



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 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:	
Other Activities: If applicable, attach supporting documentation (e.g. event flyer)	