



HEALTHY SCHOOLS, HEALTHY KIDS!

# Sample Parent/Family Survey

A healthy school environment is important to everyone. York Region Public Health, in collaboration with **(school board name)**, is starting a **Healthy Schools** initiative at **(name of school)**. A Healthy Schools approach focuses on health issues specific to the needs and concerns of the school community. We are asking parents, staff and students to provide input on how to create a healthy school. Please complete the questions below and return the survey to the school by **(date)**.

1. What is happening at your school now that makes you healthy and feel good?

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2. What would you like to see at your school to help you be healthier?

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3. How can we do this?

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4. As a parent, what issues are important to you? Please check all the boxes that apply.

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| <input type="checkbox"/> Healthy eating            | <input type="checkbox"/> Alcohol and substance use  |
| <input type="checkbox"/> Physical Activity         | <input type="checkbox"/> Peer pressure              |
| <input type="checkbox"/> Playground safety         | <input type="checkbox"/> Suicide                    |
| <input type="checkbox"/> Loneliness                | <input type="checkbox"/> Sexual Health              |
| <input type="checkbox"/> Bullying/school violence  | <input type="checkbox"/> Racism                     |
| <input type="checkbox"/> The environment           | <input type="checkbox"/> Stress                     |
| <input type="checkbox"/> Dating                    | <input type="checkbox"/> Injury Prevention          |
| <input type="checkbox"/> Conflict                  | <input type="checkbox"/> Tobacco Use                |
| <input type="checkbox"/> Relationships with family | <input type="checkbox"/> Relationships with friends |
| <input type="checkbox"/> Other _____               |   |

5. What is your picture of a Healthy School?

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6. Are you interested in being part of the **Healthy Schools** team? If yes, please complete below:

- Committee    Project    Event    Other \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Thank you for helping our school to become a healthier, safer place to learn.**

If you have any questions or comments, please speak with (name of champion) \_\_\_\_\_  
or \_\_\_\_\_, Public Health Nurse (905)898-0174 ext. \_\_\_\_\_ or email \_\_\_\_\_