**Healthy Eating in Elementary Schools** (October 1, 2015 – September 30, 2016)

Please **check or circle** reporting period: □ Semester I (August-December) □ Semester II (January-May)

**County and School District:**

**Indicate the status of your School Wellness Policy:** □not working on it□ updating language□ implementing approved policy

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| **School Name** | **Enrollment** | **Free & Reduced** | **Pre-made / Salad Bars** | | **Fruit & Veggie Tastings** | | **Awarded FFVP** | **Local Food Purchases for School Meals** | |
| SY 2015-16 | Percent | How Often? | Average # Students | How Often? | Average # Students | Yes/No | How Often? | What is being purchased? |
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**Please turn over**

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| **School Name** | **School Gardens** | **Healthier US School Challenge** | **Implementing Healthy Fundraising** | **After School Program** *(working on HE/PA)* | **District BMI Data Collection**  *(not statewide)* |
| Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
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**Describe in words & photos** *(if applicable)* **major accomplishments, challenges and any other descriptive data for the past semester:**