

**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.

<b>Today's date</b>	
Name and email of person completing this form	
School name	
Address	
District	
County	
Grade levels served	
What type of nurse coverage does your school have?	<input type="checkbox"/> Full time                      _____ Number of nurses <input type="checkbox"/> Part time <input type="checkbox"/> No coverage
Does your school currently have a school-based health center?	<input type="checkbox"/> Yes, if so, name _____ <input type="checkbox"/> No <input type="checkbox"/> In process of developing one
Does your school currently have a School Mental Health Program or similar services on site for students?	<input type="checkbox"/> No <input type="checkbox"/> In process of developing one <input type="checkbox"/> Yes, describe below
What type of mental health clinician coverage does your school have?	
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?	<input type="checkbox"/> No <input type="checkbox"/> In processing of identifying/securing partners <input type="checkbox"/> Yes, please list agency names here:
Does your school see a need for more school-based behavioral/mental health services than you currently have?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Is your school billing SMAA and LEA-BOP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes, connect me to community health center(s) for potential collaboration