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SCHOOL SIGN-ON FORM

Stand Together with 3-4-50

SHOW YOUR COMMITMENT TO REDUCING CHRONIC DISEASE

Thank you for your dedication to promoting health and reducing the risk of chronic disease. **Please check off wellness measures that your school currently employs or will accomplish within the next 12 months.**

BRONZE Must check at least six to achieve bronze level	 □ Create or join a Supervisory Union or School District Wellness Team. □ Sell only foods and beverages that meet or exceed the USDA's nutrition standards.* □ Have a tobacco-free campus. 	 Do not withhold physical activity (including recess), food or beverages as a form of as punishment. Only market and advertise foods and beverages that meet the USDA Smart Snacks.* 	 □ Have free and accessible water for all students. □ Create and support staff wellness programs. □ At least 30% of classrooms sign-on to 3-4-50.
SILVER Bronze level plus at least six from silver level	 □ Complete a wellness policy assessment (within last year). □ Reward student achievement or good behavior with nonfood items, activities and opportunities for physical activity. □ Provide recess before lunch. 	 Become a breastfeeding-friendly employer. Make sure school fundraisers and celebrations meet USDA Smart Snacks guidelines.* Provide staff ongoing training on physical activity. 	 □ Introduce at least one part of Farm-to-School program. □ Offer opportunities for students to be physically active throughout the school day, including recess. □ At least 60% of classrooms sign on to 3-4-50.
GOLD Silver level plus at least six from gold level	 □ Set physical education requirements to 150 minutes per week for elementary schools and 225 minutes per week for middle and high schools. □ Partner with one or more community groups to promote wellness. 	 □ Include tobacco prevention in health education curriculum. □ Require all students get at least 20 minutes of recess daily. □ Offer broad nutrition and oral health education. □ Focus on increasing school breakfast participation. 	 □ Provide safe facilities and equipment for all students to participate in physical activity. □ Become an Asthma-Friendly School. □ At least 90% of classrooms sign on to 3-4-50.

Rev. 8/2018

^{*} Healthy Hunger Free Kids Act Final Rule



CUSTOMIZE YOUR WELLNESS GOALS

Some schools have unique opportunities or challenges to impacting students' health and wellness. If some or all of the recommended wellness measures would not be a good fit in your school, please customize your goals. Your Local Health Office is available to help and can determine your commitment level.				
* Healthy Hunger Free Kids Act Fi	nal Rule			
FINALIZE YOUR COMMITMENT				
By signing this form, your school strengthens its and improving the health and wellness of its stu	_	า of chronic disease		
School Name	# Enrolled Students	# of Staff		
Contact Name	Title	SU/SD		
Email	Phone			
Signature	Date			
☐ Do NOT include my organization as a 3-4-50 part on the Vermont Department of Health's website and other promotional materials.	ner			