



Standard Operating Procedures

Whole Child Health Wellness Plan Handbook

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WHOLE CHILD HEALTH WELLNESS PLAN HANDBOOK

Policy Cross Reference Sheet

This handbook is an administrative procedure of the District and subject to policies adopted by the Board of Trustees. In case of conflict between administrative procedures and Board policy, policy shall prevail.

The contents of this handbook relate to the following Board policies:

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CO	FOOD AND NUTRITION MANAGEMENT	9-15
CPC	RECORDS MANAGEMENT	62
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EHAB	BASIC INSTRUCTIONAL PROGRAM – REQUIRED INSTRUCTION (ELEMENTARY)	15-31
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INTRODUCTION

This document, referred to as the “Whole Child Health Wellness Plan,” is intended to implement Local policies FFA, FFAC, FFAE, and FFBA adopted by the Board to comply with the requirements for school health, wellness, and support the implementation of the wellness plan. [Section 9A(a) of the National School Lunch Act (NSLA), 42 U.S.C. 1758b]

Through the Whole Child Health Wellness Plan and initiative, District and campus leaders, along with all staff, seek to support and develop the mental, behavioral, social, emotional, and physical health of all students in the District. This initiative will create awareness of the District’s robust health services and resources to support students, parents, and staff, as well as continuing the work to decrease stigmas around seeking help for mental health concerns, while continuing to support physical and social health. The Whole Child Health initiative views physical, social, emotional, and mental health equally and wants all stakeholders to feel comfortable and safe in seeking needed support in all aspects of health. The “whole child health” approach means that each student is “healthy, safe, engaged, supported, and challenged.”

The District will continually seek to develop and provide a wellness plan in collaboration with the local School Health Advisory Council (SHAC) and with involvement from representatives of the diverse student body, school food services, school administration, the Board, parents, the community, and the public to support the whole child. The District Whole Child Health Wellness Plan will address, and is organized by, the wellness goals (aligned to the order within Policy FFA (Local)) as described herein regarding nutrition education, nutrition promotion, the marketing of food and beverages to students, physical health and activity, school-based activities, as well as mental, behavioral, social, emotional health and wellness of our students, schools, and staff [Policy BDF (Legal) and Policy EHAA (Legal)]. In addition to the wellness goals and objectives laid out by the policies, each section outlines the District and campus leader actions needed to accomplish the goals. The leader actions also reference and contain resources from the FBISD Virtual Healthy Schools (VHS) in Schoology, course code 5HXM-XPBKD. Finally, the Appendix contains key District forms and documents that support the consistent implementation of the plan. In short, these components serve as the administrative procedures that explain how these policies will be implemented and accomplished by campus and District administration. This will support facilitating the District’s Whole Child Health Wellness plan, as established by the Superintendent via designees.

PHILOSOPHY

As stated in the FFA(Local) policy, the Board believes the District shall develop a culture to inspire and equip students with skills to make healthy life choices about nutrition, mental health, wellness, and physical activity to ensure overall whole child wellness. The District shall provide a school climate that promotes students’ learning, leadership, Profile of a Graduate attributes, and physical and mental well-being to enable students to reach their full potential academically, physically, socially, and emotionally.

STRATEGIES TO SOLICIT INVOLVEMENT

Federal law requires that certain stakeholders be involved in the development, implementation and periodic review and update of the wellness policy. The District has chosen to use the local School Health

Advisory Council (SHAC) to work with staff to review and consider evidence-based strategies and techniques in order to develop and implement nutrition guidelines and wellness goals as required by federal law 7C.F.R.210.31(a).

The School Health Advisory Council (SHAC)

The School Health Advisory Council (SHAC), as established by Policy BDF (Legal) states:

The board shall establish a local School Health Advisory Council (SHAC) to assist the district in ensuring that local community values are reflected in the district's health education instruction. Education Code 28.004(a) [EHAA regarding duties of SHAC]. SHAC shall meet at least four times each year. *Education Code 28.004(d-1). The FBISD SHAC meets six times each school year.*

SHAC Membership

Annually, the Board will appoint at least five members to SHAC. A majority of the members must be individuals who are parents of students enrolled in the District and who are not employed by the District. One of those members will serve as chair or co-chair of the SHAC. [BDF (Legal)]

The Board may appoint one or more individuals from each of the following groups or a representative from a group other than a group specified:

1. Classroom teachers employed by the District;
2. School counselor certified under Education Code Chapter 21, Subchapter B, employed by the District;
3. School administrators employed by the District;
4. District students;
5. Health-care professionals licensed or certified to practice in the state, including medical or mental health professionals;
6. The business community;
7. Law enforcement;
8. Senior citizens;
9. The clergy;
10. Nonprofit health organization; and
11. Local domestic violence programs.

The SHAC will collaborate with individuals from the following job groups to develop, improve, and support the District's wellness policy and plan: parents, students, the District's food service provider, physical education teachers, school health professionals, Board members, administrators, and members of the public.

SHAC will solicit the involvement and input of these other interested individuals by:

1. Posting on the District's website the dates and times of SHAC meetings.
2. Submitting the Whole Child Health Wellness Plan Standard Operating Procedures to the full SHAC for review and comment.

SHAC Meeting Requirements:

- The SHAC will meet at least 4 times a year.
- At least 72 hours before each meeting, the SHAC, with the assistance of the Specialist Wellness,

Health and Prevention, must:

- Post notice of the date, time, hour, place, and subject of the meeting on a bulletin board in the central administrative office, and
- Ensure that the notice is posted on the district's <https://www.fortbendisd.com/Page/1129>
- The SHAC must prepare and maintain minutes of the meeting that state the subject and content of each deliberation and each vote, order, decision, or other action taken by the council during meetings. SHAC meeting minutes are posted on the SHAC Webpage by the Specialist Health, Wellness, and Prevention remains posted for meetings occurring during the current school year.
- The SHAC must make an audio or video recording of the meeting and, not later than the 10th day after the meeting, submit the minutes and audio recording of the meeting to the Specialist Health, Wellness, and Prevention.
 - The Specialist Wellness, Health, and Prevention will post the minutes and audio recording on the district webpage following each meeting.

PUBLIC NOTIFICATION

To comply with the legal requirement to annually inform and update the public about the content and implementation of the local wellness policy, the District will post required information and activities related to the school wellness policy, including:

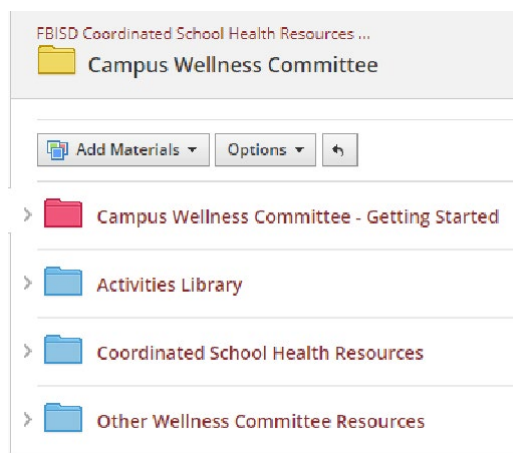
1. A copy of the FFA(Local) Policy, with date of last revision, will be posted in FBISD Board Policy Manual.
2. The following will be posted on the [Fort Bend ISD SHAC Webpage](#):
 - FFA(Local) policy and any updates available to the public annually via the SHAC Webpage.
 - The name, position, and contact information of the District official responsible for the oversight of the wellness policy and implementation of this plan; For questions and implementation of the wellness policy, contact the Director of Health and Wellness.
3. SHAC meeting schedule including dates, times, and locations of all meetings. Recordings of all SHAC meetings and their respective minutes:
 - The SHAC's triennial assessment
 - The Communications Department will also publish the information above or related information on all campus webpages and/or in District or campus publications that are deemed appropriate.

CAMPUS WELLNESS COMMITTEES

The Campus Wellness Committee serves as the foundation for implementation of the District Wellness Policy. This committee is instrumental in identifying the unique campus needs and selecting interventions and/or resources that best meet these needs. For District Departments the Specialist Wellness, Health & Prevention provides tools and resources, via the Virtual Healthy Schools (VHS) Toolkit, and the Annual Campus Wellness Survey to the Campus Wellness Committee to inform the campus committee's purpose and goals for each school year. The Specialist Wellness, Health & Prevention will provide campus

administrators Policy FFA (Local), Whole Child Health Wellness Plan Standard Operating Procedures, and the Annual Campus Wellness Committee Assessment via the Virtual Health Schools (VHS) Schoology Course. The Specialist Wellness, Health & Prevention and will require each campus to submit an Annual Campus Wellness Assessment at the end of the school year. The Specialist Wellness, Health & Prevention will support Campus Wellness Committees by providing professional development and training sessions related to school wellness annually.

Annually, each campus principal will create a campus-based school health advisory council, Campus Wellness Committee (CWC) to coordinate nutritional, physical, mental/emotional, behavioral, and social wellness initiatives in compliance with Policy FFA (Local) and supporting procedures. The CWC will be responsible for reporting the implementation and accountability of Policy FFA (Local) by completing the wellness assessment in May each school year (Exhibit B, C, & D). Annually, the campus principal will identify and invite potential CWC members. These members may include parents, staff, administrators, students, school nurses, child nutrition services, and community members. To accomplish this, the campus principal will inform the staff, students, parents, and community of the existence and purpose of the School Wellness Committee no later than the third week of the academic year. Recruiting and encouraging staff, students, school nurses, parents, and community members to join the CWC will occur during campus and community events such as PTA/PTO meetings, health and wellness fairs, community events, and open houses. The campus administrator will invite at least one member of the CWC to serve on the Campus Planning Advisory Council (CPAC). The CWC will meet at least four times per year. See the [VHS](#) in Schoology (5HXXMX-XPBKD) for CWC practical guidance on “Getting Started”, on “Activities Library”, and other resources. The VHS Google Drive is also linked to the SHAC Webpage, so parents can access this information via this [link https://www.fortbendisd.com/Page/1129](https://www.fortbendisd.com/Page/1129). The graphic below illustrates the Virtually Healthy Schools (VHS) folders in Schoology and the resources included there to support staff implementation of policy and procedures. The graphic below illustrates the Virtually Healthy Schools (VHS) folders in Schoology and the resources included there to support staff implementation of policy and procedures.



At the end of each school year, the principal will complete and submit the required Annual Campus Wellness Assessment (via Microsoft Form) to the Social Emotional Learning and Comprehensive Health Division. The completion of the Annual Campus Wellness Assessment is a collaborative process that is focused on growth and intended to serve as a continuous cycle of improvement. This campus process begins with the principal or principal’s designee working with their Campus Wellness Committee to review District Policy FFA (Local) and the Whole Child Health Wellness Plan to determine what a

successful wellness plan for their campus would include. Annually, campuses will complete the Campus Wellness Assessment as a pre-assessment. This assessment will guide the Campus Wellness Committee in developing meaningful wellness goals in the Campus Improvement Plans (CIP) which shall include at least one Health and Wellness goal as identified by the Campus Wellness Pre-Assessment. See Exhibits B, C, and D for the respective elementary, middle, and high school Annual Campus Wellness Assessments.

RESOURCES

Wellness Plan resources, posters, and signage are provided through the [Virtual Healthy School \(VHS\)](#) Schoology Course code 5HXX-XPBKD. The FBISD School Health Advisory Council (SHAC) VHS provides examples of what a healthy school looks like and how to implement the [Whole School, Whole Community, Whole Child \(WSCC\) model](#) to create a healthier school. The resources are organized by the main components outlined in this Whole Child Health Wellness Plan, which include Nutrition Education and Promotion, Physical Activity, Campus Wellness Committee, Wellness Activities and Events, and Mental Health. Specific resources and examples will be referenced throughout this plan.

NUTRITION EDUCATION AND PROMOTION

The following provisions describe the District's wellness goals regarding nutrition education, nutrition promotion, marketing food and beverages to students, physical activity, and school-based activities chosen by the District to implement in the Board-adopted wellness goals in policy FFA (Local).

Federal law requires that the District establish nutrition guidelines for foods and beverages sold to students during the school day on each campus that promote student health and reduce childhood obesity. All District campuses participate in the U.S. Department of Agriculture's (USDA's) child nutrition programs, including the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). The Child Nutrition Department will ensure nutrition guidelines for reimbursable school meals meet or exceed the minimum guidelines for the federal regulations and guidance, and that all foods sold on each campus during the school day are in accordance with District, state, and federal standards. [CO(Legal)]

Nutrition Education

Federal law requires that the District establish goals for nutrition education in its wellness policy. State law also requires that the District implement a **Coordinated Approach To Children's Health (CATCH)** program and curriculum with a nutrition services and health education component at the elementary and middle school levels. [EHAA]

In accordance with FFA (Legal and Local), the Child Nutrition Department focuses on the critical areas of Nutrition Education and Nutrition Promotion which are defined by several foundational goals and objectives. First, nutrition education is to be age-appropriate and reflect the diversity within the school environment. It will be shared with families and the public to positively influence the health of students and community members and to inform them of state and federal nutrition standards. Second, it is a District-wide priority to be integrated into other areas of the curriculum, as appropriate. To accomplish this, the responsibilities of the Child Nutrition Department and campus leaders will be defined below.

Child Nutrition Department Actions support campuses in promoting nutrition programs from the campus level:

- Provide campus appropriate nutrition messages via the principal newsletter to be utilized at different campus levels.
- Provide resources or support for instructional staff on the Virtual Healthy Schools (VHS) to reflect all campus levels in the District.
- Train Child Nutrition Department staff on campus appropriate messaging.
- Provide evidence-based nutrition messages monthly via the principal newsletter, the Child Nutrition Department website, and social media (I.e., Twitter @FBISDFoodie).
- The Child Nutrition Department's Registered Dietitian and School Health Advisory Council (SHAC) Nutrition Sub-committee will research external nutrition programming from a variety of cultural and social backgrounds that can be utilized on campus and include approved programs on the VHS resources webpages.
- Make nutrition education messages available in both English and Spanish when available.
- The Child Nutrition Department's Registered Dietitians will work collaboratively with other District departments on all nutrition-related curriculum and initiatives.
- The Child Nutrition Department's Registered Dietitians identify and evaluate the current Nutrition Curriculum resources as needed.
- Child Nutrition Department's Registered Dietitian will collaborate with the Coordinator of Health and PE to ensure the nutrition education curriculum is current and evidence-based.
- Completed pre-Campus Wellness Surveys to identify how nutritional education is being taught to students and what programs are being utilized.

Campus Leadership Actions:

- Ensure students will receive evidence-based nutrition education that fosters the adoption and maintenance of healthy eating behaviors.
- Communicate the healthy nutritional messages provided monthly by the Child Nutrition Department. Health nutritional messages will be shared in the principal's newsletter to be more broadly shared by the campus and school community through a variety of campus media such as posters, parent newsletter, Twitter, and campus announcements.
- Utilize approved resources from the Child Nutrition Department to deliver nutrition education messages throughout the campus and school community (follow the Child Nutrition Department's Twitter @FBISDFoodie).
- Share appropriate nutrition messages obtained directly from the principal newsletter or VHS (see below) in the cafeteria via posters and visuals in the cafeteria lines by the cafeteria manager.



*This picture is an example of the types of posters and message information that will be used by campus leaders and cafeteria managers.

- Work with campus cafeteria managers while utilizing the nutrition resources provided by the Child Nutrition Department to provide nutrition education that reflects the cultural diversity of students as defined by differences in socio-economic status, accessibility, religion, ethnicity, and cultural norms.
- Evaluate themselves via the Pre-Campus Wellness Survey to identify what nutritional education programs are currently utilized on the campus.
- Work to include parents on Campus Wellness Committees.

In addition to the campus-based nutrition education for students outlined above, the Child Nutrition Department, in collaboration with the Communications Department, will communicate information about District-wide food and nutrition programs to families and the community.

Child Nutrition Department Actions to support communication of nutrition programs from the district level, district-wide:

- Provide information about and access to Free and Reduced Meal Applications.
- Provide healthful food messages to be shared in print media, newsletters, school lunch menus, on the District's website, and via Peach Jar.
- Provide information to post District-wide food and nutrition programs on the [District website](#).

- Work with the Communications Department to communicate District-wide food and nutrition programs as needed.
- Research and collaborate with other departments on opportunities to offer additional food and nutrition programs to students, families, and the community.
- Attend professional learning conferences and leadership meetings to identify additional food and nutrition programs that will benefit District students, families, and the community.
- Regularly post school breakfast and lunch menus with nutritional information monthly on the District website.
- Make nutritional information for school menus available on the website for breakfast and lunch at all campus levels.
- Collaborate with the Coordinator of Health and PE to ensure the Elementary Health Curriculum will include an age-appropriate curriculum unit on nutrition that will be taught by the PE teacher during PE class.
- Collaborate with campus food service staff to provide evidence-based and [interactive](#) nutrition education that fosters the adoption and maintenance of healthy eating behaviors.
- Ensure nutrition education [addresses agriculture and food systems](#).

Nutrition Promotion

Federal law requires that the District establish goals for nutrition promotion in its wellness policy. The District's nutrition promotion activities will encourage participation in the National School Lunch Program (NSLP), the School Breakfast Program (SBP), and any supplemental food and nutrition programs offered by the Child Nutrition Department. The following goals and objectives guide the Child Nutrition Department and campus leader actions related to successful nutrition promotion:

- Implement evidence-based, healthy food promotion techniques.
- Ensure that food sold to students during the school day meets all District, state, and federal standards.
- Provide education opportunities to food service staff, instructional staff, and other non-instructional staff that encourage the coordination and promotion of nutrition messages in the cafeteria, classroom, and other appropriate settings.
- Provide resources to campus cafeteria staff that promote healthy eating habits through current approved USDA meal programs.
- Make Nutrition promotion messages available in both English and Spanish when available.

To accomplish the above goals the Child Nutrition Department and campus leaders will collaborate closely. These joint leader actions are defined below.

Child Nutrition Department Actions:

- Provide campus cafeteria staff with menu signage and best practices to implement food service line placement strategies that encourage healthy food selections by staff and students.
- Provide cafeteria staff professional development opportunities regarding food placement in the cafeteria food service line, visual appeal strategies for the food service line, nutrition messaging in the food line and appropriate customer service to create a welcoming environment. Ensure that food and beverages sold and served to

students through the NSLP and SBP meet all District, state, and federal standards. [See USDA recommendations at USDA.gov](#)

- Meet all federal, state, and District regulations for foods included in the Child Nutrition Program.
- Ensure all a la carte offerings sold by the Child Nutrition Department will meet all District, state, and federal standards. [See USDA recommendations at USDA.gov](#);
- Provide cafeteria staff professional development opportunities regarding food placement in the line, visual appeal in the food line, nutrition messaging in the food line, and appropriate customer service to create a welcoming environment.
- Provide cafeteria staff with menu signs to display daily featuring meal options and signage to identify the choices and food groups.
- Attend health and wellness fairs when possible, and/or provide resources to educate staff and the community on nutrition education promotion and child nutrition programming.
- Make nutrition promotion messages available in languages that reflect the diversity within various campuses when possible.
- Submit nutrition promotion messages to translation services for languages prominent throughout the District, at minimum English and Spanish, when possible.

Campus Leader Actions:

- Assign a designee the responsibility of updating information regarding nutrition programming throughout the campus.
- Post campus food and nutrition programs on the campus website.
- Share communication with families and the community about campus food and nutrition programs via flyers, call outs, or e-mails to notify them of upcoming programming.
- Require that all fundraisers be approved by the Child Nutrition Department via the District Online Fundraiser Form.
- Encourage all employees to [model healthy eating and physical activity behaviors](#).
- Ensure that food and beverages sold to students during school hours on District property through a la carte sales and vending machine sales utilize only products that meet all District, state, and federal standards. [See USDA recommendations at USDA.gov](#)
- Vending services will comply with laws regarding advertising of competitive foods.

Breakfast and Lunch

The Child Nutrition Department will work with campus leaders to ensure students are provided with adequate time to eat meals at school. Mealtime schedules will be based on enrollment, cafeteria serving, and seating capacity to minimize wait time and allow sufficient time to eat. Students will have the opportunity to eat breakfast for at least 10 minutes and at least 20 minutes to eat lunch, from the time they receive their meal. Campus administration will review current District standards and create a campus master schedule to reflect these standards. Campus administration will communicate the planned master schedule with the Child Nutrition Department.

In the case of alternative feeding options that increase breakfast participation, such as breakfast in the classroom, grab and go breakfast, or second chance breakfast, every effort should be made, though not guaranteed, for the opportunity to eat for ten minutes for breakfast.

Additional time allowances will be established based on campus enrollment, the campus master schedule

and will be influenced by evidence-based best practices set forth by national organizations such as, but not limited to, the Alliance for Healthier Generation, Centers for Disease Control and Prevention and US Department of Agriculture.

The campus prohibits silent lunch as a form of punishment and only allows silent lunch to ensure students and/or staff safety or as a requirement for local/state testing. Campus administration will review current campus discipline structures to ensure silent lunch is not used as a form of punishment.

Campus staff may not hold students back from receiving meals during meal service times due to behavior.

Food and Beverages Sold

- The District will comply with federal requirements for reimbursable meals. For other foods and beverages sold to students during the school day, the District will comply with the state and federal standards for competitive foods ([see USDA recommendations at USDA.gov](#)). Competitive foods and beverages are not part of the regular meal programs and occur through sales, such as a la carte options or vending machines. Campus staff cannot restrict the Child Nutrition Department from selling or students from purchasing a la carte items. This can only be restricted by a parent/guardian through a meal account via the Child Nutrition Department's website. The following websites have information regarding meals and Smart Snacks requirements:
- [USDA.gov](#)

Vending Machines

Vending machines, District-wide, will provide food that meets state and federal standards for students and staff. Vending machines will comply with the wellness policy and regulations on competitive foods, including nutrition standards, operation, and placement of machines. Campus administration must ensure that all items sold to students during the school day (defined as midnight the day of through 30 minutes after the final bell rings) meet all federal requirements. Elementary students may not have access to vending machines.

Fundraiser

School fundraisers include food sold by school staff, students, student groups/clubs, parents, parent groups, any other individual, company, organization, and/or affiliated organizations, and must comply with state and federal competitive nutrition standards ([see USDA recommendations at USDA.gov](#)). These groups/organizations are encouraged to engage in fundraisers that reinforce healthy behaviors. The Child Nutrition Department may audit schools for fundraising compliance as needed.

All campuses:

- All items must be store-bought and include a food label that provides an ingredient list to prevent allergic reactions.
- All food and beverages sold during the school day must be approved through the Child Nutrition Department to ensure compliance with all nutrition standards and health code regulations.
- Fundraising requests must be submitted and approved through the appropriate channels via the District's website.

- Fundraiser Request Link is located on the [FBISD Business & Finance Webpage](#)
 - All requests involving food sold during the school day should include a Nutrition Facts Label and Ingredient List for each item included in the fundraiser.
- The school day is defined as the midnight before to 30 minutes after the end of the school day.
- Items not intended for consumption on campus do not need to meet these requirements:
 - For example: items that must be baked at home, i.e. frozen cookie dough, etc. Like items sold as fundraisers.
 - It is still encouraged to follow state and federal standards to promote a healthy school environment. See [USDA recommendations at USDA.gov](#)

Elementary and Middle School campuses may sell non-entree food items under the following conditions:

- May not sell 30 minutes prior, during, or 30 minutes after meal periods where reimbursable meals are sold or served.
- Must be in compliance with local, state, and federal nutrition guidelines.
- Must be a food item allowable for sale according to USDA's Guidelines ([see USDA recommendations at USDA.gov](#)).
- Verify, print, and save approval documents for your records to ensure compliance.

High School campuses may sell food items under the following conditions:

- . Entree items may be sold one time, per campus, per week.
 - For example: pizza or chicken sandwiches, etc., from local restaurants that meet state and federal standards.
 - Entrée items may be sold once per week. Entrée items are 350 calories or less. Item that is intended to be a main dish and is either:
 - A combination food of meat/meat alternate and whole grain; or
 - A combination food of vegetable or fruit and meat/ meat alternate; or
 - A meat or meat alternate alone with the exception of yogurt, low-fat or reduced fat cheese, nuts, seeds and nut or seed butters, and meat snacks (such as dried beef jerky).
 - Food Safety Standards should be carefully followed for these items, and this is the responsibility of the requester.
- Non-entrée items may be sold three times per week. Non-entrée items are 200 calories or less.
 - For example: popcorn, baked goods (must be store-bought), granola bars, fruit/vegetable cups, yogurt cups, beverages, etc.
- Food and beverage items can only be sold in areas where reimbursable meals are not sold or served.
- Must be in compliance with local, state, and federal nutrition guidelines.
- Must be a food item allowable for sale according to USDA's standards.
- Verify, print, and save approval documents for your records to ensure compliance.

Concessions

Concessions at school-related events outside the school day are required to include foods that meet state and federal standards. The Child Nutrition Department and Athletic Department will ensure that at each athletic event sponsored by the District at which food and beverages are sold, each concession vendor will offer at least one healthy food and beverage choice. Child Nutrition will provide a list of healthy foods and beverage choices to PTO/PTA and Booster Club Sponsors. The Child Nutrition Department will provide all District staff that sell concessions with a list of healthy foods and beverage choices.

Exempt Fundraiser

State rules adopted by the Texas Department of Agriculture (TDA) allow an exemption to the state and federal requirements. [CO (LEGAL)] The District will not allow any “exemption days.”

Food and Beverages Provided

There are currently no federal or state restrictions for foods or beverages provided, but not sold, to students during the school day. The District will comply with state law, which allows a parent or guardian to provide a food product of his or her choice to classmates of the individual’s child on the student’s birthday or to children at a school-designated function [CO (Legal)].

All foods provided must take the following into consideration:

- It is encouraged to follow the state and federal guidelines whenever possible to create a culture of health on school campuses (i.e., fruits, vegetables, seeds, nuts, yogurt, and water).
- All items must be store-bought and include a food label that provides an ingredients list to prevent allergic reactions.

Food Safety Standards should be carefully followed for these items, and it is the responsibility of the provider. In addition, the District has established the following local standards for foods and beverages made available to students during the school day:

- Birthday, school celebrations, or reward redemptions will not occur in the cafeteria during meal serving time. Such events may only take place one hour before the start of lunch or one hour after the end of lunch.
- A campus may develop additional guidelines concerning birthday celebrations, such as the number of celebrations per month and certain times to celebrate so it does not interfere with daily instructional time.

Competitive food nutrition standards do not apply to the following:

- If a student is given food and/or beverage items at no charge (no form of payment, donation, or other contribution exchanged for the item), such as:
 - Food provided as part of an instructional lesson.
 - Food Provided by Parents or Guardians.
 - Class parties or celebrations.

Rewards and Incentives

It is prohibited to use food and/or beverages as a punishment. The use of non-food-based incentives and rewards are encouraged in the classroom, [including physical activity opportunities](#). The use of food will be allowed as a student’s preferred reinforcer when tied to the positive behavior interventions and

supports, or as part of an Individualized Education Program (IEP), Behavior Intervention Plan (BIP), Specialized Support Program as part of a tiered intervention plan, and in special circumstances as long as considerations have been made related to possible connections to mental health and healthy eating behaviors.

Marketing Food and Beverages to Students

Marketing and advertising of food and/or beverages on-campus will meet state and [federal nutrition standards](#).

PHYSICAL ACTIVITY, PHYSICAL EDUCATION, & RECESS

The District will implement, in accordance with law, a coordinated health program with physical education and physical activity components and will offer at least the required amount of physical activity for all grades [BDF, EHAA, EHAB, EHAC, and FFA].

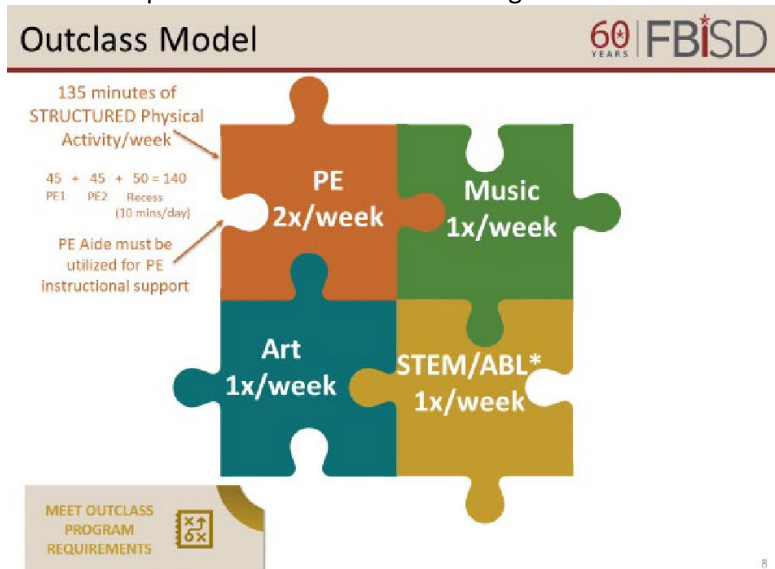
Physical Activity

Elementary

Students in grades PreK-5 will participate in at least 135 minutes of structured physical activity each week. Structured physical activity is planned and organized, supervised, and its intent is to raise the heart rate. The following District and campus leader actions have been outlined to ensure these physical activity requirements are met:

Behavioral Health and Wellness Department Actions:

- Create a campus outclass schedule that aligns to the FBISD Outclass Model (See below).



- Identify appropriate opportunities and recommend best practices for meeting the 135 minutes of structured physical activity. This could include a combination of the suggestions below:
 - PE Twice a week within the outclass schedule.
 - Ten (10) minutes of structured activity each day at recess.

- Structured activity breaks during the day (i.e., Dance time, Jazzercise, [physical activity for the classroom resources linked here in the VHS Schoology Course 5HXXMX-XPBKD](#) etc.).
 - FBISD Recess Guidelines (Exhibit A) should be followed.
- Provide campuses with sample weekly schedules that meet at least 135 minutes of structured physical activity. can be found in the VHS Schoology Course (5HXXMX-XPBKD). [Examples of Standard Outclass Rotations](#) can be found in the VHS Schoology Course (5HXXMX-XPBKD).

Grade level max = 110

	Day 1	Day 2	Day 3	Day 4	Day 5
Group 1 (up to 22 students)	Music	PE 1	PE 1	Library	Art
Group 2 (up to 22 students)	Art	Music	PE 1	PE 1	Library
Group 3 (up to 22 students)	Library	Art	Music	PE 1	PE 1
Group 4 (up to 22 students)	PE 1	Library	Art	Music	PE 1
Group 5 (up to 22 students)	PE 1	PE 1	Library	Art	Music

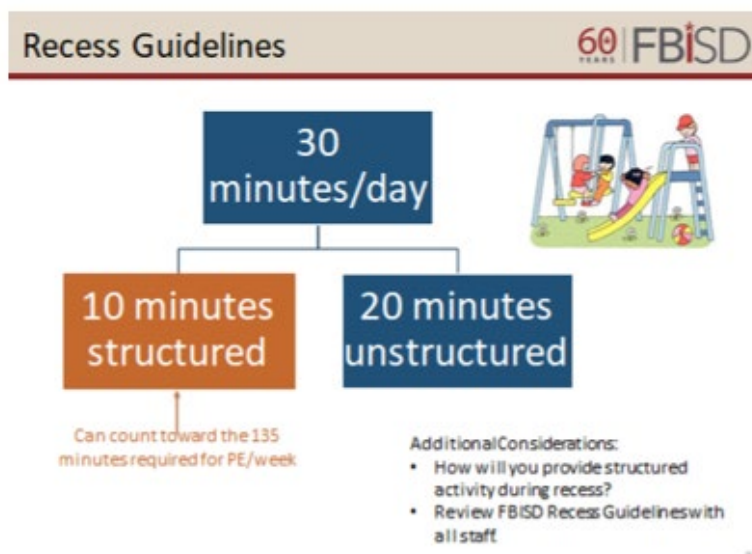
Grade level Max = 125

	Day 1	Day 2	Day 3	Day 4	Day 5
Group 1 (up to 25 students)	Music	PE 2 (Aide)	PE 1	Library	Art
Group 2 (up to 25 students)	Art	Music	PE 2- (Aide)	PE 1	Library
Group 3 (up to 25 students)	Library	Art	Music	PE 2 (Aide)	PE 1
Group 4 (up to 25 students)	PE 1	Library	Art	Music	PE 2 (Aide)

*Example Elementary Master Schedule Rotations to support the physical activity minutes.

Provide physical education teachers resources for ways to include students with special needs such as the [Shape America's Adaptive Physical Education Resources for Teachers Toolkit](#).

- Provide campuses with the Recess Guidelines (Exhibit A) as well as recess activities resources and recommendations found in the VHS Schoology folder and website Schoology Course, course code 5HXXMX-XPBKD.



Physical Education (PE)

Elementary

Campus Leader Actions:

- Ensure the required 135 minutes of structured physical activity are built in the outclass schedule and recess.
- Ensure all students have the opportunity to participate in the required 135 minutes of structured physical activity.
- Ensure students with disabilities have the opportunity to participate in the required 135 minutes of structured physical activity as indicated in the student's 504 plan, special education plan or the like.
- Ensure special education and specialized programs have adequate space to safely engage in physical activity.

If an elementary campus exceeds the 135 minutes of required structured physical activity, the campus principals have the authority to offer an optional study hall for children in need of additional support up to twice per week with written parent permission. Prior written parent permission is required to remove a student from recess for study hall. The student must still complete the weekly 135 minutes of required moderate or vigorous physical activity.

Middle School

Middle school students will be provided with the opportunity to participate in at least 30 minutes of moderate to vigorous physical activity daily or 225 minutes every two weeks for at least five semesters as part of the District's physical education program unless indicated in a student's 504 plan, special education plan, or other appropriate venue [Texas Education Code 28.002(1)].

The campus principals will ensure that all students will be provided with the opportunity to participate in at least 30 minutes daily or 225 minutes per two weeks of moderate to vigorous physical activity for at least five semesters in grades 6-8 as part of the District's physical education program. The District prescribes five semesters of PE for all middle school students unless there is a documented need to adjust in line with an IEP or 504 plans.

Physical education class should not be withheld or denied as punishment for inappropriate behavior and/or failure to complete assignments, except for severe discipline consequences assigned by the principal or assistant principal (i.e., ISS, OSS, etc.). See the PBIS and Physical Activity section below for more information regarding options on ways to redirect behavior modeling the behavior we intend to elicit.

Kickstart Kids Karate

The Kickstart Kids Karate Program is a course that students in grades 6 through 8 can take as their PE course. The purpose of this course is to teach students the tools and support necessary to resolve conflicts, avoid participation in gangs, choose a drug-free lifestyle, resist negative peer pressure, and remain in school using karate. This safe and structured program focuses on the discipline and philosophies of the martial arts while engaging the students in fitness and educating them about self-defense. Parent/guardian permission is required along with a participation fee. Seventh grade-students must still fulfill the requirement to take a semester (half a year) of Health.

High School

Students are required to be enrolled in physical education or a PE substitution course for two semesters

or one year, and to earn two half credits or one full high school PE credit. This is a District Requirement for graduation. The Behavioral Health & Wellness Department will ensure the physical education requirements are included in the FBISD Course Selection guide and each individualized FBISD Graduation Plan. The campus will ensure the physical education requirements are included during the course selection process and that all students successfully complete the PE requirement.

All Levels

Physical education classes will encourage students to participate in moderate to vigorous physical activity for at least 50% of the physical education class time. The leader actions below describe the specific responsibilities of the District and campus to accomplish the Physical Activity goals and objectives.

Behavioral Health & Wellness Department Actions:

- Provide a physical education curriculum and professional learning opportunities to Pre-K-12 educators of physical education course work that include an instructional framework that includes at least 50% of physical education class to be in the moderate to vigorous physical activity zone. To access curriculum, go to Schoology Groups below with access codes to join:
 - [Elementary PE](#) 9JSTR-NKXK5
 - [Middle School Health/PE](#) C7ZWK-XDQZ3
 - [High School Health/PE](#) 6VMSR-HJNZX
- Provide a Physical Education Curriculum Instructional Model that ensures at least 50% of the physical education lesson is in the moderate to vigorous physical activity level zone.
- Provide annual professional learning for physical education teachers that focuses on planning lessons that include at least 50% of the physical education lesson is in the moderate to vigorous physical activity level zone.

Campus Leader Actions:

- Ensure that teachers are following the Physical Education Curriculum's Instructional Model, which includes at least 50% of moderate to vigorous physical activity during class time.
- Ensure that all physical education teachers are using the Physical Education Curriculum Instructional Model when planning lessons.
- Engage in regular physical education class walkthroughs to ensure that teachers are utilizing the PE curriculum instructional model ([Elementary PE Instructional Model](#), [Secondary PE Instructional](#) Model).
- Ensure that physical education teachers are utilizing the PE curriculum At-A-Glance to ensure that all students have the opportunity to participate in a variety of physical activities that will promote life-long fitness.

Physical Education (PE) Uniform Guidelines

Dressing out for PE is mandatory. This is for hygiene and safety purposes. This priority is included in our TEKS (5B). Students are expected to bring athletic clothing to change into each day for PE class. Students should not stay in the clothing they wear to school during PE.

For campuses that offer a uniform for sale:

Campuses offer PE uniforms to families for purchase to ensure that they have easy access to athletic

clothing that is in dress code. It is not mandatory for students to purchase from the school. If a family cannot afford to purchase a uniform, they should communicate with the campus PE department. The PE department will ensure that the student has a proper PE uniform for class.

If a family prefers to purchase their own uniform, they can do so as long as it meets the requirements below:

- A. The uniform meets the school dress code: This includes shorts **that are the proper length and a loose-fitting T-shirt.**
- B. The uniform matches school colors.
- C. The student's name is written **on both the shorts and shirt.**

Students who prefer to wear pants due to religious preference or other reasons can do so as long as the pants are designated as the PE uniform. The idea is that the student is changing clothes to meet the dressing out requirement of the class.

For campuses that do not offer a uniform for sale:

- Campus expectations should include that students bring athletic clothing each day and change clothes for PE class. Students should not stay in the clothing they wear to school during PE.
- Expectations for appropriate PE attire should be clear and should include:
 - A. The clothes meet the school dress code: This includes shorts that are the proper length and a loose-fitting t-shirt.
 - B. The student's name is written on both the shorts and shirt.

Physical Education Substitutions

The state of Texas along with FBISD permits students to earn credit for PE via other courses that require moderate to vigorous physical activity. The following are the courses that may be used as substitutions for PE: Marching band (fall semester only), cheerleading (fall semester only), Junior Reserve Officer Training Corps (JROTC) I, Athletics, Drill Team, and approved Off Campus PE may substitute for the physical education graduation requirements. Students enrolled in physical education and band (fall semester only), or JROTC the same semester, may use both to meet the physical education requirement. For questions regarding meeting graduation requirements, please contact your student's counselor for more individualized information.

According to TAC §74.12(b)(6)(C) and (D), §74.73(b)(6)(B) and (C), and local district policy, no more than 4.0 substitutions may be earned through any combination of allowable substitutions. The substitution activities of athletics, JROTC, and private or commercially sponsored physical activity programs may be awarded up to 4.0 PE credits toward graduation, 1.0 for the required physical education credit and 3.0 additional PE credits as state electives. The substitution activities of drill team, cheerleading, and marching band may be awarded 1.0 PE credit toward graduation that may satisfy the physical education credit requirement. If a student participates in a combination of activities, the student may earn no more than the 4.0 available PE credits toward graduation for participation in those activities.

All substitutions must include at least 100 minutes per five-day school week of moderate to vigorous physical activity.

The PE substitution activities are listed in 19 TAC §74.12(b)(6)(C) and (D). In accordance with local

district policy, credit for any of the state-approved PE courses may be earned through participation in the following activities: athletics, Junior Reserve Officer Training Corp (JROTC), drill team, marching band, cheerleading, and commissioner of education-approved private or commercially sponsored physical activity programs that are held on or off campus. All PE substitutions must adhere to 19 TAC §74.12(b)(6)(E) and must include at least 100 minutes per five day school week of moderate to vigorous physical activity. Credit may not be earned for any of the required state PE courses more than once. No more than four substitution credits may be earned through any combination of allowed substitutions.

OFF CAMPUS PHYSICAL EDUCATION (OCPE)

A student can request approval to participate in training at a private or commercially sponsored physical activity program that is not offered to the student by their campus's PE, athletic, or fine arts department for PE credit. The student's training and the program must meet the following criteria to be eligible for approval. Parents and students are responsible for assuring the required number of training hours are met each week. If an establishment is unable to offer the required number of hours the parent/student should make the district aware, so that the student can be placed back into a PE class on their campus. If they do not meet the required number of training hours each week, the student will receive a failing grade and be placed back into a PE class on their campus.

Students/Parents are only able to apply to participate in training offered by an approved Off Campus PE establishment. The electronic application will be posted to [FBISD Off Campus PE Webpage](#). It is the student's responsibility to prove that they are completing the required hours each week.

Private and commercially sponsored establishments will annually complete an application online via the website for approval of off-campus physical education. The electronic application will be posted to the [FBISD Off Campus PE Webpage](#). Each coach working with students must provide the following documentation:

- Uploaded current CPR certificate
- [FBISD Criminal History Check](#) approval email (must be completed after July 1st).

There are two levels of PE substitution credit activities described in TAC §74.12(b)(6)(C)(iii) and TAC §74.73(b)(7)(B)(iii):

- Category 1 Off Campus PE - Olympic-level participation and/or competition includes a minimum of 15 hours per week of highly intensive, professional, supervised training. The training facility, instructors, and activities involved in the program must be certified by the superintendent to be of exceptional quality. Students qualifying and participating at this level may be dismissed from school for one hour per day. Students dismissed may not miss any class other than PE.
- Category 2 Off Campus PE - Private or commercially sponsored physical activities include those certified by the superintendent to be of high quality and well supervised by appropriately trained instructors. Student participation of at least five hours per week is required. Students certified to participate at this level may not be dismissed from any part of the regular school day.

Middle school and high school students enrolled in Category 1 Off campus PE will leave campus for one class period each day, either 1st period, or 7th period. If their campus operates on a block schedule, students enrolled in Category 1 Off Campus PE are only approved to leave campus for the class

period they are scheduled for Off Campus PE (either 1st period, or 7th period).

Students enrolled in Category 2 Off Campus PE do not leave campus during the school day to participate in Off Campus PE.

Please visit the [FBISD Off Campus PE Webpage](#) for more information.

PHYSICAL FITNESS ASSESSMENT

Annually, students in grades 3–8, as well as any student at the high school level (grades 9-12) enrolled in a Texas Essential Knowledge and Skills (TEKS) based course for which they earn a physical education graduation credit, this includes any student enrolled in a physical education substitute course, will participate in a [physical fitness assessment](#). The physical fitness assessment evaluates body composition, aerobic capacity, muscular strength and endurance, trunk extensor strength and flexibility. At the end of the school year, a parent may submit a written request to the campus Principal to obtain the results of his or her child's physical fitness assessment conducted during the school year.

- Campus Leader Action: Ensure all PE teachers and teachers that teach a PE-accredited course administer the district fitness assessment and have all fitness data entered by the district-designated deadline.

A school district is not required to assess a student who, as a result of disability or other identified medical condition, is not physically able, or is at risk of taking the tests prescribed by the physical fitness assessment. If a student is unable to participate in the physical fitness assessment or any part of it, they must have a physician complete the FBISD [Physical Fitness Assessment Form](#).

Resources to support teachers in the administration and submission of student data for the physical fitness assessment are located in the physical education curriculum Schoology groups.

PE Schoology Group Codes:

- [Elementary PE](#) 9JSTR-NKXK5
- [Middle School Health/PE](#) C7ZWK-XDQZ3
- [High School Health/PE](#) 6VMSR-HJNZX

Positive Behavior Interventions and Supports (PBIS) and Physical Activity

The district values physical activity and how it contributes to learning and wellbeing. The Behavioral Health & Wellness Department and campus leaders work together to ensure all students are able to fully participate in physical activities like PE and Recess. When it is necessary to redirect behavior, teachers and administrators will refrain from removing students from PE and Recess. Positive behavior interventions and redirection will be utilized instead of removal from PE to keep students engaged in healthy physical activity. In short, students will not be denied their physical activity time, but their choice of activity could be altered to keep themselves and others safe. The Student [Ownership of Behavior Schoolology Course](#) (RKZ9-T3S9- HWT2X) has more PBIS strategies and interventions for re-directing and correcting undesirable behavior while maintaining the ability to model the behavior we expect.

Physical/Wellness Activities and Brain Breaks During School Day

The district also recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. The Behavioral Health & Wellness Department will encourage all instructional staff to integrate physical activity into the academic curriculum where appropriate or when feasible to do so. This may include modeling physical activity brain breaks and mindfulness/wellness moments in District meetings with activities when appropriate and provide principals and teachers resources in the [VHS](#) (In folders below) to include physical/wellness activities brain breaks into their daily lessons.

Before and After School Physical Activity

The Behavioral Health & Wellness Department seeks to offer opportunities for students to participate in physical activity either before and/or after school through a variety of physical activities that encourage and support the development of the skills, behaviors, and confidence needed to [increase physical activity and decrease sedentary behaviors](#). These activities should include those students who do not excel athletically. The campus administration will encourage appropriate, before and after school structured fitness/sports clubs and will encourage students and staff to participate. The first step for the campus administrators is to encourage and inspire staff to participate in and/or to sponsor various structured fitness/sports clubs before and/or after school. This could include running, walking, yoga, kickball, or other activities involving movement, sports, and fitness. The before and after school activities are ultimately driven by students and even staff interests and requests. As best practice, the Campus Wellness Committee can capture student and staff fitness interests via a campus survey. Fitness/sports club meeting times will be posted on the campus webpage and be included in campus announcements.

To further promote physical activity and wellness, campuses will offer at least one event annually, either during or outside of normal school hours that involves physical activity and includes both parents and students in the event. Examples of events could include a 1, 3, and 5K fun run/walk, Field Day, Bike to School Day, and Dance Lessons. The physical activity/wellness event for students, staff and parents that occur outside the school day can be combined with other school events such as open house, school carnivals, science-math night, etc. To accomplish this, the campus leader will inform parents, families, the community about upcoming physical activity programs and events through announcements, flyers, posters, as well as campus and/or District websites which will encourage families to participate in family fitness/wellness night events. To further model fitness, campus leaders ought to participate in, and encourage staff participation in at least one District staff health and wellness event per school year.

The district encourages students, parents, staff, and community members to use the available recreational facilities at their neighborhood campus that are available outside of the school day. The District will provide information regarding which indoor and outdoor facilities are available for public use by including a statement in at least one District or campus publication, through use of appropriate signs and posting information on the campus and the [District webpage](#). Facility rental information will also be available on the District website.

Healthy Lifestyles and Safe Environments

Physical education teachers, health teachers and other campus staff help students understand the evidence-based short and long-term benefits of a physically active and healthy lifestyle. The Behavioral Health & Wellness Department will provide avenues to promote and provide stakeholder engagement opportunities for health and wellness through Whole Child Health initiatives (i.e., Care to Chat series with Memorial Hermann, Vaping Prevention and Back to School Events with Fort Bend Regional Council on Substance Abuse and United Healthcare). As part of the Whole Child Health Initiative, the District will provide webinars and workshops to engage parents, students, staff, and community around specific health and wellness topics. The Behavioral Health & Wellness Department will provide recommendations and resources for wellness promotion at school events and will make them available to campuses each year via the SHAC webpage and/or Virtual Healthy Schools (VHS).

The campus will encourage healthy lifestyle habits through a variety of activities, events, and venues to include:

- Include wellness information and family fitness activities at school-wide events when appropriate.
- Encourage teachers to include physical [activity brain breaks](#) into their daily lessons. Here is an example of a brain break lesson card:

Brain Breaks
Balloon Belly

Materials Needed: None

Time: 1-3 minutes

Audience: All Students and Adults

Idea:
Simple mind and body challenges are great for refocusing attention and clearing the mind for learning.

Action:
Imagine your belly is a balloon. Breathing in, notice the balloon gets bigger as it inflates. Breathing out, notice the balloon gets smaller as it deflates.

- Encourage teachers to include kinesthetic instruction of academic concepts in their daily lessons.
- Encourage all employees to model healthy eating and physical activity behaviors.

- Promote campus-wide physical activity programs.
- Include the short-term and long-term benefits of physical activity and healthy lifestyle into the Physical Education and Health Curriculum.
- Include physical activity and healthy lifestyle messaging in campus announcements and newsletters received monthly in principal newsletter tied to monthly wellness activities maintained in the VHS. The examples below are folders with resources from VHS for September and October.



- Use the VHS for brain break and kinesthetic instruction ideas and resources.

The district prioritizes school environments that foster safe and enjoyable physical activity for all students including those not enrolled in a physical education class or competitive sports. To help accomplish this, the campus administrator will ensure that the student-to-teacher ratio does not exceed 45 to 1. If the student to teacher ratio exceeds 45 to 1, the campus will notify the parents of every student in the class how the campus plans to keep the environment safe. The District staffing guidelines provide elementary school campuses with larger grade levels with a PE aide and/or a second PE teacher. The PE aide should not be used for other duties during PE classes that exceed the student teacher ratio of 45 to 1. To request additional staffing, the campus principal should seek guidance from their Department of School Leadership representative.

The Facilities Department will ensure campus administrators know the process for ensuring that all safety issues and hazardous conditions are reported to the District for repair. Campus leaders will ensure that the physical environment is free from hazards, safe, and in good working conditions. All safety issues and hazardous conditions are reported to the Facilities Department for repair via the appropriate work order to correct the hazardous conditions(s). The Facilities Department will be responsible for addressing the campus needs in a timely manner including keeping grass cut to an acceptable height and treating for ants. The Facilities Department will prioritize work orders to immediately address hazards and safety issues.

Recess

All elementary students will have the opportunity to participate in at least 30 minutes of recess daily. Staff will be educated on the Recess Guidelines (Exhibit A) and the Recess Guidelines will be posted on the district and/or campus website for parents to view. Staff will encourage students to be active and will serve as role models by being physically active alongside the students whenever feasible. No more than ten minutes of recess will be structured physical activity and count towards the minimum time requirement. At least 20 minutes of daily recess will be unstructured physical activity. In addition,

elementary campuses will provide unstructured recess daily. Unstructured recess time may not count toward the 135 minutes of required structured physical activity.

Campus administrators will develop a schedule that provides students with the opportunity to participate in at least 20 minutes of unstructured daily recess time. Unstructured recess will not count toward the 135 minutes of state-required structured physical activity provided by the District via physical education class and structured recess. The principal will ensure that all instructional staff follow the District Recess Guidelines and:

- Educate campus staff on the District Recess Guidelines (Exhibit A).
- Ensure that the District Recess Guidelines are enforced daily.
- Ensure that students are not withheld or denied the required 135 minutes of physical activity.
- Ensure the Recess Guidelines are reviewed with staff annually.
- Ensure that all Recess Guidelines are posted on the campus webpage for staff, students, and the school community to access.

Outdoor recess will be offered when weather is feasible for outdoor play. In the event the weather is not safe for outdoor activities, whether too hot, too cold, or lightning etc., staff and teachers will conduct indoor recess. The principal will ensure the [FBISD Weather Procedures](#) are followed to determine if the weather is not feasible for outdoor play and will ensure teachers have access to indoor recess games, best practices, and other resources. See the VHS for practical [indoor recess](#) ideas and resources.

HEALTH EDUCATION

The Fort Bend ISD health education program effectively addresses students' health consisting of many different components. Each component makes a unique contribution while also complementing the others. The K-12 Health Curriculum addresses the nutritional, physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices.

Elementary

All students will have weekly health education lessons taught by their Physical Education teacher during their PE class. The health education curriculum is designed to teach students how to make healthy choices and equip them with the knowledge and skills to make healthy decisions.

Growth & Development Education

Fort Bend ISD utilizes the "Meet the New You" program in elementary school for fourth grade girls and fifth grade boys. The "Just Around the Corner" program is utilized for fifth grade girls. Both programs are puberty education programs with a focus on instruction related to puberty and development. Male and female students receive separate instruction from the school nurse. However, boys may receive instruction from a male teacher/nurse, and girls may receive instruction from a female teacher/nurse if available.

Middle School

The goal of 7th grade health education is for students to demonstrate an understanding of the

components of individual wellness. The health education curriculum is designed to help adolescents develop knowledge, attitudes, and skills to make responsible decisions and act in ways that prevent disease and reduce health-related risky behaviors. Topics include tobacco/drugs/alcohol abuse prevention, safety, cardiopulmonary resuscitation (CPR), human growth and development, individual and social development, nutrition, fitness, mental health, and communicable and non-communicable diseases. The Health instructional resources and programs included in the middle school health curriculum can be found on the [FBISD Health/PE Webpage](#).

High School

The goal of high school health education is for students to continue to develop an understanding of the components of individual wellness. The curriculum content areas include healthy behaviors, physical activity, nutrition, mental and emotional health, promoting safe and healthy relationships, growth and development, tobacco, alcohol, drug prevention, as well as communicable and non-communicable diseases. For more information about the HS Health curriculum visit the High School Health/PE Curriculum Schoology Group, group code 6VMSR-HJNZX. The Health instructional resources and programs included in the high school health curriculum can be found on the [FBISD Health/PE Webpage](#).

HEALTH SERVICES

The Board believes health and wellness are fundamental for student learning. Therefore, the District will provide safe, compassionate, competent, and appropriate care to protect the health, wellness, and safety of students.

Injury or Illness at School

When a student feels ill or is injured at school and needs to see the nurse, he or she must get a pass from the teacher who is sending the student to the clinic. If the student goes to the clinic between classes or during a lunch period, he/she must get a pass from a teacher on duty or his/her next period teacher (Secondary Students only). Exceptions are for sudden illness and serious injury.

The student will sign-in upon arrival at the clinic. When leaving, the student must get the signed pass back from the nurse showing the time he/she left the clinic.

First aid will be administered when needed. A parent/guardian will be notified if a student is unable to remain at school or if an emergency arises requiring that he/she be taken to a medical facility. If a student must be transferred to an emergency facility before you arrive, a representative from the school will remain with the student until the student's parent or guardian arrives.

If a parent signs against medical advice (AMA) with emergency medical services (EMS), the student should be taken to their doctor, emergency care clinic, or home for closer monitoring.

To ensure the health and safety of all students and staff, the school nurse and campus staff will encourage and reinforce to parents that illnesses or injuries occurring at home be taken care of at home when this can safely occur.

Screening Programs

Spinal Screening

School-based spinal screening helps identify adolescents with abnormal spinal curvature and refers them for appropriate follow-up by their physician. Screening can detect scoliosis at an early stage when the curve is mild and may go unnoticed. Early detection is key to controlling spinal deformities. All students who meet the Texas Department of State Health Services criteria will be screened for abnormal spinal curvature before the end of the school year. For information on spinal screening by an outside professional or exemption from spinal screening based on religious beliefs, see Policy FFAA (Legal) or contact the campus nurse. Spinal screenings should be done by the end of the fall semester. New enrollees must be screened within 120 days of admission.

Spinal screening is non-invasive and conducted following the most recent, nationally accepted, and peer-reviewed standards for spinal screening. The requirements for spinal screening apply each year for all children who attend public and private schools, to detect abnormal spinal curvature in accordance with the following schedule:

WHO MUST BE SCREENED?	WHEN SCREENING MUST BE DONE
Girls two times	Age 10 (or fall semester of grade 5) Age 12 (or fall semester of grade 7)
Boys one time	Age 13 or 14 (or fall semester of grade 8)

Vision and Hearing Screening

As part of the [Health and Safety Code, Chapter 36](#), the Vision and Hearing Screening Programs requires that all children enrolled for the first time in any public, private, parochial, or denominational school or in a Department of Family and Protective Services (DFPS) licensed childcare center and licensed childcare home in Texas, or who meet certain grade criteria, must be screened or have a professional examination for possible vision or hearing problems. The requirements for visions and hearing screening apply each year for children enrolled in any licensed childcare center, childcare home or school program at the ages or grades listed below:

WHO MUST BE SCREENED?	WHEN SCREENING MUST BE DONE
4-year old by September 1 st Kindergarteners Any other first-time entrants (4-years through 12 th Grade)	Within 120 days of admission
1 st , 3 rd , 5 th , and 7 th graders	Any time within the school year (preferably within 120 days)

Risk Assessment for Type2 Diabetes

Students are required to undergo a risk assessment of Type2 diabetes at the same time as when the District screens students for hearing and vision issues or for abnormal spinal curvatures. (FFAA (Local) and (Legal)).

Immunizations

A student must be fully immunized against certain diseases or must present an approved certificate or statement that, for medical reasons or reasons of conscience, including a religious belief, the student will not be immunized, regardless of if the student is attending classes face-to-face or online. For exemptions based on reasons of conscience, only official forms issued by the Texas Department of State Health Services (TDSHS), Immunization Branch, can be honored by the District. This form may be obtained by writing the TDSHS Immunization Branch (MC 1946), P.O. Box 149347, Austin, Texas 78714-9347. An affidavit may also be requested via the Immunizations Section [Affidavit Request website](#). The form must be notarized and submitted to the Principal or school nurse within 90 days of notarization. If the parent is seeking an exemption for more than one student in the family, a separate form must be provided for each student.

The immunizations required are diphtheria, tetanus, and pertussis (DTaP); measles, mumps, and rubella (MMR); polio; hepatitis A; hepatitis B; varicella (chicken pox); tetanus, diphtheria, and pertussis (Tdap, for 7th grade) and meningococcal (MCV4th grade). The school nurse can provide information on age-appropriate doses or on an acceptable physician-validated history of illness required by the TDSHS. Proof of immunization may be established by personal records from a licensed physician or public health clinic with a signature or rubber-stamp validation.

If a student should not be immunized for medical reasons, the student or parent must present a certificate signed by a U.S. licensed physician (MD/DO) stating that, in the doctor's opinion, the immunization required poses a significant risk to the health and well-being of the student or a member of the student's family or household. This certificate must be renewed yearly unless the physician specifies it is a life-long condition.

As noted at [Bacterial Meningitis](#), entering college students must also, with limited exception, furnish evidence of having received a bacterial meningitis vaccination within the five years prior to enrolling in and attending classes at an institution of higher education. A student wanting to enroll in a dual credit course taken off campus may be subject to this or other vaccination requirements. For further information, see Policy FFAB (Legal) and the TDSHS Website: [Texas School & Child Care Facility Immunization Requirements](#).

Student Illness

When your child is ill, the parent should contact the school to let them know he or she will not be attending that day. It is important to remember that schools are required to exclude students with certain illnesses from school for periods of time as identified in state rules, Local policy, or procedures. For example, if your child has a fever over 100.0 degrees or greater, he or she must stay out of school until fever free for 24 hours without fever-reducing medications. If a student is sent home from the clinic they must meet and requirements to return to school. In addition, students with diarrheal illnesses must stay home until they are diarrhea free for 24 hours. [FBISD Health and Safety Guidelines](#) and requirements to return to school. In addition, students with diarrheal illnesses must stay home until they are diarrhea free for 24 hours.

[FBISD Clinic Guidelines](#) provide a full list of conditions for which the school must exclude children from school. A copy of these guidelines can be obtained from the school nurse. If the school nurse determines

that the child should go home, the nurse will contact the Parent/Guardian. To ensure the health and safety of all students and staff, the school nurse and campus staff will encourage and reinforce to parents that illnesses or injuries occurring at home should be taken care of at home when this can safely occur. The guardian should contact the campus nurse to report their child having a communicable disease. The District is required to report certain contagious (communicable) diseases or illnesses to the Texas Department of State Health Services (DSHS) or our local/regional health authority. The school nurse can provide information from the DSHS on these notifiable conditions.

Seizure Disorders

To address the care of a student with a seizure disorder while at school or participating in a school activity, a parent should submit a seizure management and treatment plan to the campus before the beginning of the school year or upon enrollment of the student, or as soon as practicable following a diagnosis of a seizure disorder of the student. For more information, contact your campus school nurse.

Administering Medication Procedures

All medications (prescription and non-prescription) must be furnished by the parent/guardian and the appropriate medication administration forms must be completed by the parent/guardian to permit administering required medications at school. All medication forms must also be signed by the student's primary healthcare provider. Medication must be delivered to the clinic by the parent/guardian in the original container. The medication container must be clearly and properly labeled. The medication can only be picked up by the parent/guardian or another adult which the parent/guardian can designate. Students are not to deliver, transport, or possess medications on campus (Chapter 37 of the TEC). The nurse and/or unlicensed trained professional designated by the campus principal will administer all medications in the clinic except for students that are required by their physician to always carry inhalers or epinephrine auto-injectors with them. In those situations, the doctor must also provide written orders to the school.

For prescription medications that are left at school, a second labeled container can be obtained from your pharmacy. When medication is discontinued, it must be picked up by the student's parent or guardian or another adult which the parent/guardian can designate.

The Behavioral Health and Wellness Department will provide prescription medication guidelines to school health service staff, which include an annually renewed, written permission for treatment from both the physician and the parent. School health service staff will ensure prescription medications administered to students have parent and physician authorization annually.

The school nurse will explain any adverse side effects that should be monitored based on medications for a particular student. Any adverse side effects of medications and the recommended action to be taken information will be shared with the principal or designated building administrator, as well as employees authorized to administer medication, and as applicable, the student's teachers.

Campus Role in Medications

The campus principal will ensure that medication that has been provided by a parent/guardian is safely administered to students during the school day. The campus will designate unlicensed employees to administer medication in the school setting. The campus principal will designate trained employees to

administer medication by any mode, including injectable medication, oral medication, inhalants, topical medication, or rectally administered medication privately in the school setting.

Whenever possible the campus principal will employ a Registered Nurse (RN) and/or Licensed Vocational Nurse (LVN) on campus to administer medication and train designated unlicensed employees to administer medication in the school setting. The campus will train unlicensed employees to administer medication in the school setting. In the event of a field trip or extra-curricular activity, classroom teachers or activity sponsors are designated and trained to administer medication.

The campus principal will oversee and support the health services staff to ensure prescription medications administered to students have parent and physician authorization annually. The school health services staff will require annually renewed, written permission for medication or treatment from both the physician and the parent. Hypodermic injections may be administered by a registered nurse, if available, when the parental request also includes the prescribing physician's request. The physician's request must include detailed information concerning the administration of the medication, as well as follow-up procedures. The student's parents will be instructed to furnish sterile, disposable syringes and needles. Used syringes and needles will be disposed of in accordance with rules of disposal of sharp instruments.

Notification for Medications

The Behavioral Health & Wellness Department will provide written notice to parents or guardians before the start of each school year regarding maintenance, administration, and disposal of medications through the Student-Parent Handbook.

Training about the Maintenance, Administration, and Disposal of Medications

The campus principal will designate unlicensed employees to administer medication in the school setting. The Coordinator of Health Services will provide campus nurses with training, and resources to provide training to unlicensed employees to administer medication in the school setting. The District will annually train authorized individuals from each campus as required by law. The campus nurse maintains the required documentation of all required training for authorized individuals to administer medication.

Inventory and Storage of Student Medication on Campus

The campus principal will ensure that medication is stored and disposed of appropriately. The campus principal will appoint one employee, such as the school nurse, to supervise the storing and administering of medications and to maintain records of the administration of medication. Any District employee administering medication to a student must record each dose given on the Record of Administration of Medicine form. Records will include the parent's written request, primary healthcare provider signature, and the record of administration of medicine. Medication for a specific student will be provided and brought to school by the parent of the student. Students will not carry medication or administer it to themselves unless authorized by their physician and permitted by state law. The principal will provide locked storage space where all medication may be maintained apart from office supplies, and it will be accessible only to authorized employees. Each student's medication will have a label including the student's name, the name of the medication, directions concerning dosage, and the schedule for administration.

Medication Disposal

When the course of treatment is complete, or at the end of the school year, the parents will be asked to

pick up any medication within a specified amount of time. The school nurse will dispose of any unclaimed medication. All expired medications not picked up by the last day of classes for the school year will be properly disposed of by the school nurse at each campus, according to law. The [disposal procedure](#) is housed in the School Health Services SharePoint site.

Asthma and Life-Threatening Allergies

Allergies can be dangerous if they cause a life-threatening response known as anaphylaxis. A serious asthma attack can cause severe airway swelling that makes it difficult to breathe. An individual may then require emergency medical treatment to help them breathe.

Inventory and Storage of Student Owned Epinephrine on Campus

The student supply of epinephrine auto-injectors will be stored unlocked in the school nurse's office on campus. This is an emergency medication that school nurses and other authorized individuals need quick and ready access.

Notification for Epinephrine Auto-injectors

The Behavioral Health & Wellness Department will provide written notice to parents or guardians before the start of each school year regarding maintenance, administration, and disposal of epinephrine auto-injectors.

Disposal of Epinephrine Auto-injectors

Used epinephrine auto-injectors that have been administered will be given to EMS upon their arrival. EMS is called when an epinephrine auto-injector is administered in school. Unused epinephrine auto-injectors that are not picked up at the end of school year will be disposed of in the campus sharps container.

Reporting of the Administration of Epinephrine Auto-injector

Within five business days after an individual has administered a prescribed epinephrine auto-injector, the school nurse will notify the District Coordinator of Health Services:

1. The age of the individual who received the administration of the non-specific emergency medication.
2. Who received the epinephrine auto-injector (i.e., a student, parent, District employee, or visitor).
3. The physical location, time, and date where the epinephrine auto-injector was administered; and
4. The title of the individual who administered the epinephrine auto-injector.

Within ten business days of the administration of an epinephrine auto-injector, the District Coordinator of Health Services will notify the physician or other individual who prescribed the epinephrine auto-injector, the information provided by the school nurse, and the need for a prescription refill for the specific emergency medication.

Reporting of Incorrect Administration of Medication

If any individual has incorrectly administered a medication to a student, this individual must immediately contact the campus principal, the parent or guardian, the student's primary healthcare provider, and the Coordinator of Health Services.

Administration of Epinephrine

Authorized and trained individuals may administer an epinephrine auto-injector on campus, at off-campus

school events, and while in transit to and from a school event. Authorized, trained individuals will administer epinephrine only when the individual reasonably believes that an individual is experiencing an anaphylactic reaction. Like other medication administrations, the District and campus leader and school health services have important actions that include the following:

Behavioral Health & Wellness Department Actions:

- Ensure that epinephrine that has been provided by a parent/guardian is safely administered to students during the school day.
- Ensure that employees authorized to safely administer epinephrine are provided orientation, instruction, and supervised practice appropriate to the task.
- Provide campus nurses with training, and resources to provide training to safely administer epinephrine in the school setting.
- Maintain a list of individuals authorized and trained in the District to administer epinephrine auto-injectors and documentation that the correct training was received.
- Provide guidance to campuses to ensure epinephrine auto-injectors are securely stored and easily accessible to authorized and trained individuals.
- Ensure epinephrine administered to students has parent and physician authorization annually.
- Provide epinephrine guidelines to school health service staff, which include annually renewed, written permission for treatment from both the physician and the parent.

Campus Leader Actions:

- Designate employees to administer epinephrine in the school setting.
- Ensure all employees designated to administer epinephrine attend an annual training.
- Ensure at least one trained individual is present on campus during all hours the campus is open.
- Employ a Registered Nurse (RN)/Licensed Vocational Nurse (LVN) on campus to administer epinephrine and train designated employees to administer epinephrine in the school setting.
- Maintain a list of individuals authorized and trained at the campus level to administer epinephrine auto-injectors.
- Train employees to administer epinephrine in the school setting.
- In the event of a field trip or extra-curricular activity, classroom teachers or activity sponsors are designated and trained to administer epinephrine.
- Ensure epinephrine administered to students has parent and physician authorization annually.
- Provide unlocked storage space where all epinephrine may be maintained apart from office supplies, and it will be accessible only to authorized employees. The storage of this emergency medication must be such that is unlocked (for quick access by clinic staff) while also safely protected and out of reach of students and unauthorized staff.

School Health Services Actions:

- When administering epinephrine to a student, they must record each dose given on the student health record. Records will include the parent's written request and the record of administration of epinephrine.
- Epinephrine for a specific student will be provided and brought to school by the parent of the student. Students will not carry or administer epinephrine to themselves unless authorized by their physician that the student has demonstrated the knowledge and skill level necessary to self-administer this medication.
- Each student's epinephrine will have a label including the student's name, the name of the medication, directions concerning dosage, and the schedule for administration.

- When epinephrine is used, it will be disposed of in accordance with the law. The campus nurse will dispose of any unclaimed medication.

Epinephrine may be administered by a registered nurse, if available, when the parental request also includes the prescribing physician's request. The physician's request must include detailed information concerning the administration of epinephrine, as well as follow-up procedures. Used epinephrine will be disposed of in accordance with rules of disposal of epinephrine.

If any individual has incorrectly administered a medication to a student, this individual must immediately contact the campus principal, the parent/guardian, and the Coordinator of Health Services.

Annual Review

Epinephrine auto-injector procedures will be reviewed at least annually and after each administration of an epinephrine auto-injector. The procedures will be housed and updated in the School Health Services SharePoint site. All District school nurses have access to the [School Health Services SharePoint](#) site. Administrators can request access if desired.

Exceptions

With physician, parent/legal guardian and school nurse written consent, a student with asthma or anaphylaxis allergy may possess and self-administer prescription emergency medication while on school property or at a school related activity under the following conditions:

- a. Prescription labels must reflect the student's name for which the medication is prescribed.
- b. Self-administration must be in compliance with prescription or written instructions from the student's physician or other licensed health care provider.
- c. Physician's statement must reflect the student's name, name of medication, purpose, dosage, administration times or circumstances and the period for which it is prescribed.

Returning to School After Illness or Injury

When returning to school after an absence, the student must bring a note from the parent/guardian explaining the absence. Students who must show a release from a physician to re-enter school must take that form to the school nurse before going to class. Please see the FBISD [Student Parent Handbook](#) for more information about student absences and returning to school.

AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)

Availability - Campus

Each school district shall make available at each campus in the district at least one automated external defibrillator, as defined by Health and Safety Code 779.001 & SB865 of the 89th Legislative Session. A campus defibrillator must be readily available during any University Interscholastic League (UIL) athletic competition held on the campus. In determining the location at which to store a campus defibrillator, the principal shall consider the primary location on campus where students engage in athletic activities. All AEDs are checked regularly, at least once monthly. Additional AEDs shall be made available at each campus to ensure an automated external defibrillator can be accessed and returned to all areas of a campus during a cardiac emergency.

Availability - Athletic Practice

To the extent practicable, each school district, in cooperation with the UIL, shall make reasonable efforts

to ensure that a defibrillator is available at each UIL athletic practice held at a district campus. If a school district is not able to make a defibrillator available in such a manner, the district shall determine the extent to which a defibrillator must be available at each UIL athletic practice held at a district campus. The determination must be based, in addition to any other appropriate considerations, on relevant medical information.

Availability - Athletic Competition

Each school district, in cooperation with the UIL, shall determine the extent to which a defibrillator must be available at each UIL athletic competition held at a location other than a district campus. The determination must be based, in addition to any other appropriate considerations, on relevant medical information and whether emergency services personnel are present at the athletic competition under a contract with the school district.

Trained Staff

Each school district shall ensure the presence at each location at which a defibrillator is required above of at least one campus or district employee trained in the proper use of the defibrillator at any time a substantial number of district students are present at the location.

AED Use and Maintenance

A school district shall ensure that an automated external defibrillator is used and maintained in accordance with standards established under Health and Safety Code Chapter 779. *Education Code 38.017*

AED Use Instruction

A district shall annually make available to district employees and volunteers' instruction in the principles and techniques of cardiopulmonary resuscitation and the use of an automated external defibrillator, as defined by Health and Safety Code 779.001. Each school nurse, assistant school nurse, athletic coach or sponsor, physical education instructor, marching band director, cheerleading coach, and any other school employee specified by the commissioner and each student who serves as an athletic trainer must participate and must receive and maintain certification in the use of an automated external defibrillator from the American Heart Association, the American Red Cross, or a similar nationally recognized association.

STOCK EMERGENCY MEDICATION

In the event the Behavioral Health & Wellness Department decides to stock any emergency medication, the Coordinator of Health Services must have standing orders and protocols from a provider who has prescriptive authority on file. The standing orders and protocols must be signed annually and with any change in provider. The Standing orders and protocols should contain the type of medication, dosage of medication to be administered, the indication for use, route, and follow-up procedures.

The medical/health care providers will also need to provide the Coordinator of Health Services with valid prescriptions for the emergency medications including a provision for refills should the medication be replaced. Schools should consider obtaining varied dosages of emergency medications as indicated to meet the needs of all students in the building.

All emergency medications must be stored in a secure location, easily accessible by school staff. Do not

store medications where they may be exposed to extreme cold or heat.

A staff member, such as the school nurse, will be responsible for regularly checking the expiration date of emergency medications, and replacements should be ordered prior to the expiration date. If the emergency medication is used, a replacement must be ordered as soon as possible, ensuring that the expiration date is at least one year away.

Medication Provided by The District

In the event the district decides to stock any emergency medication, the Coordinator of Health Services must have on file standing orders and protocols from a provider who has prescriptive authority. The standing orders and protocols must be signed annually and with any change in provider. The Standing orders and protocols should contain the type of medication, dosage of medication to be administered, the indication for use, route, and follow-up procedures.

The medical/health care providers will also need to provide the Coordinator of Health Services with valid prescriptions for the emergency medications, including a provision for refills should the medication need to be replaced. Schools should consider obtaining varied dosages of emergency medications as indicated to meet the needs of all students in the building.

All emergency medications must be stored in a secure location, easily accessible by school staff. Do not store medications where they may be exposed to extreme cold or heat.

A staff member, such as the school nurse, will be responsible for regularly checking the expiration date of emergency medications and replacements should be ordered prior to the expiration date. If the emergency medication is used, a replacement must be ordered as soon as possible, ensuring that the expiration date is at least one year away.

Unassigned Epinephrine Auto-injector

Texas Education Code §38.208, allows school districts to adopt a policy to allow trained and authorized school individuals to administer an unassigned epinephrine auto-injector to someone who is reasonably believed to be experiencing an anaphylactic reaction.

Training and Administration of Unassigned Epinephrine Auto-injector

The Coordinator of Health Services will identify individuals that can be adequately trained to administer an unassigned epinephrine auto-injector in accordance with law and this policy. Administration of unassigned epinephrine auto-injectors shall only be permitted when an authorized and trained individual reasonably believes an individual is experiencing anaphylaxis.

The Department of Behavioral Health & Wellness will provide training to school individuals and volunteers authorized to administer an unassigned epinephrine auto-injector on the following:

1. Recognition of the signs and symptoms associated with life-threatening allergic reactions/anaphylaxis.
2. How and when to administer an epinephrine auto-injector.
3. Implementation of emergency procedures after an epinephrine auto-injector is given and
4. Proper disposition of used or expired epinephrine auto-injectors.

Training may be provided in a formal training session or through online education and will be completed annually.

Administration of Unassigned Epinephrine Auto-injector On Campus

Authorized and trained individuals may administer an unassigned epinephrine auto-injector at any time to an individual experiencing anaphylaxis on a school campus.

The campus principal will ensure that at each campus a sufficient number of authorized individuals are trained to administer an unassigned epinephrine auto-injector so that at least one trained individual is present on campus during all hours the campus is open. In accordance with state rules, the campus will be considered open for this purpose during regular on-campus school hours and whenever school individuals are physically on site for school-sponsored activities.

Administration of Unassigned Epinephrine Auto-injector Off Campus

Authorized and trained individuals may administer an unassigned epinephrine auto-injector to an individual experiencing anaphylaxis at an off-campus school event or while in transit to or from a school event when an unassigned epinephrine auto-injector is available.

Inventory and Storage of Unassigned Epinephrine Auto-injector

The Behavioral Health & Wellness Department will purchase and provide each campus with an **unassigned epinephrine auto-injector**, which will be stored in the school nurse's office on campus. This is an emergency medication that school nurses and other authorized individuals need available for quick and ready access to respond in the event of an emergency.

Reporting of Unassigned Epinephrine Auto-injector Use

Within 48 hours after an individual has administered an **unassigned epinephrine auto-injector**, the school nurse will notify the District Coordinator of Health Services:

1. The age of the individual who received the administration of the non-specific emergency medication.
2. Who received the non-specific emergency medication (i.e., a student, parent, District employee, or visitor).
3. The physical location, time, date, and purpose where the non-specific emergency medication was administered.
4. The number of doses of non-specific emergency medication administered and
5. The title of the individual who administered the non-specific emergency medication.

Within ten business days of the administration of an epinephrine auto-injector, the District Coordinator of Health Services will notify the physician or other individual who prescribed the epinephrine auto-injector, the information provided by the school nurse, and the need for a prescription refill for the specific emergency medication.

Notification for Unassigned Epinephrine Auto-injector Use

The Behavioral Health & Wellness Department will make families aware of the maintenance, administration, and disposal of unassigned epinephrine auto-injectors prior to the start of the school year.

Report of the Administration of Unassigned Epinephrine Auto-injector

Within 48 hours after an individual has administered an unassigned epinephrine auto-injector, the school nurse will notify the District Coordinator of Health Services:

1. The age of the individual who received the administration of the unassigned epinephrine auto-injectors.
2. Who received the unassigned epinephrine auto-injector (i.e., a student, parent, District employee, or visitor).
3. The physical location, time, and date where the unassigned epinephrine auto-injectors were administered and
4. The title of the individual who administered the unassigned epinephrine auto-injectors.

Within ten business days of the administration of an epinephrine auto-injector, the District Coordinator of Health Services will notify the physician or other individual who prescribed the epinephrine auto-injector, the information provided by the school nurse, and the need for a prescription refill for the epinephrine auto-injector.

specific emergency medication.

Reporting of Incorrect Administration of Unassigned Epinephrine Auto-injector

If any individual has incorrectly administered an unassigned epinephrine auto-injector to a student, this individual must immediately contact the campus principal, the parent or guardian, and the Coordinator of Health Services.

Administration of Unassigned Epinephrine Auto-injector

Authorized and trained individuals may administer an unassigned epinephrine auto-injector on campus, at off-campus school events, and while in transit to and from a school event. Authorized, trained individuals will administer epinephrine only when the individual reasonably believes that an individual is experiencing an anaphylactic reaction. Like other medication administrations, the district and campus leader and school health services have important actions that include the following:

Behavioral Health & Wellness Department Actions:

- Ensure that each campus has a District purchased unassigned epinephrine auto-injector in their campus clinic.
- Ensure that employees authorized to safely administer an unassigned epinephrine auto-injector are provided with orientation, instruction, and supervised practice appropriate to the task.
- Provide campus nurses with training, and resources to provide training to safely administer an unassigned epinephrine auto-injector in the school setting.
- Maintain a list of individuals authorized and trained in the district to administer unassigned epinephrine auto-injectors and documentation that the correct training was received.
- Provide guidance to campuses to ensure unassigned epinephrine auto-injectors are securely stored and easily accessible to authorized and trained individuals.

Campus Leader Actions:

- Designate employees to administer unassigned epinephrine auto-injectors in the school setting.
- Ensure all employees designated to administer unassigned epinephrine auto-injectors attend an annual training.
- Ensure at least one trained individual is present on campus during all hours the campus is open.
- Employ a Registered Nurse (RN)/Licensed Vocational Nurse (LVN) on campus to administer unassigned epinephrine auto-injector and train designated employees to administer unassigned epinephrine auto-injector in the school setting.

- Maintain a list of individuals authorized and trained at the campus level to administer unassigned epinephrine auto-injectors.
- Train employees to administer unassigned epinephrine auto-injectors in the school setting.
- The principal will provide unlocked storage space where the unassigned epinephrine auto-injector epinephrine may be maintained apart from office supplies, and it will be accessible only to authorized employees. The storage of this emergency medication must be such that it is unlocked (for quick access by clinic staff) while also safely protected and out of reach of students and unauthorized staff.

School Health Services Actions:

- When administering an unassigned epinephrine auto-injector to a student, they must record each dose given on the student health record.
- When unassigned epinephrine auto-injector is used, it will be disposed of in accordance with the law. The campus nurse will dispose of any unclaimed medication.

An unassigned epinephrine auto-injector may be administered by a registered nurse, if available, when the parental request also includes the prescribing physician's request. The physician's request must include detailed information concerning the administration of epinephrine, as well as follow-up procedures. Used epinephrine will be disposed of in accordance with the rules of disposal of unassigned epinephrine auto-injectors.

If any individual has incorrectly administered an unassigned epinephrine auto-injector to a student, this individual must immediately contact the campus principal, the parent/guardian, and the Coordinator of Health Services.

Disposal of Used Unassigned Epinephrine Auto-injectors

Used unassigned epinephrine auto-injectors that have been administered will be given to EMS upon their arrival. EMS is called when an unassigned epinephrine auto-injector is administered in school.

Disposal of Expired Unassigned Epinephrine Auto-injector

An unassigned epinephrine auto-injector that has expired will be disposed of according to law.

Annual Review of Unassigned Epinephrine Auto-injector Procedures

Unassigned epinephrine auto-injector procedures will be reviewed at least annually and after each administration of an unassigned epinephrine auto-injector. The procedures will be housed and updated on the School Health Services SharePoint site. All District school nurses have access to the [School Health Services SharePoint](#) site. Administrators can request access if desired.

Unassigned Opioid Antagonist

The law that allows for a standing order of an opioid antagonist, which includes specific immunities for the administration of opioid antagonist medication by an individual acting in good faith and with reasonable care. In addition, districts and employees maintain other immunities described in state law regarding medical treatment. The Behavioral Health & Wellness Department should ensure that employees with

relevant duties, such as school nurses, are fully informed of their legal rights and responsibilities before implementing an unassigned opioid antagonist medication policy. Tex. Health & Safety Code § 483.106; Tex. Educ. Code § 22.052(a), (b).

An unassigned opioid antagonist is an opioid overdose treatment or an opioid antagonist that blocks the effects of the opioid to stop the overdose. If an opioid overdose is suspected, an unassigned opioid antagonist can be administered by trained staff. Additionally, school nurses are eligible for a standing order for opioid antagonist medication. 22 Tex. Admin. Code §§ 170.6-.9.

The two most used centrally acting opioid antagonists are **naloxone and naltrexone**. Naloxone comes in intravenous, intramuscular, and intranasal formulations and is FDA-approved for use in an opioid overdose and the reversal of respiratory depression associated with opioid use. Naltrexone is available in both oral and long-acting injectable formulations and is FDA-approved to treat opioid and/or alcohol maintenance treatment.

Training and Administration of Unassigned Opioid Antagonist

The Coordinator of Health Services will identify individuals who can be adequately trained to administer an unassigned opioid antagonist in accordance with law and this policy. Administration of an opioid antagonist shall only be permitted when an authorized and trained individual reasonably suspects an opioid overdose.

Training may be provided in a formal training session or through online education and will be completed annually.

Administration of Unassigned Opioid Antagonist on Campus

Authorized and trained individuals may administer an unassigned opioid antagonist at any time to an individual experiencing an opioid overdose on a school campus.

The campus principal will ensure that at each campus a sufficient number of authorized individuals are trained to administer an unassigned opioid antagonist so that at least one trained individual is present on campus during all hours the campus is open. In accordance with state rules, the campus will be considered open for this purpose during regular on-campus school hours and whenever school personnel are physically on site for school-sponsored activities.

Administration of Unassigned Opioid Antagonist Off Campus

Authorized and trained individuals may administer an unassigned opioid antagonist to an individual experiencing a suspected opioid overdose at an off-campus school event or while in transit to or from a school event when an unassigned opioid antagonist is available.

Inventory and Storage of Unassigned Opioid Antagonist

The Behavioral Health & Wellness Department will purchase and provide each campus with an unassigned opioid antagonist, which will be stored in the school nurse's office on campus. This is an emergency medication that school nurses and other authorized individuals need quick and ready access to.

Reporting of Unassigned Opioid Antagonist Use

Within 48 hours after an individual has been administered an unassigned opioid antagonist, the school nurse will notify the District Coordinator of Health Services:

1. The age of the individual who received the administration of the non-specific emergency

medication;

2. Who received the non-specific emergency medication (i.e., a student, parent, District employee, or visitor);
3. The physical location, time, date, and purpose where the non-specific emergency medication was administered;
4. The number of doses of non-specific emergency medication administered; and
5. The title of the individual who administered the non-specific emergency medication.

Within ten business days of the administration of an opioid antagonist, the District Coordinator of Health Services will report when a school personnel member or school volunteer administers an opioid antagonist to the state at the [DSHS Opioid Antagonist- Required Reporting](#) website.

Notification for Unassigned Opioid Antagonist Use

The Behavioral Health & Wellness Department will make families aware of the maintenance, administration, and disposal of unassigned opioid antagonists prior to the start of the school year.

Report on the Administration of an Unassigned Opioid Antagonist

Within 48 hours after an individual has administered an unassigned opioid antagonist, the school nurse will notify the District Coordinator of Health Services:

1. The age of the individual who received the administration of the unassigned opioid antagonist;
2. Who received the unassigned opioid antagonist (i.e., a student, parent, District employee, or visitor);
3. The physical location, time, and date where the unassigned opioid antagonist was administered; and
4. The title of the individual who administered the unassigned opioid antagonist.

Within ten business days of the administration of an opioid antagonist, the District Coordinator of Health Services will report when a school personnel member or school volunteer administers an opioid antagonist to the state at the [DSHS Opioid Antagonist- Required Reporting](#) website.

Reporting of Incorrect Administration of an Opioid Antagonist

If any individual has incorrectly administered an unassigned opioid antagonist to a student, this individual must immediately contact the campus principal, the parent or guardian, and the Coordinator of Health Services.

Administration of an Opioid Antagonist

Authorized and trained individuals may administer an unassigned opioid antagonist on campus, at off-campus school events, and while in transit to and from a school event. Authorized, trained individuals will administer an opioid antagonist only when the individual reasonably believes that an individual is overdosing on opioids. Like other medication administrations, the district and campus leader and school health services have important actions that include the following:

Behavioral Health & Wellness Department Actions:

- Ensure that each secondary campus has a District-purchased unassigned opioid antagonist in their campus clinic.
- Ensure that employees authorized to safely administer an unassigned opioid antagonist are provided orientation, instruction, and supervised practice appropriate to the task.

- Provide campus nurses with training and resources to safely administer an unassigned opioid antagonist in the school setting.
- Maintain a list of individuals authorized and trained in the district to administer unassigned opioid antagonist and documentation that the correct training was received.
- Provide guidance to campuses to ensure unassigned opioid antagonists are securely stored and easily accessible to authorized and trained individuals.

Campus Leader Actions:

- Designate employees to administer unassigned opioid antagonist in the school setting.
- Ensure all employees designated to administer unassigned opioid antagonists attend annual training.
- Ensure at least one trained individual is present on campus during all hours the campus is open.
- Employ a Registered Nurse (RN)/Licensed Vocational Nurse (LVN) on campus to administer unassigned opioid antagonist and train designated employees to administer unassigned opioid antagonist in the school setting.
- Maintain a list of individuals authorized and trained at the campus level to administer unassigned opioid antagonist.
- Train employees to administer an unassigned opioid antagonist in the school setting.
- Provide unlocked storage space where the unassigned opioid antagonist may be maintained apart from office supplies, and it will be accessible only to authorized employees. The storage of this emergency medication must be such that it is unlocked (for quick access by clinic staff) while also safely protected and out of reach of students and unauthorized staff.

School Health Services Actions:

- When administering an unassigned opioid antagonist to a student, we must record each dose given on the student's health record.
- When an unassigned opioid antagonist is used, it will be disposed of in accordance with the law. The campus nurse will dispose of any unclaimed medication.

An unassigned opioid antagonist may be administered by a registered nurse, if available, when the parental request also includes the prescribing physician's request. The physician's request must include detailed information concerning the administration of the opioid antagonist, as well as follow-up procedures. Used opioid antagonist will be disposed of in accordance with the rules of disposal of unassigned opioid antagonist.

If any individual has incorrectly administered an unassigned opioid antagonist to a student, this individual must immediately contact the campus principal, the parent/guardian, and the Coordinator of Health Services.

Disposal of Used Opioid Antagonist

Used unassigned opioid antagonist that has been administered will be given to EMS upon their arrival. EMS is called when an unassigned opioid antagonist is administered in school.

Disposal of Expired Opioid Antagonist

Unassigned opioid antagonist that has expired will be disposed of according to law.

Annual Review of Unassigned Opioid Antagonist Procedures

Unassigned opioid antagonist procedures will be reviewed at least annually and after each

administration of an unassigned opioid antagonist. The procedures will be housed and updated on the School Health Services SharePoint site. All District school nurses have access to the [School Health Services SharePoint](#) site. Administrators can request access if desired.

MENTAL AND PHYSICAL HEALTH SERVICES AND TRAUMA INFORMED CARE

In accordance with FFA (Local), FFAE (Local), and FFBA (Local), the District has established the following procedures and goal(s) as part of its student wellness policy to create a safe and secure learning environment conducive to mental wellness and grounded in trauma-informed practices and campus-based health services that make it possible for students and staff to focus on learning by addressing the foundational needs of all as discussed in Maslow's Hierarchy of Needs, first published as early as 1943.

Trauma-informed care recognizes how trauma can deeply affect the lives of people. Understanding the impact of trauma contributes to creating a supportive and compassionate community.

Background and History

In August 2019 and 2024, the Board approved community health service partnerships to expand needed campus-based supports. The district will monitor the need for expanded health services annually to support our identified needs.

The RFQ committee sought qualified organizations willing to support Student and Family Medical and Mental Health Services at no cost to the district. These services include staffing the Ridgemont Family Clinic at the Ridgemont Early Literacy Center, developing a telemedicine infrastructure to support the growing health needs of our families, and expanding mental health services throughout the district. The objective is to provide sustainable, accessible, cost-effective, and high-quality health services to our students, families, and staff.

The following is a listing of the Board meeting dates and agenda items that have been approved related to expanding school-based health services in the district:

- May 13, 2019: Approved New Positions and Compensation (five Mental Health Counselors).
- August 12, 2019: Approved the Purchase of School-Based Health Treatment and Therapeutic Services.
- May 11, 2020: Approved Mental Health Services.
- August 17, 2020: Approved Student and Family Medical and Mental Health Clinical Services.
- March 24, 2021: Public Hearing on Expanded Health Services.
- March 29, 2021: Approved Mental Health Services.
- March 28, 2022: Public Hearing on Expanded Mental Health Services.
- July 20, 2024: Public Hearing on Expanded Mental Health Services.

The first Mental Health Counselor, prior to the five approved by the Board, was funded by a Hurricane Harvey Homeless grant that started in April 2019.

Need

The need for expanded Tier 2 and Tier 3 support came from a variety of voices and sources. First, since the Board developed the FBISD Profile of Graduate, it has recognized there is a need for innovative and

equitable mental and physical health services to support whole child health. Therefore, the administration assembled the school counselor task force in 2015. This task force (made up of parents, students, counselors, teachers, campus administration, and District leaders) identified Tier 3 mental health supports as one of their top needs and recommendations to improve their support of students overall. Additionally, the administration convened the mental health design team during the 2018-19 school year and built the initial framework of a new SEL & Comprehensive Health division that began in July 2019. The District's risk needs assessment, identified an increase in the rate of suicidal attempts and ideation, which supported the need to identify and add more robust Tier 2 and Tier 3 health services to better support the students in the District. It was recognized that there is a need for innovative and equitable mental and physical health services to support whole child health.

Barriers

As the Behavioral Health & Wellness Department expands its mental health services, staff are working to reduce barriers that often inhibit families from seeking mental health support. These barriers often include access, stigma, and financial constraints.



Ultimately this created goals to provide and address the following:

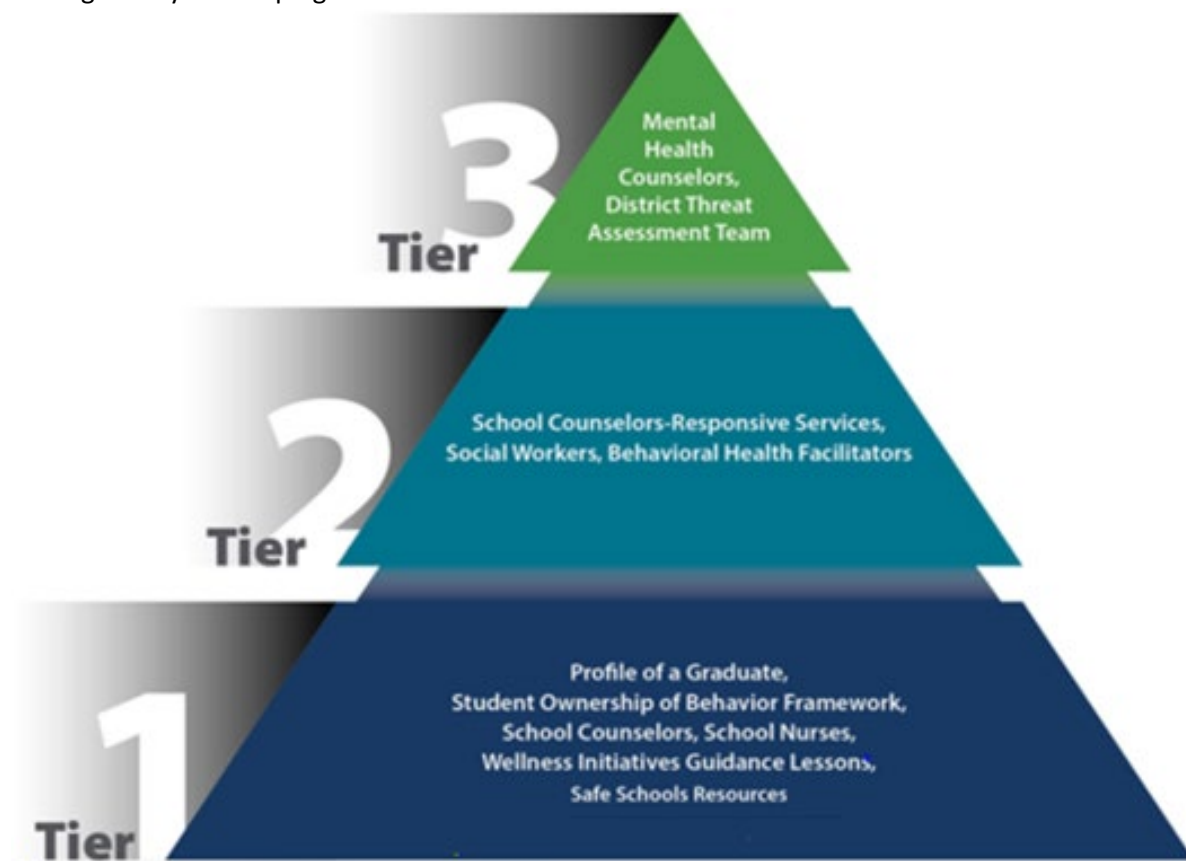
- Access
 - Campus-based and convenient to access.
 - During the school day and where students spend most of their time.
- Stigma
 - Normalizing mental health services on campuses.
 - Building a culture where it is ok to ask for help and to get help.
 - Reduce labeling – anyone can get help.
- Financial
 - Grants for those who qualify and are uninsured.
 - Insurance.
 - Medicaid.
 - FBISD Mental Health Therapists - free and District-wide.

Multi-Tiered System of Supports (MTSS)

Since the inception of the division of Social Emotional Learning and Comprehensive Health (SEL & CH) in

the summer of 2019, the new department has sought to unite, coordinate, and build out the infrastructure of the MTSS with best practice prevention and intervention supports on all three Tiers.

One critical and common component throughout the Tiers is the work of the School Counselor. School Counselors provide essential support, both prevention and intervention, throughout the Tiers and serve as a gateway to helping students and families access additional services in Tier 2 and Tier 3.



School Counselors (All Tiers)

School counselors understand the value of maintaining consistency for students and are available at campuses to serve as support for students' overall well-being. To align with District Goal 2, school counselors continue to serve and support with three domains, including academic development, social-emotional development, and college career military readiness. The social-emotional development initiatives facilitated by the school counselors are a portion of the overall programming delivered on campuses, not only serving student mental health but also with the overall goal to develop Profile of a Graduate attributes in all students. Finally, school counselors play a central role in the District MTSS. They provide critical support in all three tiers and help students and families navigate and access mental health support services when their needs are beyond the scope of the school counselor.

Social Workers (Tier 2)

The district has had Licensed Master's and/or Clinical Social Workers for over 20 years. Their primary purpose is to support students and their families by removing barriers that might impede a student from being successful at school. Social workers focus on helping students and families with homelessness, transportation, school supplies, toiletries, graduation assistance, and college readiness. They also assist students struggling with attendance/truancy issues, families, and students in need of food, shelter,

clothing, and mental health services.

Mental Health Therapists and Partners (Tier 3)

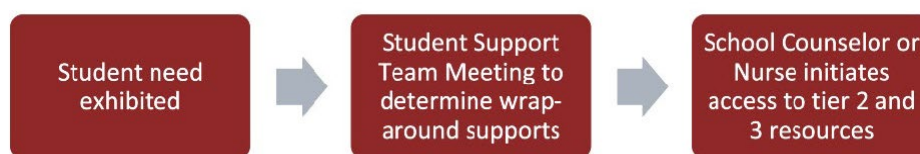
The district has Mental Health Therapists, and mental health partnerships with outside agencies, to provide counseling services for students and staff. The District Mental Health Therapists (MHTs) provide mental health services District-wide to students and support the campus counselors with consultations regarding student needs.

The district has mental health community partners approved through the district RFP/RFQ process. Our community partners support all campuses as needed. District Social Workers and Mental Health Therapists support the transition efforts by contacting the families and assisting them with the referral process to a new partner. The district also utilizes the Texas Child Health Access Through Telemedicine (TCHAT) therapeutic services at Progressive High School, James Reese Career and Technical Center, and other identified campuses. TCHAT psychiatric services are available to all campuses.

The District Mental Health Therapists and the counselors employed by the community partners are qualified Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), or Psychologists. Counselor licensures and biographical information are found on the District Behavioral Health and Wellness [Website](#).

Mental Health Referral Process for Tier II and Tier III Students

Student needs are often noticed through academic performance and/or behavioral changes/challenges. The Student Support Team (SST) on campuses meets to determine which support is most appropriate to help students succeed. When a student's need is identified through the campus SST process, the school counselor or nurse can initiate support for Tiers 2 and 3 District supports. For example, if a Tier 2 social worker support is identified as needed, the school counselor can request support through the online referral form and, together with their campus-assigned social worker coordinate support/resources. The following outlines key components of the referral process to FBISD's two major Tier 2 and 3 mental health providers: community partners and FBISD Mental Health Therapists.



Pursuant to Chapter 38 of the Texas Education Code, before making a referral for mental health services, written parent consent must be obtained by campus staff. School Counselors send via email or provide a paper copy to the parent/guardian.

- Community Mental Health Partners:
 - Campus counselors are provided with ongoing training on the criteria a student must meet to be referred to the campus mental health partner.
 - Campus counselors are trained at least annually on the referral process which involves the "Counselor Checklist for Community Mental Health Partner Referrals" (Exhibit E) to ensure compliance with Chapter 38.
 - Each mental health partner has a referral form that must be submitted with parent

- permission (Exhibit E).
 - Campus counselors ensure that parental consent is obtained before a student can be referred for mental health services.
- District Mental Health Therapists (DMHTs): who are either Licensed Professional Counselors (LPCs) or Licensed Clinical Social Workers (LCSWs) provide mental health support to District students with limited resources.
 - Campus counselors are provided with ongoing training on the criteria a student must meet to be referred to as a DMHT.

Campus counselors are provided with ongoing training on the referral process and the use of the Whole Child Health Referral form (a Microsoft form that tracks requests for services).

Monitoring

District administration provides ongoing support and monitoring, in collaboration with campus leadership, for quality assurance and to engage in a cycle of continuous improvement. The Coordinator for Mental Health and Social Work Services accomplishes this through the following processes and meetings:

- Bimonthly check-in meetings with community mental health partners.
- Campus check-ins at least once every semester.

When there are deficiencies noted and challenges encountered, the district will work with partners and relevant campus leadership to solve problems with the primary values of compassion, collaboration, accountability, and integrity. If this coaching, support, and documentation cycle is unsuccessful, the business and Legal departments will be consulted to terminate the contract with the community mental health partner.

An end-of-year survey is sent annually in May to all Counselors to assess the mental health services provided by the district staff and partners. The partners use an evaluative tool that is administered at the beginning and the end of services to assess the outcomes of the services provided. District Mental Health Therapists created an evaluative tool completed by the clients at the initiation of services and again at the conclusion to analyze outcomes. The funding source does not require the program to be evaluated just to be actively monitored for fidelity of services and billing. Yet, we value and are committed to monitoring and supporting continuous improvement to support as many students and staff as possible.

Funding sources

The administration uses a variety of funding streams to support the sustainability and expansion of health services to families throughout the district. These funding sources include the district's 199 budget, grant funds, private insurance, Medicaid, and self-pay.

Virtual Support

During the COVID-19 pandemic, the district utilized virtual therapy options to ensure continuity of care. As we transition back to in-person sessions, the district believes that face-to-face therapy is the most effective approach. However, virtual therapy options will still be available during the summer, school holidays/breaks, and if requested by a parent.

The district offers mental health support to best meet the needs of students and families. The following helps individuals determine the right support to fit the needs of the students and families. Short-term care may be paid by grant funds. Extensions for long-term care are approved by the students' mental health care team. Families that need to continue sessions may choose to do so through self-pay or be billed through a family's private insurance, depending on the insurance coverage.

Service Provider	Long-term Care	Short-term Care	Crisis Response	Medication Management
Community-Based Therapeutic Services	*	*		

Service Provider	Long-term Care	Short-term Care	Crisis Response	Medication Management
District Mental Health Therapist		*	*	
Texas Child Health Access Through Telemedicine (TCHAT)		*		*

Public Hearing

In accordance with Policy FFA (Legal), FFAE (Legal), and TEC Chapter 38, a Board of Trustees Public Hearing will be held when campus-based health services are being added or expanded in the district. The Public Hearing must divulge specific components of health services (outlined below). The services must be approved by the Board with a formal vote; this has been accomplished by scheduling the public hearing prior to a Board meeting at which an agenda item is included to request approval for the services by the board. The public hearing must also allow for public comments and is best when accessible to the community that would receive the services. This can be accommodated at a public hearing in person or requests to be heard virtually to allow for multiple feeder patterns to be addressed simultaneously. See the Health Services Expansion Checklist below for more details on the implementation steps and timeline related to the Public Hearing. The table below outlines the required disclosures that staff presented, and the Board approved, related to the Public Hearings held on March 24, 2021, March 28, 2022, and July 22nd, 2024. For any future expansion of health services in the district, staff must again address the requirements below in a Public Hearing and provide an opportunity for public comment regarding the new services.

- All health care services provided by the district and any expansion or changes to services
- Whether federal law permits or requires any health-care service provided to be kept confidential from parents
- Whether a child's medical records will be accessible to their parent
- Information concerning grant funds to be used
- The titles of people who will have access to the medical records of a student
- The security measures used to protect the privacy of students' medical records
- The Legal and Local policies related to these requirements and services, which are FFAE and FFA

Campus Assignments for Health Services

In addition to school counselors, all campuses have assigned Registered Nurse (RN), Social Worker, District Mental Health Therapist, and access to See to Succeed (eye exam and free glasses), and Project Saving Smiles (dental exam and cleaning).

Expansion of Campus-Based Health Services

The following is a checklist to guide the district in the expansion of campus-based health services:

Health Services Expansion Checklist		
Phase	District	Partners
Prior	☐ Strategic need for expanded health service(s) identified by data and stakeholders ☐ Identify campuses that will receive campus-based health services ☐ Develop and present an initial proposal to expand health services to Executive Team or Strategic Prioritization Council for approval to move forward ☐ Collaborate with Purchasing on specs and scope of work to initiate RFP or RFQ process ☐ Provide purchasing with potential list of vendors/partners and contact information	☐ Respond to RFP or RFQ

Health Services Expansion Checklist		
Phase	District	Partners
Initial	☐ Follow RFP/RFQ guidelines and timeline to evaluate, conduct, and close the RFP/RFQ process	
	☐ Submit BOT documents to include Public Hearing (see Public Hearing section) information	
	☐ Hold a BOT Public Hearing on expanded health services.	
	☐ Set up initial meetings with Board-approved partners from the RFP or RFQ to address questions and begin the implementation plan	☐ Meet with District administrators to discuss expectations and launch plan
	☐ Schedule Principal Meetings of identified campuses to discuss the MH partnership launch	☐ Create a data sharing platform or plan for referrals received and case status information
	☐ Conduct background checks on the MH service providers of the community partners	☐ Create a referral form to meet the needs of the district and campuses
	☐ Provide the campus-based MH service providers with District badges	☐ Create a referral process for campuses to follow
	☐ Determine if the service providers might need skyward access and building access	
	☐ Discuss and determine data reporting and sharing of information between the partner and the district	
	☐ Share information at a District wide counselor meeting, regarding new mental Health partnerships and eligibility	
Launch	☐ Schedule counselor meetings of identified campuses to meet with their respective MH community partners to discuss services and referral processes	☐ Meet with campus admin and counselors
	☐ Schedule introduction to new MH community partner and District SWs and MHTs.	☐ Train the assigned campuses with the referral process and services
		☐ Providers must have ID cards and building access cards
Ongoing	☐ Bi-monthly check-in with Community MH partners	☐ Understand the campus sign in protocol
	☐ Mid and end of year check-ins with counselors	☐ Receive referrals
		☐ Work with students and families
		☐ Bi-monthly check-in with campus counselors to discuss case status

Health Services Expansion Checklist		
Phase	District	Partners
	☐ Ongoing support to consult and guide referrals to the appropriate provider ☐ <u>Address MH community partner</u> needs, campus needs, and concerns as they arise ☐ Timely resolution of invoices submitted by the partner ☐ Complete the required grant reporting as requested	☐ Bi-monthly check-ins with the district level individual/s ☐ Providing the District contact with a real time log with a status update on referrals ☐ Timely submission of invoices ☐ Outcome reports in Fall and Spring ☐ Provide data reports aligned to grant reporting requirements

Campus-Based Mental Health Services

The following is a checklist for campuses to guide the processes and systems of campus-based mental health services:

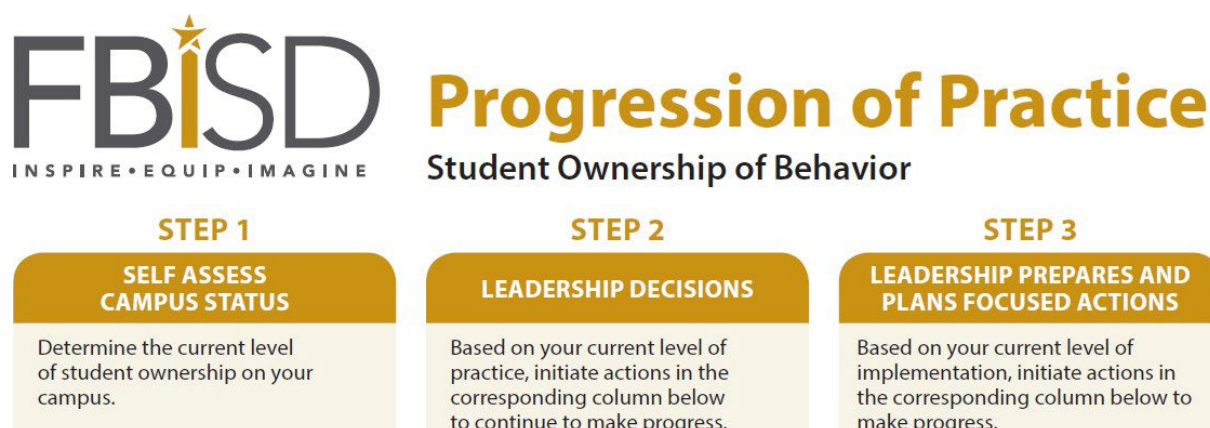
Campus-Based Mental Health Services Checklist		
Phase	Campus Administrator	School Counselor
Launch	☐ Ensure that the Mental Health Therapist has a private and confidential office space to provide counseling services and a locked cabinet for files to be secured. ☐ Office Space is furnished and has a working phone and computer ☐ Front office staff and campus staff are aware of the Mental Health partnership with the campus. (Introduction at a staff meeting at the beginning of each semester would be advisable) ☐ The lead counselor will be the Mental Health contact for the provider. ☐ Build out a referral process with other campus administrators and campus counselors. (This will allow for consistency and staff collaboration in the referral process) ☐ Present the services available and Mental Health Therapist(s) to the staff multiple times throughout the year. Share how to access support and the role of the school counselor in the referral process.	☐ Attend the Mental Health partner introduction meeting scheduled by the district. ☐ Check out the Mental Health partner website to get familiar with the referral form. ☐ Understand the Multi-Tier System of Support and interventions for each support. (Mental Health support is a Tier 3 intervention). ☐ Identify the lead counselor that will be the Mental Health contact for the provider. ☐ Have a good understanding of the eligibility requirements of the various mental health supports. ☐ Collaborate with campus admin to develop a referral protocol for the campus. Streamline the process (i.e., referrals can only be made by the counselors after a Student Support Team meeting has been conducted).
Ongoing	☐ Ensure that Student Support Team Meetings (SSTs) are conducted prior to Mental Health referrals that address the	☐ Student Support Team meetings (SST) should be conducted prior

	questions below. If possible, this will allow all stakeholders to determine and identify the appropriate tier of intervention. ☐ Determine the Mental Health needs of the student? ☐ What Tier 1 interventions have been implemented by the counselor (does not include parent conferences/parent contacts)? ☐ What Tier 2 interventions or supports have been provided (Small group supports)? ☐ Reason for Tier 3 referral ☐ Ensure the Lead Counselor has monthly check-ins with the MH partner to discuss referrals and case updates ☐ Ensure regular check-ins with the CMHL and Principal/Administrator Ensure a robust campus-based mental health program via promotions through the newsletters, website, parent events, parent conferences etc.	to making a referral for mental health services, if possible. ☐ Mental Health referrals. (This will allow all stakeholders to determine and identify the appropriate tier of intervention.) ☐ What is the Mental Health need of the student? ☐ What Tier 1 interventions have been implemented by the counselor (does not include parent conferences/parent contacts) ☐ What Tier 2 interventions or supports have been provided? (Small groups support) ☐ Reason for Tier 3 referral ☐ A parent meeting must be conducted to help the parent understand the process of referral and next steps. ☐ Ensure that a Community Mental Health referral is made only after written consent is received from the parent. ☐ Schedule monthly check-in meetings with the campus MH partner, social worker, school counselor, and District MHC to discuss and share the status of cases referred. ☐ Ensure a robust campus mental health program promotion via newsletters, websites, parents events, parent conferences etc.
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The Student Ownership of Behavior Framework and Trauma-Informed Care

The Student Ownership of Behavior Framework contains five essential components: The definition of each component below is taken directly from the Progression of Practice (Exhibit F).

- **Profile of a Graduate/SEL Curriculum** – Through SEL-aligned character traits, an FBISD Graduate builds strong character, a rigorous academic foundation, and is equipped with skills for life.
- **Positive Behavior Interventions and Supports (PBIS)** – A multi-tiered system of supports that integrates data to inform systems and structures that support positive behavior practices affecting students and staff every day.
- **Restorative Practices** – provide a foundation for voice and a collaborative community that respects everyone's thoughts and opinions. It restores relationships when misunderstandings occur. Provides an effective communication model that can support lifelong strengthening of communication.
- **Trauma-Informed Care** – a layered approach to create an environment/culture of respect and support with clear expectations, open communication, and sensitivity to the feelings and emotions of others, with intervention supports applied when needed.
- **Classroom Environment** – the components above work together with intentionally taught and prescribed classroom systems to create a safe and supportive learning environment.



The Student Ownership of Behavior Progression of Practice outlines the key practices and mindsets for each of the Framework components above and provides campus leaders and teachers with a self-assessment tool to track their progress with the goal of becoming proficient. Below is an example of one area. (See Exhibit F to view the entire progression.)

The Profile of a Graduate SEL Curriculum

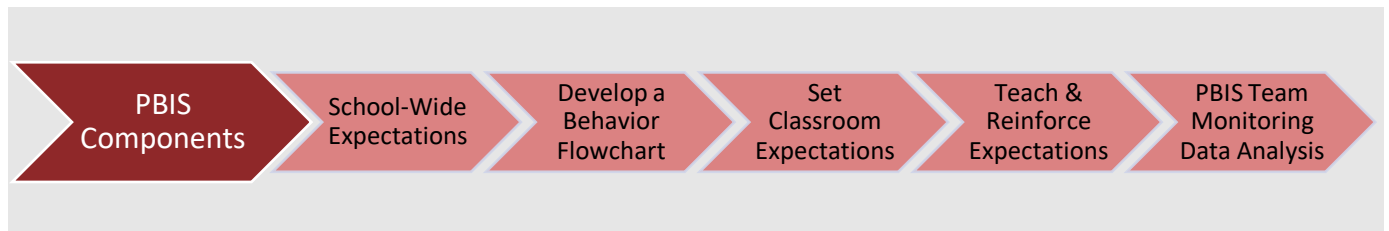
The Student Ownership of Behavior Framework integrated with the Student Ownership of Learning Framework serves as the foundation of all instructional, social emotional, and professional learning priorities with the ultimate vision of all students exhibiting the attributes of the Profile of a Graduate. The Profile of a Graduate SEL curriculum is the foundation of Tier 1 which supports whole child health through nurturing the seven Profile of a Graduate attributes in all our students. The work and expansion of the number of profile attributes that are embedded in the curriculum are ongoing. The SEL/Profile of Graduate Curriculum contains and integrates the core components of PBIS, Trauma-Informed Care, and Restorative Practices.

As campuses work to implement PBIS, they utilize the MTSS to make decisions for the campus and students at each tier. This provides the extra layer/s of support to assist those that might have underlying challenges that need to be addressed. The tiers are described below, and a variety of data points are used to determine appropriate tiers for students needing behavioral interventions.

Tier 1

Tier 1 PBIS systems and practices impact all students and staff across all settings and establish a foundation of regular, proactive support while preventing unwanted behaviors. They emphasize prosocial skills and expectations by teaching and acknowledging appropriate student behavior.

The tier 1 implementation begins with the ten critical components that are categorized within FBISD's five non-negotiables explained below:



School-Wide Expectations

- **Expectations and Rules Developed** – staff are involved in the development of expectations and rules; rules are linked to expectations and posted for specific settings; 3-5 positively stated school-wide expectations are developed, posted around the school, and apply to both students and staff.
- **Faculty Commitment** – faculty are aware of campus behavior problems through data sharing and are involved in establishing and reviewing goals and providing feedback throughout the year.

Behavior Flowchart

- **Effective Procedures for Dealing with Discipline** – problem behaviors are defined, the referral form includes information useful in decision making, the discipline process is described in a narrative and/or graphic format, major/minor behaviors are clearly differentiated, and there is a suggested array of appropriate responses to problem behaviors.

Classroom Expectations

- **Classroom Systems** – classroom rules are defined for each of the school-wide expectations and are posted in classroom and expected behavior routines in classroom are taught.

Teach and Reinforce Expectations

- **Reward/Recognition Program Established** – a system of rewards has elements that are implemented consistently across campus and are linked to expectations and rules.
- **Lesson Plans for Teaching Expectations/Rules** – lessons are embedded into subject area curriculum and use a variety of teaching strategies.
- **Implementation Plan** – plan for training staff how to teach expectations/rules/rewards is developed, scheduled, and delivered, as well as the plan for teaching the students.

PBIS Team/Monitoring Data Analysis

- **PBIS Team** – composed of various stakeholders, meets monthly, and has established a clear mission/purpose.
- **Data Entry and Analysis Plan Established** – data system is used to collect ODR data and is analyzed at least monthly by the team.
- **Evaluation** – students and staff are surveyed about PBIS.

To effectively implement PBIS at the classroom level, teachers engage in learning about the following five classroom components:

- **Maximize Structure** - Design the classroom to allow for smooth teacher and student movement.
- **Expectations & Rules** - Teach routines and procedures directly, often, and repeat after any long weekend, break, or whenever the expectations are not met, as they may be misunderstood.
- **Student Engagement** – Request or solicit a student response and utilize assorted opportunities for response. Utilize Call Backs such as: Teacher says, “Red Robin,” and the students respond “Yum.” It gets the attention of students back to the teacher in an unobtrusive and even fun way.
- **Acknowledge Appropriate Behavior** - The established expectations need to be reinforced to increase the likelihood that students will consistently demonstrate the expected behaviors.
- **Responding to Inappropriate Behavior** - Consequences for classroom rule violations should be aligned with school-wide consequences, respectful, age-appropriate, clearly defined, taught, checked for understanding, and enforced consistently.

Tier 2

Tier 2 practices and systems are needed for 15%-20% of students who are at risk of developing more serious problem behaviors before those behaviors start. These supports help students develop the skills they need to benefit from the school-wide systems.

For students who need Tier 2 support, campuses may reach out to their Behavioral Health Facilitator to consider the function of a student’s problem behaviors prior to choosing an intervention. They help teams focus on aligning interventions with what will work best for students.

There are four functions that may drive a student’s behavior: *sensory, escape, attention, and tangible*.

Behavioral Health Facilitators conduct a Functional Behavior Assessment (FBA) to help create a plan to improve behavior. The FBA process consists of the following steps:

1. Define challenging behaviors – The behavior is defined in a specific and objective way, avoiding terms like defiant or bad.
2. Gather and analyze information – The team pulls together any information and data that is available about the behavior. It may include discipline records, as well as student and staff interviews.
3. Find out the reason for the behavior – Using the information, the team posits about what is causing the behavior.
4. Make a plan – The team then creates a plan based on the gathered information and data. The plan is monitored and adjusted if needed.

Tier 3

Tier 3 practices build on strong foundations in Tier 1 and Tier 2 supports. At Tier 3, 1-5% of students receive

more intensive, individualized support to improve their behavioral outcomes. The FBA process described above is also used at Tier 3 to allow the SST to identify which interventions are most likely to be useful for an individual student.

Students who have been identified as needing Tier 3 support are typically also in need of wraparound support. Campuses can access services from Behavioral Health and Wellness team members through the Whole Child Health Referral Form. The tiered wraparound services can include support from a Behavioral Health Facilitator, Social Worker, or Mental Health Therapists

When a student has Tier 2 and Tier 3 behavioral interventions in place, their teacher(s) also need training/coaching around how to appropriately implement the plan. The Behavioral Health Facilitator can enter a coaching cycle with the teacher(s) to ensure clarity about the selected interventions.

Data and PBIS

Data plays an integral role in implementing PBIS at a campus. PBIS Teams analyze campus discipline data monthly to help drive decisions about school-wide and classroom PBIS.

This data can be sorted in a variety of ways to help teams determine systems and structures to implement, and then later analyze the effectiveness of what was put into place.

- Student Name
- Grade Level
- Gender
- Ethnicity
- 504
- Special Education
- LEP
- Offense Date
- Discipline Officer
- Referral Name
- Location
- Offense Time
- Offense Description
- Action Taken

Professional Learning

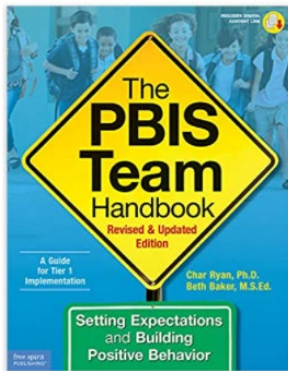
All new teachers at FBISD participate in PBIS training as part of their teacher orientation courses. Current teachers received PBIS learning through campus professional learning. Optional PBIS trainings are offered during the summer and throughout the school year.

Reliable Resources

The two websites shared below contain many resources, strategies, and practical tools for school-wide and classroom implementation of PBIS for all tiers. *The PBIS Team Handbook* has been distributed to all Campus Behavior Coordinators and is utilized during the quarterly CBC meeting.

- www.pbis.org

- www.pbisworld.com
- *The PBIS Team Handbook* by Char Ryan and Beth Baker



Trauma-Informed Care

As we work to develop Whole Child Health and nurture the profile of graduate attributes in all our students, some will need additional support and intervention. Trauma-informed Care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of students who have experienced Adverse Childhood Experiences (ACEs). Becoming a trauma-informed campus or classroom begins with having a trauma-informed lens and mindset. Being trauma-informed "is supporting the whole child by taking into account past trauma and the resulting coping mechanisms when attempting to understand and respond to behaviors". It consistently asks the essential question of, "What happened to you?" This replaces the common and hurtful question of "What's wrong with you?"

Trauma-Informed Care and MTSS

To make this shift to being trauma-informed, there are 2 fundamental areas of focus: staff training (Tier 1) and student support (Tier 2 and 3). For Tier 1, we are building a foundation for teachers and campus staff focused on what trauma is, the impact of trauma, and some basic strategies for responding in a trauma-informed way. The ongoing professional development model starts by training District and campus leaders, as well as mental health professionals such as school counselors, social workers, and mental health therapists to build a foundation to then train teachers and other campus staff. Student support in Tier 2 includes small group interventions to help students cope with grief, conflict, stress, and anger. Tier 3 student support is intensive, individual counseling by our FBISD mental health therapists and our community mental health partners. This tiered approach to Trauma Informed Care will be outlined further below.

Tier 1

The goal for Tier 1 is to equip students with direct instruction on competencies associated with good mental health. Mindfulness or Wellness Moments is a critical trauma informed practice or tool that was discussed earlier. District and campus leaders in FBISD are encouraged to begin each meeting with a Mindfulness/Wellness Moment. Principals and teachers are also implementing Mindfulness/Wellness Moments on announcements campus wide as well as in individual classrooms. The District provides principals, teachers, and parents resources in the online [Virtual Healthy Schools \(VHS\)](#) toolkit to include [Mindfulness/Wellness Moments](#) into their daily lessons, meetings, as well as for use at home.

Another Tier 1 strategy for both Trauma Informed Care and Restorative Practices is Calming Areas/Corners. The Calming Corner is a designated place where students can go when they are feeling overwhelmed or upset. The purpose is to create a safe space where kids can practice self-regulation skills and work to calm themselves. These often include manipulatives and multiple sensory pictures, sounds, and objects that are soothing and support the self-regulation process. The images below capture some essential features of the Calming Corner for both elementary and secondary classrooms. Teachers and other campus staff also soothe and support student self-regulation through responding in a calm, caring, and consistent manner to not exacerbate emotionally charged situations or conversations. The trauma-informed educator understands the unique history, triggers, and signals of their students and responds in ways that support, validate, and calm student emotions and behavior.

Tier 2

Student support in Tier 2, which is for 5-10% of the student population, most commonly involves small group interventions. The campus-based Student Support Teams (SST), a multi-disciplinary team that meets to determine the best intervention for students who need additional behavioral and mental health support. These interventions could include school counselors or social workers providing individual or group counseling, behavioral coaching through social skills and anger management groups, as well as utilizing partner organizations to provide wraparound services. A specific example of a Tier 2 intervention at the elementary level is the school counselor and social worker conducting a social skills group with students referred by teachers who are seeking to understand and support students instead of simply punishing.

Tier 3

Tier 3 supports are for 1-5% of students who need specialized and individual support, as evidenced by continued and severe attendance, academic, behavior, and mental health struggles. Trauma-informed Tier 3 interventions begin with behavioral health assessments that lead to individualized replacement skill training for students by Behavioral Health Facilitators. The Social Worker can also play a role in Tier 3 by working individually with students and mobilizing family and community support. Mental Health Therapists and our campus-based mental health partners play a critical role in supporting Tier 3, high-need mental health issues. A specific example of a Tier 3 support at the secondary level is a mental health therapist doing campus-based therapy with a student struggling with severe depression and suicidal thoughts that are impacting attendance. This student has a history of trauma and abuse and lacks family support at home to get the consistent counseling she/he needs.

Finally, the metrics and milestones to determine the effectiveness of our trauma-informed Care implementation include reducing exclusionary placements for all students and reducing the disproportionality in our discipline practices with our Special Education, African American, and Latino students. We will also track the number of referrals, professional learning around being trauma-informed, counseling sessions, and overall campus support provided by Mental Health Therapists and partners, Social Workers, and Behavioral Health Facilitators. These metrics, as well as the Counselor Needs Assessment, Risk Assessment data, and other district behavior assessments will help signal where adjustments and additional support are needed.

Campus Implementation

For campuses to implement Trauma Informed Practices, there needs to be a foundation dedicating time emphasizing the importance of safety, empowerment, and fostering relationships between students and adults. This begins with understanding the link between trauma and the student's academic struggles to provide educators with a new paradigm for interpreting the misbehavior of students.

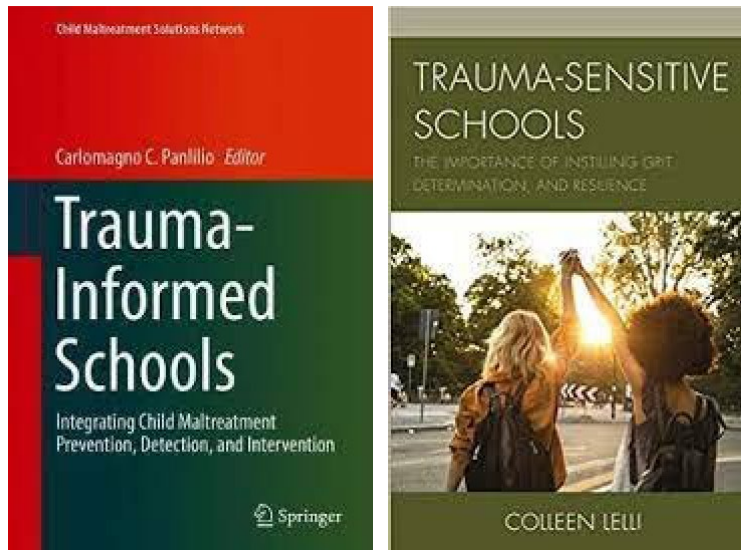
June -August	September	October	November	December
- School-wide awareness of the need for trauma-informed practices - Identify training dates for teachers - Develop a school-wide plan and behavior management on supporting emotional dysregulation and students who demonstrate hostile behaviors and how to support them as well as all students	- Develop a system of tiered interventions - Encourage teachers to use types of formative assessment to design student driven instruction	- Work in PLCs to discuss differentiated instruction to support students' neural development - Identify ways to train teachers on teaching mindful awareness in a classroom setting	Provide resources and training to teachers on the brain and how it works	Classroom walkthroughs to provide teachers with coaching on setting up trauma-sensitive classrooms

January	February	March	April	May
Monitor implementation of Tiered interventions	Review campus development - ally appropriate trauma	Booster training and coaching sessions for staff	Provide opportunities for staff to acquire skills to support students	Send campus surveys to gain feedback on ways school can be trauma

January	February	March	April	May
	informed responses			informed and create action plans for the upcoming year

Professional Learning

Optional professional learning opportunities around Trauma-Informed Practices have been offered during the summers and periodically throughout the school year.



Professional Development

The District works collaboratively across departments to develop annual learning plans for all administrators, teachers, and other relevant staff. This training is planned and developed through the Leaders of Learning framework, which is a collaborative work group from Teaching and Learning, Organizational Transformation, Special Education, and SEL and Comprehensive Health Divisions. The objective of Leaders of Learning is to create staff learning plans that facilitate the integration of the Student Ownership of Learning and Behavior frameworks. In addition to the required learning plans, District staff also provide optional professional development courses focused on the SEL Dispositional/Profile of Graduate Curriculum and best practices from PBIS, Trauma-Informed Care, and Restorative Practices. These ongoing professional training courses provide development for instructional staff, including integrating physical and mental wellness activities into the classroom that are grounded in trauma-informed practices. Finally, the District will offer professional development opportunities that support the implementation of the Whole Child Health Wellness Policy FFA (Local).

Mental Health Awareness and Suicide Prevention

The Division of Social Emotional Learning and Comprehensive Health (SEL&CH) will encourage and promote campus participation in Mental Health Awareness Month in May. Principals will be reminded by mid-March via the Principal Newsletter and provided resources in the VHS to implement Mental Health Awareness based on the unique needs of their campus community. In addition, and as part of the Whole Child Health Initiative, SEL&CH will provide educational opportunities for parents and community

members regarding understanding the signs of suicide and how to seek out help and assistance. To ensure student voice in suicide prevention and mental health awareness, SEL&CH will involve the Student Wellness Coalitions to engage student leaders in promotion of mental and physical health practices via student-led lessons, seminars, discussions, and other promotional activities.

Fort Bend ISD's suicide prevention program provides training for school counselors, teachers, nurses, administrators, law enforcement officers, and social workers who regularly interact with students. First, SEL&CH and Human Resources Talent Development ensure all designated staff members mentioned above complete the approved mandatory [and TEA-approved training on mental](#) health awareness, suicide prevention and intervention, and trauma-informed care. Second, SEL&CH ensures all school counselors, nurses, and social workers receive the Mental Health First Aid 8-hour training at least once. SEL&CH also provides annual training to these staff members on our District-specific [suicide response and assessment protocols](#).

Starting in Dec 2024, House Bill 3 requires school district employees who regularly interact with students, including, but not limited to, teachers, coaches, librarians, instructional coaches, counselors, nurses, administration, administrative support personnel, student support personnel, school resource officers, paraprofessionals, substitutes, custodians, cafeteria staff, bus drivers, crossing guards, and district special program liaisons. A school district must ensure that 25% of the applicable employees have training by 2025-26, at least 50% by 2026- 27, at least 75% by 2027-28, and 100% by the beginning of the 2028-29 school year. These percentages should be calculated in accordance with 19 TAC § 153.1015(g), The training may be selected from a list of evidence-based courses provided by TEA, HHSC, or an ESC that is compliant with 19 TAC § 153.1015.

Staff Wellness

The District also recognizes the importance of staff and teacher wellness. The Benefits and Wellness Department implements strategies to support staff in improving their overall health, well-being, and quality of life by providing health and wellness education, a diverse selection of wellness programs, and an atmosphere that is conducive to health improvements. The Benefits and Wellness Department will maintain a staff committee focused on creating an employee benefits and wellness culture that will empower employees to lead healthier and well-balanced lives. They will educate employees on the various tools and resources available to them through District-wide communications. This includes increased awareness of the free and confidential counseling services available to employees and their family members through the Employee Assistance Program (EAP). The Benefits and Wellness Department, in collaboration with the SEL and Comprehensive Health Team, will also promote District-wide participation in various wellness events in our region or area, such as Mental Health Month and Unity Day. Finally, District-based prevention services for all employees such as flu shots, biometric screenings, mammograms, and fitness classes are offered on an ongoing basis.

EVALUATION

At least every three years, as required by law, the Behavioral Health & Wellness Department will make available to the public the results of an assessment of the implementation of the District's wellness policy. It will include the extent to which each campus is compliant with the wellness policy, a description of the progress made in attaining the goals of the wellness policy, and the extent to which the wellness policy compares with any state or federally designated model wellness policies. This will be referred to as the "triennial assessment." [Following evaluation, the district shall revise the wellness policy and wellness plan \(policy regulations and/or standard operating procedures\) as needed.](#)

Annually, the Behavioral Health & Wellness Department will notify the public about the content and implementation of the wellness policy and plan, as well as any updates to these materials via the School Health Advisory Council (SHAC) webpage.

SHAC will consider evidence-based strategies when setting and evaluating goals and measurable outcomes, including but not limited to the following tools for this analysis:

- [CATCH](#) - The goal of the CATCH Global Foundation is to provide the CATCH program and its benefits to at-risk populations throughout the nation and world. Their mission is to improve children's health worldwide by developing, disseminating, and sustaining the CATCH platform in collaboration with researchers at UTHealth. The Foundation links underserved schools and communities to the resources necessary to create and sustain healthy changes for future generations.
- [The Center for Disease Control and Prevention \(CDC\)](#) - is one of the major operating components of the Department of Health and Human Services. View CDC's Official Mission Statements/Organizational Charts to learn more about CDC's organizational structure.
- [Texas Association of Health, Physical Education, Recreation and Dance \(TAHPERD\)](#) – TAHPERD is a not-for-profit professional association of individuals in the allied fields of health education, physical education, recreation, and dance. This Texas-based association is composed of over 3,100 professional and student members serving education from early childhood through college. TAHPERD was founded in 1923 and is the only association in Texas serving education in all four of our disciplines—health, physical education, recreation, and dance. Alliance for a Healthier Generation - The Healthier Generation works with schools, youth-serving organizations, businesses, and communities to empower kids to develop lifelong healthy habits by ensuring the environments that surround them provide and promote good health. Their work has impacted up to 28 million kids across the country. They believe that every mind, everybody, and every young individual should be healthy and ready to succeed.
- [Society of Health and Physical Educators \(Shape America\)](#) - Shape America serves as the voice for 200,000+ health and physical education professionals across the United States. The organization's extensive community includes a diverse membership of health and physical educators, as well as advocates, supporters, and 50+ state affiliate organizations.
- [Harris County Public Health](#) - Harris County Public Health (HCPH) is the county health department for Harris County and provides comprehensive health services and programs to the community through a workforce of approximately 700 public health professionals – all dedicated to improving

the health and well-being of Harris County residents and the communities in which they live, learn, work, worship, and play. The HCPH jurisdiction included approximately 2.3 million people and over 30 other municipalities located in Harris County (not including the city of Houston).

- [Fort Bend Health & Human Services](#) - Fort Bend County Health & Human Services is the principal agency for protecting the health of county residents and providing essential human services, especially for those who are least able to help themselves. They promote the health and well-being of the residents of Fort Bend County through education, disease prevention and intervention, emergency preparedness and response, and helping to assure the provision of basic human needs.
- Texas School Health Advisory Committee (TSHAC) - The Texas School Health Advisory Committee (TSHAC) assists the Department of State Health Services (department) to support and coordinate school health programs and school health services. It also provides leadership to identify and disseminate school health best practices and resources for school policy makers.

RECORD RETENTION

Records regarding the District's Wellness Policy will be retained in accordance with the law and the District's records management program. Questions may be directed to the General Counsel, who serves as the District's designated records management officer. [CPC (Local)]

APPENDIX

EXHIBIT A: FBISD Recess Guidelines

According to policy EHAB (Legal), “the District shall require students in kindergarten through grade 5 to participate in moderate or vigorous daily physical activity for at least 30 minutes throughout the school year, as part of the District’s physical education program or through structured activity during a campus’s daily recess. If the District determines, for any particular grade level, that requiring moderate or vigorous daily physical activity is impractical due to scheduling concerns and other factors, the District may as an alternative require a student in that grade level to participate in moderate or vigorous physical activity for at least 135 minutes during each school week.”

According to the Wellness Policy FFA(Local), the campus administrator will ensure that the following guidelines apply to recess for all District elementary campuses:

- For grades K-5, the recommended recess time allotment is 30 minutes daily; however, all District elementary schools should provide a minimum of 20 minutes of unstructured recess daily. For half-day prekindergarten, the recommended recess time allotment is 15-20 minutes.
- Recess should not be viewed as a reward but a necessary educational support component for all children.
- Recess should not be withheld for academic and/or punitive reasons except for severe discipline consequences assigned by the principal or assistant principal (i.e., ISS, OSS). Structured physical activity during recess is acceptable when facilitated and supervised by campus staff with the intent to raise the heart rate. Structured recess includes frequent redirection from teachers to encourage participation.
- In extenuating circumstances, campus principals have the authority to offer an optional study hall for those children in need of additional support up to twice per week. Prior written parent permission is required in order to remove a student from recess for study hall. The student must still complete the weekly 135 minutes of required moderate or vigorous structured physical activity. If recess time is counted toward the required 135 minutes of structured physical activity, the student cannot be removed.
- Bullying or aggressive behavior will not be tolerated, and all safety rules will be enforced. Adults must intervene and address the situation when a child’s physical or emotional safety is at risk.
- When safety is at risk or has been violated, the campus principal will implement positive and restorative discipline strategies. This could include providing the students with a choice of activities that keep themselves and others safe with an opportunity for self-reflection and repair of any impacted relationships.
- The campus should provide the facilities, equipment, and supervision necessary to ensure the recess experience is productive, safe, and enjoyable.
- Rainy days should include indoor games and movement activities as an alternative to outside play.
- Campus staff are encouraged to use apps and/or check websites for current weather conditions when making decisions regarding physical activity time for students. Fort Bend ISD Weather Guidelines should always be followed.
- The recess policy should be included in the Fort Bend ISD Parent/Student Handbook and on District and/or campus webpage(s).
- Bullying or aggressive behavior will not be tolerated, and all safety rules will be enforced.

EXHIBIT B: Elementary Campus Wellness Survey

Each campus principal is responsible for the implementation of the District Wellness Plan at his or her campus, including the submission of necessary information to the School Health Advisory Council (SHAC) for evaluation.



Elementary School Campus Wellness Assessment

Wellness Committee

1. The campus has a wellness committee that meets at least four times a year and oversees school wellness programs?	Yes	No
2. The campus principal will annually invite parents, staff, administrators, students, and school nurses.	Yes	No
Total: ____ (Max Score 2)		

Health & Nutrition Education

3. Health Education is taught twice a week through the Physical Education Class	Yes	No
4. Nutrition education is part of the Health & PE Curriculum and reflects the cultural diversity of students as defined by differences in socio-economic status, accessibility, religion, ethnicity, and cultural norms.	Yes	No
Total: ____ (Max Score 2)		

Nutrition Education & Promotion

5. The campus communicates information about campus food and nutrition programs to families and the community by using the following techniques (School Website Menu Viewer menu app, School/Community events such as Open Houses)	Yes	No
6. All foods & beverages served and sold during the school day meet the USDA's Smart Snacks in school nutritional standards.	Yes	No

7. The campus prohibits using food as punishment.	Yes	No
8. The campus implements the promotion of nutrition messages. (Posters for special events/messages in the cafeteria, morning announcements from the front office, nutrition messages communicated in school curriculum)	Yes	No
9. The campus promotes healthy food and beverage choices to students.	Yes	No
10. Fundraising efforts during school hours meet the USDA's Smart Snacks in School nutrition standards. (The campus follows District Fundraising Guidelines).	Yes	No
11. The campus requires food provided to students to be store bought items and must include a food label that provides an ingredients list to prevent intervenient allergic reactions.	Yes	No
12. All classroom or campus celebrations will be encouraged to include at least one healthy choice item.	Yes	No
Total: ____ (Max Score 8)		

Breakfast & Lunch

13. The campus provides students with at least ten minutes to eat breakfast starting at the time a student has received his or her meal.	Yes	No
14. The campus provides students with at least twenty minutes to eat lunch from the time a student has received his or her meal.	Yes	No
15. The campus provides students with a clean, safe, and comfortable dining environment that includes social and enjoyable experiences for all students during mealtime.	Yes	No
16. The campus prohibits silent lunch as a form of punishment and only allows silent lunch to ensure students' and/or staff safety or as a requirement for local/state testing.	Yes	No
Total: ____ (Max Score 4)		

Recess

17. All students are provided with at least 30 minutes of recess daily. This is evident on the campus master schedule.	Yes	No
18. During recess, students are provided with at least 20 minutes of unstructured physical activity each school day.	Yes	No
19. Indoor recess (physically active) activities are conducted when the weather is not feasible for going outside.	Yes	No

20. Recess is not withheld as punishment or to make up assignments at your campus.	Yes	No
21. All instructional staff at the campus have been educated on and follow the District Recess Guidelines.	Yes	No
Total: ____ (Max Score 5)		

Physical Activity/Physical Education

22. All students in each grade receive structured physical activity for at least 135 minutes per week throughout the school year.	Yes	No
23. The campus promotes student participation in a variety of community physical activity options.	Yes	No
24. The campus does not withhold physical education class as punishment or time to make up work for another class.	Yes	No
25. The campus does offer regular opportunities for students in grades 3-5 to participate in physical activity either before or after school.	Yes	No
26. PE teachers follow the PE Instructional Model, which encourages students to be moderately to vigorously active for at least 50% of the physical education class.	Yes	No
27. All non-exempt students in grades 3-5 participate in and have data entered for a physical fitness assessment by the District set deadline.	Yes	No
28. All students are provided with opportunities to participate in physical activity breaks in classrooms, outside of physical education class, recess, and class transition periods on all or most days during a typical school week.	Yes	No
29. Campus principal will ensure that the student-to-teacher ratio does not exceed 45 to 1.	Yes	No
30. The campuses will promote, through a variety of media, the multiple physical activity opportunities both during and outside of the school day.	Yes	No
31. The campus will offer at least one event annually, either during or outside of normal school hours, that involves physical activity and includes both parents and students in the event.	Yes	No
Total: ____ (Max Score 10)		

Health Services

32. The campus has staff members designated to administer medication provided by a parent/guardian in the school setting during the course of the school day.	Yes	No
33. The campus requires prescription medication administered to students to have parent and physician authorization annually.	Yes	No
34. The campus has one employee, such as the nurse, that supervises the storing and administration of medications and maintenance records of the administration of medication.	Yes	No
35. The campus has staff members designated to administer epinephrine in the school setting during the course of the school day.	Yes	No
36. The campus requires epinephrine administration to students, have parent and physician authorization annually.	Yes	No
37. The campus has one employee, such as the nurse, that supervises the storing and administration of epinephrine and maintenance records of the administration of epinephrine.	Yes	No
Total: ____ (Max Score 6)		

Mental Health & Trauma Informed Care

38. The campus utilizes District resources to provide mental health awareness, suicide prevention and intervention, and dating violence strategies to students, staff, and parents based on the unique needs of their campus.	Yes	No
39. Ensure that the Mental Health Therapist has a private and confidential office space to provide counseling services.	Yes	No
40. Identify the Lead Counselor the Campus Mental Health Liaison	Yes	No
41. Collaborate with the Lead Counselor and school counseling team to develop a streamlined referral protocol for the campus.	Yes	No
42. Ensure Student Support Team Meetings (SSTs) are conducted prior to Mental Health referrals to determine and identify the appropriate tier of intervention.	Yes	No
43. Ensure the Lead Counselor has monthly check-ins with the MH partner to discuss referrals and case updates.	Yes	No

44. Ensure regular check-ins with the Lead Counselor and Principal/Administrator.	Yes	No
45. Ensure a robust campus mental health program promotion via newsletters, websites, parent events, parent conferences etc.	Yes	No
Total: ____ (Max Score 8)		

Other Site-Based Activities

46. Campuses will promote and encourage staff to engage in the wellness offerings provided by the District.	Yes	No
47. Campuses will provide multiple opportunities throughout the school year where students and families can receive health and wellness information (I.e., health fairs, wellness nights).	Yes	No
48. The campus promotes students, staff, parents, and community wellness events.	Yes	No
49. The campus will encourage healthy lifestyle habits through a variety of media.	Yes	No
Total: ____ (Max Score 4)		

Campus Improvement Plan

50. Campus Improvement Plan (CIP) includes strategies, metrics, and milestones related to coordinated school health implementation to support the implementation of the wellness policy annually.	Yes	No
Total: ____ (Max Score 1)		

Campus Wellness Assessment Total

Campus Wellness Committee	____ (Max Score 2)
Health & Nutrition Education	____ (Max Score 2)
Nutrition Education & Promotion	____ (Max Score 8)
Breakfast and Lunch	____ (Max Score 4)
Recess	____ (Max Score 5)
Physical Activity/Physical Education	____ (Max Score 10)
Health Services	____ (Max Score 6)
Mental Health & Trauma Informed Care	____ (Max Score 8)
Other Site-Based Activities	____ (Max Score 4)

Campus Improvement Plan _____ (Max Score 1)

Total: _____ (Max Score 50)

FBISD Campus Wellness Award

Gold (Empowered)	Silver (Developing)	Bronze (Launching)
50-42	41-35	34-25

EXHIBIT C: Middle School Campus Wellness Survey

Each campus principal is responsible for the implementation of the District Wellness Plan at his or her campus, including the submission of necessary information to the School Health Advisory Council (SHAC) for evaluation.



Middle School Campus Wellness Assessment

Wellness Committee

1. The campus has a wellness committee that meets at least four times a year and oversees school wellness programs?	Yes	No
2. The campus principal will annually invite parents, staff, administrators, students, and school nurses.	Yes	No
Total: ____ (Max Score 2)		

Health & Nutrition Education

3. All middle students will receive one semester of health education in 7 th grade.	Yes	No
4. Nutrition education is part of the Health & PE Curriculum and reflects the cultural diversity of students as defined by differences in socio-economic status, accessibility, religion, ethnicity, and cultural norms.	Yes	No
Total: ____ (Max Score 2)		

Nutrition Education & Promotion

5. The campus communicates information about campus food and nutrition programs to families and the community by using the following techniques (i.e., School Website Menu Viewer menu app, School/Community events such as Open Houses)	Yes	No
6. All foods & beverages served and sold during the school day meet the USDA's Smart Snacks in school nutrition standards.	Yes	No

7. The campus prohibits using food as punishment.	Yes	No
8. The campus implements the promotion of nutrition messages. (i.e., Posters for special events/messages in the cafeteria, morning announcements from the front office, nutrition messages communicated in the school curriculum)	Yes	No
9. The campus promotes healthy food and beverage choices to students.	Yes	No
10. Fundraising efforts during school hours meet the USDA's Smart Snacks in School nutrition standards. (The campus follows District Fundraising Guidelines).	Yes	No
11. The campus requires foods provided to students to be store bought items and must include a food label that provides an ingredients list to prevent intervenient allergic reactions.	Yes	No
12. All classroom or campus celebrations will be encouraged to include at least one healthy choice item.	Yes	No
Total: ____ (Max Score 8)		

Breakfast & Lunch

13. The campus provides students with at least ten minutes to eat breakfast starting at the time a student has received his or her meal.	Yes	No
14. The campus provides students with at least twenty minutes to eat lunch from the time a student has received his or her meal.	Yes	No
15. The campus provides students with a clean, safe, and comfortable dining environment that includes social and enjoyable experiences for all students during mealtime.	Yes	No
16. The campus prohibits silent lunch as a form of punishment and only allows silent lunch to ensure students and/or staff safety or as a requirement for local/state testing.	Yes	No
Total: ____ (Max Score 4)		

Physical Activity/Physical Education

17. All students will be provided the opportunity to participate in at least 30 minutes daily or 225 minutes per two weeks of moderate to vigorous physical activity for at least five semesters between grades 6-8.	Yes	No
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18. PE teachers follow the PE Instructional Model, which encourages students to be moderately to vigorously active for at least 50% of the physical education class.	Yes	No
19. The campus promotes student participation in a variety of community physical activity options.	Yes	No
20. The campus will encourage appropriate before-school and after-school structured fitness/sports clubs and will encourage students to participate.	Yes	No
21. The campus encourages healthy lifestyle habits through a variety of media.	Yes	No
22. Campus principal will ensure that the student-to-teacher ratio does not exceed 45 to 1.	Yes	No
23. The campuses will ensure that the physical environment is free from hazards, safe, and in good working condition, and needed work orders are submitted as needed.	Yes	No
24. The District will encourage parents and guardians to support their children's participation in physical activities.	Yes	No
25. The campus will offer at least one event annually, either during or outside of normal school hours, that involves physical activity and includes both parents and students in the event.	Yes	No
26. The campus does not withhold physical education class as punishment or time to make up work for another class except for severe discipline consequences assigned by the campus administration (i.e., In School Suspension (ISS), Out of School Suspension (OSS)).	Yes	No
Total: ____ (Max Score 10)		

Health Services

27. The campus has staff members designated to administer medication provided by a parent/guardian in the school setting during the course of the school day.	Yes	No
28. The campus requires prescription medication administered to students to have parent and physician authorization annually.	Yes	No
29. The campus has one employee, such as the nurse, that supervises the storing and administration of medications and maintains records of the administration of medication.	Yes	No
30. The campus has staff members designated to administer epinephrine in the school setting during the course of the school day.	Yes	No

31. The campus requires epinephrine administration to students have parent and physician authorization annually.	Yes	No
32. The campus has one employee, such as the nurse, that supervises the storing and administration of epinephrine and maintains records of the administration of epinephrine.	Yes	No
Total: ____ (Max Score 6)		

Mental Health & Trauma Informed Care

33. The campus utilizes District resources to provide mental health awareness, suicide prevention and intervention, and dating violence strategies to students, staff, and parents based on the unique needs of their campus.	Yes	No
34. Ensure that the Mental Health Therapist has a private and confidential office space to provide counseling services.	Yes	No
35. Identify the Lead Counselor as the Campus Mental Health Liaison (CMHL)	Yes	No
36. Collaborate with the school counseling team to develop a streamlined referral protocol for the campus.	Yes	No
37. Ensure Student Support Team Meetings (SSTs) are conducted prior to Mental Health referrals to determine and identify the appropriate tier of intervention.	Yes	No
38. Ensure the Lead Counselor has monthly check-ins with the MH partner to discuss referrals and case updates.	Yes	No
39. Ensure regular check-ins with the Lead Counselor and Principal/Administrator.	Yes	No
40. Ensure a robust campus mental health program promotion via newsletters, websites, parent events, parent conferences etc.	Yes	No
Total: ____ (Max Score 8)		

Other Site-Based Activities

41. Campuses will promote and encourage staff to engage in the wellness offerings provided by the District	Yes	No
42. Campuses will provide multiple opportunities throughout the school year where students and families can receive health and wellness information (i.e., health fairs, wellness nights).	Yes	No

43. The campus promotes students, staff, parents, and community wellness events.	Yes	No
44. The campus will encourage healthy lifestyle habits through a variety of media.	Yes	No
Total: ____ (Max Score 4)		

Campus Improvement Plan

45. Campus Improvement Plan (CIP) includes strategies, metrics, and milestones related to coordinated school health implementation to support the implementation of the wellness policy annually.	Yes	No
Total: ____ (Max Score 1)		

Campus Wellness Assessment Total

Campus Wellness Committee	____ (Max Score 2)
Health & Nutrition Education	____ (Max Score 2)
Nutrition Education & Promotion	____ (Max Score 8)
Breakfast and Lunch	____ (Max Score 4)
Physical Activity/Physical Education	____ (Max Score 10)
Health Services	____ (Max Score 6)
Mental Health & Trauma Informed Care	____ (Max Score 8)
Other Site-Based Activities	____ (Max Score 4)
Campus Improvement Plan	____ (Max Score 1)
Total: ____ (Max Score 45)	

FBISD Campus Wellness Award

Gold (Empowered)	Silver (Developing)	Bronze (Launching)
45-38	37-31	30-22

Exhibit D: High School Campus Wellness Survey

Each campus principal is responsible for the implementation of the District Wellness Plan at his or her campus, including the submission of necessary information to the School Health Advisory Council (SHAC) for evaluation.



High School Campus Wellness Assessment

Wellness Committee

1. The campus has a wellness committee that meets at least four times a year and oversees school wellness programs?	Yes	No
2. The campus principal will annually invite parents, staff, administrators, students, and school nurses.	Yes	No
Total: ____ (Max Score 2)		

Health & Nutrition Education

3. All high students will receive one semester of health education during grades 9-12.	Yes	No
4. Nutrition education is part of the Health & PE Curriculum and reflects the cultural diversity of students as defined by differences in socio-economic status, accessibility, religion, ethnicity, and cultural norms.	Yes	No
Total: ____ (Max Score 2)		

Nutrition Education & Promotion

5. The campus communicates information about campus food and nutrition programs to families and the community by using the following techniques (i.e., School Website Menu Viewer menu app, School/Community events such as Open Houses)	Yes	No
6. All foods & beverages served and sold during the school day meet the USDA's Smart Snacks in school nutrition standards.	Yes	No

7. The campus prohibits using food as punishment.	Yes	No
8. The campus implements the promotion of nutrition messages (i.e., Posters for special events/messages in the cafeteria, morning announcements from the front office, nutrition messages communicated in school curriculum).	Yes	No
9. The campus promotes healthy food and beverage choices to students.	Yes	No
10. Fundraising efforts during school hours meet the USDA's Smart Snacks in School nutrition standards. (The campus follows District Fundraising Guidelines).	Yes	No
11. The campus requires food provided to students be store bought items and must include a food label that provides an ingredients list to prevent intervenient allergic reactions.	Yes	No
12. All classroom or campus celebrations will be encouraged to include at least one healthy choice item.	Yes	No
Total: ____ (Max Score 8)		

Breakfast & Lunch

13. The campus provides students with at least ten minutes to eat breakfast starting at the time a student has received his or her meal.	Yes	No
14. The campus provides students with at least twenty minutes to eat lunch from the time a student has received his or her meal.	Yes	No
15. The campus provides students with a clean, safe, and comfortable dining environment that includes social and enjoyable experiences for all students during mealtime.	Yes	No
16. The campus prohibits silent lunch as a form of punishment and only allows silent lunch to ensure students and/or staff safety or as a requirement for local/state testing.	Yes	No
Total: ____ (Max Score 4)		

Physical Activity/Physical Education

17. All students will be provided with the opportunity to participate in at least one full credit of physical education class or approved substitute be required for graduation.	Yes	No
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18. PE teachers follow the PE Instructional Model, which encourages students to be moderately to vigorously active for at least 50% of the physical education class.	Yes	No
19. The campus promotes student participation in a variety of community physical activity options.	Yes	No
20. The campus will encourage appropriate before and after-school structured fitness/sports clubs and will encourage students to participate.	Yes	No
21. The campus encourages healthy lifestyle habits through a variety of media.	Yes	No
22. Campus principal will ensure that the student-to-teacher ratio does not exceed 45 to 1.	Yes	No
23. The campuses will ensure that the physical environment is free from hazards, safe, and in good working conditions and needed work orders are submitted as needed.	Yes	No
24. The District will encourage parents and guardians to support their children's participation in physical activities.	Yes	No
25. The campus will offer at least one event annually, either during or outside of normal school hours, that involves physical activity and includes both parents and students in the event.	Yes	No
26. The campus does not withhold physical education class as punishment or time to make up work for another class except for severe discipline consequences assigned by the campus administration (i.e., In School Suspension (ISS), Out of School Suspension (OSS)).	Yes	No
Total: ____ (Max Score 10)		

Health Services

27. The campus has staff members designated to administer medication provided by a parent/guardian in the school setting during the school day.	Yes	No
28. The campus requires prescription medication administered to students to have parent and physician authorization annually.	Yes	No
29. The campus has one employee, such as the nurse, that supervises the storing and administration of medications and maintains records of the administration of medication.	Yes	No
30. The campus has staff members designated to administer epinephrine in the school setting during the course of the school day.	Yes	No

31. The campus requires epinephrine administration to students, have parent and physician authorization annually.	Yes	No
32. The campus has one employee, such as the nurse, that supervises the storing and administration of epinephrine and maintains records of the administration of epinephrine.	Yes	No
Total: ____ (Max Score 6)		

Mental Health & Trauma Informed Care

33. The campus utilizes District resources to provide mental health awareness, suicide prevention and intervention, and dating violence strategies to students, staff, and parents based on the unique needs of their campus.	Yes	No
34. Ensures that the Mental Health Therapist has a private and confidential office space to provide counseling services.	Yes	No
35. Identify the Lead Counselor as the Campus Mental Health Liaison (CMHL)	Yes	No
36. Collaborate with the school counseling team to develop a streamlined referral protocol for the campus.	Yes	No
37. Ensure Student Support Team Meetings (SSTs) are conducted prior to Mental Health referrals to determine and identify the appropriate tier of intervention.	Yes	No
38. Ensure the Lead Counselor has monthly check-ins with the MH partner to discuss referrals and case updates.	Yes	No
39. Ensure regular check-ins with the Lead Counselor and the Principal or designated Administrator.	Yes	No
40. Ensure a robust campus mental health program promotion via newsletters, posters, announcements/morning news, websites, parent events, parent conferences, etc.	Yes	No
Total: ____ (Max Score 8)		

Other Site-Based Activities

41. Campuses will promote and encourage staff to engage in the wellness offerings provided by the District.	Yes	No
42. Campuses will provide multiple opportunities throughout the school year where students and families can receive health and wellness information (i.e., health fairs, wellness nights).	Yes	No
43. The campus promotes students, staff, parents, and community wellness events.	Yes	No
44. The campus will encourage healthy lifestyle habits through a variety of media.	Yes	No
Total: ____ (Max Score 4)		

Campus Improvement Plan

45. Campus Improvement Plan (CIP) includes strategies, metrics, and milestones related to coordinated school health implementation to support the implementation of the wellness policy annually.	Yes	No
Total: ____ (Max Score 1)		

Campus Wellness Assessment Total

Campus Wellness Committee	____ (Max Score 2)
Health & Nutrition Education	____ (Max Score 2)
Nutrition Education & Promotion	____ (Max Score 8)
Breakfast and Lunch	____ (Max Score 4)
Physical Activity/Physical Education	____ (Max Score 10)
Health Services	____ (Max Score 6)
Mental Health & Trauma Informed Care	____ (Max Score 8)
Other Site-Based Activities	____ (Max Score 4)
Campus Improvement Plan	____ (Max Score 1)
Total: ____ (Max Score 45)	

FBISD Campus Wellness Award

Gold (Empowered)	Silver (Developing)	Bronze (Launching)
45-38	37-31	30-22

EXHIBIT E: Counselor Checklist for Mental Health Referrals

1. Identify the concern.
 - o Is the concern acute or chronic?
 - § If acute (i.e., loss of loved one, tragic event, suicidal ideation, etc.) consider immediate referral.
 - § If chronic, proceed to the next step.
 - o Can the concern be addressed, or has it been addressed by?
 - § Tier 2 skill lessons or guidance provided by the campus counselor?
 - § Tier 2 support from the MTSS Facilitator?
 - § Tier 2 services from the Social Worker?
2. Is the student currently receiving therapeutic services with an outside provider?
 - o If so, consider other options to support the student on campus. It is not best practice for the student to work with two mental health providers simultaneously.
3. If a student needs Tier 3 mental health support, discuss all options with the parent/guardian or employee (if working to support staff):
 - o Family insurance provider/Employee Assistance Program.
 - o Provide information for at least three local community resources.
 - o District mental health partners.
 - o Provide on-campus support during the school day, as well as virtual and office support outside of school hours.
 - § Providers are either LPCs, LCSWs, Psychologists, or LMFTs and have had background checks.
 - § Provide monthly data to the District regarding services provided.
 - § Provide confidential and HIPAA-compliant counseling sessions.
 - § Billing options are private insurance, Medicaid, and possibly grant options.
4. If the parent/guardian would like to move forward with a mental health referral:
 - o Parent must complete the District Consent to Refer for Mental Health Services form prior to the counselor initiating the referral with the District or the partner.

EXHIBIT F: Student Ownership of Behavior Progression



Progression of Practice

Student Ownership of Behavior



STEP 1

SELF ASSESS CAMPUS STATUS

Determine the current level of student ownership on your campus.

STEP 2

LEADERSHIP DECISIONS

Based on your current level of practice, initiate actions in the corresponding column below to continue to make progress.

STEP 3

LEADERSHIP PREPARES AND PLANS FOCUSED ACTIONS

Based on your current level of implementation, initiate actions in the corresponding column below to make progress.

The behavioral framework includes Social Emotional Learning (SEL), Positive Behavior Interventions and Support (PBIS), trauma-informed and restorative practices in support and/or the attainment of the Profile of a Graduate attributes.

STEP 2 Leadership Decisions

Understanding Behavioral Expectations and Management	Modeling for a Safe and Inclusive Learning Environment	Collaboratively Co-constructing a Safe and Inclusive Learning Environment	Student Ownership of Behavior (Profile of a Graduate Attribute Attainment)
Prepare to Launch - Identify Campus Behavior Team members, schedule professional learning, and develop meeting structure. - Analyze mindset and beliefs related to behavior. - Identify campus learning needs connected to teacher mindset and beliefs around the Behavioral Framework. - Establish campus behavioral norms, routines, and systems aligned to the Profile of a Graduate attributes attainment. - Establish campus expectations tied to the use of data to drive planning to identify trends and patterns for building level behavioral analysis.	Prepare to Launch - Identify campus learning needs and previous professional development mindset shifts connected to campus staff and students collaborating to design campus/classroom norms, shared agreements, routines, and systems. - Establish campus expectations tied to what constitutes classroom managed vs. office managed behavior and strategies to respond to staff managed behaviors. Develop data-gathering tools that recognize trends and analyze ways to manage areas of opportunity. - Identify individual teachers who can be used to provide exemplars to support increasing capacity for PBIS, restorative practices, trauma informed practices, and Profile of a Graduate skills.	Prepare to Launch - Identify campus learning needs connected to teacher mindset and skills related to cultural competency, inclusive practices, and relationship building. - Establish campus/classroom behavioral expectations that allow leaders and teachers to model the social and emotional competencies in their interactions with students and adults. - Facilitate data collection and review to identify trends and patterns for building level behavioral analysis.	Prepare to Launch - Identify campus learning needs and mindset shifts connected to students taking ownership in campus/classroom behavior standards that align to the Profile of a Graduate and foster a positive school climate. - Establish campus expectations using protocols for students to model social, emotional, and cultural competencies in their language and interactions with others. - Campus uses referral data to make adjustments in duty locations, traffic patterns, master scheduling, and advocates for bus training and support systems as well.

STEP 3 Leadership Prepares and Plans Focused Actions

Focused Actions	Focused Actions	Focused Actions	Focused Actions
- Plan and implement professional learning tied to PBIS, restorative practices and trauma informed care. - Establish campus Student Support Team (SST). - Develop school-wide expectations, behavioral norms, routines, and systems. Determine data sources behavior team will use: (discipline data, school climate surveys, teacher feedback, academic data, etc.) to be reviewed throughout the school year. Plan and implement training related to campus expectations for student and teacher behaviors. - Ensure the Behavior Team meets and discusses data and behavioral systems. - Develop campus expectations for including Profile of a Graduate attributes into daily instruction. - Develop clear written procedures that lay out the process for handling both major and minor discipline incidents. - Facilitate classroom communication protocols that provide students structured opportunities to discuss behavior and classroom expectations.	- Plan and implement professional learning tied to protocols for campus staff and students for co-creating and teaching campus and classroom expectations/norms, shared agreements, routines, and systems related to behavior and the Profile of a Graduate. - SST includes interventions for behavioral needs. - Ensure Behavior Team meets monthly, drives PBIS systems, actively reviews pre-determined data sources and makes intentional data-driven adjustments for reteaching expectations around discipline data and disproportionality data. - Facilitate co-construction protocols that ensure students are a part of making connections to the Profile of a Graduate in the learning environment. - Ensure that routinely scheduled booster sessions to teach/reteach school-wide expectations across all grade levels after all 3+ day student holidays occur. - Facilitate classroom communication protocols that promote a cycle of ongoing student feedback (self-peer assessment) around Profile of a Graduate skills and classroom environment.	- Plan and implement professional learning tied to inclusive practices for Profile of a Graduate, behavior management, cultural responsiveness, relationship building, and the short and long-term effects of trauma. - Facilitate opportunities for teachers to review and reflect on the restorative practices and trauma informed care. - Student Support Team (SST) looks at behavior as one component of student intervention needs. - Ensure Behavior Team has strong administrative support, meets at least monthly, and has a clear mission and purpose based on discipline data, and disproportionality data. - Facilitate instructional practices related to referencing the Profile of a Graduate in daily instruction. - Create and implement a plan for monitoring teacher use of the Profile of a Graduate attributes during daily instruction. - Facilitate classroom communication protocols that provide language supports which encourage all students to engage safely in self-reflective talk about behavior and the classroom community.	- Plan and implement professional learning tied to supporting students in owning their own behavior and recognizing the effects their behaviors have on others. - Ensure the Behavior Team co-constructs behavioral expectations, norms and rewards with teachers, students, parents, and community members. - Ensure a systematic approach for SSTs to support all students whenever they are on the multi-tiered system of support. - Facilitate protocols that allow students to take ownership in making their own curricular and life connections to the Profile of a Graduate attributes. - Ensure Profile of a Graduate attributes demonstration opportunities exists for students to initiate and lead academic conversations, advocate for their own needs, and hold themselves accountable to effectively collaborate in and out of the learning environment. - Utilize data review protocol to identify trends to provide feedback, coaching, and supports for teachers and students.