School Action Plan

School Year: _____

Action Schools! BC™

School Name and SD#: _____

Completed by: _____

Grades: _____ Date completed: _____

Complete this form to develop your School Action Plan. Use the Action Schools! BC Planning Guide or contact the Action Schools! BC Support Team to assist you. Phone 604.738.2468 or 1.800.565.7727 or email info@actionschoolsbc.ca.

This form is also available at www.actionschoolsbc.ca in pdf or excel format. Please send this form to Action Schools! BC via email info@actionschoolsbc.ca or fax 604.333.3579.

Goal Statements *(see Planning Guide)*	**Actions** *(see Planning Guide)*	**Date(s) or Timing for Action**									
Action Zone: School Environment – e.g. policies, professional development, facilities/equipment, healthy fundraising		**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**
Action Zone: Scheduled Physical Education – Gr K to 7 – Active Living, Movement Skills, Safety, Fair Play, and Leadership											
Achieve prescribed learning outcomes (PE IRP, 2006) PE schedule (e.g. 2 x 40min/wk): _____											
Action Zone: Classroom Action – e.g. Daily Physical Activity, Health and Career Education, fruit and vegetable snacking activities											
Achieve prescribed learning outcomes (DPA, 2008 and HCE, 2006)											
Action Zone: Family and Community – e.g. active field trips, guest demonstrations, family cultural potluck nights											
Action Zone: Extra-Curricular – e.g. clubs, intramurals, Play First Lunch											
Action Zone: School Spirit – e.g. school wide events, sports and fun days with healthy food choices											