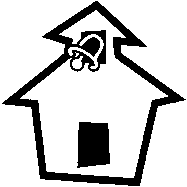
**SBHC Faculty and Staff Survey**

This anonymous survey will allow us to better understand your opinions and perceptions of the

school-based health/wellness center (SBHC) in your school. We would like your input even if you have not visited the SBHC. Information obtained in this survey will be used to ensure optimal delivery of health care services to the students in your school. ***Your participation in this survey is voluntary***. A ***summary*** of all survey results will be shared with the school staff and the general public. We appreciate your sharing your thoughts about your SBHC with us!

*Please complete during your staff meeting and return to the designated staff member.*

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| **SECTION A**  In this section, we would like to learn about your experiences with the SBHC. | | | |
| 1. During this current school year, how many students have you referred to the SBHC?   0-None 1 to 3 4 to 6 7 to 9 10 or more  🞎 🞎 🞎 🞎 🞎   1. For what services have you referred students to the SBHC? (*Please mark* ***all*** *that apply*)    * a. Illness care (flu, sore throat or something more serious)    * b. Care for ongoing health problems (such as asthma, diabetes, heart problems, etc.)    * c. Vision or hearing exam    * d. Dental exam    * e. Nutrition counseling or education    * f. Substance abuse and prevention counseling (alcohol, tobacco, drugs)    * g. Counseling for personal or emotional problems    * h. Check up or sports physical    * i. Treatment of injury/accidents    * j. Immunizations    * k. Information for parents about their child’s health or health care    * l. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. How much do you think the students were helped by the referral to the SBHC?   A great deal Somewhat Very Little Not at all Don’t know  🞎 🞎 🞎 🞎 🞎   1. How often do students ask to leave your class to visit the SBHC? (*Please mark* ***one****.)* | | | |
| 🞎 | Daily | 🞎 | Rarely |
| 🞎 | Weekly | 🞎 | Never |
| 🞎 | Monthly | 🞎 | I do not teach class |
| 5. How often do you feel it is disruptive to a class when a student leaves or returns from a visit to the SBHC?  (*Please mark* ***only******one****.)* | | | |
| 🞎 | Often | 🞎 | Students never leave my class to go |
| 🞎 | Sometimes | 🞎 | I do not teach class |
| 🞎 | Rarely |  |  |
| 6. Have you ever sought health care services *for yourself* at the SBHC?  🞎 Yes 🞎 No – If No, skip to question #8 | | | |
| 7. Were you satisfied with the services provided there?  🞎 Yes 🞎 No, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **SECTION B**  In this section, we would like to know what you think of the SBHC. | | | | | | | | |
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| 8. How much influence do you think the SBHC has on the following:  (*Please mark* ***one*** *for* ***each****.*) | | A great deal | Some | | Very little | | None at all | Don’t know |
| a. Reducing absenteeism . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| b. Improving school performance . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| c. Reducing violent behavior. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| d. Improving self-esteem/mental health . . . . . . . . . . . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| e. Improving student/family relations. . . . . . . . . . . . . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| f. Reducing substance use (tobacco, alcohol, drugs) . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| g. Postponing sexual involvement/reducing unwanted pregnancies. | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| h. Increasing access to needed health care . . . . . . . . . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| i. Improving health status. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| j. Helping students understand the health care system . . . . . . . . . . | | 🞎 | 🞎 | | 🞎 | | 🞎 | 🞎 |
| 9. How would you rate the following aspects of the SBHC?  (Please mark **one** for **each**.) | Excellent | | | Good | | Fair | Poor | Don’t  Know |
| a. Communication of the SBHC staff with parents . . . . . . . . . . . . | 🞎 | | | 🞎 | | 🞎 | 🞎 | 🞎 |
| b. Communication of the SBHC staff with students. . . . . . . . . . . . | 🞎 | | | 🞎 | | 🞎 | 🞎 | 🞎 |
| c. Communication of the SBHC staff with school personnel. . . . . | 🞎 | | | 🞎 | | 🞎 | 🞎 | 🞎 |
| d. Convenience of the location within the school. . . . . . . . . . . . . . | 🞎 | | | 🞎 | | 🞎 | 🞎 | 🞎 |
| 10. Overall, how would you rate the SBHC?  Excellent Good Fair Poor Don’t know  🞎 🞎 🞎 🞎 🞎  11. If it were up to you, would you change anything about the SBHC?  🞎 Don’t know  🞎 No  🞎 Yes – If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    12. Are there additional services that you would like the SBHC to provide?  🞎 Don’t know  🞎 No  🞎 Yes – If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

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| **SECTION C**  These last questions will give us background information about the school staff participating in this survey. This information *will not* be used to identify you. | | | | | |
| 13. What is your position at this school? | | | | | |
| 🞎 | Teacher | 🞎 | Support Staff | 🞎 | Security |
| 🞎 | Counselor | 🞎 | Instructional Assistant | 🞎 | Administrator |
| 🞎 | Physical Plant/Maintenance | 🞎 | Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 14. How long have you been at your present school (including this year)?  1st year in this school 2 to 5 years 6 to 10 years Over 10 years  🞎 🞎 🞎 🞎  15. At which school do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**THANK YOU again for completing our survey!**