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, sexual health, 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