

STATEMENT OF SUPPORT



_____ is committed to becoming a WeTHRIVE!SM School/District as part of Hamilton County Public Health's (HCPH) WeTHRIVE! Initiative. We support the overall goals and objectives of the WeTHRIVE! initiative outlined by HCPH as it relates to the school's/district's policies and practices to ensure every young person is healthy, safe, engaged, supported, and challenged. We understand the importance of student health, safety, and well-being and its association with academic achievement.

Specifically, we commit to the following:

- Form a school/district WeTHRIVE! team with key stakeholders to lead and support the implementation of strategies to support health, safety, and well-being of students and staff;
- Review district policies and practices related to health and safety every two years and develop an action plan; and
- Designate a representative to serve as a liaison to the community WeTHRIVE! team(s) where applicable.

Additionally, we can offer the following: (check all that apply)

- Connections to other key organizations or individuals who can support the initiative in the school (e.g. parents, volunteers, social service organizations, etc.).
- Access to data that can enhance assessment and evaluation of health, safety, and/or wellness strategies.
- Share information about the WeTHRIVE! initiative to help promote in the school/district and community.
- Other, please specify: _____

Signature

Date

Printed Name

Title/Role

School/District