

***Local Wellness Policy***  
***Wellness Activity Report***

School/Facility: Burch Elementary

Date Activity Took Place: \_\_\_\_\_

Name of Activity: \_\_\_\_\_  
\_\_\_\_\_

Person in Charge: \_\_\_\_\_

Target Population: \_\_\_\_\_

# of Participants: \_\_\_\_\_

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_

Comments/Evaluation/ Was this activity successful? Yes\_\_\_ No\_\_\_ Will the activity continue or expand to other schools? Explain.

\_\_\_\_\_

\_\_\_\_\_  
Person Submitting Report

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date