

Worksite _____

Date Completed _____



<p>Foundational Element or Behavior Area about which this goal is written</p>	<input type="checkbox"/> Leadership Support <input type="checkbox"/> Staffing and Financial Implications <input type="checkbox"/> Wellness Committee <input type="checkbox"/> Vision Statement <input type="checkbox"/> Wellness Brand <input type="checkbox"/> Assessment <input type="checkbox"/> Communications	<input type="checkbox"/>  Physical Activity <input type="checkbox"/>  Healthy Eating <input type="checkbox"/>  Breastfeeding Support <input type="checkbox"/>  Tobacco Free Worksite
<p>By this date</p>		
<p>What will happen? Where? <i>What Policy will be adopted? What Systems change will be enacted? What Environmental change will be made? What Social Support will be put into place? Will this change impact all work locations? If not, which ones are impacted?</i></p>		
<p>Lead staff are</p>		
<p>What other staffing support is needed? What is the wellness team's role?</p>		
<p>Leadership's role includes</p>		
<p>Anticipated funding needs include</p>		
<p>Why is this goal important? How does it fit our vision and support our mission?</p>		
<p>How will we promote and/or communicate about these changes/activities? How will we engage employees?</p>		
<p>How will we measure and report on our success?</p>		