



HAT Assessment

School Year: _____ School: _____

1. Please list your school’s HAT committee members.

Primary contact(s): _____

Other members... please check the following boxes:

Principal/VP:
Students:
Others:

TPH representative:
Parish:

Teachers:
Parents:

2. Please fill out and return the attached WEB using the following questions as a guide.

Physical Health

- What is your school community doing well to support being physically active before, during and after school? What else could your school do? (i.e. DPA, intramurals)
- What is your school community doing well to support eating healthy foods? What else could your school do? (i.e. snack program, Fruity Fridays)
- What is your school doing well to prevent injuries, sun exposure, and alcohol, drug and tobacco use? (i.e. guest speakers, in-services, school policy)

Mental/Emotional/Social Health

- What is your school community doing to enhance mental health for all members? (i.e. stress management, guidance/family counselling, leadership opportunities)
- What is your school community doing well to promote a welcoming and caring environment to all? (i.e. spirit days, community/parish events)

Spiritual Health

- What is your school community doing well to support spirituality? (i.e. liturgy, faith ambassadors, school spirit days)
- What is your school doing to support local community needs? (i.e. school outreach, food banks)

School Name: _____

Contact: _____

Physical	
What works Well (what we have)	School Needs (what we'd like)

**Healthy
Active
School**

Mental/Emotional/ Social	
What works Well (what we have)	School Needs (what we'd like)

Spiritual	
What works Well (what we have)	School Needs (what we'd like)

Please send completed form to your HPE/PLN teacher.