

Worksite Wellness Challenge 2016 Participant Checklist

- Complete initial survey
- Review survey results with Coach
 - Positives:
 - Challenges:
 - Goals:
- Create / organize Wellness Committee
- Contact insurance representative for employee wellness offerings, services
 - Name:
 - Contact info:

Wellness Committee:

Name	Department	Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(may have a separate page for this membership with checklist columns for meeting attendance)

Each month checklist suggestions:

- Wellness Committee meetings (weekly, 2x/month, weekly)
- Contact insurance rep re: services, support etc.
- Policies updated or planned:
- Policies initiated:
- Environment updated or planned:
- Environment initiated:
- Status report to Coach
- Email / phone / in-person contact with Coach
- Next month goals:
 - _____
 - _____
 - _____