



Action plan Date Agreed by	Please tick which aspect of the HEYA you are working on: -		Silver	Physical activity	<input type="checkbox"/>	
	Bronze	Healthy Eating	<input type="checkbox"/>	Silver	Healthy Mouth	<input type="checkbox"/>
	Bronze	Physical Activity	<input type="checkbox"/>	Silver	Healthy Eating	<input type="checkbox"/>
				Gold		<input type="checkbox"/>

Goal / Action – what you want to achieve	Who is responsible	Any resources required (including allocation time to undertake work)	Timescale – when is it to be achieved by	Review date	Review - comments / progress / next steps