

2019 WATCH Wellness Award Application

Thank you for applying for the 2019 WATCH Award! Please complete the application to the best of your ability. For any questions or comments, please email Stephanie Kellam (Stephanie.Kellam@fortbendisd.com) or Nomita Bajwa (WatchYourWellness@gmail.com). As a reminder you must complete 5 criteria in order to qualify including the 3 mandatory criteria (campus wellness committee, family health and wellness event, and campus-wide physical activity). Please refer to the WATCH Guidebook for clarification on criteria and recommendations and resources. The deadline for submission is May 24th, 2019.

1. WATCH Award Liaison Name: _____
2. Campus Name: _____
3. Campus Level:
 - Elementary
 - Middle
 - High School
 - Alternative Learning Center
4. Do you receive the WATCH newsletter for information on upcoming webinars, events, grant information and more?
 - YES
 - NO

If No, then join the WATCH school wellness blog at wellnessgeeksblog.wordpress.com

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Criteria #1: Campus Wellness Committee*

WATCH Wellness Liaison: Have the chair with your Campus Wellness Committee complete this survey.

A. How old is your campus wellness committee?

- Brand New (First year)
- Just getting it together (1-2 years old)
- On the road (3-5 years old)
- We got this! (5+ years old)

B. Please list the chair of your campus wellness committee (name and title).

Name: _____ Title: _____

C. Who has been invited to join your committee? (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Other Teacher(s) | <input type="checkbox"/> District Admin |
| <input type="checkbox"/> PE Teacher(s) | <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Community Member(s) |
| <input type="checkbox"/> Health Teacher(s) | <input type="checkbox"/> Student(s) | <input type="checkbox"/> District SHAC Member(s)* |
| <input type="checkbox"/> Cafeteria Staff | <input type="checkbox"/> Campus Admin | |

*Want a district SHAC member to join your committee? Visit the FBISD [SHAC webpage](#) and nominate a parent representative by emailing Lori Sartain, Health and PE Coordinator at Lori.Sartain@fortbendisd.com.

Of those invited, how many attend the meetings?

- It's just the two of us! (1-2)
- Three's a crowd? (3-5)
- This many people like wellness?! (5-9)
- It's like a party in here! (10+)

D. How many times did your committee meet during the school year?

- 1-2 times in the academic year (We are working on it!)
- 3-5 times in the academic year (Just enough to get things done!)
- More than 6 times in the academic year (We are on a roll, and love this!)

Future Planning: Consider having your first wellness committee meeting within the 1st nine weeks of the school year at WELLCON 2019.

G. Did your program create a positive change in behavior, attendance or academics? Did you utilize less substitutes or have less nurse visits? Share your success with us below. We would love to share with others!

H. Did your campus receive any wellness grants this school year?

- YES
- NO

If YES, please list name of grant and amount: _____

CAMPUS NAME: _____

I. Is there any advice you would give schools that have not started a wellness committee?

K. If you attended WELLCON 2018, did you use any of the information or vendors? Do you have any suggestions for topics for WELLCON 2019?

L. An updated wellness policy (FFA(LOCAL)) was approved in June 2017 by the Fort Bend ISD Board of Trustees. The new policy can be found on the [SHAC webpage](#). Does your committee have any recommendations for improvements or changes to the wellness policy?

M. Do you have any ideas to improve school wellness, nutrition, childhood obesity, physical activity for students in the district? For families?

N. Does your campus have any student clubs or organizations that promote health or wellness to their peers or feeder campuses? If so, please write the name of the club below.

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Criteria 2: Family Health and Wellness Event*

WATCH Wellness Liaison: Have the **Event Coordinator** complete this form.

Event Coordinator(s): _____

Coordinator(s) Position: _____

(If parent or student, please put either position or organization if applicable.)

Name of the Event: _____

Date of Event: _____

Time of Event:

- During school day
- Before or after school hours on the weekday
- Weekend

Is this a recurring event?

- Yes
- No

Who was the event for? (Check all that apply.)

- All Students
- Specific Grade Level or Group of Students
- Staff
- Parents
- Other: _____

Select all that apply when describing your event:

- Nutrition education (Healthy cooking, MyPlate, etc.)
- Public health promotion (Helmet safety, food safety, hygiene, etc.)
- Direct medical services (Vaccinations, blood pressure screenings, etc.)
- Physical activity (Obstacle course, fun runs, walk-a-thon, etc.)
- Stress prevention (Yoga, mindfulness, etc.)
- Substance abuse prevention (Tobacco, drugs, alcohol, etc.)
- Social-emotional development (Mental health, self-esteem, etc.)

Who provided funding for this event? (Check all that apply.)

- School sponsored
- Health or wellness organization or business (Medical, dental, vision, charitable organizations)
- Grant money
- Corporate community (Grocery store, local business (not health or wellness related))
- District sponsored
- No funding needed
- Personal funds
- Other: _____

CAMPUS NAME: _____

If the school or PTO/PTA used money for this event, how much was spent?

- Less than \$50
- \$50-200
- \$200 or more
- Not sure

What were your primary obstacles in putting the event together?

What type of vendors or speakers would you like to see at your event?

What resources could you use to sustain or grow this event next year?

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Criteria 3: Campus Wide Physical Activity*

Coordinator(s): _____

Coordinator(s) Position: _____

(If parent or student, please put either position or organization if applicable.)

Select which activity/program(s) you implemented:

- Marathon Kids
- Field Day
- 5K or Fun Run
- Walking Club
- Fit Club
- Yoga Club
- Boosterthon
- Triathlon Club
- 100 Mile Club
- Million Mile Month (for students)
- Walk or Bike to School Day
- Bike Rodeo
- Walk Across Texas
- Other: _____

Date of Program/Activity: _____

Time of Program/Activity:

- During school day
- Before or after school hours on the weekday
- Weekend

Is this a recurring program/activity?

- Yes
- No

Who was the target audience? (Check all that apply.)

- All Students
- Specific Grade Level or Group of Students
- Staff
- Parents
- Other: _____

How many participated? _____

CAMPUS NAME: _____

Who provided funding for this program/activity? (Check all that apply.)

- School sponsored
- Health or wellness organization or business (Medical, dental, vision, charitable organizations)
- Grant money
- Corporate community (Grocery store, local business (not health or wellness related))
- District sponsored
- No funding needed
- Personal funds
- Other: _____

If the school or PTO/PTA used money for this, how much was spent?

- Less than \$50
- \$50-200
- \$200 or more
- Not sure

What were your primary obstacles in putting this together?

What resources could you use to sustain or grow this next year?

CAMPUS NAME: _____

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Criteria 5: Non Food Rewards: If your campus completed this criteria, please complete the form below. If not, please mark no and move on to the next form.

Did your campus offer a non-food reward?

- Yes
- No

If yes, please check all that was offered:

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

Please describe any additional non-food rewards offered:

CAMPUS NAME: _____

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Criteria 6: Coordinated School Health Curriculum Integration: If your campus completed this criteria, please complete the form below. If not, please mark no and move on to the next form.

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

- Yes
- No

If yes, please check all that were integrated:

- W – WATER (hydration, access to cleaning 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)
- Other: _____

What subjects were included?

- Math
- Science
- ELA
- Social Studies
- Other: _____

Which grade levels were included?

- PreK-2
- 3-5
- 6
- 7
- 8
- 9-12

Briefly describe below the lesson plan and objectives that were used.

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Criteria 4: Tobacco and Substance Abuse Prevention: If your campus completed this criteria, please complete the form below. If not, please mark no. Reminder, Tobacco and Substance Abuse Prevention requires two completed activities. Please complete **two** of these forms for both activities.

Did your campus provide **2** tobacco/substance abuse prevention activities?

Yes

No

Coordinator(s): _____

Coordinator(s) Position: _____

(If parent or student, please put either position or organization if applicable.)

Select which activity you offered:

- MD Anderson Puppet Show
- Reb Ribbon Week
- Fort Bend Regional Sponsored Program
- Kids and Cops Sponsored Program
- ASPIRE
- TATU
- CATCH My Breath Program
- National Drug Facts Week

Date of Activity: _____

Time of Activity:

- During school day
- Before or after school hours on the weekday
- Weekend

Is this a recurring event?

Yes

No

Who was the event for? (Check all that apply.)

- All Students
- Specific Grade Level or Group of Students
- Staff
- Parents
- Other: _____

CAMPUS NAME: _____

Who provided funding for this event? (Check all that apply.)

- School sponsored
- Health or wellness organization or business (Medical, dental, vision, charitable organizations)
- Grant money
- Corporate community (Grocery store, local business (not health or wellness related))
- District sponsored
- No funding needed
- Personal funds
- Other: _____

If the school or PTO/PTA used money for this event, how much was spent?

- Less than \$50
- \$50-200
- \$200 or more
- Not sure

What were your primary obstacles in putting this together?

What resources could you use to sustain or grow this next year?

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Criteria 4: Tobacco and Substance Abuse Prevention: If your campus completed this criteria, please complete the form below. If not, please mark no. Reminder, Tobacco and Substance Abuse Prevention requires two completed activities. Please complete **two** of these forms for both activities.

Did your campus provide **2** tobacco/substance abuse prevention activities?

Yes

No

Coordinator(s): _____

Coordinator(s) Position: _____

(If parent or student, please put either position or organization if applicable.)

Select which activity you offered:

- MD Anderson Puppet Show
- Reb Ribbon Week
- Fort Bend Regional Sponsored Program
- Kids and Cops Sponsored Program
- ASPIRE
- TATU
- CATCH My Breath Program
- National Drug Facts Week

Date of Activity: _____

Time of Activity:

- During school day
- Before or after school hours on the weekday
- Weekend

Is this a recurring event?

Yes

No

Who was the event for? (Check all that apply.)

- All Students
- Specific Grade Level or Group of Students
- Staff
- Parents
- Other: _____

CAMPUS NAME: _____

Who provided funding for this event? (Check all that apply.)

- School sponsored
- Health or wellness organization or business (Medical, dental, vision, charitable organizations)
- Grant money
- Corporate community (Grocery store, local business (not health or wellness related))
- District sponsored
- No funding needed
- Personal funds
- Other: _____

If the school or PTO/PTA used money for this event, how much was spent?

- Less than \$50
- \$50-200
- \$200 or more
- Not sure

What were your primary obstacles in putting this together?

What resources could you use to sustain or grow this next year?

CAMPUS NAME: _____

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Criteria 7: Stress Prevention Program: If your campus completed this criteria, please complete the form below. If not, please mark no and move on to the next form.

Did your campus implement a stress prevention or mindfulness program?

- Yes
- No

Coordinator(s): _____

Coordinator(s) Position: _____

(If parent or student, please put either position or organization if applicable.)

Name of Program: _____

Time and frequency of program (ex: afterschool once a week): _____

Is this a new program?

- Yes
- No

Who was the target audience? (Check all that apply.)

- All Students
- Specific Grade Level or Group of Students
- Staff
- Parents
- Other: _____

Who provided funding for this program/activity? (Check all that apply.)

- School sponsored
- Health or wellness organization or business (Medical, dental, vision, charitable organizations)
- Grant money
- Corporate community (Grocery store, local business (not health or wellness related))
- District sponsored
- No funding needed
- Personal funds
- Other: _____

If the school or PTO/PTA used money for this, how much was spent?

- Less than \$50
- \$50-200
- \$200 or more
- Not sure

What were your primary obstacles in putting this program together?

What resources could you use to sustain or grow this program next year?

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Criteria 8: Staff Wellness: If your campus completed this criteria, please complete the form below. If not, please mark no.

Did your campus offer a staff wellness program during the 2019-2019 school year?

- Yes
- No

Coordinator(s): _____

Coordinator(s) Position: _____

(If parent or student, please put either position or organization if applicable.)

Program(s) offered:

- Zumba
- Yoga
- Boot Camp
- Walking/Running Club
- Million Mile Month
- Biggest Loser/Weight Loss Challenge
- Blood Pressure Checks
- Flu Shots
- Mindfulness Room
- Other: _____

Time and frequency of program/offering: _____

Is this a new program/offering?

- Yes
- No

How many participated? _____

Who provided funding for this program/activity? (Check all that apply.)

- School sponsored
- Health or wellness organization or business (Medical, dental, vision, charitable organizations)
- Grant money
- Corporate community (Grocery store, local business (not health or wellness related))
- District sponsored
- No funding needed
- Personal funds
- Other: _____

If the school or PTO/PTA used money for this, how much was spent?

- Less than \$50
- \$50-200
- \$200 or more
- Not sure

CAMPUS NAME: _____

What were your primary obstacles in putting this together?

What resources could you use to sustain or grow this next year?