## INVITATION LETTER OR EMAIL TO JOIN THE SCHOOL HEALTH ADVISORY COUNCIL

**Date**

**Name Job Title**

**Agency/Organization Address**

**City, State, Zip Code** Dear **<Name>**:

Children and youth who begin each day as healthy individuals can learn more effectively and are more likely to complete their formal education. Responsibility for the physical, emotional, social, mental, and intellectual health of our youth belongs to their families and the entire community. Effective Whole School, Whole Community, Whole Child (WSCC) programs can contribute to helping young people avoid health risks by increasing their skills to make responsible choices about behaviors that can affect their health.

The **<insert name of school district>** school district is establishing an advisory council to advise the school board and assist the district in developing a WSCC program. The advisory council will advise and support the district’s efforts to assess their needs and to design programs to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens.

As someone interested in the welfare of our children, you are invited to join the district’s advisory council. The advisory council will include parents, students, teachers, school administrators, voluntary organizations, business representatives, health professionals, and other interested, concerned citizens.

We hope that you can attend an organizational meeting on **<insert day>** at **<insert time>** at **<insert location>** to consider ways for addressing the health needs of our community’s youth. **<Insert SHAC Chair Name>** will contact you next week to discuss participation and answer any questions you may have. If you wish to speak to someone before that time, call **<insert phone number>**.

We look forward to working with you to promote better health among our district’s students.

Sincerely,

**Name Title**

**Agency/Organization**

## THANK-YOU LETTER OR EMAIL FOR JOINING THE SCHOOL HEALTH ADVISORY COUNCIL

**Date**

**Name Job Title**

**Agency/Organization Address**

**City, State, Zip Code** Dear **<Insert Name>**,

Thank you for accepting the invitation to be a member of the **<insert name of school district>** School Health Advisory Council. This will be an exciting opportunity to improve the overall health of our children and our community. I am sure the team that has been assembled will meet the challenge.

Our first meeting has been scheduled for **<insert date, time, and place>**. Snacks will be provided, and it should not last for more than two hours. At the meeting, the council will discuss strategies for bringing the project to the public and how to best involve the community. The council will also be setting the schedule for future meetings. Please bring your calendar to schedule these.

I look forward to seeing you at the meeting. If you have additional questions, please contact me at **<insert phone number>** or **<insert email>** at your convenience.

Sincerely,

**Name Title**

**Agency/Organization**

## LETTER OR EMAIL TO FAMILIES

**Date**

Dear **<insert Parent or Guardian name>**,

Children and youth who begin each day as healthy individuals can learn more effectively and are more likely to complete a formal education. Improving the health of our children and making them ready to learn is a concern for us all — parents, schools and the community. The **<insert school district name>** school district is developing a Whole School, Whole Community, Whole Child program for our schools. This type of program is designed to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens. Without the support and cooperation of families, this approach cannot work.

We invite you to attend a meeting at **<insert date, place>** to learn about and comment on our plans. The meeting will begin promptly at **<insert time>** and end no later than **<insert time>**. Child care will be provided.

We look forward to seeing you at the meeting. Please feel free to contact me at **<insert phone number>** or **<insert email>** if you have any questions or concerns.

Sincerely,

**Name Title**

**Agency/Organization**

## SAMPLE AGENDA

**<Insert School District> School Health Advisory Council**

*<Insert Date & Time>*

*<Insert Location>*

Meeting Agenda

|  |  |  |
| --- | --- | --- |
| Time | Agenda Topic | Agenda Item Lead |
| <Insert Timeframe> | Meeting Welcome and Opening Information* Call to order
* Introduction of meeting attendees
* Approval of previous meetings minutes
* Walk-through of today’s agenda
 | <Insert Name of SHAC Chair> |
| <Insert Timeframe> | First Agenda Item* <Insert description of agenda item>
 | <Insert Agenda Item Lead Person> |
| <Insert Timeframe> | Second Agenda Item<Insert description of agenda item> | <Insert Agenda Item Lead Person> |
| <Insert Timeframe> | Third Agenda Item* <Insert description of agenda item>
 | <Insert Agenda Item Lead Person> |
| <Insert Timeframe> | Wrap-Up* Discuss date of next meeting
* Solicit ideas for future agenda items
* Adjourn
 | <Insert Name of SHAC Chair> |

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## SCHOOL HEALTH ADVISORY COUNCIL ROSTER

**Instructions:** Distribute this worksheet to gather member information. Once this worksheet is completed, phone numbers and addresses should be compiled in an orderly manner. Copies of the roster and the membership grid should be provided to all advisory council members.

Name:

Email Address:

Address:

Telephone (Work): (Personal):

Days and times available:

Comments:

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| MEMBERSHIP GRID |  | School Age Child | Medically Fragile Child | Special Education Child | PTA Representative | Middle School | Junior High School | High School | Physician | Dentistry | Mental Health | Public Health | Other Health Professions | Civic Group | Religious Group | Human Services | Youth Services | School Nurse | Health Teacher | Other Teacher | School Administrator | School Counselor | Food Service | Other (please note) | Business | Government Officials | Other professionals |
| Member’s Name & Role | Parent | Student | Health | Community | Education | Other |
| *Ex: John Smith, co-chair* | X |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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