**Inland Empire School Health Coalition**  
**School Health Profiles**

Instructions: We would like to learn more about schools that are part of the Inland Empire School Health Coalition. Please complete the form below to the best of your ability.

<table>
<thead>
<tr>
<th><strong>Today's date</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and email of person completing this form</td>
<td></td>
</tr>
<tr>
<td>School name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Grade levels served</td>
<td></td>
</tr>
</tbody>
</table>

**What type of nurse coverage does your school have?**

- [ ] Full time
- [ ] Part time
- [ ] No coverage

**Does your school currently have a school-based health center?**

- [ ] Yes, if so, name ______________________
- [ ] No
- [ ] In process of developing one

**Does your school currently have a School Mental Health Program or similar services on site for students?**

- [ ] No
- [ ] In process of developing one
- [ ] Yes, describe below

**What type of mental health clinician coverage does your school have?**

- [ ] No
- [ ] In processing of identifying/securing partners
- [ ] Yes, please list agency names here:

**Do you partner with any outside organizations or agencies to address social-emotional needs, improve school climate around mental health, and/or provide for mental health needs?**

- [ ] No
- [ ] In processing of identifying/securing partners
- [ ] Yes, please list agency names here:

**Does your school see a need for more school-based behavioral/mental health services than you currently have?**

- [ ] Yes
- [ ] No
- [ ] Uncertain

**Is your school billing SMAA and LEA-BOP?**

- [ ] Yes
- [ ] No
- [ ] Uncertain

**If you are ready for your school/district to be connected to community health center(s) for potential collaboration, please check this box for follow-up**

- [ ] Yes, connect me to community health center(s) for potential collaboration