

APPENDIX 13: SCHOOL ASSESSMENT

School Name: _____ Date: _____

School Food and Beverage Contact Person: _____

Contact Information: _____

Part A – School Information

1. Does your school have a school implementation team for the School Food and Beverage Policy?

Yes No

2. Do you have any community partnerships established to help implement the School Food and Beverage Policy?

Yes No

If yes, list who will be involved

3. Has information regarding the School Food and Beverage Policy been communicated to:

a. Staff? Yes No

b. Students? Yes No

c. Parents? Yes No

d. Volunteers? Yes No

4. Has your school included a goal specific to healthy eating in the school improvement plan?

Yes No

Appendix I3 (continued)

Part B – Nutrition Standards Requirement

Complete the following assessment for all venues, programs, and events where food and beverages are sold in your school.

	Are food and beverages offered for sale in the venue, program or event listed?	Do items from the <i>Sell Most</i> category make up a minimum of 80% of the food and beverage choices?	Are food and beverages from the <i>Not Permitted for Sale</i> category offered for sale?	Does the venue, program or event comply with the 80/20 rule?	If the venue, program or event does not comply, what strategies are in place to ensure future compliance?
Venue					
Cafeteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Canteen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuck Shop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vending Machines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program					
Catered Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lunch Program (e.g., pizza day, hot dog day)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Curriculum Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Milk Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Event					
Winter Carnival	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fun Fair	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Dinner Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meet the Teacher Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bake Sale/Popcorn Sale	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sporting Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Appendix 13 (continued)

Part C – Additional Requirements

Complete the following questions related to the School Food and Beverage Policy.

COMPLIANCE WITH EXISTING REGULATIONS AND POLICIES	COMPLIANCE	If NO, what plans are in place to ensure future compliance?
1. Are you in compliance with the Trans Fat Standards regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Have you taken into consideration the strategies developed under your school board's anaphylaxis policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are all food and beverages sold in your school prepared, served and stored in accordance with the safe food handling requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Do all students have access to drinking water during the school day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. How many special-event days have been designated in your school for the upcoming year? <i>Note: Maximum of 10 days, or a number fewer, as determined by the board</i>	_____	
6. Was the school council consulted prior to the designation of special-event days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Has the diversity of your students and staff been considered when deciding the food and beverages to sell in your school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Do you have a process in place to monitor the implementation of the School Food and Beverage Policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Appendix I3 (continued)

Part D – Other Considerations

OTHER CONSIDERATIONS

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|--|------------------------------|-----------------------------|
| 1. Were healthy alternatives considered for special-event days? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do the teachers in your school provide the necessary instruction (e.g., Health and Physical Education, Science, Technology, Social Sciences) related to healthy eating and nutrition? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you consulted with your Board of Health (public health staff) or other community partners to assist with the implementation of the School Food and Beverage Policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you considered environmentally-friendly practices when determining which food and beverages to sell in your school (e.g., excess packaging, ability to recycle)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you considered using, when available and where possible, food and beverages that are produced in Ontario? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is safe food handling training available for individuals involved in the preparation and sale of food and beverages in the school? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are only food and beverages from the <i>Sell Most</i> and <i>Sell Less</i> categories available at classroom celebrations, school events, class parties and field trips? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you considered healthy alternatives for school fundraisers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Food or beverages are not offered as a reward or incentive for good behaviour, achievement or participation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Have you included parents, volunteers and community partners in the planning, implementation and monitoring of the School Food and Beverage Policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |