

Action Plan

School System (LEA): _____

Team Members:

Name	E-mail Address

What would success look like for community support of your Local Wellness Policy in the next 12 months?

<p>Steps: In what way will your community team provide support for your LEA's implementation of their Local Wellness Policy? OR What steps will you take to get the conversation started in your county/school system about the Local Wellness Policy?</p>	<p>Team Members' Roles and Responsibilities: Delegate roles and responsibilities to team members. Be specific about who will do what.</p>	<p>Resources: Determine which resources from Successful Students could be used to help you carry out the step.</p>	<p>Timeline: Determine when the step will be carried out.</p>
<p>What barriers may arise and what steps will you take to overcome these barriers?</p>			
<p>What other ideas about implementing the Local Wellness Policy you would like to share with your LEA?</p>			