

School Name:		Principal (print first & last name):			
School Wellness Contact (print first & last name):		E-mail: Phone number:			
<u>School Year</u> (check) <input type="checkbox"/> 07-08 <input type="checkbox"/> 08-09	<u>Semester</u> (check) <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2	Wellness Component: <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Education <input type="checkbox"/> Healthy & Safe Env. <input type="checkbox"/> Health Services <input type="checkbox"/> Physical Activity <input type="checkbox"/> Health Education <input type="checkbox"/> Social & Emotional Well-Being <input type="checkbox"/> Staff Wellness			

Plan	1 Overall Goal (Wellness Component of Focus)
Plan	2 Target Goal

Identify strategies required, timeline and person responsible for completing tasks

3 Action Plan			
		Reporting Period 1	Reporting Period 2
Study	Identify data/info		
	Identify strategies to be used		

Plan	Person responsible		
	Resources available		
	Resources needed		
	Professional development		
	Parent & Community Involvement		
	Do	Identify the activity to implement strategy	
Study			
Act			