**Healthy School Team List 20\_\_-20\_\_**

**School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **HST Position** | **Name** | **Email** |
| **HST Leader**  |   |   |
| **Principal/Assistant Principal** |   |   |
| **School Counselor** |   |   |
| **School Nurse** |   |   |
| **Nutrition Manager** |   |   |
| **Special Education Teacher**  |  |  |
| **PE/Health Teacher (If not Leader)** |   |   |
| **Parent** |   |   |
| **Student** |   |   |
| **Community Partner** |   |   |
| **General Education Teacher** |  |  |
| **School Resource Officer** |  |  |
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|  |  |  |
|  |  |  |

**Due to Andrew Martin by September 16th**

**Andrew.martin@gmsdk12.org**