MINUTES

USD ### Wellness Committee

Date | Time |

# **In Attendance**

***(present at meeting X, absent at meeting left blank)***

|  | First Name, Last Name |  | First Name, Last Name |  | First Name, Last Name |
| --- | --- | --- | --- | --- | --- |
|  | First Name, Last Name |  | First Name, Last Name |  | First Name, Last Name |
|  | First Name, Last Name |  | First Name, Last Name |  | First Name, Last Name |

# **Sponsor Priority Policies for Current School Year**

# **Announcements**

# **Agenda Items and Discussion**

| **Agenda Item** | **Related Policy** | **Discussion/Resolution** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

# **Next Steps/Action Items**

| **Task(s)** | **Related Policy** | **Committee Member(s)** | **Due Date** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Other Notes**

# **Next Meeting**

Date, Time, Location

Possible Agenda Items