



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

Local Wellness Policies are a requirement of the Child Nutrition and Women, Infants and Children Reauthorization Act of 2004, as well as the expanded requirements of the Healthy, Hunger-Free Kids Act of 2010 and the DC Healthy Schools Act of 2010. The Local Wellness Policy Self-Evaluation Assessment and Action Plan tool was designed to help Local Education Agencies monitor the implementation of their Local Wellness Policy and develop an Action Plan.

### Annual Local Wellness Policy Self-Evaluation Assessment and Action Plan

School:	
Point of Contact:	
Date:	
Principal Signature:	Date:

Please indicate the category that best describes your Local Wellness Committee chairperson. If you have co-chairs, please complete both sections to indicate the roles of each.

<p>Chairperson (Co-Chair)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A teacher assigned a duty</li><li><input type="checkbox"/> A teacher - not assigned a duty</li><li><input type="checkbox"/> A parent</li><li><input type="checkbox"/> A student</li><li><input type="checkbox"/> An administrator</li><li><input type="checkbox"/> Other: _____</li></ul>	<p>Chairperson (Co-Chair)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A teacher assigned a duty</li><li><input type="checkbox"/> A teacher - not assigned a duty</li><li><input type="checkbox"/> A parent</li><li><input type="checkbox"/> A student</li><li><input type="checkbox"/> An administrator</li><li><input type="checkbox"/> Other: _____</li></ul>
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**Local Wellness Committee Roster\***

<b>Committee Positions</b>	<b>Committee Member Name</b>	<b>Phone Number</b>	<b>Email</b>
<b>Co-Advisors/Leaders</b>			
<b>Health Teacher</b>			
<b>Phys. Ed. Teacher</b>			
<b>Nurse</b>			
<b>Guidance/Social Work</b>			
<b>Engineer</b>			
<b>Assistant Principal</b>			
<b>Student Leaders</b>			
<b>Parent Leaders</b>			
<b>Site Facilitator</b>			
<b>Nutrition Services</b>			
<b>Teachers (Special Ed. Or General Ed.)</b>			
<b>Principal</b>			
<b>Resource Officer (High School)</b>			
<b>Other (List Name and Title)</b>			
<b>Please Note:</b> Co-Advisors/Leaders need to be on the Local Wellness Committee and fulfill a position listed above (e.g., health teacher). The school nurse cannot be one of the co-advisors/leaders.			

*\*Please note that this roster contemplates that there is a School-Level Local Wellness Committee even if your LEA chooses to develop its Local Wellness Policy on the LEA level. If your LEA will have LEA-level Committee members, please amend the roster accordingly.*

1. What were your 2017-20 school year wellness goals for your school? (Please note The School Health Index tool can assist in prioritizing goals, <https://www.cdc.gov/healthyschools/shi/index.htm>):
  - 1)
  - 2)
  - 3)

2. What feedback, input, or data helped you identify a need for the above goals (e.g., [the School Health Index](#); [FITNESSGRAM data collection and analysis](#); [OSSE Health and Physical Education student assessments](#); [Healthy Schools Act School Health Profiles](#); [Centers for Disease Control and Prevention School Health Profiles](#); [Youth Risk Behavior Surveillance System Results](#); [WellSAT 2.0](#); and [the USDA triennial Administrative Review](#))?

3. When did you hold meetings during the previous school year?

Date	Agenda/Focus

4. Please provide your **tentative meeting schedule** for this school year

Month	Date	Day of the week
September		
October		
November		
December		
January		
February		

March		
April		
May		
June		

5. **SUCSESSES:** Please describe at least two successes of your Local Wellness Committee this school year.

6. **CHALLENGES:** Please list and describe at least two challenges your Local Wellness Committee experienced this year. How were these challenges addressed?

7. Have you contacted OSSE for any of the following for assistance/support? (Check all that apply)

- Nutrition Education and Promotion
- School Gardens
- Physical Activity
- Healthy School Environment/Environmental Literacy
- Health Education
- Health Services

8. ACTION PLAN/PLAN FOR IMPROVEMENT: Please attach your draft/complete action plan to this report. Below, please summarize any work that you have accomplished on your prioritized actions/objectives. **Please provide an update on at least two ACTIONS that your Local Wellness Committee plans for the next school year** (please note that the School Health Index tool enables schools to develop an action plan for improving student health, which can be incorporated into the School Improvement Plan. The School Health Index tool engages teachers, parents, students, and the community in promoting health-enhancing behaviors and better health).

<p><b>Action 1:</b> <b>Plans to Address:</b></p>
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<p><b>Action 2:</b> <b>Plans to Address:</b></p>
<p><b>Action 3: (Optional)</b> <b>Plans to Address:</b></p>
<p><b>Action 4: (Optional)</b> <b>Plans to Address:</b></p>

9. What kinds of trainings, if any, would you like the Office of State Superintendent of Education to provide your staff/committee?

10. How would you evaluate your Local Wellness Committee at this point in time? Please use the following scale to respond to the statements below regarding your Local Wellness Committee. Please write the number on the spaces provided that indicates the degree to which you disagree or agree with each statement.

**1= strongly agree; 2 = disagree; 3 = neither disagree nor agree /neutral; 4 = agree; 5 = strongly agree**

The members of our Local Wellness Committee:

a. \_\_\_\_\_ Are good at planning how to reach committee goals.

- b. \_\_\_\_ Are good at coordinating everyone's activities to reach committee goals.
- c. \_\_\_\_ Anticipate problems and figure out good solutions.
- d. \_\_\_\_ Are able to reach consensus on most issues.
- e. \_\_\_\_ Help each other get the job done.
- f. \_\_\_\_ Share leadership roles and responsibilities in ways that help the entire committee.
- g. \_\_\_\_ Discussed and agreed to norms (team charter) for how we should work as a committee.

This Local Wellness Committee:

- a. \_\_\_\_ Has met or exceeded its goals.
- b. \_\_\_\_ Completes its tasks on time.
- c. \_\_\_\_ Makes sure that the work it does is of high quality.
- d. \_\_\_\_ Takes action when problems come up.
- e. \_\_\_\_ Solves problems that might slow down its work.
- f. \_\_\_\_ Is a productive committee.

11. Is there anything else you would like to add?