

School/District Name: _____

Team Members: _____

SCHOOL WELLNESS POLICY—Implementation Plan Worksheet

Instructions:

1. In the first column: list the Actions that the **school wellness policy team** has agreed to implement and list the specific steps that need to be taken to implement each Action.
2. In the second column: check the appropriate category that the Action addresses.
3. In the third column: list the people who will be responsible for each step, when the work will begin, and when it will be completed.
4. In the fourth column: check whether the Action is high or low priority and the level of difficulty to complete the Action.
5. In the fifth column: list any special Resources you will need to complete the Action and Steps.

ACTIONS/STEPS	CATEGORY	PERSON(S) RESPONSIBLE and KEY DATES	PRIORITY/LEVEL OF DIFFICULTY	RESOURCES
1. Action:	o Nutrition Education	Lead Person _____	Priority: o High	
Steps to Accomplish Action:	o Nutrition Guidelines	Initiation Date _____	o Low	
A.	o Physical Education	Targeted Completion Date _____	Level of Difficulty: o Easy	
B.	o Physical Activity	Actual Completion Date _____	o Moderate	
C.	o Community	Measures of Success: _____ _____	o Challenging	
D.		_____ _____		

ACTIONS/STEPS	CATEGORY	PERSON(S) RESPONSIBLE and KEY DATES	PRIORITY/LEVEL OF DIFFICULTY	RESOURCES
<p>2. Action:</p>	<p><input type="radio"/> Nutrition Education</p>	<p>Lead Person _____</p>	<p>Priority: <input type="radio"/> High</p>	
<p>Steps to Accomplish Action:</p> <p>A.</p> <p>B.</p> <p>C.</p> <p>D.</p>	<p><input type="radio"/> Nutrition Guidelines</p> <p><input type="radio"/> Physical Education</p> <p><input type="radio"/> Physical Activity</p> <p><input type="radio"/> Community</p>	<p>Initiation Date _____</p> <p>Targeted Completion Date _____</p> <p>Actual Completion Date _____</p> <p>Measures of Success _____</p> <p>_____</p>	<p><input type="radio"/> Low</p> <p>Level of Difficulty:</p> <p><input type="radio"/> Easy</p> <p><input type="radio"/> Moderate</p> <p><input type="radio"/> Challenging</p>	
<p>3. Action:</p>	<p><input type="radio"/> Nutrition Education</p>	<p>Lead Person _____</p>	<p>Priority: <input type="radio"/> High</p>	
<p>Steps to Accomplish Action:</p> <p>A.</p> <p>B.</p> <p>C.</p> <p>D.</p>	<p><input type="radio"/> Nutrition Guidelines</p> <p><input type="radio"/> Physical Education</p> <p><input type="radio"/> Physical Activity</p> <p><input type="radio"/> Community</p>	<p>Initiation Date _____</p> <p>Targeted Completion Date _____</p> <p>Actual Completion Date _____</p> <p>Measures of Success _____</p> <p>_____</p>	<p><input type="radio"/> Low</p> <p>Level of Difficulty:</p> <p><input type="radio"/> Easy</p> <p><input type="radio"/> Moderate</p> <p><input type="radio"/> Challenging</p>	