**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 |  |  |  |  |  |