			Sa	int Paul Pul	olic Schools \	Wellness Acti	on Plan		
		Wellness Champion Roster - Please asterisk* the chair/co-chairs.							
								School Year:	
First Name Last Name			Email Address			Relationship to Schoo	II, i.e. PE Teacher, Nurse, Health Assistant	Date Completed:	
Wendy Walker		Walker	+						
\vdash			+						
\vdash									
\vdash									
10/	ellness Policy Element(s):	Communication	F d - //	Fundraining	No delition or described	Dhysical activity	Other (please specify in box below):		
VV	enness Foncy Element(s).	Foods/beverages in Cafeteria	Foods/beverages outside Cafeteria, i.e. Classroom,	Fundraising Health education	Nutrition education and/or Wellness Policy	Physical activity Physical education	Other (prease specify in box below).		
		1 oods/beverages in Caretena	concessions	ricaltir cadcation	promotion	Staff Wellness			
						Otali Welliless			
			Person(s)				Key Partners and/or		Date
	Strategy		Responsible	Policy Element		Time Frame	Resources	Evaluation	Completed
	What action step will your team take?		Who will do this?	Use from list above		When should this completed?	Who/what can help with this?	How will results be measured, i.e.	
								Survey, program summary?	
	Celebrate Walk/Bike to So	chool Day in October	Wendy W.	Physical activity		Oct. 10, 2018	Building administrator, wellness champion coordinator, family liaison, PTA, site council, community partners, bus drivers, bus dispatcher	Number of students and staff that participate; survey of staff	
	Hold a flu clinic		school nurse	Staff & Family wellness		Fall 2018	Student Wellness, outside vendor (MVNA and MN VFC-Jeanne Portoghese	How many shots are given	
	Hold an all-school Field Day		school PE teacher	Physical activity		Spring 2019	PE teachers, PTA	Number of students that participate	
	Hold Move Mindfully Youth Leaders Training sessions from MoveMindfully Menu		Wendy W. with Move Mindfully staff	Physical activity		late winter 2019	Kathy Flaminio, Allina wellness funds	Survey teachers, youth leaders	
	Staff versus Students Kickball tournament		school PE teacher	Physical activity		Tie in with Fall Festival	school staff or family member to organize	Number of students and staff that participate; survey of staff	
W	lina Funding: hat is your plan for your ini-grant?						,		
H	vidence of Success: ow will your team know our've succeeded?								
H	ustainability: ow will this be monitored and maintained?								