OMB No.: 0920-0340
Expiration Date: 1/31/95

1994 School Health Policies and Programs Study (SHPPS)

District Physical Education

The purpose of the SHPPS is to describe school health policies and programs nationwide, including: health education, physical education, school health services, school food service, and policies on tobacco use, alcohol and other drug use, violence, and HIV infection. Results will be used to assess school health needs at the state, district, and school levels and to improve school health programs throughout the nation.

This questionnaire is about your district's policies and programs related to physical education. Policies mean institutionalized practices, formally adopted school board policies, legislated mandates, and administrative regulations or directives.

Some questions ask you to circle the one best answer. Other questions ask you to circle or check all that apply. We understand that your district may not have certain grades or levels (e.g. elementary). Please answer every question which applies to you or your district.

Completing the questionnaire is voluntary. Participation by all respondents is requested to ensure that all state, district, and school needs are represented. All information will be summarized for the nation as a whole. You and your district will not be identified in any reports.

Public reporting burden for this collection of information is estimated to average .25 hours (or 15 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0340); Washington, DC 20503

DISTRICT ORGANIZATION

1.Does your district have a person responsible for directing or coordinating physical education at the district level? **CIRCLE THE ONE BEST ANSWER.**

a.No -- **SKIP TO Q.4**
b.Yes

2.Besides physical education, what are the other responsibilities of the district physical education director? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a. No other responsibilities
b.Coordinates health education
c.Coordinates instruction in other curricular areas
d.Coordinates school health services
e.Coordinates driver's education
f.Coordinates federally-funded HIV Education
g.Coordinates federally-funded Drug Free Schools Program
h.Other **(SPECIFY):**

3.How many schools does the district physical education director supervise?

SPECIFY THE NUMBER OF SCHOOLS: _____

PHYSICAL EDUCATION REQUIREMENTS

4.Does your district require or recommend that schools offer physical education? **CIRCLE THE ONE BEST ANSWER.**

a.No -- **SKIP TO Q.9**
b.Yes, require
c.Yes, recommend -- **SKIP TO Q.9**

5.How much physical education (e.g., years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units) does your district require at specific grades or levels? Use as many blocks as necessary to fully describe your state's requirements. **SPECIFY AS INDICATED.**

How much physical education? Amount:**Specify number of** years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units	**In what grades or levels?** Grades:**Specify** any of K - 12 **or** Levels:elementary, middle/junior high, high school
Amount:	Grade(s) or level(s):
Amount:	Grade(s) or level(s):
Amount:	Grade(s) or level(s):
Amount:	Grade(s) or level(s):
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Amount:	Grade(s) or level(s):

6.Does your district set a maximum number of students that may be scheduled into a required physical education class? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a.No
b.Yes **(SPECIFY THE NUMBER): _____**

7.For what reasons does your district specify that students may be exempted or excused from required physical education? **CIRCLE ALL THAT APPLY. SPECIFY AS INDICATED.**

a.District does not specify
b.District specifies that no courses or activities may be selected in place of physical education
c.Parental request
d.Student request
e.Competency testing
f.Cognitive disability
g.Physical disability
h.Other physical education courses **(SPECIFY):**
i.Other academic subjects **(SPECIFY):**
j.School activities or clubs (band, chorus, cheerleading, etc.)
k. Interscholastic sports practice or training
l. Vocational training
m. Community service
n. Mandated remedial tutoring
o. Other **(SPECIFY):**

8.For which special needs students does your district require or recommend physical education classes? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.No physical education classes are required or recommended
b.Students with cognitive disabilities
c.Students with physical disabilities
d.Students with temporary physical limitations
e.Other **(SPECIFY):**

CURRICULUM/GUIDELINES/FRAMEWORK

9.At which levels does your district have a written curriculum, guidelines, or framework for physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.No written curriculum, guidelines, or framework at any level -- **SKIP TO Q.13**
b.Elementary level
c.Middle/junior high level
d.Senior high level
e.Other **(SPECIFY):**

10.Which of the following are included in your district's written curriculum, guidelines, or framework for physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a. Goals, objectives, or outcomes
b.Scope and sequence
c.Subject matter content
d.Lesson plans
e.Learning activities
f.Resources
g. Student assessment plans
h.Curriculum evaluation plans
i.Other **(SPECIFY):**

11. What types of goals, objectives, or outcomes are specified in your district's written curriculum, guidelines, or framework for physical education? **CHECK LEVEL(S) FOR EACH TYPE OF WRITTEN GOAL, OBJECTIVE, OR OUTCOME. USE THE "OTHER" CATEGORY TO SPECIFY ADDITIONAL TYPES OF GOALS, OBJECTIVES, OR OUTCOMES AND THE LEVEL(S) AT WHICH THEY ARE SPECIFIED.**

WRITTEN GOALS, OBJECTIVES, OR OUTCOMES	**No written goals, objectives, or outcomes at any level**	**Elementary level**	**Middle/Jr.high level**	**Senior high level**
a. Knowledge about physical activity and the benefits of physical activity				
b. Positive attitudes toward physical activity				
c. Skills in sports, games, and other physical activities				
d. Participation in physical activity				
e.Fitness levels				
f.Other **(SPECIFY):**				

12.How does your district monitor compliance with the district's curriculum, guidelines, or framework for physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.Compliance is not monitored
b.Schools submit periodic compliance reports
c.District performs periodic on-site monitoring
d.Other **(SPECIFY):**

13.At what levels does your district require that health education topics (e.g., tobacco use prevention, alcohol and other drug use prevention, nutrition, HIV prevention) be taught in physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.Instruction on health topics is not required in physical education
b.Elementary level
c.Middle/junior high level
d.Senior high level
e.Other **(SPECIFY):**

PROFESSIONAL PREPARATION

14.During the past two years, on which physical education topics has your district offered (provided or made available) in-service training to physical education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.In-service training on physical education topics was not offered -- **SKIP TO Q.16**
b.Teaching sports, games, or activities
c. Developing individualized fitness programs
d. Fitness testing -- administration and use
e. Increasing students' physical activity in physical education class
f. Increasing students' physical activity outside physical education class
g. Involving families in physical activity
h. Staff wellness
i. Other **(SPECIFY):**

15.During the past two years, how many physical education teachers has your district trained (in-service) on physical education topics? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a. **SPECIFY THE NUMBER OF TEACHERS: _____**
b. Don't know

16.During the past two years, on which physical education topics has your district offered (provided or made available) materials to physical education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.Materials on physical education topics were not offered
b.Teaching sports, games, or activities
c. Developing individualized fitness programs
d. Fitness testing -- administration and use
e. Increasing students' physical activity in physical education class
f. Increasing students' physical activity outside physical education class
g. Involving families in physical activity
h. Staff wellness
i. Other **(SPECIFY):**

PHYSICAL FITNESS AND ACTIVITY

17.Does your district require or recommend fitness testing in physical education? **CIRCLE THE ONE BEST ANSWER.**

a.No -- **SKIP TO Q.20**
b.Yes, require
c.Yes, recommend

18.At what levels does your district require or recommend fitness testing in physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.Elementary level
b.Middle/junior high level
c.Senior high level
d.Other **(SPECIFY):**

19.Which specific fitness test batteries does your district require or recommend? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.No specific fitness test batteries are required or recommended
b.A fitness test developed by the state
c. Amateur Athletic Union (AAU/Chrysler)
d. Fitnessgram (Institute for Aerobics Research/Prudential)
e. Health Related Fitness Test (AAHPERD)
f. Physical Best (AAHPERD)
g.President's Challenge (President's Council)
h. Youth Fitness Test (AAHPERD)
i. Other **(SPECIFY):**

20.What does your district recommend that schools do to promote regular physical activity for students at school? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**
a.No district recommendations on this issue
b.Physical education classes which include continuous exercise lasting 20 or more minutes at least three times per week
c.Periodic, in-classroom fitness breaks during the day
d.Opportunities for intramural and interscholastic sports for all students
e.Opportunities for a total of 30 minutes of physical activity from all sources daily
f.Other **(SPECIFY):**

SCHOOL ATHLETICS

21.What qualifications does your district require of interscholastic sports coaches? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.No district requirement for coaches
b.Prior experience as a coach in the sport
c.Prior experience on a competitive team in the sport
d.State certification as a teacher
e.Completion of state- or district-required coaching in-service training
f.Other **(SPECIFY):**

22.On what topic(s) are coaches required to complete in-service training? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.No district requirement for in-service training
b.Injury prevention and first aid
c.Scientific foundations of sports performance
d.Philosophy of youth sport programming
e.Coaching techniques
f.Other **(SPECIFY):**

23.Does your district have a written policy addressing the use of tobacco products by athletes and coaches during school-sponsored sporting events? **CIRCLE ALL THAT APPLY.**

a.No
b.Yes, for athletes
c.Yes, for coaches

24.Does your district have a written policy addressing the use of steroids by athletes? **CIRCLE THE ONE BEST ANSWER.**

a.No
b.Yes

25.Does your district have a written policy addressing the use of alcohol and other drugs by athletes? **CIRCLE THE ONE BEST ANSWER.**

a.No
b.Yes

26.Does your district have a written policy addressing unhealthy weight loss practices by athletes? **CIRCLE THE ONE BEST ANSWER.**

a.No
b.Yes

COORDINATION AND COLLABORATION

27. Which statements are included in your district's written recommendations on access to school physical activity facilities? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a. No written recommendations on this issue
b. Schools must provide students in supervised extended day programs access to physical activity facilities
c. Schools must provide community members access to physical activity facilities
d. Other **(SPECIFY):**

28. During the past two years, with which programs in your district has the physical education program been involved in joint district-level activities or projects? **CIRCLE ALL THAT APPLY. SPECIFY AS INDICATED.**

a. No joint activities or projects
b. Health education
c. School food service
d. School health services
e. School counseling/psychology
f. Community agencies/organizations (**SPECIFY**):
g. Other **(SPECIFY):**

IMPROVING PHYSICAL EDUCATION

29. What would you like to DO in physical education in your district that you have NOT been able to do? **RECORD RESPONSE IN SPACE BELOW.**

30. What has PREVENTED you from doing the things you just described? **RECORD RESPONSE IN SPACE BELOW.**

31. What has been MOST HELPFUL to you in improving physical education in your district? **RECORD RESPONSE IN SPACE BELOW.**

32. What SUGGESTIONS OR RECOMMENDATIONS do you have to improve physical education in your district? **RECORD RESPONSE IN SPACE BELOW.**

33. What is your name, title, address, and telephone number? This information will be used only to contact you for additional information about your responses. You will not be identified in any reports.

Name:_____
Title:_____
Address:_____
_____
_____
City/State/Zip Code:_____
Telephone Number:_____

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire to your district's coordinator for this project unless instructed otherwise.