

Miami-Dade County Public Schools School Wellness/Healthy School Team Committee Action Plan 2024-2025

School Name & Location Number:	
Principal:	
Phone Number:	
School Wellness/Healthy School Team Leader:	
School Wellness/Healthy School Team	
Committee Members:	
(please provide names for the following)	
Committee Meeting Dates:	
ACTION PLAN	
School Wellness/Healthy School Team Goal:	□Nutrition
(Select all that apply)	□Physical Education
	□Physical Activity
	☐ Health and Nutrition Literacy
	□Preventive Healthcare
Steps to Achieve School Wellness/Healthy School	
Team Goal:	Nutrition:
	Physical Education: Physical:
	Activity:
	Health and Nutrition Literacy:
	Preventive Healthcare:

Sustainability Practices:	
Community Engagement:	
Monitoring and Evaluation:	
3	
Other Activities:	
If applicable, attach supporting documentation	
(e.g. event flyer)	