NAP SACC Action Planning Document

Program Name: _____

Date: _____ **Target Date of Completion:** _____

Areas for Improvement/Specific Goals:

Self-Assessment Area	Goals	Target Date for Completion
Nutrition Area (Required)		
Physical Activity Area (Required)		
Screen Time Reduction Policy		

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Self-Assessment Area	Goals	Target Date for Completion
Additional Area (Optional)		
Additional Area (Optional)		
Additional Area (Optional)		

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Goal 1: _____

Action Items and Target Dates	Staff Involved	Progress

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Goal 2: _____

Action Items and Target Dates	Staff Involved	Progress

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Goal 3: _____

Action Items and Target Dates	Staff Involved	Progress

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Goal 4: _____

Action Items and Target Dates	Staff Involved	Progress

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Goal 5: _____

Action Items and Target Dates	Staff Involved	Progress