

Austin Independent School District
Division of Education
Office of Educational Support Services



AISD Coordinated School Health Campus Checklist

Campus _____
 Principal _____

Coordinated Approach to Child's Health (CATCH) and Coordinated School Health (EHAB, Legal)

Please circle the appropriate response.

- | | | |
|-----|----|--|
| Yes | No | 1. Is there a Campus Wellness Committee (CWC) that oversees the implementation of CATCH? Who is the campus CATCH Champion? Name: _____ |
| Yes | No | 2. Has the CWC attended the CATCH training? |
| Yes | No | 3. Has the CWC provided training for their campus on the components, implementation and monitoring of the CATCH program? |
| Yes | No | 4. Does the CWC have a regular meeting time? |
| Yes | No | 5. Does the CWC have an implementation plan for implementing CATCH? (If yes, please attach). |
| Yes | No | 6. Has the Principal approved the plan for implementation? |
| Yes | No | 7. Have the CATCH materials been provided to all teachers, cafeteria staff, and parents related to the four components? |
| Yes | No | 8. Are there sustainable events conducted that focus on health behaviors? (Example: Family Fun Fitness Night) If yes, please list: _____ |
| Yes | No | 9. Has your campus taught the 5 required health lessons for each nine-weeks? |
| Yes | No | 10. Does your campus have a plan for training new teachers and/or staff on CATCH? |

Working Out for Wellness (WOW) (EHAB, Legal)

- | | | |
|-----|----|--|
| Yes | No | 1. Has your campus fulfilled the 135 minutes of physical activity weekly? If no, please explain. _____ |
| Yes | No | 2. Is there 20 minutes of WOW scheduled into the campus master schedule daily? If not why? _____ |
| Yes | No | 3. Does your campus have a designated area for cardiovascular activities (track) and skill development activities (open area, play slab, etc)? |
| Yes | No | 4. Does your campus have sufficient equipment to implement WOW? |
| Yes | No | 5. Has your campus distributed and discussed the WOW guidebook and activities? |

Wellness Policy (FFA, Legal/Local/Exhibit)

- | | | |
|-----|----|--|
| Yes | No | 1. Has your campus communicated to parents the AISD Nutrition policy? |
| Yes | No | 2. Has your campus communicated to parents the AISD Wellness Policy? |
| Yes | No | 3. Does your PTA/PTO have a campus wellness chair? |
| Yes | No | 4. Has your campus provided opportunities for family health and fitness night(s)? |
| Yes | No | 5. Has your campus identified the three exempted days allowable under the Texas State Nutrition Policy? If yes, please list the three events?
_____ |

Any questions, comments, concerns, needs please list

Please fax the completed form by May 1st, to Tracy Lunoff, Coordinator of School Health, to 414-0035. If you have any questions, please call 414-9778.