

GRAB 5! QUESTIONNAIRE - INITIAL ASSESSMENT

Name of school:

Name of key contact for Grab 5!:

What was your motivation to join Grab 5!?

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Please indicate if any of the following are already happening in your school and give details of how they are running, problems faced etc.

Fruit tuck shop

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Breakfast club

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Cooking classes

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Growing food

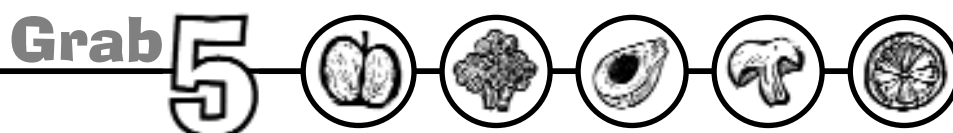
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Healthy eating awareness weeks

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Work with catering staff

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Visits to local stores

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Farm visits

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Healthy eating events for parents

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Other

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Are you part of the Healthy Schools programme and if so at what stage?

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Do you have a school council? Yes / No

Do you have a school food policy and/or rules about what food can be brought into school?
What are the details?

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What is your free school meal % eligibility? % uptake?

Has your school identified a food priority?

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Thank you very much!

Date completed:

