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| **School Name:** | **District Name:** |
| **Co-Leader Name(s)/ School Health Champion Names:** | **Principal:** |
| **SMART Objective:**  |
| **What data will you collect that will indicate the objective has been achieved?****Baseline:****Progress:****Summative:** |
| **Action Steps to Achieve SMART Objective** | **Timeline****(By When)** | **Person(s) Responsible** | **Budget Needed** | **Action Step Completed** |
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