

**Michigan Department of Education
Local Wellness Policy Assessment Plan**

School Name: Oscoda Area Schools Date: 9-24-18

Goal What do we want to accomplish?	Action Steps What activities need to happen?	Timeline Start dates	Measurement How is progress measured?	Lead Person	Stakeholders Who will be involved and/or impacted?	Complete?
Example: Food and beverages will not be used as a reward for students.	a) Provide teachers with list of non-food reward examples. b) Discuss changes at back-to-school staff training. c) Follow-up mid-year to discuss challenges and determine additional communication needed.	Before the beginning of next school year.	- Verbal check-ins with staff to ensure compliance. - Teacher survey at end of school year.	Principal	Teachers, staff, students	Yes
1. Food & beverages Follow smart Snack guidelines	a) provide staff with smart snack guidelines b) Review during school yr c) principal will do a evaluation form to insure guidelines are being followed	start of school	- monitor & Review machines	Principal	Teacher, Staff Students	yes

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3 Assessment Questionnaire to assess Wellness Policy	Principal of building will complete at end of year to make sure we are in compliance of policy	First Day of school	questionnaire	Pee	teachers Staff Student	No end of each school yr
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