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| --- |
| **WELLNESS COMPONENT:**  |
| **Policy Element:**  |
| **What will this look like?:** |
| **Funding (e.g., LCAP/ESSA/Other):**  |
| **PRIORITY** | **ACTIVITIES/STEPS: What needs to be done?**  | **By When?** | **STATUS** | **RESPONSIBLE PARTY:****Person(s)/Workgroup** |
| [ ]  High[ ]  Medium[ ]  Low |  |  | [ ]  COMPLETED [ ]  IN PROGRESS | **Name(s):****Workgroup:** |
|  |  | [ ]  COMPLETED [ ]  IN PROGRESS |
|  |  | [ ]  COMPLETED [ ]  IN PROGRESS |
| [ ]  Already in place districtwide [ ]  In Progress[ ]  Not Begun |  |  | [ ]  COMPLETED [ ]  IN PROGRESS |
|  |  | [ ]  COMPLETED [ ]  IN PROGRESS |
|  |  |
| **How will this be monitored?** | **How often will monitoring take place? (e.g., weekly, monthly, annually)** | **To whom will results and/or updates be reported?** |
|  |
|  |  |
| **COMMENTS** (Include here any indispensable financial, equipment or other resources)**:**  |