

MIDDLE SCHOOL Physical Education/Physical Activity Self-Survey Tool



School Name: _____

Date Completed: _____ School Enrollment: _____ # of Middle Schools in District: _____

Name & Title of Person Completing Survey: _____

Email: _____ Phone: _____

1. Does the district have a wellness subcommittee? Yes No
2. 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*) _____
3. 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? _____
4. 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 where physical education is REQUIRED.	6 th	7 th	8 th
5. Place an "x" in grades where physical education is required to nearly all students.			
6. Indicate the number of times each class meets per week, per grade.			
7. Indicate the number of minutes each class meets per week, per grade.			
8. Place an "x" in grades where physical education is taught in "block" form.			
9. Indicate the number of week's physical education is required during the school year.			
10. What is the typical class size for each grade?			
11. Identify who teaches physical education in your middle school building by grade level using the following code: P = physical educator, C = classroom teacher, B = both, and O = other.			
12. Place an "x" in grades where middle school physical education classes are co-ed.			

13. Does your school meet the RI Physical Education/Health mandate for 100 minutes per week? Yes No

14. How many semesters of credit of physical education are required for graduation?
 0 1 2 3 4 5 6 7 8 Not Applicable

15. Are the student expectations for physical education communicated to parents? Yes No
 If yes, how is this done: (Check all that apply): P.E. Letter Back to school night Newsletter
 E-mail Other: (List) _____
16. 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 middle school physical education teachers P.E. Certified? Yes No
2. Are any of the middle school PE teachers "National Board Certified Teachers"? Yes____ No____ Don't know____
3. Is there a Physical Education Coordinator for Middle Schools in your district? Yes No
 If "yes", please write name, e-mail address, and phone number for the Middle School PE Coordinator 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 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. Do you have students with special needs in a self-contained class(es) for physical education? Yes No
 If yes, how many students: _____ and how many per self-contained class? _____
2. Do you have students with disabilities included with non-disabled students in your building's physical education class(es)? Yes No
 If yes, how many students: _____ and how many per self-contained class? _____
3. Do PE teachers have a specialized certification to teach students with disabilities? All Some Unknown

CURRICULUM

1. Does your school have a written physical education curriculum? Yes No
2. Does your building use the *2003 Rhode Island Physical Education Framework: Supporting Physically Active Lifestyles through Quality Physical Education* to guide curriculum and program decisions? Yes No
3. In what year was your building's curriculum last revised? _____
4. How are your physical education students graded? Pass/Fail Letter Grades Other
5. Is a Physical Fitness Assessment given to students? Yes No
If yes, what grades? 5 6 7 8
6. What type of assessment is given? Presidential Challenge FitnessGram Physical Best
Other: _____
7. Has the school or any PE teacher in the school been recognized by the Governor's Council on Physical Fitness Awards Program? Yes No
If yes, how often? Please indicate # of times: 1 2 3 4 5 6 7 8

Please check "✓" the activity areas which are taught in your building's physical education classes.

ACTIVITY	Please "✓" if Yes!	ACTIVITY	Please "✓" if Yes!
Aerobic Fitness/Conditioning		Self-Defense/Martial Arts, Etc.	
Archery		Soccer	
Badminton		Softball	
Biking/Cycling		Table Tennis	
Bowling		Team Handball	
Flag Football		Tennis	
Floor Hockey		Track and Field	
Golf		Ultimate Frisbee	
Gymnastics		Volleyball	
In-Line Skating		Weight Training	
Pickleball		Wrestling	
Power Walking/Running		Other(s):	

Are any types of equipment, games, and/or activities banned for use in your building? Please list/explain _____ Yes No

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 any form of recess during the school day? Yes No
If yes, what grade levels? 5 6 7 8
How many minutes for each day? _____
If yes, is recess offered before lunch after lunch?
2. Does the school provide an adequate outside recreation/playground area? Yes No
3. Does the school provide any regular stretch or physical activity breaks in the classroom throughout the day? If so, please describe: _____
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 opportunities for physical activity for students before school after school?
7. 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
8. 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: _____

