

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:
william	wellness		classroom teacher	

Wellness Policy Element(s):	Communication Foods/beverages in Cafeteria	Foods/beverages outside Cafeteria, <i>i.e. Classroom, concessions</i>	Fundraising Health education	Nutrition education and/or Wellness Policy promotion	Physical activity Physical education Staff Wellness	Other <i>(please specify in box below):</i>
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	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. Survey, program summary?</i></small>	Date Completed
1	Form a building wellness committee	william wellness	wellness policy promotion	8/25/18-5/31/18	building administrator, PTA/Site Council, Family Liaison, student council, school community partners	Number of people serving on wellness committee besides champion; number of times committee meets (either face-to-face or virtual; action plan submitted	
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?