



WELLNESS NEEDS ASSESSMENT QUESTIONS

2024-2025 SCHOOL YEAR

Questions on Student Wellness, School Climate, and Culture for Grades 3-12

Prepared by

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Table of Contents

INTRODUCTION	3
BEST PRACTICES IN NEEDS ASSESSMENT DESIGN.....	3
2024-2025 HCPS WELLNESS NEED ASSESSMENT INSTRUMENT (QUESTIONS)	4
Welcome MESSAGE	4
School levels	5
Grade levels	6
Climate & Culture (Mental Health) - Elementary Schools ONLY	6
College and Career Preparation (Secondary Schools ONLY)	7
Climate & Culture (Mental Health) - Secondary Schools ONLY	7
School Support Needs (Secondary Schools ONLY)	8
Mental Health Concerns (Secondary Schools ONLY)	8
About Your School Counselor	9
Social Wellbeing (Mental Health)	9
Emotional Wellbeing (Mental Health).....	10
Learning Skills & Habits (Mental Health).....	10
SLEEP (Physical Health)	12
Nutrition (Physical Health).....	13
Physical Activity (Physical Health).....	13
Screen Time	15
Personal Care.....	17
QUESTION NUMBER COMPARAISON TABLE.....	18
ACKNOWLEDGEMENT	19

INTRODUCTION

This document includes all questions related to the 2024-2025 HCPS Wellness Needs Assessment. The purpose of this assessment is to gather insights from students in grades 3 through 12 about their wellness needs—both mental and physical—as well as their views on school climate and culture. As you review the needs assessment questions, please keep the following structural details and best practices design in mind:

- Question numbers (e.g., Q3) pertain to the online assessment programming numbers and may be non-linear.
- Appropriate question language will be displayed depending on respondents' selection in a prior question (e.g., a 6th grader will see "Please select your Middle school" while a 9th grader will see "Please select your High school").
- Questions are formatted into "Blocks" or "Sections" such as **SCREEN TIME**.
- "○" denotes a radio button where the respondent can only select one answer.
- "☐" denotes a check box where the respondent can select more than one answer option.
- "*" All online items with an asterisk will require a response before an individual may continue to the next question.

BEST PRACTICES IN NEEDS ASSESSMENT DESIGN

- **Require responses** for all needs assessment questions. Some items require forced response because they are used for needs assessment logic. However, using forced response on all close ended questions allows for more thorough data cleaning and the removal of low-quality responses. If a question is sensitive in nature, a "Prefer not to respond" or "NA" may be selected.
- Present matrix questions (e.g., Likert scales going from disagree to agree) from **negative to positive**.
- **Randomize questions** when multiple options are present to decrease "order-effects," which is common for questions of a similar structure.
- **Balance Likert scales:** for this needs assessment, we primarily utilized three, four, and/or five-point scales.
- **Use "N/A" or "I do not know"** options when the question is either not relevant or the respondent is unsure. These are often consolidated because there is not an analytical reason to separate these results. Moreover, extending the scale (i.e., separating "N/A" and "Don't know" as two different options) may encourage respondents to select more "positive" responses due to the relative physical position of the extended scale.
- **Keep open-ended comments to a minimum or none.** Respondents start providing redundant answers when faced with more than two or three open-ended responses.
- **Use skip logic** to ensure that respondents only answer questions pertinent to them.
- **Avoid too many or too few questions in a single page.** You may view these aesthetic aspects of the needs assessment once the needs assessment has been programmed into the online platform.
- Avoid questions with the following characteristics:
 - **Double-barreled questions** (e.g., asking two questions at once).
 - **Leading questions.** For example, asking "Many staff members indicate that district buildings are clean. Is your building clean?" may lead a respondent to indicate that their building is clean regardless of their objective opinion. Asking leading questions makes respondents susceptible to social desirability. That is, respondents might then answer questions based on the question wording and not their objective opinion.
 - **Subjective language** for needs assessment questions to ensure that all respondents will interpret the needs assessment item the same way.

2024-2025 HCPS WELLNESS NEED ASSESSMENT INSTRUMENT (QUESTIONS)

Welcome MESSAGE

Harford County Public Schools (HCPS) Student Wellness Needs Assessment! Grades 3-12

Your School Community wants to learn more about you to help make sure you have a great school year. Your participation is optional.

All information you provide will remain confidential but not anonymous, so please be candid in your responses.

Thank you for taking the 2024-2025 Student Wellness Needs Assessment!

Please click the **Next** button below to begin.

School levels

1. Please select your school level. *

- Elementary School
- Middle School
- High School

ELEMENTARY SCHOOL

2. Please select your elementary school. * (Elementary Schools Only)

Elementary Schools

- | | | |
|---------------------------------------|---|--|
| <input type="radio"/> Abingdon ES | <input type="radio"/> Fountain Green ES | <input type="radio"/> North Bend ES |
| <input type="radio"/> Bakerfield ES | <input type="radio"/> George D. Lisby At Hillsdale ES | <input type="radio"/> North Harford ES |
| <input type="radio"/> Bel Air ES | <input type="radio"/> Hall's Cross Roads ES | <input type="radio"/> Old Post Road ES |
| <input type="radio"/> Church Creek ES | <input type="radio"/> Harford Academy ES | <input type="radio"/> Prospect Mill ES |
| <input type="radio"/> Churchville ES | <input type="radio"/> Havre de Grace ES | <input type="radio"/> Red Pump ES |
| <input type="radio"/> Darlington ES | <input type="radio"/> Hickory ES | <input type="radio"/> Ring Factory ES |
| <input type="radio"/> Deerfield ES | <input type="radio"/> Homestead/Wakefield ES | <input type="radio"/> Riverside ES |
| <input type="radio"/> Dublin ES | <input type="radio"/> Jarrettsville ES | <input type="radio"/> Roye-Williams ES |
| <input type="radio"/> Edgewood ES | <input type="radio"/> Joppatowne ES | <input type="radio"/> Swan Creek School (ES) |
| <input type="radio"/> Emmorton ES | <input type="radio"/> Magnolia ES | <input type="radio"/> William S. James ES |
| <input type="radio"/> Forest Hill ES | <input type="radio"/> Meadowvale ES | <input type="radio"/> Youth's Benefit ES |
| <input type="radio"/> Forest Lakes ES | <input type="radio"/> Norrisville ES | |

MIDDLE SCHOOL

2. Please select your middle school. * (Middle Schools Only)

Middle Schools

- | | | |
|-----------------------------------|---|--------------------------------------|
| <input type="radio"/> Aberdeen MS | <input type="radio"/> Havre de Grace MS | <input type="radio"/> Southampton MS |
| <input type="radio"/> Bel Air MS | <input type="radio"/> Magnolia MS | <input type="radio"/> Swan Creek MS |
| <input type="radio"/> Edgewood MS | <input type="radio"/> North Harford MS | |
| <input type="radio"/> Fallston MS | <input type="radio"/> Patterson Mill MS | |

HIGH SCHOOL

2. Please select your high school. * (High Schools Only)

High Schools

- | | | |
|---|--|---|
| <input type="radio"/> Aberdeen HS | <input type="radio"/> Fallston HS | <input type="radio"/> North Harford HS |
| <input type="radio"/> Bel Air HS | <input type="radio"/> Harford Technical HS | <input type="radio"/> Patterson Mill HS |
| <input type="radio"/> C. Milton Wright HS | <input type="radio"/> Havre de Grace HS | <input type="radio"/> Swan Creek HS |
| <input type="radio"/> Edgewood HS | <input type="radio"/> Joppatowne HS | |

Grade levels

ELEMENTARY SCHOOL GRADE LEVELS (GRADES 3-5)

3. Please select your elementary school grade level. * (Elementary Schools Only)
- 3rd Grade
 - 4th Grade
 - 5th Grade

MIDDLE SCHOOL GRADE LEVELS (GRADES 6-8)

3. Please select your middle school grade level. * (Middle Schools Only)
- 6th Grade
 - 7th Grade
 - 8th Grade

HIGH SCHOOL GRADE LEVELS (GRADES 9-12)

3. Please select your high school grade level. * (High Schools Only)
- 9th Grade
 - 10th Grade
 - 11th Grade
 - 12th Grade

Climate & Culture (Mental Health) - Elementary Schools ONLY

4. Please say how much you disagree or agree with the following items about school and community. *

	Disagree	I do not know	Agree
I feel welcome at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of belonging in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe going to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

College and Career Preparation (Secondary Schools ONLY)

4. Please say how much you disagree or agree with the following items. For my future I feel... *

	Disagree	I do not know	Agree
... my school is preparing me well for college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...my school is preparing me well for a career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Climate & Culture (Mental Health) - Secondary Schools ONLY

5. Please say how much you disagree or agree with the following items about school and community. *

	Disagree	I do not know	Agree
I feel welcome at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of belonging in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe going to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel proud to attend my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to get involved with school activities (e.g., clubs, sports) if I wish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school does NOT have issues with violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school provides a safe learning space for all students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school-sponsored events and activities held after school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

School Support Needs (Secondary Schools ONLY)

6. In which of the following areas would you like your school to offer more support for students? *Please select all that apply.**

- Substance use and abuse prevention
- Access to local mental health supports
- Access to stable or reliable housing
- Access to school supplies or materials
- Access to food or other nutritional resources
- Resources for students whose families are affected by incarceration (family members in jail)
- None of the above
- Prefer not to respond
- Other (please discuss with your school counselor)

Mental Health Concerns (Secondary Schools ONLY)

7. I would like help accessing mental health resources.*

- Yes
- No

Note: After completing the needs assessment, all students will receive a link to review resources, including how to access mental health resources, approved by the HCPS Department of Student Support Services.

About Your School Counselor

Notes: The following question numbers differ for elementary students online because secondary students will be asked 3 more questions at the start of this needs assessment. For example, Question 8 in this report will be shown as Question 5 for elementary students, Question 9 will appear as Question 6, and this pattern continues through to Question 30. For a detailed comparison, please refer to the **Question Number Comparison Table**, on the last page of this report, that shows the corresponding question numbers from Question 8 to Question 30.

8. Do you know: *

	Yes	No
... your school counselor?	<input type="radio"/>	<input type="radio"/>
...how to get in touch with your school counselor?	<input type="radio"/>	<input type="radio"/>

Social Wellbeing (Mental Health)

9. Social Wellbeing: *

	Disagree	I do not know	Agree
I am nice to others who are different than me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I treat people with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how others feel by looking at them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My actions affect others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think before I act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Relationships: *

	Disagree	I do not know	Agree
It is easy for me to talk with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends help me when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a good listener.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to problem solve with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional Wellbeing (Mental Health)

11. Feelings *

	Disagree	I do not know	Agree
I can name my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can tell others how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can calm myself when I am upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. At school, I generally feel... *

	Rarely	Sometimes	Often
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: The above question lists a number of words that describe different feelings and emotions. Please read each item and choose the response that best matches how often you feel these emotions at school.

Learning Skills & Habits (Mental Health)

13. Learning *

	Disagree	I do not know	Agree
I am able to focus at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to focus on homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get nervous during tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to ask for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please say how much you disagree or agree with the following items about support from adults at your school/community.*

	Disagree	I do not know	Agree
My teachers know I can do well at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know at least one adult I can ask for help if I do not understand something in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know at least one adult I can ask for help if I feel unsafe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have at least two non-parent adults who show they care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers provide extra help to me when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SLEEP (Physical Health)

15. During a typical school week, what time do you usually go to bed (i.e., what is your “bedtime”)? *

- Before 9:00 pm
- 9:00 pm – 9:59 pm
- 10:00 pm – 10:59 pm
- 11:00 pm – 11:59 pm
- 12:00 am (midnight) or later
- None of the above – I do not have a regular bedtime *schedule*

16. On a typical school night, which of the following best represents the reason you go to bed at your normal time? *

- I have a set bedtime
- I feel sleepy

17. How many times per week do you stay up past your normal bedtime (excluding weekends)? *

- Once per week
- Two or three times per week
- 4 times per week or more
- Never

18. In the past month, have any of the following made it hard for you to get enough sleep? *Please select all that apply.* *

- I have difficulty falling asleep
- I stay up late to finish schoolwork
- I stay up late for fun (e.g., to read a book or watch a movie)
- I stay up late to help my family (e.g., babysitting a sibling)
- I stay up late using my cell phone or other electronic devices.
- I stay up late because of athletics.
- I stay up late because of my job.
- None of the above*

Nutrition (Physical Health)

19. During a typical week, how often do you drink the following? *

	Never	Once a week	More than once a week	Rarely
Soda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Definitions:

Coffee or Tea: Include all freshly brewed, canned, or bottled coffee or tea beverages.

Energy Drinks: Include Red Bull, Rockstar, Jolt, and similar brands.

Physical Activity (Physical Health)

20. During the past week, how many days did you engage in physical activity for a total of *

	Never	Once a week	More than once a week
60 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 minutes outside of regular school hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. I enjoy participating in community traditions (ex. Volunteering, family traditions, attending school events such as game night, trunk or treat, family night, etc.) *

- Yes
- No

22. In which activities do you currently participate or plan to participate in the current school year? *Please select all that apply.* *

- Clubs** (Art, Environmental, Drama, Robotics, Chess, Destination Imagination, etc...)
- School Sponsored Sports** (Soccer, Basketball, Baseball, Softball, Volleyball, Cross Country, Cheerleading, Step Team, Dance Company, etc...)
- Performing Arts** (Chorus, Marching Bands, Ensemble, Orchestra, String Quartets, All-State Junior Band/Chorus/Orchestra, etc...)
- Honor Societies - High School Only** (National Honor Society, Tri-M Music Honor Society, National Art Honor Society, National Honor Society for Dance Art, etc...)
- Park and Recreation - Non School Sponsored Sports** (Basketball, Baseball/Softball, Soccer, Lacrosse, etc...)
- Volunteer Organizations** (Church, Humane Society, Best Buddies, etc...)
- None**

23. On how many sports teams run by organizations outside of your school do you participate? *

- 1 team
- 2 teams
- 3 teams or more
- None

Screen Time

24. During the past week, how many hours per day did you spend looking at a screen outside of school? *

- Less than 2 hours
- 2 to 4 hours
- 5 hours or more

25. To which of the following devices do you have access outside of school? Please select all that apply. *

- Television
- Smartphone
- Tablet (e.g., iPad, Surface)
- Videogame console (e.g., PlayStation, Xbox, Nintendo Switch)
- None of the above

26. On a typical school day, how many minutes before you try to fall asleep do you stop looking at screens? *

- Less than 10 minutes
- Between 10 and 30 minutes
- More than 30 minutes

27. What social media apps do you frequently use? Check all that apply *

- TikTok
- Snapchat
- Instagram
- Facebook
- Twitter (X)
- WhatsApp
- YouTube
- Pinterest
- Discord
- Roblox
- Twitch
- None of the above

28. How often do you use the following online platforms/social media apps?

	Amost constantly	Several times a day	Several times a week	Do not use
YouTube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TikTok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snapchat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter (X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discord	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roblox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes/Background: According to Statista and Pew Research Center, the list above includes the leading networking sites used by students (teens) and young adults.

Below is a list of the most commonly used social media apps and online platforms among school children and teens in the U.S.A.:

1. **TikTok** – Short-form video platform widely popular for trends, challenges, and creative content.
2. **Instagram** – Photo and video sharing app; Instagram Stories and Reels are popular features.
3. **Snapchat** – Messaging app with disappearing messages, Stories, and fun filters.
4. **YouTube** – Video-sharing platform used for entertainment, tutorials, and vlogs.
5. **Discord** – Voice, video, and text communication platform popular for gaming communities but also used for social and study groups.
6. **Roblox** – Online gaming platform where users create and share their games and experiences.
7. **Twitch** – Live streaming platform mostly popular for gaming but also used for other forms of content like music and art.
8. **Facebook** – Less popular with younger teens, but still used by some for family connections and Facebook Groups.
9. **WhatsApp** – Messaging app used by some teens, especially those with international contacts.
10. **Pinterest** – Visual discovery platform, mainly for finding creative inspiration or ideas for fashion, crafts, and DIY projects.
11. **X (formerly Twitter)** – Microblogging platform, though it's not as popular with younger teens.
12. **Reddit** – Community-based platform where users participate in discussions across a wide range of topics.

Some of these apps have become more integrated into educational or community spaces, beyond just social or entertainment purposes.

Personal Care

29. Which of the following, if any, do you commonly do to relax? Please select all that apply. *

- | | |
|---|---|
| <input type="checkbox"/> Listen to music or a podcast | <input type="checkbox"/> Write |
| <input type="checkbox"/> Play music | <input type="checkbox"/> Make art (e.g., sketch, paint) |
| <input type="checkbox"/> Talk to friends | <input type="checkbox"/> Watch TV |
| <input type="checkbox"/> Talk to family members | <input type="checkbox"/> Play videogames |
| <input type="checkbox"/> Meditate | <input type="checkbox"/> Other |
| <input type="checkbox"/> Exercise or play a sport | |
| <input type="checkbox"/> Read | |

30. Please say how much you disagree or agree with the following statements about personal care. *

	Yes	No
I regularly bathe or shower.	<input type="radio"/>	<input type="radio"/>
I have someone I can go to with questions about personal hygiene.	<input type="radio"/>	<input type="radio"/>
I regularly brush my teeth.	<input type="radio"/>	<input type="radio"/>
I regularly floss my teeth.	<input type="radio"/>	<input type="radio"/>

After answering the above question, students will click the **Submit** button to complete the needs assessment.

After clicking the submit button, all students will receive the following message:

Thank you for taking the time to complete this needs assessment. Please click the link below to review resources, including how to access mental health resources, approved by the HCPS Department of Student Support Services:
<https://www.hcps.org/students/MentalHealthZone.aspx>.

QUESTION NUMBER COMPARAISON TABLE

Below is a table showing the corresponding question numbers (online) for elementary students, starting from Question 8 to Question 29 included in this document:

Secondary Student Question Number (In This Document & Online)	Corresponding Elementary Student Question Number (Online)
8	5
9	6
10	7
11	8
12	9
13	10
14	11
15	12
16	13
17	14
18	15
19	16
20	17
21	18
22	19
23	20
24	21
25	22
26	23
27	24
28	25
29	26
30	27

This table helps clarify the mapping between the original question numbers, included in this document, and how they will appear to elementary and secondary students online.

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