



## MHWC Exemplary Schools Program & Mayor's Healthiest Schools Application

### School Year 2024 – 2025

#### Overview

The **MHWC Exemplary Schools Program** highlights schools that have implemented healthy changes to create school environments that support the health and well-being of students. Schools that demonstrate practices above the state and federal standards are eligible to be certified as exemplary schools. Additionally, these schools can participate in the **Mayor's Healthiest Schools Award** program by completing an additional set of questions about the health and wellness initiatives on their campus.

#### Who can apply?

Districts with any school campus within the Austin city limits is eligible to apply, including: Austin Independent School District, Manor Independent School District, Pflugerville Independent School District, Leander Independent School District, Del Valle Independent School District, and Eanes Independent School District.

All schools that apply will be considered. No preference will be given to school size, location, public/private sector, school district, etc. Winners will be determined using a point system based off responses to the online application (exemplary school application + supplemental questions).

Awards are given at the **elementary** and **middle** school levels.

#### Why should my school apply?

Each year, the MHWC hosts an awards ceremony at City Hall to recognize the efforts of partners who strive to make Austin the fittest, healthiest community in America.

All schools with an '**Exemplary**' rating receive:

- Outdoor vinyl banner
- Group recognition & photo at the awards ceremony
- Recognition on the [MHWC website](#) as an exemplary school

In addition, the **Mayor's Healthiest Schools Awards** will be presented to the top-scoring elementary and middle schools:

- \$1,000 award mini-grant to support ongoing school health and wellness initiatives
- Outdoor vinyl banner
- Individual recognition & photo at the awards ceremony with the Mayor
- Recognition on the [MHWC website](#) as an exemplary school and winner



**Applications must be completed online. Please only submit one application per campus.**

Have questions about your application? Email [info@mhwcaustin.org](mailto:info@mhwcaustin.org)

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**School Information**

<b>School Name:</b>
<b>School District:</b>
<b>Mailing Address:</b>
<b>List the names of the following, who are jointly responsible for entering this report information:</b>  Principal: Email address:  PE Teacher: Email address:  Whole School, Whole Community, Whole Child (WSCC)/Coordinated School Health (CSH) team member:  Email address:
<b>Who should we contact over the summer if additional information is needed?</b>  Name: Email address:
<b>Indicate your campus level:</b>  <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Other (e.g. primary) Please specify: _____

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<b>WSCC/CSH Planning</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) <b>**</b> Campus has adopted & implemented a TEA-approved WSCC/CSH program.	<input type="checkbox"/>
2) <b>**</b> The principal/campus established a WSCC/CSH team.	<input type="checkbox"/>
3) The principal/campus identified a WSCC/CSH chair.	<input type="checkbox"/>
4) The WSCC/CSH team included one teacher representative from each grade level.	<input type="checkbox"/>
5) The WSCC/CSH team included at least one administrator.	<input type="checkbox"/>
6) The WSCC/CSH team included students.	<input type="checkbox"/>
7) The WSCC/CSH team included the cafeteria manager or other identified nutrition manager.	<input type="checkbox"/>
8) Campus leadership identified funds to purchase & maintain WSCC/CSH equipment for the classroom teacher to support comprehensive school physical activity programs OR before- & after-school physical activity programs or opportunities.	<input type="checkbox"/>
9) The campus leadership established a Student Wellness Team (SWT).	<input type="checkbox"/>
10) How many times did the WSCC/CSH team meet this year? <i>(Point values are in parenthesis)</i>	<input type="checkbox"/> 0 (0) <input type="checkbox"/> 1 (1) <input type="checkbox"/> 2 (2) <input type="checkbox"/> 3 (3) <input type="checkbox"/> 4 or more (4)

**\*\***Indicate questions that are state &/or federal standards.

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<b>WSCC/CSH Implementation</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) <b>**</b> Campus students and staff participated in a campus or district-wide WSCC/CSH kickoff activity at the beginning of the school year (can be in conjunction with a planned event such as Obesity Awareness Week).	<input type="checkbox"/>
2) Campus students and staff participated in health awareness events or activities, such as Wear Red for Women, American Diabetes Month, etc.	<input type="checkbox"/>
3) Campus students and staff participated in Tobacco &/or Substance Abuse Awareness events or activities.	<input type="checkbox"/>
4) Campus staff held at least 1 family health and fitness event (i.e. cooking class, Family Field Day, CATCH night, etc.)	<input type="checkbox"/>
5) The WSCC/CSH chair or other staff provided training for all classroom teachers regarding this year's WSCC/CSH initiatives for the campus.	<input type="checkbox"/>

**\*\***Indicate questions that are state &/or federal standards.

<b>Implementation of PE</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) <b>**</b> PE teacher(s) planned and implemented 50% (or more) of weekly physical education time as Moderate to Vigorous Physical Activity (MVPA).	<input type="checkbox"/>
2) <b>**</b> Campus staff implements TEKS as required by TEA for Physical Education.	<input type="checkbox"/>
3) <b>**</b> PE teacher(s) are certified in CPR/First Aid and AED.	<input type="checkbox"/>
4) <b>**</b> At least 85% of the students in grades 3-8 were assessed for FitnessGram.	<input type="checkbox"/>
5) The PE teacher(s) maintained the required PE inventory and materials.	<input type="checkbox"/>
6) The PE teacher(s) used instructional technology (i.e. projector, laptop, other) in a lesson at least once per week.	<input type="checkbox"/>
7) Each grading period PE teacher(s) posted information or informed parents directly as to what units were taught and addressed, including FitnessGram information.	<input type="checkbox"/>

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<b>Health Lessons</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) <b>**</b> Campus staff implements TEKS as required by TEA for Health.	<input type="checkbox"/>
2) Students receive Human Maturation/Sexuality and Responsibility lessons taught by designated teachers.	<input type="checkbox"/>

\*\*Indicate questions that are state &/or federal standards.

<b>Nutrition</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) Healthy options were available when food/beverages were provided to teachers/staff during meetings (i.e. faculty meetings and professional development days).	<input type="checkbox"/>
2) The students had access to healthy foods/beverages when food and beverages were provided at campus events during the school day.	<input type="checkbox"/>
3) The campus staff did not provide students access to Foods of Minimal Nutritional Value (FMNV) (including candy or food rewards) during the school day unless stated in a student's IEP.	<input type="checkbox"/>
4) The campus did not sell food or beverages for any fundraising activity during the school day.	<input type="checkbox"/>
5) Students and parents had access to healthy foods when food and beverages were served at after-school events/activities.	<input type="checkbox"/>
6) The campus developed additional guidelines concerning birthday celebrations (i.e. the number of celebrations per month and a certain time to celebrate) so as not to interfere with instructional time.	<input type="checkbox"/>
7) The campus provided integrated nutrition education-based opportunities (i.e. school garden, farm stand, farm to work, cooking classes, etc.)	<input type="checkbox"/>
8) How many food-related fundraisers did your campus staff sponsor outside the school day this year? <i>(Point values are in parenthesis)</i>	<input type="checkbox"/> 0 (1) <input type="checkbox"/> 1 or 2 (0) <input type="checkbox"/> 3 or 4 (0) <input type="checkbox"/> 5 or more (0)

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<b>Physical Activity</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) <b>**ELEM Only:</b> Teachers followed the campus schedule to meet the state mandated 135 minutes of physical activity per week or 30 minutes per day.	<input type="checkbox"/>
2) <b>ELEM Only:</b> Campus offers AT LEAST 20 minutes of daily recess.	<input type="checkbox"/>
3) <b>ELEM Only:</b> Campus offers MORE THAN 20 minutes of daily recess.	<input type="checkbox"/>
4) <b>**MIDDLE Only:</b> Students received 225 minutes of physical activity per 10 days or at least 30 minutes per day for 4 semesters.	<input type="checkbox"/>
5) <b>MIDDLE Only:</b> Campus provides physical activity opportunities before- or after-school or during lunch (i.e. open gym, etc.)	<input type="checkbox"/>
6) The WSCC/CSH chair provided information to all staff about physical activity opportunities.	<input type="checkbox"/>

**\*\***Indicate questions that are state &/or federal standards.

<b>Other Physical Activity Opportunities</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) The campus provided <b>before</b> -school physical activity opportunities (i.e. running club, open gym, or GoNoodle).	<input type="checkbox"/>
2) The campus provided <b>after</b> -school physical activity opportunities (i.e. running club or open gym).	<input type="checkbox"/>
3) The campus participated in community events promoting healthy/active lifestyles.	<input type="checkbox"/>

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<b>Activity in the Classroom</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) Staff received training on how to implement physical activity in the classroom such as GoNoodle, Brain Breaks, yoga, cooperative games, etc.	<input type="checkbox"/>
2) Campus Improvement Plan (CIP) includes at least 1 health/wellness-related goal.	<input type="checkbox"/>
3) Brain break activities were provided at faculty meetings throughout the school year.	<input type="checkbox"/>
4) Approximately what percentage of classroom teachers are using classroom activities (i.e. Brain breaks or GoNoodle) at least one time every day? <i>(Point values are in parenthesis)</i>	<input type="checkbox"/> Less than 25% (0) <input type="checkbox"/> 25% (1) <input type="checkbox"/> 50% (2) <input type="checkbox"/> 75% (3) <input type="checkbox"/> 100% (4)

<b>School Health Environment</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) Campus staff posted nutrition information in the school hallways, cafeteria, and classrooms throughout the school year.	<input type="checkbox"/>
2) Campus staff posted physical activity information in the school hallways and classrooms throughout the school year.	<input type="checkbox"/>
3) Campus staff sent nutrition and physical activity information to parents.	<input type="checkbox"/>
4) Staff posted nutrition and physical activity information on the campus website.	<input type="checkbox"/>

<b>Parent and Community Participation</b> <i>(1 point per "yes" response)</i>	<b>Yes</b>
1) <b>**</b> Parents automatically received or were notified that they could request their child's FitnessGram results.	<input type="checkbox"/>
2) Campus PTA/PTO has a Healthy Lifestyle Chairperson.	<input type="checkbox"/>
3) There was at least one parent on the WSCC/CSH team.	<input type="checkbox"/>

**\*\***Indicate questions that are state &/or federal standards.

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## Health Initiatives (up to 3 total)

The following questions relate to health initiatives that your campus hosted or participated in during the past year that best demonstrate your commitment to student health & wellness. Please do not include items already represented within the application (e.g. CATCH night, Family Field Day, etc.). This is a chance to show how your campus really excels in health and wellness. **Health initiatives should represent ongoing commitment to health and wellness and can include one-time health events.**

You will be given the opportunity to include up to 3 health initiatives at your campus on the online application. Each initiative will be scored and combined with points earned in above questions to determine the Mayor's Healthiest Schools Award Winners. We recommend that you include all 3 health initiatives (if you have relevant examples), as each one will bring additional points to your application.

1) Briefly describe a WSCC/CSH initiative that was implemented this past year. In your description please specify how it addressed one (or more) of the components of the WSCC/CSH model. **(Limit 200 characters.)**

These are just a few examples:

- **Healthy recipe competition for students** – our school held a 3-week recipe contest for students in which students had to bring in a... Students learned about nutrition and healthy food...
- **School fundraiser** – our annual fundraiser lasts one month and includes a physical activity challenge. Students engage in daily physical activity and parents and families participate by ...
- **Healthy Habits** – our school created a policy to model healthy beverages to our students... all teachers required to use clear drinking containers to drink plain water while with students...
- **Our "Tobacco-free Tigers" tobacco prevention project** lasts throughout the year with monthly activities devoted to preventing tobacco use in our students. We have speakers from..., an anti-tobacco message contest, and ...



2) Which WSCC component(s) did this initiative address?

- Health Education
- Nutritional Environment & Services
- Physical Education & Physical Activity
- Health Services
- Counseling, Psychological & Social Services
- Social & Emotional Climate
- Physical Environment (i.e. health and safety)
- Employee Wellness
- Family Engagement
- Community Involvement



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<p>3) Was this a new initiative?</p> <p><input type="checkbox"/> Yes, it was new this school year.</p> <p><input type="checkbox"/> No, it was established before this school year.</p>
<p>4) How often were the activities of the initiative held?</p> <p><input type="checkbox"/> Everyday                      <input type="checkbox"/> Every other week                      <input type="checkbox"/> Once every 2 months                      <input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> 1-4 times a week                      <input type="checkbox"/> Once a month                      <input type="checkbox"/> Once a grading period or less often</p>
<p>5) What percentage of the staff participated in the health initiative?</p> <p><input type="checkbox"/> Less than 25%                      <input type="checkbox"/> 25%                      <input type="checkbox"/> 50%                      <input type="checkbox"/> 75%                      <input type="checkbox"/> 100%</p>
<p>6) What percentage of the students participated in the health initiative?</p> <p><input type="checkbox"/> Less than 25%                      <input type="checkbox"/> 25%                      <input type="checkbox"/> 50%                      <input type="checkbox"/> 75%                      <input type="checkbox"/> 100%</p>
<p>7) What kind of engagement did the students have in this initiative? (Check all that apply).</p> <p><input type="checkbox"/> Students generated the idea for the initiative.</p> <p><input type="checkbox"/> Students provided input for planning (e.g. identified needs &amp; preferences).</p> <p><input type="checkbox"/> Students led the initiative.</p> <p><input type="checkbox"/> Included peer to peer components.</p>
<p>8) Who else participated in the health initiative? (Check all that apply).</p> <p><input type="checkbox"/> Families of students</p> <p><input type="checkbox"/> Community members &amp;/or neighbors</p> <p><input type="checkbox"/> Student volunteers</p> <p><input type="checkbox"/> PTA/PTO &amp; Family volunteers</p> <p><input type="checkbox"/> Community Partners (e.g. non-profits, neighborhood associations, churches, foundations, universities)</p> <p><input type="checkbox"/> District Officials (School Board Members, Superintendent, etc.)</p> <p><input type="checkbox"/> City Officials (City council members, Mayor, etc.)</p>