|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)**:** | | | | |