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.

<table>
<thead>
<tr>
<th>Grade</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
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</thead>
<tbody>
<tr>
<td>5. Place an “x” in grades where physical education is required to nearly all students.</td>
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<tr>
<td>6. Indicate the number of times each class meets per week, per grade.</td>
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<td>7. Indicate the number of minutes each class meets per week, per grade.</td>
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<tr>
<td>8. Place an “x” in grades where physical education is taught in “block” form.</td>
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<td>9. Indicate the number of week’s physical education is required during the school year.</td>
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<tr>
<td>10. What is the typical class size for each grade?</td>
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<tr>
<td>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.</td>
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<tr>
<td>12. Place an “x” in grades where middle school physical education classes are co-ed.</td>
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</tbody>
</table>

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.

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

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

Please list/explain ________________________________________________________________
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: ______________________________________
   ______________________________________
   ______________________________________