

LASD Wellness Committee Building Level Compliance Checklist

Building Level _____ School Year _____ Date of Completion _____

Principal Signature _____

<u>Non-Curricular Programs/Activities</u>	<u>Date</u>	<u>Information</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

Curriculum

Health Education:

Physical Education:

Other:

Rewards and Incentives:

Classroom Celebrations:

Fundraisers:

<u>Organization</u>	<u>Activity</u>	<u>Annual/Unique</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Please continue Fundraiser List on back of page if needed