

Healthy Student Bodies Grant Activity Reporting Document - 2018-19

Complete this document for every activity that utilized grant money.

Return the completed form to the Health Unit by June 14th, 2019.

This document will track the successes and challenges of the project, assess the project's impact on students and the school, and will provide the expense breakdown for the funds. Use additional pages as needed.

School: _____

Principal name: _____

Number of students who were involved with planning the activity: _____

Number of students that were reached by the activity: _____

Priority health topic:

☐ Physical activity

☐ Personal safety and injury prevention

☐ Growth and development

☐ Mental health and well being

☐ Healthy eating

☐ Substance use, addictions and related behaviours

☐ Other:(Please fill in) _____

Activity name _____

Brief description:

What worked? What was the impact of the project?

Did the project produce any materials? ☐ Yes ☐ No If Yes, please attach a copy

Would you recommend doing this activity again? ☐ Yes ☐ No

Other thoughts or comments:

Expense Break Down (attach copies of receipts and invoices)

Item	Cost

Total: _____

Completed by _____ Date _____

Please return to the Health Unit by June 14, 2019 via email (schoolhealth@hnhss.ca), fax (519-426-9974) or by dropping off a paper copy at one of our office locations.