

HIGH SCHOOL Physical Education/Physical Activity Self-Survey Tool



School Name _____

Date Completed: _____ School Enrollment: _____ # of High 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 where physical education is REQUIRED.	9 th	10 th	11 th	12 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. Place an "x" in grades where physical education is taught in "block" form.				
5. Indicate the number of semester's physical education is required at each grade level.				
6. What is the typical class size for each grade?				
7. Place an "x" in grades where high school physical education classes are co-ed.				
Provide information for each grade, where physical education is an ELECTIVE.	9 th	10 th	11 th	12 th
8. Place an "x" in grades where physical education is ELECTIVE for nearly all students.				
9. Indicate the number of times each class meets per week, per grade.				
10. Indicate the number of minutes each class meets per week, per grade.				
11. Place an "x" in grades where physical education is taught in "block" form.				

	9th	10th	11th	12th
12. What is the typical class size for each grade?				
13. Place an "x" in grades where high school physical education classes are coed.				

15. Does this school meet the Physical Education/Health mandate of 100 minutes per week? Yes No

16. How many semesters of credit of physical education are required for graduation?

0 1 2 3 4 5 6 7 8

17. 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) _____

18. 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 high school physical education teachers P.E. Certified? Yes No

2. Are any of the HS PE teachers "National Board Certified Teachers"? Yes No Don't Know

3. Is there a Physical Education Coordinator for High Schools in your district? Yes No

If "yes", please write name, e-mail address, and phone number for the District High School PE Coordinator:

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. Do you have students with disabilities included with non-disabled students in your physical education class(es)?
 Yes No
If yes, about 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 building 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. In what year was your building's PE curriculum last reviewed/revised? _____
4. How are the physical education students graded? Pass/Fail Letter Grades Other: _____
5. Does your district allow students to "substitute" other activities in place of physical education class? Yes No
"Substitution" is defined as a school district providing physical education credit to a student for participation in extracurricular athletics or other extracurricular activities.

If yes, which of the following activities may be substituted? (Please check all that apply.)

- Marching Band Interscholastic Athletics Other Extracurricular Activities
Other: _____

6. Is a Physical Fitness Assessment given to students? Yes No
If yes, what grades is it administered to? 9 10 11 12
What test is administered? Physical Best _____ Presidential Challenge _____ FitnessGram _____
Other _____
How is this information communicated with parents? _____
(Check all that apply): PE Letter School Newsletter E-mail Report Card 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

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	
Basketball		Swimming	
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):	

9. Are any types of equipment, games, and/or activities banned for use in the building? Yes No
 Please list /Explain _____

Physical Activity (PA): PA 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

- Does the school offer an intramural sports program? Yes No
 If yes, how many weeks are programs offered? _____
 How many days per week are programs offered? 1 2 3 4 5
- Does the school provide for physical activities for students before school after school?
 (Check all that apply): __ dance __ yoga __ karate __ walking __ skate board __ fishing __ rock climbing
 __kayak __ sailing __ other _____
- Does the school provide any regular stretch or physical activity breaks in the classroom throughout the day? If so, please describe: _____
- Does the school provide an adequate outside recreational area? Yes No

5. Is there an annual budget for maintenance of the outside recreational area? Yes No
 If yes, about how much? _____
6. 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/agency provide a healthy breakfast? Yes No
7. 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 food/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: _____

