







PATHWAY INFORMATION FORM

COMMUNITY/TEAM: _____ LAST UPDATED: _____

PATHWAY(S) SELECTED

In the first column, circle the “P” for the primary pathway(s) the WeTHRIVE! team has chosen. (Note: An assessment will be completed for all primary pathways selected). Circle the “S” for any other pathway(s) for which the team may have activities.

P = PRIMARY S = SECONDARY	PATHWAY NAME & ICON	PATHWAY CONTACT	DATE OF LAST ASSESSMENT	DATE OF LAST ACTION PLAN
P S	Chronic Disease 			
P S	Emergency Preparedness 			
P S	Environmental Health 			
P S	Injury Prevention 			
P S	Social Health 			
P S	Harm Reduction 			

NOTES: _____
