

**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 | | | |