Every three years or more often if the district desires, the district must conduct an assessment of the wellness policy that is made   
available to the public. The evaluation must address:

* Compliance with the district policy
* The extent to which the local wellness policy compares to the [Model Wellness Policy](https://snp.gadoe.org/SCE/Documents/Wellness/LWPModelPolicyComparison04102023.docx)
* Progress made in attaining the goals of the wellness policy

The first triennial assessment should be completed by June 30, 2023 or earlier. The second triennial assessment is due 3 years from   
the completion of the first triennial assessment. Districts are required to make the Local Wellness Policy and Triennial Assessment   
available to the public.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Assessment: | Name of School District: | | Number of Schools in District: |
| **Nutrition Education Goal(s):** | **Goal Status**  **(select one):** | **Number of Compliant Schools:** | **Notes:** |
| 1. | Choose an item. |  |  |
| 2. | Choose an item. |  |  |
| 3. | Choose an item. |  |  |
| 4. | Choose an item. |  |  |
| 5. | Choose an item. |  |  |
| **Nutrition Promotion Goal(s):** | **Goal Status**  **(select one):** | **Number of Compliant Schools:** | **Notes:** |
| 1. | Choose an item. |  |  |
| 2. | Choose an item. |  |  |
| 3. | Choose an item. |  |  |
| 4. | Choose an item. |  |  |
| 5. | Choose an item. |  |  |
| **Physical Activity Goal(s):** | **Goal Status**  **(select one):** | **Number of Compliant Schools:** | **Notes:** |
| 1. | Choose an item. |  |  |
| 2. | Choose an item. |  |  |
| 3. | Choose an item. |  |  |
| 4. | Choose an item. |  |  |
| 5. | Choose an item. |  |  |

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| --- | --- | --- | --- |
| **Other School-Based Activities that Promote Student Wellness Goal(s):** | **Goal Status**  **(select one):** | **Number of Compliant Schools:** | **Notes:** |
| 1. | Choose an item. |  |  |
| 2. | Choose an item. |  |  |
| 3. | Choose an item. |  |  |
| 4. | Choose an item. |  |  |
| 5. | Choose an item. |  |  |
| **Nutrition Guidelines for All Foods and Beverages Sold to Students** | **Status**  **(select one):** | **Number of Compliant Schools:** | **Notes:** |
| 1. | Choose an item. |  |  |
| 2. | Choose an item. |  |  |
| 3. | Choose an item. |  |  |
| 4. | Choose an item. |  |  |
| 5. | Choose an item. |  |  |
| **Nutrition Guidelines for All Foods and Beverages Not Sold to Students**  *(i.e., classroom parties, foods given as reward)* | **Status**  **(select one):** | **Number of Compliant Schools:** | **Notes:** |
| 1. | Choose an item. |  |  |
| 2. | Choose an item. |  |  |
| 3. | Choose an item. |  |  |
| 4. | Choose an item. |  |  |
| 5. | Choose an item. |  |  |
| **Policies for Food and Beverage Marketing** | **Status**  **(select one):** | **Number of Compliant Schools:** | **Notes:** |
| 1. | Choose an item. |  |  |
| 2. | Choose an item. |  |  |
| 3. | Choose an item. |  |  |
| 4. | Choose an item. |  |  |
| 5. | Choose an item. |  |  |

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| --- | --- | --- |
| **Wellness Policy Leadership**  *Name of school official(s) who are responsible to ensure compliance.* | **Title and School** | **Notes:** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **Wellness Committee Involvement**  *List of committee members’ names* | **Title and Organization** | **Notes:** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
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| --- | --- |
| **KEY** |  |
| **Completed** | select if you have met this goal at all schools |
| **Partially Completed** | select if one or more schools has met this goal |
| **In Progress** | select if you are working on the goal, but none of the schools have met the goal |
| **Not Completed** | select if you have not begun working on this goal |