

SCHOOL HEALTH INDEX
LETTER OF SUPPORT

Date: _____

I, _____, as principal of

_____ School, support the school health team in

implementing the *School Health Index: A Self-Assessment and Planning Guide* (SHI). I

understand that the SHI will help our school assess and improve our policies and programs

related to physical activity, healthy eating, tobacco-use prevention, asthma, and

unintentional injury and violence prevention.

I understand that the implementation of the SHI will result in the development of a

School Health Improvement Plan. I will support the school health team in its efforts to

implement the action plan to the extent feasible for our school.

Name (printed)

Signature

Title