



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:<br>(please provide names for the following) |   |
| Committee Meeting Dates:   |   |
| <b>ACTION PLAN</b>   |   |
| School Wellness/Healthy School Team Goal:<br>(Select all that apply)                               | <input type="checkbox"/> Nutrition<br><input type="checkbox"/> Physical Education<br><input type="checkbox"/> Physical Activity<br><input type="checkbox"/> Health and Nutrition Literacy<br><input type="checkbox"/> Preventive Healthcare |
| Steps to Achieve School Wellness/Healthy School Team Goal:   | <b>Nutrition</b><br><br><b>Physical Education</b>   |

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