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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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