

Monte Alto ISD Wellness Policy/Plan Implementation Progress Report

This form provides information on wellness policy requirements and practices within your school/district. Use this tool to track implementation and progress of the Local Wellness Policy. Please complete and return to Cynthia Flores Interim Child Nutrition Services Director.

I. District & Community Involvement/Implementation		<i>(Completed by Campus administrator)</i>
A. District/School Administrators encourage the following to participate in the development, implementation, and evaluation of our wellness policy/plan. <i>Administrators P.E. Teachers Parents School Board Members</i> <i>Students Public School Food Service Staff School Health Professionals</i>		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA
B. Campus has a designee in charge of compliance. Name/Title of designee: Alma Cerda Principal, Jimmy Padilla Principal, Perla Benavidez		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA
C. Is Wellness Policy/Plan available to the public? Please describe: Our Websites- www.montealtoisd.org or www.bluedevilscafe.com		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA
D. Have you read district wellness policy/plan? List any suggestions, concerns, or comments:		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA
E. District review wellness policy via assessment tool (progress report) at least annually?		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA
F. District communicate results of wellness policy/plan assessment to public? Please describe: Wellness Policy is Located on our website www.montgwe		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA

II. NUTRITION GUIDELINES: FOOD & BEVERAGES SOLD		<i>(Completed by Food Service Staff)</i>
A. Foods & beverages sold to students during the school day comply with the federal requirements known as "Smart Snacks." Comments: No selling of Snacks		<input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO/ <input type="checkbox"/> NA
B. Food & beverages sold to students that do not meet "Smart Snack" standards are sold 30 minutes after the last instruction bell rings. Comments:		<input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO/ <input type="checkbox"/> NA
C. Food & beverages sold to students during meal periods in areas where reimbursable meals are served or consumed. Comments: Allowed food & Beverages are sold to students during lunch period		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA
D. Campus has not exceed the 6 exempt days for the school year. Comments:		<input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO/ <input type="checkbox"/> NA

III. NUTRITION GUIDELINES: FOODS MADE AVAILABLE <i>(Completed by Admin/Food Service Staff)</i>	
<p>A. There are no nutrition restrictions on Foods/Beverages made available (free) to students on campus during the school day. Comments: There are no restrictions</p>	YES/NO/NA <input checked="" type="checkbox"/>
<p>B. Students are prohibited from sharing their food and beverages with one and other during meals. Comments:</p>	YES/NO/NA <input checked="" type="checkbox"/>

IV. NUTRITION PROMOTION <i>(Completed by Food Service or Designee)</i>	
<p>A. Food and beverage advertisements to be marketed to students during the school day meet Smart Snack Standards. Comments:</p>	YES/NO/NA <input checked="" type="checkbox"/>
<p>B. Food Service staff, teachers, etc. promote healthy eating via signage, district website, bulletin boards, newsletters, etc. Please describe:</p>	YES/NO/NA <input checked="" type="checkbox"/>
<p>C. Food Service Department regularly shares school meal nutrition information with students and families via website or per request.</p>	YES/NO/NA <input checked="" type="checkbox"/>
<p>D. Focus groups and/or taste testing opportunities are offered to our students. SPI Food EXPO for Students</p>	YES/NO/NA <input checked="" type="checkbox"/>

V. NUTRITION EDUCATION <i>(Completed by Food Service or Designee)</i>	
<p>A. Classroom resource material made available to facilitate nutrition education.</p>	YES/NO/NA <input checked="" type="checkbox"/>
<p>B. Nutrition education has been given/provided at a recent District/Campus event. Please describe: School Fair</p>	YES/NO/NA <input checked="" type="checkbox"/>

VI. PHYSICAL ACTIVITY <i>(Completed by P.E. Teacher)</i>	
<p>A. District has sufficient crossing guards to encourage students to walk or bike to school.</p>	YES/NO/NA <input checked="" type="checkbox"/>
<p>B. Campus provide physical education for elementary students on a weekly basis. # of Mins/Wk: 1 credit 250 min / week</p>	YES/NO/NA <input checked="" type="checkbox"/>

VI. PHYSICAL ACTIVITY (cont. from pg. 2)		<i>(Completed by P.E. Teacher)</i>
C. Campus provide physical education for middle school students during term/semester. # of Mins/Wk: 250 min/ week =1 credit		<input checked="" type="checkbox"/> YES / NO / NA
D. Campus provide physical education class for high school students for graduation. # Credits to graduate: 1		<input checked="" type="checkbox"/> YES / NO / NA
E. Student removal of scheduled physical education classes does not exceed 10% of school days on which class is offered.		YES <input checked="" type="checkbox"/> NO / NA
F. District has provided appropriate staff development for teachers to encourage physical activity into the acadmeic curriculum when appropriate.		<input checked="" type="checkbox"/> YES / NO / NA
G. School offers before or after school physical activity. Circle all that apply: <input checked="" type="checkbox"/> <u>Competivite Sports</u> / <input type="checkbox"/> Non-competitive sports / <input type="checkbox"/> Clubs		<input checked="" type="checkbox"/> YES / NO / NA
F. District/Campus has offered at lest one event that invovles physical activity to include both parents and students. Please describe: Field DDay/ School Fair		<input checked="" type="checkbox"/> YES / NO / NA

VII. SCHOOL BASED ACTIVITIES		<i>(Completed by Campus Designee)</i>
A. Students are allowed at least 10 minutes to eat breakfast and 20 minutes to eat lunhc, from the time he/she receives their meal and is seated.		<input checked="" type="checkbox"/> YES / NO / NA
B. Coession vendors offer at least 1 food/beverage item that meets Smart Snack Standards.		<input checked="" type="checkbox"/> YES / NO / NA
C. District has provided on site immunizations, health fairs, wellness screenings, etc. Please describe: Onsite Immunizations Drive, Nurses does screenings		<input checked="" type="checkbox"/> YES / NO / NA

VIII. Overall Evaluation:		<i>(Completed by Campus Designee)</i>
A. Indicate any additional wellness practices and describe progress made in attaining the goals of your welnness plicy, future goals, and /or additional wellness practices. Comment: Implement Health Fair, Mileage Monday (Walking / running) Fun Runs, Onsite food Exp		<input checked="" type="checkbox"/> YES / NO / NA