



Miami-Dade County Public Schools
School Wellness/Healthy School Team Committee Action Plan
School Year: _____

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|--|---|
| 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 PLAN | |
| School Wellness/Healthy School Team Goal: (Select all that apply) | <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Education <input type="checkbox"/> Physical Activity <input type="checkbox"/> Health and Nutrition Literacy <input type="checkbox"/> Preventive Healthcare |
| Steps to Achieve School Wellness/Healthy School Team Goal: | Nutrition Physical Education |

| | |
|---|---|
| | <p>Physical Activity</p> <p>Health and Nutrition Literacy</p> <p>Preventive Healthcare</p> |
| Community Engagement: | |
| Monitoring and Evaluation: | |
| <p>Other Activities:</p> <p>If applicable, attach supporting documentation (e.g. event flyer)</p> | |