

Wellness Policy Assessment

Name (optional) _____

Date: _____

The primary goals of the Tina-Avalon School District Wellness Policy are to promote student health, facilitate student learning of lifelong healthy habits, and improve student achievement. Please take a few moments to fill out this survey and return to the Superintendent, Jana Holcer. Thank you!!

1. Do you believe that Tina-Avalon has a strong wellness policy?

_____ yes _____no

2. There is a wellness committee that meets annually. Would you like to be included in that committee?

_____ yes _____ no

3. Do you feel the Tina-Avalon School District Wellness Policy has helped with promoting healthier choices and activities for students?

_____ yes _____ no

4. Would you be willing to volunteer to help promote physical activity and healthier choices for students in our school?

_____ yes _____ no

5. The School District has guidelines that they need to follow but is there anything in the wellness policy you would like to see changed?

_____ yes _____ no

