

# 2010 SCHOOL HEALTH PROFILES LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

This questionnaire will be used to assess school health education across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

## INSTRUCTIONS

1. This questionnaire should be completed by the **lead health education teacher** (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of this questionnaire.
5. Return the questionnaire in the envelope provided.

## Person completing this questionnaire

Name:  
Title:  
School name:  
District:  
Telephone number:

## To be completed by the SEA or LEA conducting the survey

School name: \_\_\_\_\_

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

# **2010 SCHOOL HEALTH PROFILES LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE**

## **REQUIRED HEALTH EDUCATION COURSES**

**(Definition: A required health education course is defined as one that students must take for graduation or promotion from your school and includes instruction about health topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity.)**

- 1. How many required health education courses do students take in grades 6 through 12 in your school? (Mark one response.)**

- ☐ 0 courses → **Skip to Question 4**  
☐ 1 course  
☐ 2 courses  
☐ 3 courses  
☐ 4 or more courses

- 2. Is a required health education course taught in each of the following grades in your school? (For each grade, mark yes or no, or if your school does not have that grade, mark “grade not taught in your school.”)**

	Grade	Yes	No	Grade not taught in your school
a.	6.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	7.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	8.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	9.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	10.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	11.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	12.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3. If students fail a required health education course, are they required to repeat it? (Mark one response.)**

- ☐ Yes  
☐ No

The following questions apply to any instruction on health topics such as those listed above Question 1, including instruction that is not required and instruction that occurs outside of health education courses.

4. Are those who teach health education at your school provided with each of the following materials? (Mark yes or no for each material.)

Material	Yes	No
a. Goals, objectives, and expected outcomes for health education.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A chart describing the annual scope and sequence of instruction for health education.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Plans for how to assess student performance in health education .....	<input type="checkbox"/>	<input type="checkbox"/>
d. A written health education curriculum .....	<input type="checkbox"/>	<input type="checkbox"/>

5. Does your health education curriculum address each of the following? (Mark yes or no for each skill; or mark NA for each skill if your school does not have a health education curriculum.)

Skill	Yes	No	NA
a. Comprehending concepts related to health promotion and disease prevention to enhance health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accessing valid information and products and services to enhance health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using interpersonal communication skills to enhance health and avoid or reduce health risks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using decision-making skills to enhance health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using goal-setting skills to enhance health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Practicing health-enhancing behaviors to avoid or reduce risks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Advocating for personal, family, and community health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as any classroom instruction on health topics such as those listed above, including instruction that occurs outside of health education courses that students must receive for graduation or promotion from your school.)

6. Is health education instruction required for students in any of grades 6 through 12 in your school? (Mark one response.)

- ☐ Yes  
☐ No

7. **During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12?** (Mark yes or no for each topic.)

	<b>Topic</b>	<b>Yes</b>	<b>No</b>
a.	Alcohol- or other drug-use prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Emotional and mental health .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Foodborne illness prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Human immunodeficiency virus (HIV) prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Human sexuality .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Injury prevention and safety .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Nutrition and dietary behavior.....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Physical activity and fitness.....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Pregnancy prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
k.	Sexually transmitted disease (STD) prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
l.	Suicide prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
m.	Tobacco-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
n.	Violence prevention (e.g., bullying, fighting, or homicide) .....	<input type="checkbox"/>	<input type="checkbox"/>

8. **During this school year, did teachers in your school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

	<b>Topic</b>	<b>Yes</b>	<b>No</b>
a.	Identifying tobacco products and the harmful substances they contain.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Identifying short- and long-term health consequences of tobacco use .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Identifying legal, social, economic, and cosmetic consequences of tobacco use .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Understanding the addictive nature of nicotine .....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Effects of tobacco use on athletic performance .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Effects of second-hand smoke and benefits of a smoke-free environment .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Understanding the social influences on tobacco use, including media, family, peers, and culture .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Identifying reasons why students do and do not use tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Making accurate assessments of how many peers use tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness).....	<input type="checkbox"/>	<input type="checkbox"/>
k.	Using goal-setting and decision-making skills related to not using tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
l.	Finding valid information and services related to tobacco-use prevention and cessation .....	<input type="checkbox"/>	<input type="checkbox"/>
m.	Supporting others who abstain from or want to quit using tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
n.	Supporting school and community action to support a tobacco-free environment .....	<input type="checkbox"/>	<input type="checkbox"/>
o.	Identifying harmful effects of tobacco use on fetal development.....	<input type="checkbox"/>	<input type="checkbox"/>

9. **During this school year, did teachers in your school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in each of the grade spans below? (Mark yes or no for each topic for each grade span; or mark NA for each topic if your school does not contain grades in that grade span.)**

Topic	<u>Grades</u> <u>6, 7, or 8</u>			<u>Grades</u> <u>9, 10, 11, or 12</u>		
	Yes	No	NA	Yes	No	NA
a. The differences between HIV and AIDS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How HIV and other STDs are transmitted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How HIV and other STDs are diagnosed and treated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health consequences of HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The relationship among HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The benefits of being sexually abstinent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How to prevent HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The influences of media, family, and social and cultural norms on sexual behavior .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Compassion for persons living with HIV or AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Efficacy of condoms, that is, how well condoms work and do not work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. The importance of using condoms consistently and correctly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. How to obtain condoms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. How to correctly use a condom .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. During this school year, did teachers in your school teach each of the following **nutrition and dietary behavior topics in a required course** for students in any of grades 6 through 12? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Benefits of healthy eating .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Food guidance using MyPyramid .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Using food labels .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Balancing food intake and physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Eating more fruits, vegetables, and whole grain products .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Choosing foods that are low in fat, saturated fat, and cholesterol .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Using sugars in moderation .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Using salt and sodium in moderation.....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Eating more calcium-rich foods.....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Food safety.....	<input type="checkbox"/>	<input type="checkbox"/>
k.	Preparing healthy meals and snacks .....	<input type="checkbox"/>	<input type="checkbox"/>
l.	Risks of unhealthy weight control practices .....	<input type="checkbox"/>	<input type="checkbox"/>
m.	Accepting body size differences .....	<input type="checkbox"/>	<input type="checkbox"/>
n.	Signs, symptoms, and treatment for eating disorders .....	<input type="checkbox"/>	<input type="checkbox"/>

11. During this school year, did teachers in your school teach each of the following **physical activity topics in a required course** for students in any of grades 6 through 12? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Physical, psychological, or social benefits of physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition) .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Phases of a workout (i.e., warm-up, workout, cool down) .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity) .....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Developing an individualized physical activity plan .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Monitoring progress toward reaching goals in an individualized physical activity plan .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Overcoming barriers to physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Decreasing sedentary activities (e.g., television viewing) .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Opportunities for physical activity in the community .....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Preventing injury during physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
k.	Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active).....	<input type="checkbox"/>	<input type="checkbox"/>
l.	Dangers of using performance-enhancing drugs (e.g., steroids) .....	<input type="checkbox"/>	<input type="checkbox"/>

## HIV PREVENTION

12. During this school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following? (Mark yes or no for each activity.)

Activity		Yes	No
a.	Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Provided curricula or supplementary materials in the primary languages of the youth and families.....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community .....	<input type="checkbox"/>	<input type="checkbox"/>

13. Does your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth (e.g., curricula or materials that use inclusive language or terminology)? (Mark one response.)

☐ Yes  
☐ No

## COLLABORATION

14. During this school year, have any health education staff worked with each of the following groups on health education activities? (Mark yes or no for each group.)

Group		Yes	No
a.	Physical education staff .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Health services staff (e.g., nurses) .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Mental health or social services staff (e.g., psychologists, counselors, and social workers) .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Nutrition or food service staff.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	School health council, committee, or team .....	<input type="checkbox"/>	<input type="checkbox"/>



15. During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	HIV prevention, STD prevention, or teen pregnancy prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Tobacco-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Nutrition and healthy eating.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>

#### PROFESSIONAL DEVELOPMENT

16. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Alcohol- or other drug-use prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Emotional and mental health .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Foodborne illness prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
e.	HIV prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Human sexuality .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Injury prevention and safety .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Nutrition and dietary behavior .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Physical activity and fitness.....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Pregnancy prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
k.	STD prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
l.	Suicide prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
m.	Tobacco-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
n.	Violence prevention (e.g., bullying, fighting, or homicide) .....	<input type="checkbox"/>	<input type="checkbox"/>

17. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Describing how widespread HIV and other STD infections are and the consequences of these infections.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Understanding the modes of transmission and effective prevention strategies for HIV and other STDs .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Identifying populations of youth who are at high risk of being infected with HIV and other STDs .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Teaching HIV prevention education to students with physical, medical, or cognitive disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Teaching HIV prevention education to students of various cultural backgrounds .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Using interactive teaching methods for HIV prevention education (e.g., role plays or cooperative group activities) .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Teaching about health-promoting social norms and beliefs related to HIV prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Strategies for involving parents, families, and others in student learning of HIV prevention education .....	<input type="checkbox"/>	<input type="checkbox"/>
k.	Assessing students' performance in HIV prevention education .....	<input type="checkbox"/>	<input type="checkbox"/>
l.	Implementing standards-based HIV prevention education curricula and student assessment .....	<input type="checkbox"/>	<input type="checkbox"/>
m.	Using technology to improve HIV prevention education instruction .....	<input type="checkbox"/>	<input type="checkbox"/>
n.	Teaching HIV prevention education to students with limited English proficiency .....	<input type="checkbox"/>	<input type="checkbox"/>
o.	Addressing community concerns and challenges related to HIV prevention education .....	<input type="checkbox"/>	<input type="checkbox"/>

- 18. Would you like to receive professional development on each of the following topics?**  
(Mark yes or no for each topic.)

	<b>Topic</b>	<b>Yes</b>	<b>No</b>
a.	Alcohol- or other drug-use prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Emotional and mental health .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Foodborne illness prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
e.	HIV prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Human sexuality .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Injury prevention and safety .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Nutrition and dietary behavior .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Physical activity and fitness.....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Pregnancy prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
k.	STD prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
l.	Suicide prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
m.	Tobacco-use prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
n.	Violence prevention (e.g., bullying, fighting, or homicide) .....	<input type="checkbox"/>	<input type="checkbox"/>

- 19. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?** (Mark yes or no for each topic.)

	<b>Topic</b>	<b>Yes</b>	<b>No</b>
a.	Teaching students with physical, medical, or cognitive disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Teaching students of various cultural backgrounds.....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Teaching students with limited English proficiency.....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Teaching students of different sexual orientations or gender identities.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Using interactive teaching methods (e.g., role plays or cooperative group activities).....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Encouraging family or community involvement .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Teaching skills for behavior change .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management) .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Assessing or evaluating students in health education .....	<input type="checkbox"/>	<input type="checkbox"/>

- 20. Would you like to receive professional development on each of these topics? (Mark yes or no for each topic.)**

<b>Topic</b>		<b>Yes</b>	<b>No</b>
a.	Teaching students with physical, medical, or cognitive disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Teaching students of various cultural backgrounds.....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Teaching students with limited English proficiency.....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Teaching students of different sexual orientations or gender identities.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Using interactive teaching methods (e.g., role plays or cooperative group activities).....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Encouraging family or community involvement .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Teaching skills for behavior change .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management) .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Assessing or evaluating students in health education .....	<input type="checkbox"/>	<input type="checkbox"/>

### **PROFESSIONAL PREPARATION**

- 21. What was the major emphasis of your professional preparation? (Mark one response.)**

- ☐ Health and physical education combined
- ☐ Health education
- ☐ Physical education
- ☐ Other education degree
- ☐ Kinesiology, exercise science, or exercise physiology
- ☐ Home economics or family and consumer science
- ☐ Biology or other science
- ☐ Nursing
- ☐ Counseling
- ☐ Public health
- ☐ Nutrition
- ☐ Other

- 22. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school? (Mark one response.)**

- ☐ Yes
- ☐ No

**23. Including this school year, how many years of experience do you have teaching health education courses or topics? (Mark one response.)**

- ☐ 1 year
- ☐ 2 to 5 years
- ☐ 6 to 9 years
- ☐ 10 to 14 years
- ☐ 15 years or more

**Thank you for your responses. Please return this questionnaire.**