



Living School Action Planning Template

What is it?

The Living School Action Planning Template can be used to guide the development of the action plan that your school community will implement as part of the Living School initiative during the 2006-2007 school year.

When should it be used?

The Living School Action Planning Template should be completed in consultation with the whole school community to ensure it reflects their vision, needs and assets. The process of creating the action plan will likely involve coordination between school community partners. Ongoing communication and discussion between community members is encouraged.

How should it be used?

The plan should be revisited regularly throughout the implementation process and updated as required. School community partners can determine who in their school community is the most appropriate person, organization, or committee, responsible for completing and submitting the action plan.

Note: The Action Planning Template is formatted on legal size paper.



Living School Action Plan

Living School(s)	Name: _____ School Board: _____
Plan Prepared by	Name: _____ Organization: _____
Date Created:	Date: _____
Time Period:	July 2006- June 2007

FINANCIAL RESOURCES:

Please identify the amount and source of any financial resources your Living School may have for this school year.

Amount	Source
\$1000.00	Ophea
Total: \$	

PARTNERS:

Please provide an overview of the role and specific contributions that each partner will make to this initiative (time, hard costs, programs, people, facilities, etc.)

Living School Partner(s)	Role(s) / Contribution(s)

Living School Activity Template

The following section provides an opportunity for Living Schools to outline their planned activities for the school year, as they relate to the Action Areas as well as to risk factors. A separate Activity Template is to be completed for each of the four Action Areas:

- Action Area 1: Health Promoting Programs & Services
- Action Area 2: Healthy & Supportive Environments
- Action Area 3: Health Policies & Guidelines
- Action Area 4: Health & Physical Education

Instructions:

Please complete the following Activity Templates for each of the Living School Action Areas. With respect to risk factors, at a minimum, Living Schools must address physical activity and healthy eating as comprehensively as possible. You are also encouraged use this plan to address tobacco use prevention, alcohol/substance use/abuse prevention and issues such as mental health and bullying prevention. You may use the “Other” category provided to identify which of these issues your activity is addressing. If you require more space to write your activities for an Action Area, you are encouraged to photocopy additional pages. Please refer to the Example Activity Plan for guidance when filling out this Template.

Action Area 1: HEALTH PROMOTING PROGRAMS & SERVICES

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done

(HEALTH PROMOTING PROGRAMS & SERVICES cont'd)

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
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	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done

Action Area 2: HEALTHY & SUPPORTIVE ENVIRONMENTS

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
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(HEALTHY & SUPPORTIVE ENVIRONMENTS cont'd)

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
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	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done

Action Area 3: HEALTH POLICIES & GUIDELINES

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done

(HEALTH POLICIES & GUIDELINES cont'd)

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done

Action Area 4: HEALTH & PHYSICAL EDUCATION

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done

(HEALTH & PHYSICAL EDUCATION cont'd)

Activity	Risk Factor Area	Leader (individual / organization)	Participants / Supporting Partners	Budget Allocated	Budget Source	Timeframe	Outcomes	Status
Describe what you are going to do, the audience and location for the activity.	Which risk factor(s) will this activity address? (Check all that apply).	Who will lead / initiate this activity?	Who else will be involved? (Check all that apply)	What will it cost?	Where/who will the money come from?	When will this activity take place?	What change(s) do you expect to see as a result of this activity? (Check all that apply)	(Fill out at end of school year)
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done
	1 <input type="checkbox"/> Physical Activity 2 <input type="checkbox"/> Healthy Eating 3 <input type="checkbox"/> Tobacco Prevention 4 <input type="checkbox"/> Alcohol/Substance use/abuse prevention 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Students 2 <input type="checkbox"/> School staff 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Public Health 5 <input type="checkbox"/> Recreation 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Media 8 <input type="checkbox"/> Other: _____				1 <input type="checkbox"/> Increased awareness / knowledge 2 <input type="checkbox"/> Behaviour change 3 <input type="checkbox"/> Capacity building 4 <input type="checkbox"/> Community engagement 5 <input type="checkbox"/> School pride/spirit 6 <input type="checkbox"/> Recognition/celebration 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partially complete 3 <input type="checkbox"/> Not done



NOTES:

Please provide any other information relevant to your Living School Activity Plan.

LIVING SCHOOL PARTNER SIGNATURES:

Education: _____

Date: _____

Public Health: _____

Date: _____

Recreation: _____

Date: _____

Other: _____

Date: _____

Other: _____

Date: _____