

ELEMENTARY SCHOOL Physical Education/Physical Activity Self-Survey Tool



School Name _____

Date Completed: _____ **School Enrollment:** _____ **# of Elem. Schools in District:** _____

Name & Title of Person Completing Survey: _____
 Email: _____ Phone: _____

- Does the district have a wellness subcommittee? Yes No
- Does this school have at least one representative on the district's wellness subcommittee? Yes No
 If yes, how many times each year does the group meet? 1 2 3 4 More than 5
 As of the date of this survey, please check and/or list who is participating on the district wellness subcommittee from this school? __ P.E. teacher; __ School Nurse; __ Health Teacher; __ Principal; __ Parents; __ Other (specify) _____
- Is a physical education or physical activity goal for students and/or staff at this school included in the District's Strategic Plan? Yes No
 If yes, what does it address? _____
- Is a physical education or physical activity goal for students and/or staff included in this school's School Improvement Plan? Yes No
 If yes, what does it address? _____

PHYSICAL EDUCATION (PE):

Provide information for each grade. Please describe a TYPICAL ELEMENTARY SCHOOL class in your building.	K	1 st	2 nd	3 rd	4 th	5 th
1. Place an "x" in grades where physical education is required for nearly all students.						
2. Indicate the number of times each class meets per week per grade.						
3. Indicate the number of minutes each class meets per week per grade.						
4. Indicate the number of week's physical education is required during the school year.						
5. What is the typical class size for each grade?						
6. Identify who teaches physical education in your elementary school building by grade level using the following code: P = physical educator, C = classroom teacher, B = both, and O = other.						

- Does this school meet the Physical Education/Health mandate of 100 minutes per week? Yes No
- Are the student expectations for physical education communicated to parents each year? Yes No
 If yes, how is this done: (Check all that apply): __ P.E. Letter __ Back to School Night __ Newspaper __ E-mail
 Other: (List) _____
- Is there an annual budget for equipment for physical education in the building? Yes No
 If "yes": about how much? _____

PHYS ED PROFESSIONAL DEVELOPMENT

1. Are all elementary physical education teachers P.E. Certified? Yes No
2. Are any of the elementary PE teachers “National Board Certified Teachers”? Yes ___ No ___ Don’t know ___
3. Is there a Physical Education Coordinator for Elementary Schools in your district? Yes No
If “yes”, please write name, e-mail address, and phone number for the Elementary School PE Coordinator and, if applicable, for ALL schools in your district: _____
4. Is there a Physical Education Coordinator for all schools in your district? Yes No
If “yes”, please write name, e-mail address, and phone number for the District PE Coordinator: _____
5. What professional development opportunities will your school offer (and include any already provided this school year) as in-service specifically for physical educators this school year? _____
6. What types of professional development opportunities will your district offer (and include any already provided this school year) as in-service specifically for physical educators in your school and district this school year? _____
7. Please indicate the number of professional development days allowed per physical education teacher per year for physical education.
____ Within the district
____ Outside of the district (i.e. conferences, meetings, workshops)
8. What type of in-service or professional development opportunities would be most useful for the PE teachers in your school? _____

ADAPTED PHYSICAL EDUCATION:

1. Does the school have students with special needs in a self-contained class(es) for physical education? Yes No
If yes, about how many students per self-contained class? _____
2. Does the school have students with disabilities included with non-disabled students in Physical Education class (es)? Yes No
If yes, how many students: _____
3. Do PE teachers have specialized certification to teach students with disabilities? Yes No

CURRICULUM:

1. Does the school have a written physical education curriculum? Yes No
2. Does the school use the *2003 Rhode Island Physical Education Framework: Supporting Physically Active Lifestyles through Quality Physical Education* to guide curriculum and programming decisions?
 Yes No

3. Are objectives written in the school's curriculum in any of the following areas?
- a. Motor Skills Yes No
- b. Physical Fitness Yes No
- c. Cognitive Concepts Yes No
- d. Personal/Social Skills Yes No
4. What year was your building curriculum last reviewed/revised? _____
5. Is a Physical Fitness Assessment administered to students? Yes No
- If yes, what grades? 1 2 3 4 5 6 7 8
- Physical Best ____ FitnessGram ____ Presidential Challenge ____ Other _____

PHYSICAL ACTIVITY (PA)

Physical Activity is leisure or non-leisure movement of the body that expends energy, such as, exercise, sports, dance, mobility training or physical therapy, brisk walking, swimming or other body movements that result in an increased heart rate.

Opportunities for Physical Activity

1. Does the school provide recess during the school day? Yes No
- If yes, what grade levels? 1 2 3 4 5 6 7 8
- How many minutes for each day? _____
2. Is recess offered before lunch after lunch?
3. Does the school provide an adequate outside recreation/playground area? Yes No
4. Does the school provide age appropriate, safe playground equipment facilities for the age level of students?
 Yes No
5. Is there an annual budget for equipment for recess and playground facilities? Yes No
- If yes, about how much _____
6. Does the school provide any regular stretch or physical activity breaks in the classroom throughout the day? If so, please describe: _____
7. Does the school provide opportunities for physical activity for students before school after school?
8. Does the school partner with community agencies for before-school programs? Yes No
- If yes, list the agencies _____
- Does the agency provide physical activity? Yes No
- Does the school provide a healthy breakfast? Yes No
9. Does the school partner with community agencies for after- school programs? Yes No
- If yes, list the agencies _____
- Does the agency provide physical activity? Yes No
- Does the agency provide healthy snacks? Yes No

STAFF Opportunities:

1. Does the school offer physical activity opportunities for staff (i.e. yoga, walking) Yes No

If yes, please list/describe: _____

2. Does the school offer physical activity opportunities for staff and students together? Yes No

If yes, please list/describe: _____

