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| SCHOOL: Click to enter school name. | DISTRICT: Click to enter district name. |

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| **CRITERIA** | **TASKS** | **LEAD** | **DATE** | **RESOURCES** | **EVIDENCE OF SUCCESS** |
| *Healthy Schools Program criteria to improve.* | *List of specific tasks needed to complete the Action Step.*  | *Person responsible for ensuring tasks are completed.* | *Goal date to complete all tasks.* | *People, tools, support & funding to help complete tasks.* | *Evidence needed to demonstrate implementation of the criteria.* |
| Click to choose criterion. |  |  | Click to enter a date. |  |  |
| Click to choose criterion. |  |  | Click to enter a date. |  |  |
| Click to choose criterion. |  |  | Click to enter a date. |  |  |

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| **CRITERIA** | **TASKS** | **LEAD** | **DATE** | **RESOURCES** | **EVIDENCE OF SUCCESS** |
| *Healthy Schools Program criteria to improve.* | *List of specific tasks needed to complete the Action Step.*  | *Person responsible for ensuring tasks are completed.* | *Goal date to complete all tasks.* | *People, tools, support & funding to help complete tasks.* | *Evidence needed to demonstrate implementation of the criteria.* |
| Click to choose criterion. |  |  | Click to enter a date. |  |  |
| Click to choose criterion. |  |  | Click to enter a date. |  |  |
| Click to choose criterion. |  |  | Click to enter a date. |  |  |

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| **CRITERIA** | **PARTNER OR STAKEHOLDER** | **LEAD** | **DATE** | **REQUEST** |
| *Healthy Schools Program criteria to improve.* | *Potential person or partner who can help your school wellness committee improve a criterion.* | *Person responsible for ensuring tasks are completed.* | *Goal date to complete all tasks.* | *Describe how you will ask the partner or stakeholder to help you improve a criterion.* |
| Click to choose criterion. |  |  | Click to enter a date. |  |
| Click to choose criterion. |  |  | Click to enter a date. |  |
| Click to choose criterion. |  |  | Click to enter a date. |  |
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| Click to choose criterion. |  |  | Click to enter a date. |  |