



QUESTIONNAIRE: School Food & Beverage Policy



School Name: _____

Key Contact: _____

Complete the following assessment to evaluate your progress with respect to implementation of the School Food and Beverage Policy (PPM 150) in your school.

- Do you have a process in place to monitor the implementation of PPM 150? Yes No
- Will your school be utilizing the maximum number of special-event days designated by your school board for the 2012-13 school? (*Special-event days are those in which the PPM 150 food standards need not apply. Maximum of 10 days, or fewer, as determined by the school board.*)
 Yes No (# of special-event days that will be used: ____)
- Was the school council consulted prior to the designation of special-event days? Yes No
- Have you included parents, volunteers, and community partners in the planning, implementation, and monitoring of PPM 150? Yes No

	Does the venue, program, or event comply with the 80/20 rule?	Are food & beverages from the <i>Not Permitted for Sale</i> category offered for sale?	If the venue, program, or event does not comply, what strategies will be established to ensure future compliance?
Venue			
Cafeteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vending Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program			
Catered Lunch Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Curriculum Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Event			
Carnival	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fun Fair	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Dinner Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meet the Teacher Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bake Sale	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sporting Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	