

Saint Paul Public Schools Wellness Action Plan

Wellness Champion Roster - Please asterisk* the chair/co-chairs.

School Year: _____

| First Name | Last Name | Email Address | Relationship to School, <i>i.e. PE Teacher, Nurse, Health Assistant</i> | Date Completed: |
|------------|-----------|---------------|---|-----------------|
| Sally | Sass | | Health Assistant | |
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|------------------------------------|---|---|---------------------------------|--|---|--|
| Wellness Policy Element(s): | Communication Foods/beverages in Cafeteria | Foods/beverages outside Cafeteria, <i>i.e.</i> Classroom, concessions | Fundraising Health education | Nutrition education and/or Wellness Policy promotion | Physical activity Physical education Staff Wellness | Other <i>(please specify in box below)</i> : |
|------------------------------------|---|---|---------------------------------|--|---|--|

| | Strategy <small>What action step will your team take?</small> | Person(s) Responsible <small>Who will do this?</small> | Policy Element <small>Use from list above</small> | Time Frame <small>When should this completed?</small> | Key Partners and/or Resources <small>Who/what can help with this?</small> | Evaluation <small>How will results be measured, <i>i.e.</i> Survey, program summary?</small> | Date Completed |
|---|---|---|--|--|--|---|----------------|
| 1 | Promote Employee Wellness and Wellness Champion (when it applies) newsletters to building staff | Sally Sass | Communication | 2018-19 school year | building administrator, employee on-site wellness manager, wellness champion coordinator, building staff responsible for building staff newsletter | Simple survey of staff to see if information is valuable, helpful | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

Allina Funding:
What is your plan for your mini-grant?

Evidence of Success:
How will your team know you've succeeded?

Sustainability:
How will this be monitored and maintained?