



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.

SECTION A

In this section, we would like to learn about your experiences with the SBHC.

- 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 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: _____
- 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How often do students ask to leave your class to visit the SBHC? (*Please mark **one**.*)

<input type="checkbox"/> Daily	<input type="checkbox"/> Rarely
<input type="checkbox"/> Weekly	<input type="checkbox"/> Never
<input type="checkbox"/> Monthly	<input type="checkbox"/> I do not teach class
- 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**.*)

<input type="checkbox"/> Often	<input type="checkbox"/> Students never leave my class to go
<input type="checkbox"/> Sometimes	<input type="checkbox"/> I do not teach class
<input type="checkbox"/> Rarely	
- Have you ever sought health care services *for yourself* at the SBHC?
 Yes No – If No, skip to question #8
- Were you satisfied with the services provided there?
 Yes No, specify: _____

Please turn page to continue →

SECTION B

In this section, we would like to know what you think of the SBHC.

8. How much influence do you think the SBHC has on the following: A great deal
*(Please mark **one** for each.)*
- | | A great deal | Some | Very little | None at all | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reducing absenteeism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Improving school performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Reducing violent behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Improving self-esteem/mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Improving student/family relations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Reducing substance use (tobacco, alcohol, drugs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Postponing sexual involvement/reducing unwanted pregnancies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Increasing access to needed health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Improving health status. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Helping students understand the health care system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Communication of the SBHC staff with students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Communication of the SBHC staff with school personnel. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Convenience of the location within the school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
10. Overall, how would you rate the SBHC?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Excellent | Good | Fair | Poor | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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: _____

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?
- | | | |
|---|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Support Staff | <input type="checkbox"/> Security |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Instructional Assistant | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Physical Plant/Maintenance | <input type="checkbox"/> Other, Specify: _____ | |
14. How long have you been at your present school (including this year)?
- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1 st year in this school | 2 to 5 years | 6 to 10 years | Over 10 years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
15. At which school do you work? _____

THANK YOU again for completing our survey!