indicators about your school or community?

<table>
<thead>
<tr>
<th>Each student in our school has access to</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>challenging, comprehensive curriculum in all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>content areas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our curriculum and instruction provide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>opportunities for students to develop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>critical-thinking and reasoning skills,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>problem-solving competencies, and technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>proficiency.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school collects and uses qualitative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and quantitative data to support student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>academic and personal growth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our curriculum, instruction, and assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrate high expectations for each</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school works with families to help all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>students understand the connection between</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>education and lifelong success.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our curriculum and instruction include</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>evidence-based strategies to prepare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>students for further education, career,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and citizenship.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our extracurricular, cocurricular, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>community-based programs provide students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with experiences relevant to higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>education, career, and citizenship.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our curriculum and instruction develop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>students' global awareness and competencies,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>including understanding of language and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>culture.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school monitors and assesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>extracurricular, cocurricular, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>community-based experiences to ensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>students' academic and personal growth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school provides cross-curricular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>opportunities for learning with and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>through technology.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Implementation of a whole child approach to education is a cornerstone of our school improvement plan and is included in our data collection and analysis process.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our professional development plan reflects emphasis on and implementation of a whole child approach to education, is individualized to meet staff needs, and is coordinated with ongoing school improvement efforts.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our school regularly reviews the alignment of our policies and practices to ensure the health, safety, engagement, support, and challenge of our students.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our school uses a balanced approach to formative and summative assessments that provide reliable, developmentally appropriate information about student learning.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our professional evaluation process emphasizes meeting the needs of the whole child and provides opportunities for individualized professional growth.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our school identifies and collaborates with community agencies, service providers, and organizations to meet specific goals for students.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our school implements a proactive approach to identifying students’ social, emotional, physical, and academic needs and designs coordinated interventions among all service providers.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our school leaders implement a distributed leadership plan to ensure progress.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our school staff, community-based service providers, families, and other adult stakeholders share research, appropriate data, idea generation, and resources to provide a coordinated, whole child approach for each student.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our school and all our partners consistently assess and monitor our progress on all indicators of student success to ensure progress and make necessary changes in a timely manner.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>