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| [http://t3.gstatic.com/images?q=tbn:ANd9GcRrn9AvGIr164UaZjYwbN-22JztzcJ6BmLIch2F9cpGhl3FBlCfYw](http://www.google.com/url?sa=i&rct=j&q=Alaska+Department+of+Education+Logo&source=images&cd=&cad=rja&docid=-nPPZVNafiYZaM&tbnid=Lt33iSWM8E0NlM:&ved=0CAUQjRw&url=http://www.educ.state.ak.us/contentstandards/Technology.html&ei=vKdxUaT_DYKmigLihoDwAg&bvm=bv.45512109,d.cGE&psig=AFQjCNEdUPaC_ypkeTnPrnleSkXTSsYTMw&ust=1366489401215696) | **National School Lunch Program**  **Local School Wellness Policy Review** | **Child Nutrition Programs**  **National School Lunch Program**  Teaching and Learning Support  801 W. 10th Street, Suite 200  P.O. Box 110500  Juneau, Alaska 99811-0500  P: (907) 465-8719 |

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| **School District:**  *Findings noted on this Local Wellness Policy review form are based on your written policy, information submitted on the Administrative Review Off-Site Assessment Form, and supplemental documentation you submitted to Child Nutrition Programs.* | | | |
| **Required Element** | **Yes** | **No** | ***Explanation/Comments*** |
| 1. **Does the sponsor have a Local Wellness Policy?** |  |  |  |
| 1. **Has the sponsor publicized the Local Wellness Policy?** 2. **Does the sponsor have documentation to support that the policy has been published?** |  |  |  |
| 1. **Has the sponsor established a work group to maintain, revise, implement, assess, and monitor the policy?** |  |  |  |
| 1. **Is there documentation that potential stakeholders have been made aware of their ability to participate in the development, review, update, and implementation of the Local Wellness Policy?** |  |  |  |
| 1. **Does the policy include nutrition guidelines for all food available on the campus?** |  |  |  |
| 1. **Does the policy include goals for nutrition education?** |  |  |  |
| 1. **Does the policy include goals for nutrition promotion?** |  |  |  |
| 1. **Does the policy include goals for physical activity?** |  |  |  |
| 1. **Does the policy include goals for other school-based wellness?** |  |  |  |
| 1. **Has the sponsor assessed the implementation of the Local Wellness Policy?** |  |  |  |
| 1. **Has the sponsor publicized the most recent implementation assessment?** |  |  |  |

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| **Comments/recommendations for Wellness Policy improvement:**  **Based on this review, is the current Local School Wellness Policy in compliance:**  🞏 Yes 🞏 No  **Corrective Action required:**  🞏 Yes 🞏 No  **Date: Reviewer:** |