

Appendix 3: Waste Reduction Plan Template SY 24-25

Per [Administrative Procedure 2810](#), each facility is required to submit a completed and signed Waste Reduction Plan by September 30th each year. All items pertain to this current school year.

School or Site Name: _____

Below, select actions <u>completed this school year</u>.					
	ALL Classrooms	ALL Offices	ALL Breakfast Areas	ALL Lunch Areas	ALL Copier / Printer Areas
Recycling bins present and clearly labeled.					
Recycling bins are next to trash cans.					
Recycling and trash posters are above bins.					

Below, please describe your site's plan to reduce solid waste sent to the landfill.

- List at least two recycling or solid waste reduction goals for your school/site this year.

 - What additional solid waste reduction actions will your site complete? (Activities/lessons, special events, Reduce/Reuse/Recycle actions, etc.)

___ Waste-Free Lunches ___ Stack food trays to reduce space and bags ___ Reuse scrap paper / both sides of paper ___ School Recycling Assembly ___ Active Student Green Team/Environmental Club ___ Flatten boxes to reduce space in the recycling bins/dumpsters ___ Student Monitors routinely help others correctly sort waste items	___ Share Table ___ Composting ___ Recycling PA Announcements ___ Student Recycling Lessons
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- Other/Explain:

School/Site Name:

Waste Reduction Plan SY 24-25

- How will your team [monitor bins and address mistakes](#)? How can students help?

- How will your team communicate program updates and celebrate successes with your school community?

This school year we have:

- Completed the [Annual Recycling Checklist](#).
- Informed all staff and students of the recycling procedures, their roles and responsibilities, and our Waste Reduction Plan.

Yes / No - Did your students conduct the student waste audit? (See K-5 Science Curriculum Week 3)

_____	_____	_____
Principal / Facility Administrator Name	Principal / Facility Administrator Signature	Date
_____	_____	_____
Building Supervisor Name	Building Supervisor Signature	Date
_____	_____	_____
Recycling Coordinator Name	Recycling Coordinator Signature	Date

To Submit: Scan the signed and completed form and email to sara.campbell@pgcps.org.

For information on recycling and waste reduction visit www.pgcps.org/recycling.