**School Name: School District: Date:**

**Contact Name: Contact Email/Phone Number:**

**Who is on your healthy school team? (i.e. number of students, grade, other teachers, partners, etc):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEALTHY SCHOOLS PLAN** | | | | | | |
| **ASPECT for focus :** | | | | | | |
| **INQUIRY QUESTION:** | | | | | | |
| **Pillar** | Where are we now?  (e.g. current activities) | Where do we want to go?  (e.g. Goals) | What can we do to get there? (e.g. healthy strategies) | | Timeline | Responsibility |
| **T&L**  TeachingLearningIcon |  |  |  |  | |  |
| **S&PE**  SocialPhysicalEnvironmentIcon |  |  |  |  | |  |
| **HSP**  HealthySchoolPolicyIcon2 |  |  |  |  | |  |
| **P&S**  PartnershipsIcon |  |  |  |  | |  |