

## Miami-Dade County Public Schools School Wellness/Healthy School Team Committee Action Plan

School	Year:	 	

School Name & Location Number:	
Principal:	
Phone Number:	
School Wellness/Healthy School Team Leader:	
School Wellness/Healthy School Team	
Committee Members:	
(please provide names for the following)	
Committee Meeting Dates:	
	ACTION DI AN
	ACTION PLAN
School Wellness/Healthy School Team Goal:	□Nutrition
(Select all that apply)	☐ Physical Education
	☐ Physical Activity
	☐ Health and Nutrition Literacy
	☐ Preventive Healthcare
Steps to Achieve School Wellness/Healthy School	Nutrition
Team Goal:	
	Physical Education

	Physical Activity
	Haalth and Nistrition Literacy
	Health and Nutrition Literacy
	Preventive Healthcare
Community Engagement:	
Community Engagement:	
Monitoring and Evaluation:	
Workshing and Evaluation:	
Other Activities:	
If applicable, attach supporting documentation	
/	
(e.g. event flyer)	