



Serve Up a Healthier You Child Nutrition Staff Wellness Success Story

Instructions: Please provide all of the information requested. For guidance on how to describe your success story, refer to the sample form at www.nutritionnc.com. After you have submitted this form, the N.C. Nutrition Education and Training Program will write your story. Someone may contact you for additional information or edits. When final, your story along with others will be posted at www.nutritionnc.com.

Date: _____

Contact information:

Name: _____

Title: _____

Local Education Agency: _____

Phone: _____

E-mail: _____

In which areas did you make a successful change for staff wellness? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Worksite Wellness Policies | <input type="checkbox"/> Work Environment |
| <input type="checkbox"/> Health Benefits | <input type="checkbox"/> Tobacco Cessation |
| <input type="checkbox"/> Health Screening/Health Risk Appraisal | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> Breastfeeding Support |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Healthy Eating |
| | <input type="checkbox"/> Physical Activity |
| | <input type="checkbox"/> Other, please specify: _____ |

At what level were the changes in staff wellness made?

- Entire School System:** Name of school system: _____
- School Building**
- Elementary School - Name of school: _____
- Middle School - Name of school: _____
- High School - Name of school: _____
- Other, please specify: _____

Check if any of the following are being submitted to complement your story.

- | | |
|---|---|
| <input type="checkbox"/> Sample of materials produced | <input type="checkbox"/> Promotional materials |
| <input type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Photo(s) of project |
| <input type="checkbox"/> Press release | <input type="checkbox"/> Video/audio clip |
| | <input type="checkbox"/> Other, please explain: _____ |





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What change did you make? Describe your successful staff wellness change.

SELF-CHECK: Does the description of your successful change answer these questions?

| | |
|---|--|
| <input type="checkbox"/> What was the project/activity? | |
| <input type="checkbox"/> What were the basic steps for implementing the project/activity? | |
| <input type="checkbox"/> What was the timeframe? | |
| <input type="checkbox"/> Who was the target audience? | |
| <input type="checkbox"/> What resources were needed for the project/activity? | |
| <input type="checkbox"/> What were the estimated costs and funding sources? | |
| <input type="checkbox"/> Who were the partners involved? | |
| <input type="checkbox"/> What barriers did you face and how did you overcome them? | |



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How do you know your staff wellness change was successful?

SELF-CHECK: Does the description of your successful change answer these questions?

| | |
|---|--|
| <input type="checkbox"/> Since the project/activity was implemented, what is different for the target audience? | |
| <input type="checkbox"/> What data did you collect and what changes did you see? | |
| <input type="checkbox"/> What is the estimated number of people who benefited from the project/activity? | |
| <input type="checkbox"/> What are the next steps that need to be taken to continue the project/activity? | |
| <input type="checkbox"/> What were the key elements that made this a success? | |
| <input type="checkbox"/> What would you do differently if you could do things over? | |

Please save this form to your computer and send it as an attachment via e-mail to:
tracey.bates@dhhs.nc.gov.

Thank you for sharing your story!

