

# School Health Champions Planning Sheet

School Name: \_\_\_\_\_

School Year: 2016-17

Inquiry Question:

Goal 1:.

Goal 2:.

Goal 3:.

Strategies:

Responsibility:

Time:

1.

2.

3.

Strategies:

Responsibility:

Time:

1.

2.

3.

Strategies:

Responsibility:

Time:

1.

2.

3.

Resources:

Evidence of Success:

Resources:

Evidence of Success:.

Resources:

Evidence of Success: