

Health and Wellness Action Plan



School Name:			
Health/Wellness Site Coordinator:			
PAL (Physical Activity Leader):			
School Principal:			
Action plan period:	Beginning _____	Ending _____	

Belief Statement:	We believe that schools have a responsibility to help students and staff establish and maintain lifelong, healthy eating patterns since research shows that good nutrition reduces the risk for mortality and development of chronic diseases. In addition, we believe that physical activity contributes to wellness and, therefore, should be valued, modeled and promoted during the school experience.
Alignment with School Improvement Plan(s), (if applicable):	

Goal #1	Responsible Person	Communication to Employees, Students, Community	Date of Implementation	Measurable Results (Outcome)
Details:				
Goal #2	Responsible Person	Communication to Employees, Students, Community	Date of Implementation	Measurable Results (Outcome)
Details:				

Goal #3	Responsible Person	Communication to Employees, Students, Community	Date of Implementation	Measurable Results (Outcome)

Details:

Goal #4	Responsible Person	Communication to Employees, Students, Community	Date of Implementation	Measurable Results (Outcome)

Details:

**** Action Plan due Oct. 16, 2020 to Central Office. We will meet in Jan. to review progress and completed plans (with results) will be due to the Central office in June. Please make sure you are DOCUMENTING!**

For Central Office use only:	
Approved / Not approved	Approved / Not approved
Coordinator of Health & Wellness/Health Instruction	Supervisor of Human Resources