**6 Month Progress Report**

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| --- | --- |
| **School:** |  **Date:** |
| **Completed by:** |
| **Local Priority: Healthy Weight**  |
| **Outcomes** | **Process** | **Impact** |
| 1. **To increase the number of children who...**
 |  |  |
| 1. **To increase the number of children who...**
 |  |  |
| **School Priority:**  |
| **Outcomes** | **Process** | **Impact** |
| 1. **To increase the number of children who...**
 |  |  |
| 1. **To increase the number of children who...**
 |  |  |
| **CinCC:** |
| **Outcomes** | **Process** | **Impact** |
| 1. **To increase the number of children who...**
 |  |  |
| 1. **To increase the number of children who...**
 |  |  |
| **Other comments:**For example:* If any of the outcomes set have been met
* If outcomes have been met, what new outcomes you would like to achieve
* What the next steps are for your school
* Details of HS+ funding and how this has been spent
* Particular successes
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