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**Member Page Due October 25, 2019**

**School Health Program**

**SHAC Members 2019-20**

School Health Advisory Committees (SHAC) that are most successful at making a difference in student health have a variety of members from diverse parts of the school community. Recruit your SHAC now!

**SHAC needs to have at least one member from at least 5 of the 10 categories listed below.**

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| **List SHAC Members Beneath their Role/Position in School Community** |
| **ADMINISTRATOR (e.g. Principal, Asst. Principal)** | **School Parent** |
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|  |  |
|  | **Student (maximum 1)** |
| **TEACHERS (P.E., Health, classroom teachers)** |  |
|  |  |
|  | **School Parent** |
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| **School Health Personnel (nurse, counselor, social worker)** |  |
|  | **Community Organizations (health care, social services, etc.)** |
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| **Physical Activity Personnel (PE teacher, athletic coach, playground monitor, etc.)** | **Other School Personnel (maintenance, front office, bus driver, custodian, etc.)** |
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| **Food Service Personnel (cafeteria/food service manager)** | **School Security Personnel** |
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**Attendance & Minutes Pages**

**Due April 3, 2020**

**2019-20 SHAC**

**School Health Program**

**Meeting Attendance and Minutes**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wellness Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHAC must meet at least four times during the 2019-20school year.**

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| **TYPED OR PRINTED NAME**  | **POSITION AT SCHOOL OR IN COMMUNITY** | **MEETING #1 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****AGENDA AND ACCOMPLISHMENTS**  |
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| **TYPED OR PRINTED NAME** | **POSITION AT SCHOOL OR IN COMMUNITY** | **MEETING #2 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****AGENDA AND ACCOMPLISHMENTS** |
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| **TYPED OR PRINTED NAME** | **POSITION AT SCHOOL OR IN COMMUNITY** | **MEETING #3 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****AGENDA AND ACCOMPLISHMENTS**  |
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| **TYPED OR PRINTED NAME** | **POSITION AT SCHOOL OR IN COMMUNITY** | **MEETING #4 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****AGENDA AND ACCOMPLISHMENTS** |
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**Page 2 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wellness Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**