

### School Wellness Committee Activity Log

School Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Attendees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Person Completing this Log: \_\_\_\_\_

Who has been designated at this school to be the lead school official insuring compliance with the local wellness policy? \_\_\_\_\_

Item of Discussion	Action to Be Taken/Next Steps	By When and By Whom
How can we support this school in developing a healthier environment?		
What is our vision for the health/wellness of our students, staff, and families?		
How do we promote parent, community, and professional involvement in developing a healthier school environment?		
Are there funds or resources we can tap into for student and staff wellness?		
What programs are being implemented for student and staff wellness? If none, what could we plan?		
How are we evaluating program and wellness policy efforts/implementation at our school?		
How/When are we providing feedback to the district regarding progress of the implementation of the wellness policy?		

\*Please return this completed log to the District Wellness Committee Chairperson