

CAMPUS NAME: _____

Number of pages including cover sheet: _____

WATCH Award Checklist

INFO for WELLNESS LIAISON: Complete this Checklist as you get ready to put your application together. Please check all that apply and complete/distribute the appropriate sheets. For starred items, please submit the designated WATCH forms. For all others, please describe in the space provided. Please add the name of the event on each form to assist us, if no name is given, you can make one like "Tobacco Awareness on Date."

REQUIRED CRITERIA:

*1. Did you complete and attach the **WATCH Award Campus Wellness Committee Survey** page?

- Yes
- No

*2. Did you attach the WATCH Award Activity Event form for at least one **Health/Wellness Family Event**?

- Yes
- No

Name of event on WATCH Award Activity Form: _____

List any additional events (optional): _____

*3. Did you attach the WATCH Award Activity Event form for at least one **Campus-wide Physical Activity**?

- Yes
- No

Name of Event on WATCH Award Activity Form: _____

List any additional events (optional): _____

OPTIONAL CRITERIA (BUT MUST COMPLETE AT LEAST TWO):

*4. Did your campus provide two **tobacco/substance abuse prevention activities**?

- Yes
- No

*Complete and submit WATCH Award Activity Event form for each activity hosted.

Name of Activity #1: _____

Name of Activity #2: _____

5. Did your campus offer any of the following **rewards** for good grades, behavior or contests instead of food?

- Yes
- No

Check all that apply:

- Free seating at lunch
- Dance time
- Pre-test stress prevention activity
- Extra recess or other free play
- Extra time at lunch
- Brain Breaks
- Other: _____

6. Did your campus **integrate** any of the 5 key areas of WATCH into math, science, ELA, or social studies?

- Yes
- No

Check all that apply:

- W - WATER (hydration, access to clean drinking water, water safety, etc.)
- A - ACTIVITY (incorporating physical activity or the outdoors)
- T - TOBACCO (tobacco and substance abuse prevention, risky behaviors)
- C - CALORIES (BMI calculations, caloric calculations, food labels)
- H - HEALTHY HABITS (sleep, texting and driving, stress prevention, health literacy, hygiene)

CAMPUS NAME: _____

Include the following:

- Subject:
 - Math
 - Science
 - ELA
 - Social Studies
- Grade level: _____
- Describe briefly or attach (can provide link) the lesson plan and objectives:

*7. Did your campus implement a stress prevention or mindfulness program?

- Yes
- No

*Complete and submit WATCH Award Activity Event form for the program implemented.

Name of program: _____

*If interested in mindfulness at your campus next year, contact Stephanie Kellam.

*8. Did your campus offer a staff wellness program during the 2017-2018 school year?

- Yes
- No

*Complete and submit WATCH Award Activity Event form for each staff wellness program hosted.

Name of Event: _____

*If you need more help with staff wellness programming, contact Tasha Joshua or Gary Hajdasz.

I have photos of our awesome events I want to share with WATCH! They are in JPG format.

I certify that all the visual data submitted to WATCH has been approved for use in future promotional and educational events by WATCH.

Signed by: _____

Submit this page along with additional WATCH Award application pages and photos to Stephanie Kellam, Student Wellness Coordinator, at Stephanie.Kellam@fortbendisd.com.