# LinkClick.aspx (1126×640)Wellness Policy Implementation Coaching Session

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| Sponsor Information |
| **Sponsor Number and** **Sponsor Name**  |  |
| **Date:**  |  |
| **Wellness Committee Information** |
| **Wellness Committee Chairperson:**  |  |
| **Email Address of Chairperson:**  |  |
| **How often does the Wellness Committee meet? (Attach recent meeting minutes if available.)** |  |
| **How does the Wellness Committee encourage input from stakeholders such as students, parents, teachers and community members?**  |  |
| **Wellness Policies** |
| **How is the Wellness Policy made available to the public?** |  |
| **Has the current Wellness Policy been presented/approved by the local school board?** |  |

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| **Wellness Policy Implementation for the Current School Year** |
| **Describe the implementation plan for the current Wellness Policies. Attach a copy of the Wellness Policy Implementation/Action Plan if available**.  |
| **Wellness Policy Implementation Activities and Best Practices** |
| **Describe the Wellness Activities and Best Practices that support the Wellness Policies**.  |
| **Long-Term Action Plan for Working Toward the Kansas School Wellness Policy Model Guidelines**  |
| **Describe the wellness policy implementation plans and discussions beyond this current school year.** |

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| **Technical Assistance Provided During Coaching Session**  |
| **Describe technical assistance and resources provided during the Coaching Session.** |
| **Wellness Action Plan and/or Notes for the Local Wellness Committee** |
| **Use this section to write notes or action plans to leave with the sponsor’s local wellness committee.** |

**Leave a copy of this last page with the sponsor or send the sponsor a copy after the coaching session.**

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**Wellness Coach Signature**  **District Wellness Policy Chairman Signature**

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**Wellness Coach Email**

Time at Sponsor (from \_\_\_\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_\_\_\_\_ a.m./p.m.)

Return this completed form, hard copy or scanned, to Barb Depew.

* Email to bdepew@ksde.org **or**
* Mail to Kansas State Department of Education, Child Nutrition & Wellness, Landon State Office Building,

900 SW Jackson St., Suite 251, Topeka, KS 66612