

The Rhode Island Physical Education Framework

Supporting Physically Active Lifestyles through Quality Physical Education

March 2003

A Project of

Healthy Schools! Healthy Kids!



and the

RI Association for Health, Physical Education, Recreation and Dance

Rhode Island



Association for Health, Physical Education, Recreation, and Dance

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Healthy Schools! Healthy Kids! is a joint initiative of the Rhode Island Departments of Education and Health, supported by a grant from the US Centers for Disease Control and Prevention, Cooperative Agreement No. U87/CCU109023-10

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**The Rhode Island Physical Education Framework
Supporting Physically Active Lifestyles through Quality Physical Education**

Acknowledgements

We are pleased to present the final Rhode Island Physical Education Framework developed with the support of the U.S. Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (Cooperative Agreement # U87/CCU109023-10). This Framework would not have been possible without the leadership and guidance of Cheryl Bayuk, Physical Education Specialist, from Healthy Schools! Healthy Kids! and Andrea Vastis, MPH, CHES, Senior Public Health Promotion Specialist, from the Rhode Island Department of Health, who dedicated themselves to the development of this Framework. Their expertise, facilitation skills, and writing ability contributed greatly to the success of this project. We also thank Marcia Campbell, Health Education Specialist, from the Rhode Island Department of Education for providing valuable input, support and technical assistance.

The RI Physical Education Framework reflects years of hard work from many people. We would like to acknowledge the support of the Rhode Island Association for Health, Physical Education, Recreation and Dance (RIAPERD). RIAAPERD has been an instrumental partner in this effort. We deeply appreciate the dedication displayed by the members of the Physical Education Standards Committee chaired by Shawna Southern. This committee, comprised primarily of teachers, met countless times and worked effortlessly on the development of the physical education standards and performance indicators. The committee members volunteered their time in a commitment to bring quality physical education standards to our schools. Their collective wisdom, drive and expertise were the backbone of this incredible effort.

Our sincere appreciation is given to John Fulton, PhD, and Ann Kelsey Thacher, MS, from the Rhode Island Department of Health for their continued support and understanding of the need for quality physical education in our schools. Finally, a special thank you is given to Leanne Chiaverini, from the Department of Health, for her assistance in analyzing the data from the Rhode Island Physical Education Profile to learn the current status of physical education in our public schools.

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Rhode Island Physical Education Framework

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Table of Contents

Introduction: Preface and Using this Document	5
Section 1: The Need for Quality Physical Education Programs	6
Section 2: Physical Education in Rhode Island	9
Section 3: The Rhode Island Physical Education Standards	12
References	26
Section 4: Appendices	
A. National Association for Sport and Physical Education (NASPE) National Physical Education Standards	27
B. 2001 Rhode Island Physical Education Profile Survey and Preliminary Results	28
C. Glossary of Terms	30
D. Additional Resources	34

INTRODUCTION

Preface

Welcome to the Rhode Island Physical Education Framework. This document was born out of a vision of physical educators, health professionals, education professionals and community members who believe that:

As a result of daily, high quality physical education instruction from K-12, all students will have the knowledge and skills to lead a physically active lifestyle.

Physical education (PE) is planned, sequential instruction that promotes lifelong physical activity. It is designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities (Health is Academic, 1998). In October of 2000, Healthy Schools! Healthy Kids!, a joint initiative of the Rhode Island Department of Education (RIDE) and RI Department of Health (HEALTH), in conjunction with the Rhode Island Association for Health, Physical Education, Recreation and Dance (RIAPERD) convened a group of health education, physical education, community health and recreation professionals to begin work on creating a set of uniform standards in physical education. Standards are the goals, the end point, the “what we want all kids to know and be able to do” as a result of instruction.

Utilizing standards from the National Association for Sport and Physical Education (NASPE) and other states as a guide, the Physical Education (PE) Standards Committee worked from February 2001 to February 2002, to come up with a set of physical education standards for Rhode Island schools. In addition, the group, working independently and within sub-committees, developed a set of performance indicators for each standard, within grade levels. Performance indicators describe student performance at points along the K-12 instruction. They are the “what it looks like” when a student is meeting the standards. A copy of the national standards is in Appendix A.

Using this Document

The RI PE Framework is a roadmap, a guide to developing a standards-based physical education curriculum. A standards-based curriculum starts at the end point describing what students will know and be able to do as a result of PE instruction. The task for educators is to build a curriculum of meaningful units complete with tasks and assessments that allows students to show evidence of reaching/achieving the standards.

It is the responsibility of each RI school district to develop a K-12 comprehensive and sequential PE curriculum that gives students opportunities to reach the standards. Whether a teacher selects a sport, game or other activity, the ultimate goal of the task is to help the student learn the concept/skill, allow for sufficient opportunity for the student to practice the task, and give the student the opportunity to demonstrate their knowledge/skill. A quality PE program will work across activities/units to address all standards, and select those that will be formally assessed. Additionally, a cohesive, standards-based PE program will ensure that students demonstrate growth and progress over time. A glossary of terms to assist you is in the appendix.

Section 3 of this document lists the content areas, standards and K-12 performance indicators. The content areas that make a quality PE program are movement, personal fitness, and personal/social responsibility. The six standards are what all students must know and be able to do as a result of PE instruction when they graduate. The performance indicators are indices of quality that specify how competent a student must be to meet the standard at points along K-12 instruction.

The RI PE Framework is just one of many resources to build a standards-based PE curriculum. Our thanks to the Rhode Island Physical Education Standards Committee, the Framework Editorial Board, and the RI Association for Health, Physical Education, Recreation and Dance (RIAPERD) for helping to make this document a reality.

Section 1: The Need for Quality Physical Education Programs

The need for quality, daily physical education (PE) instruction is perhaps most critical in this current era of school reform. It is well established that regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem and may improve blood pressure and cholesterol levels (CDC, July 2000). While policy makers are calling for improvement in mathematics and literacy performance for students, public health and education professionals are promoting the link between health status and academic achievement.

New research into the link between physical fitness and academic achievement makes the case for keeping PE an integral part of the school day. Preliminary results show a correlation between daily physical activity and increased ability to concentrate and learn in the classroom setting. Research into how the brain functions finds that the part of the brain that processes movement is the same part that is processing learning. This suggests a value in keeping kids moving to boost cognition. Additionally, physical activity decreases stress levels and improves functions of the immune system, thus increasing the capacity for learning and memory. (Jensen, 1998).

The idea that movement stimulates thought is not new. The book Teaching the Three R's Through Movement Experience presents the case that just as we find ourselves pacing back and forth to stimulate our thoughts, intellectual, physical and emotional growth can all be stimulated through movement (Gilbert, 1977). A 1950's research project in a suburb of Paris, France sought to determine the effect in children of increasing the amount of physical activity during the school day. The researchers found that when increasing the amount of the school day spent devoted to physical activity, the children in the activity group at the end of 10 years were generally healthier, happier, keener, and had fewer discipline problems than children in conventional programs. The experimental group also performed as well or exceeded the traditional group in academic achievement measures. (Martens, 1982).

What constitutes a quality PE program? Experts from the National Association for Sport and Physical Education (NASPE), the Centers for Disease Control and Prevention (CDC) and PE4Life Organization agree that the following elements are critical in order for PE to meet its goal of developing a student with the knowledge and skills to lead a physically active lifestyle. For a school/district to build a quality PE program, it must include:

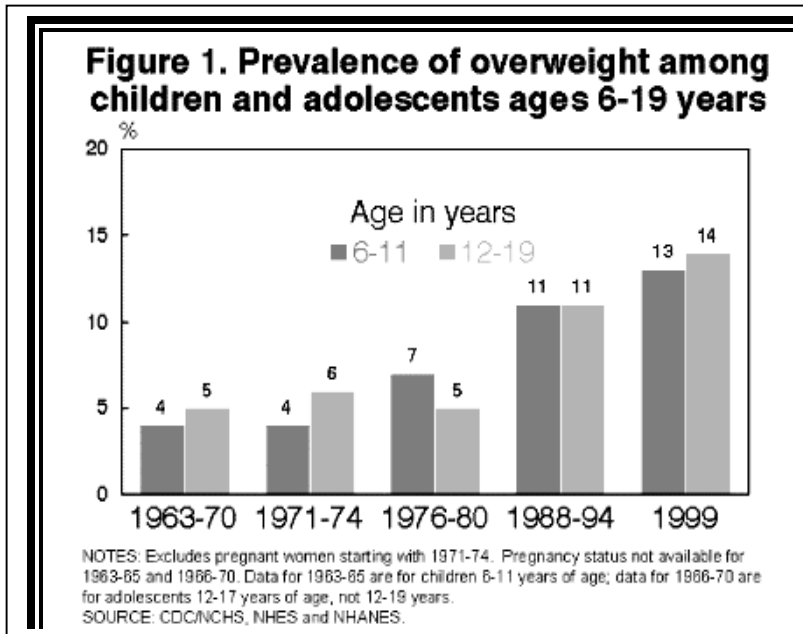
- ❑ Certified Physical Education specialists
- ❑ Opportunities for ongoing teacher training
- ❑ Planned, sequential K-12 curricula
- ❑ Daily scheduling of PE classes
- ❑ Manageable class size
- ❑ Time for authentic assessment
- ❑ Appropriate equipment for all students
- ❑ Adequate indoor and outdoor facilities
- ❑ Inclusion of technology

“Exercise and recreation...are as necessary as reading.”

-Thomas Jefferson (1743-1826)

Meeting these criteria requires schools and districts to put time, money and effort into building a quality PE program. If PE is to meet its goal of developing students with the knowledge and skills to lead a physically active lifestyle, and if PE is to support academic performance, the days of the “cafetorium” - the all purpose room serving as cafeteria, auditorium and gymnasium - need to be a distant memory. Physical education is not about throwing a ball, running to a base or sinking a basket. It is about a set of concepts and skills that are not taught in any other discipline. PE is unique in its ability to get children moving in and out of school, teach them a love for movement and fitness, and in doing so, weave in principles of other academic areas.

In addition, public health issues of rising obesity rates, consistently persistent rates of tobacco initiation among youth, and rising rates of Type 2 diabetes (formerly known as adult-onset diabetes) in children and adolescents, all make the case for continued support for school health and physical education. As children spend hours watching television and sitting at computers, and as the fast food and snack food industries continue to infiltrate schools, media and homes, the result is a nation of increasingly sedentary and unhealthy students. According to the National Center for Health Statistics, the percentage of overweight children and adolescents has nearly tripled in the past 30 years (see figure 1). This increase is due largely to the reduction of physical activity and an increase in calorie consumption among this population, noted above.



Meanwhile, as the need for children to be more active increases nationwide and in Rhode Island, there has been a drop in the proportion of high schools students who attend PE classes daily from 41.6% in 1991 to 32.2% in 2001 in the U.S. In Rhode Island, only 15.6% of the student population reported attending PE daily in 2001.

(Note: No school or district in RI offers daily PE year round to its students. Some schools have block scheduling so students receive PE daily only during that block of time of the semester or quarter.)

It is not a coincidence that as participation in physical education decreases, overweight and obesity among children has been increasing in the U.S. and in RI. While lack of PE is not solely to blame for the childhood obesity epidemic, it is part of the equation. Nationwide, schools are being called upon by public health entities to address the health and well being of their students. In the landmark *Surgeon General's Call to Action to Reduce Overweight and Obesity, 2001*, schools are urged to modify physical activity and nutrition programs and policies to address the rising rates of childhood obesity.

Report recommendations to schools include:

- ❑ *Provide all children, from pre-kindergarten through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skill, behaviors and confidence needed to be physically active for life.*
- ❑ *Provide daily recess periods for elementary school students, featuring time for unstructured but supervised play.*
- ❑ *Provide extracurricular physical activity programs, especially inclusive intramural programs and physical activity clubs.*
- ❑ *Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.*

The Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) listed physical activity and education goals in their “Healthy People 2010” document for physical education and activity for youth that state and local government should consider as priorities in their programming (see figure 2). State and local agencies are encouraged to use these goals to provide focus for their public health and education activities.

In addition, the July 2000 “Guidelines to Promote Lifelong Physical Activity,” released by the CDC lists a number of specific recommendations including:

- ❑ Implement sequential physical education curricula and instruction in grades K-12 that:
- ❑ Emphasize enjoyable participation in lifetime physical activities such as walking and dancing, not just competitive sports
- ❑ Help students develop the knowledge, attitudes and skills they need to adopt and maintain a physically active lifestyle.
- ❑ Follow the National Standards for Physical Education
- ❑ Keep students active for most of class time (CDC, 2000)

The experts are saying what we’ve known for a long time – physical education is a core part of the school day. The final piece of evidence came in October of 2001 in a report stating that after reviewing evidence of various strategies including community-based, media-based and individual-focused programs, school-based PE is **strongly recommended** as an intervention to increase physical activity among children and adolescents. The review of studies found that quality PE is effective in

**Figure 2. Healthy People 2010 Objectives
Physical Activity for Adolescents and Children**

- 22.6 Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.**
- 22.7 Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.**
- 22.8 Increase the proportion of the Nation’s public and private schools that require daily physical education for all students**
- 22.9.1 Increase the proportion of adolescents who participate in daily school physical education.**
- 22.9.2 Increase the proportion of adolescents who spend at least 50% of school physical education class time being physically active.**
- 22.9.3 Increase the proportion of adolescents who view television 2 or fewer hours on a school day.**
- 22.9.4 Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours.**

From: The Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).

increasing the minutes spent being physically active and in increasing aerobic capacity of children and adolescents. (USDHHS, 2001)

Section 2: Physical Education in Rhode Island

Rhode Island General Law 16-22-4 *Instruction in health and physical education* states: “All children in grades one through twelve (12) attending public schools, or any other schools managed and controlled by the state, shall receive in those schools instruction in health and physical education under rules and regulations the Department of Elementary and Secondary Education may prescribe or approve during periods which shall average at least twenty (20) minutes in each school day. No private school or private instruction shall be approved by any school committee for the purposes of chapter 19 of this title as substantially equivalent to that required by law of a child attending a public school in the same city and/or town unless instruction in health and physical education similar to that required in public schools shall be given.”

That health and physical education are mandated by law is a positive step for the state. However, the time given for both equals a minimum of 100 minutes per week, falling short of national recommendations for health and physical education. The Centers for Disease Control and Prevention (CDC) and the National Association for Sport and Physical Education (NASPE) recommend a minimum of 50 hours of health education instruction per year and 30 minutes a day of physical education instruction in elementary schools and 50 minutes of PE per day for secondary schools for either to make a difference in children’s lives.

In March of 2001, a survey was sent to all 327 Rhode Island public schools to learn about the way their physical education programs were structured and implemented. Over 200 responses were returned and the results tabulated to form a Rhode Island PE profile for 2001. A copy of the survey and preliminary findings are in the Appendix B. This baseline data gives a snapshot of the state of PE in Rhode Island to provide educators and policymakers evidence to support the need for daily, quality PE instruction that includes standards, performance indicators and assessments of student performance. From the responses we learned that:

- ❑ Rhode Island schools fall below the national recommendations of 30 minutes of PE per day for elementary schools (RI average 10.76 minutes PE per day) and 50 minutes of PE per day for secondary schools (RI average 19.6 minutes PE per day for middle school; 24.16 minutes PE per day for high school).
- ❑ There is inconsistency between and among schools in the materials used to develop curriculum.
- ❑ Most RI physical education teachers also teach health.

“Health is the vital principle of bliss, and exercise, of health.”

**- James Thomson
(1700-1748)**

The relationship of health and physical education

According to the 2001 PE Profile data, 46% of Rhode Island elementary PE teachers also teach health, and over 80% of middle and high school PE teachers also teach health. School districts are inclined to hire a teacher with dual certification at their schools. While this is thought to be a fiscal decision, rather than one of philosophy of the two disciplines, the fact remains that very often the two are taught by the same person within a school. Additionally, health and PE are most often scheduled opposite each other; rarely, if ever, does a student have PE and health within the same school day or semester.

Rhode Island Physical Education Framework

This creates a unique teaching and learning opportunity, setting the scene for at the least, complementary programs, and at the most, an integrated program focusing on a students' whole mind-body wellness. As schools and districts build their health and physical education programs, it is imperative to find ways to enhance each curriculum by supporting goals in both disciplines.

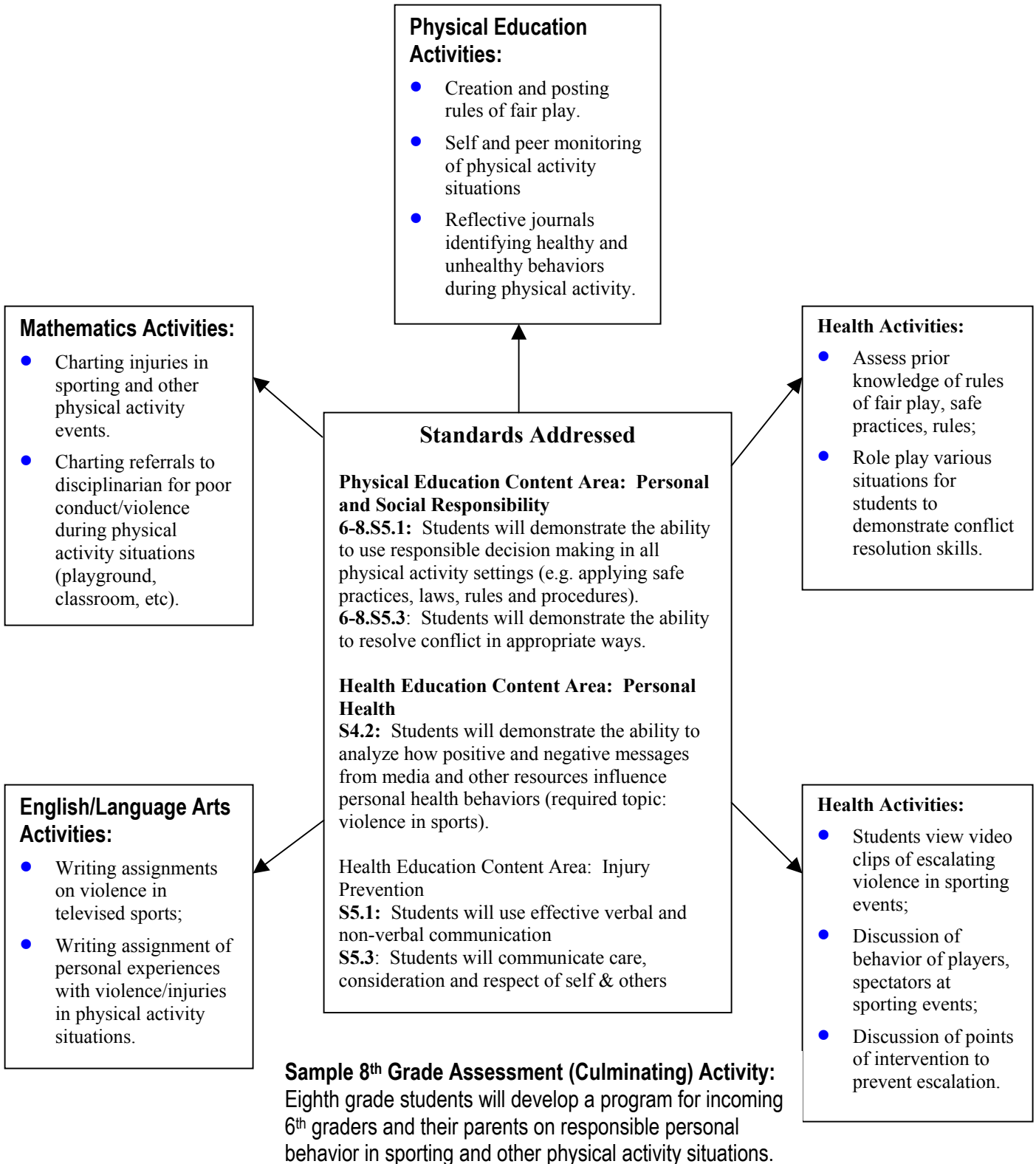
An example of an inter-disciplinary approach is given on the next page (Figure 3). It is in the best interest of the teachers and students to identify and address common themes and overlap in standards, and to find ways to integrate health and PE concepts into other disciplines, such as English/language arts, mathematics and science.

As formal assessments aligned with the Rhode Island Physical Education Standards are developed, the need for interdisciplinary approaches to learning will become evident in order for schools to help students meet standards in all disciplines. An additional section with sample assessments is currently under development and will be sent under separate cover when completed.

Figure 3: Sample Standards-based Thematic Unit

Grade Level: 6-8

Theme: How can we promote responsible personal behavior in sporting and other physical activity situations?



Section 3: The Rhode Island Physical Education Standards

Using the Framework

This section is the heart of the document – the listing of standards (what students should know and be able to do at the end of grade 12) and K-12 performance indicators (what students need to demonstrate to show competency in meeting the standard at points along K-12 instruction). Each performance indicator has a number preceding it. This allows people building the curriculum the ability to reference the particular standard and performance indicator in the lessons and assessments. An additional section with sample assessments based on the standards is currently under development and will be sent under separate cover when completed. In the example below, you will see that 4-5.S2.1 means, Grade 4-5 (4-5), Standard 2 (S2), Performance Indicator number 1 (1). This coding system keeps the performance indicators and standards well identified by standard and grade group. 4-5.S2.1 is the abbreviated code for:

Standard 2: *Students will apply movement concepts and principles to the learning and development of motor skills.*

Performance Indicators:

As a result of physical education instruction, students will demonstrate the ability to:

Grades 4 & 5

4-5.S2.1 - use rudimentary application of biomechanical principles (e.g. center of gravity, base of support, force).

The standards are for all students, regardless of ability. Obvious modifications will be made in lessons, assessments and procedures for students requiring Adaptive Physical Education. These students may not progress along the K-12 continuum at the same pace as other students. They can however, meet the standards when an appropriate adaptive curriculum that allows for modifications to lessons, assessments and timing is instituted.

These standards also relate to Rhode Island’s “Common Core of Learning,” that body of knowledge all students must possess in order to meet the responsibilities and challenges of the 21st century. This listing of broad categories (communication, problem solving, body of knowledge and responsibility) was determined in 1994 by a statewide survey distributed to a diverse group of community members and professionals. The relationship of the Rhode Island Physical Education Standards to Rhode Island’s Common Core of Learning Goals is illustrated in Figure 4.

Rhode Island Physical Education Framework

Figure 4. Relationship of Rhode Island Physical Education Standards to Rhode Island’s Common Core of Learning Goals

Communication	Problem Solving	Body of Knowledge	Responsibility
<p>PE Standard 5: Demonstrates responsible personal and social behavior in physical activity settings.</p>	<p>PE Standard 4: Applies physical activity-related skills and concepts to maintain a physically active lifestyle and health-enhancing level of physical fitness.</p> <p>PE Standard 6: Understands that internal and external environments influence physical activity.</p>	<p>PE Standard 1: Demonstrates competency in many movement forms and proficiency in a few movement forms.</p> <p>PE Standard 2: Applies movement concepts and principles to the learning and development of motor skills.</p> <p>PE Standard 3: Understands the implications of and the benefits derived from involvement in physical activity.</p>	<p>PE Standard 5: Demonstrates responsible personal and social behavior in physical activity settings.</p>

Rhode Island Physical Education Standards

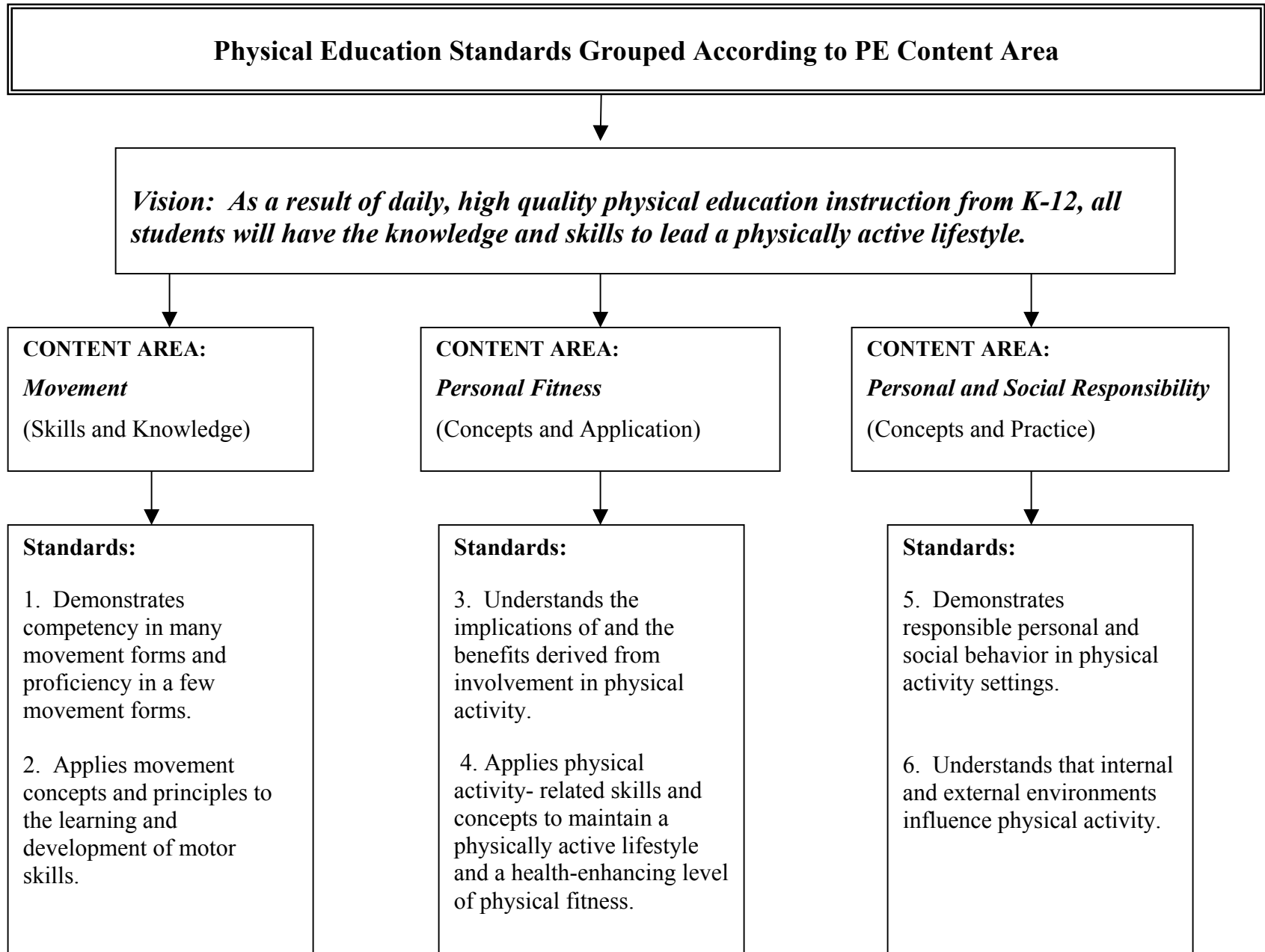
Vision: As a result of daily, high quality physical education instruction from K-12, all students will have the knowledge and skills to lead a physically active lifestyle.

A physically educated person:

- 1. Demonstrates competency in many movement forms and proficiency in a few movement forms.**
- 2. Applies movement concepts and principles to the learning and development of motor skills.**
- 3. Understands the implications of and the benefits derived from involvement in physical activity.**
- 4. Applies physical activity-related skills and concepts to maintain a physically active lifestyle and a health-enhancing level of physical fitness.**
- 5. Demonstrates responsible personal and social behavior in physical activity settings.**
- 6. Understands that internal and external environments influence physical activity.**

The following chart (Figure 5) gives a visual representation of how the standards relate to the content areas.

Figure 5. Physical Education Standards by Content Area



Standard 1

Students will demonstrate competency in many movement forms and proficiency in a few movement forms.

Intent of Standard: This standard is what makes physical education unique. Physical education is truly the only subject that has as a focus a child's psychomotor development with the goal of developing lifetime physical activity habits.

Student Performance Indicators:

As a result of physical education instruction, students will demonstrate the ability to:

Kindergarten & Grade 1

K-1.S1.1 - use mature form in basic gross locomotor patterns (walk, run, jump, hop, leap).

K-1.S1.2 - show awareness of movement in relation to body, space, time, and effort (tempo, kinesphere, directionality, relationship).

K-1.S1.3 - use initial form in fundamental manipulative skills (e.g., throw, catch, strike, dribble).

K-1.S1.4 - demonstrate initial form in fundamental combinations of movement skills (e.g., run and jump, strike and run).

Grades 2 & 3

2-3.S1.1 - use mature form in combination gross locomotor patterns (skip, gallop, slide).

2-3.S1.2 - master non-locomotor skills (body, space, time, effort, relationship).

2-3.S1.3 - use rudimentary form in fundamental manipulative skills (e.g., throw, catch, strike, dribble).

2-3.S1.4 - apply fundamental combinations of movement skills, in low organized games and activities (e.g., run and jump, strike and run).

Grades 4 & 5

4-5.S1.1 - use mature form in many gross locomotor and many combination patterns (run, hop, jump, leap, skip, gallop, slide).

4-5.S1.2 - use mature form in non-locomotor skills (body, space, time, effort, relationship).

4-5.S1.3 - show mature form in fundamental manipulative skills (e.g., throw, catch, strike, dribble).

4-5.S1.4 - show mature form in fundamental combinations of movement skills (e.g., run and jump, strike and run).

4-5.S1.5 - apply beginning strategies in various games and sports.

4-5.S1.6 - transfer movement skills between activities at a rudimentary level.

4-5.S1.7 - practice activities to increase skill competence.

Grades 6-8

6-8.S1.1 - use mature form in many basic manipulative, locomotor and non-locomotor skills.

6-8.S1.2 - show consistency in skills specific to games and sports (e.g., pivoting, sliding, setting).

6-8.S1.3 - adapt and combine skills to the demands of increasingly complex situations of selected movement forms.

6-8.S1.4 - show competence in modified versions in a variety of movement forms (e.g., half-court basketball – use different size ball, more players on team).

Grades 9-12

9-12.S1.1 - show competence (e.g., basic skills, strategies, and rules) in an increasing number of more complex versions in at least three types of movement forms (e.g., individual, team, and recreational activities).

9-12.S1.2 - show proficiency in a few movement forms (e.g. individual, team, and recreational activities).

Standard 2

Students will apply movement concepts and principles to the learning and development of motor skills.

Intent of Standard: This standard complements Standard 1 by teaching students the concepts and principles of motor skills to develop competent and proficient movers in a variety of individual and group activities.

Student Performance Indicators:

As a result of physical education instruction, students will demonstrate the ability to:

Kindergarten & Grade 1

K-1.S2.1 - recognize an initial movement vocabulary (e.g. heart rate) .

K-1.S2.2 - listen and respond appropriately to feedback in regard to movement skills.

Grades 2 & 3

2-3.S2.1 - apply movement vocabulary to an appropriate situation.

2-3.S2.2 - use introductory application of biomechanical principles (e.g., center of gravity, base of support, force).

2-3.S2.3 - recognize critical elements of movement skills to provide feedback to self and others (e.g. peer assessment).

2-3.S2.4 - recognize introductory strategies for offensive and defensive concepts (e.g., off ball movement, recognize passing lanes, scoring strategies, passing ahead).

Grades 4 & 5

4-5.S2.1 - use rudimentary application of biomechanical principles (e.g. center of gravity, base of support, force).

4-5.S2.2 - use critical elements of fundamental and specialized movement skills to provide feedback to self and others (e.g. self/peer assessment of: transfer of weight, opposition skills, point to target).

4-5.S2.3 - use rudimentary strategies for offensive and defensive concepts (e.g., off ball movement, recognize passing lanes, scoring strategies, passing ahead).

4-5.S2.4 - transfer movement skills, concepts, and principles between activities at a rudimentary level.

Grades 6 – 8

6-8.S2.1 - use information from a variety of sources of internal and external origin to improve performance.

6-8.S2.2 - identify and apply bio-mechanical principles to enhance performance.

6-8.S2.3 - identify and apply critical elements of various movement forms to provide feedback for both self- and peer-assessment.

6-8.S2.4 - understand and apply strategies in a variety of game situations.

6-8.S2.5 - transfer movement skills, concepts and principles between activities at a consistent level.

Grades 9 – 12

9-12.S2.1 - apply activity-specific knowledge to develop movement competence or proficiency.

9-12.S2.2 - identify and apply critical elements to enable the development of movement competence or proficiency.

9-12.S2.3 - transfer movement skills, concepts, and principles between activities at a more complex level.

9-12.S2.4 - analyze and apply basic offensive and defensive strategies in games and sports.

Standard 3

Students will understand the implications of and the benefits derived from involvement in physical activity.

Intent of Standard: This standard focuses directly on the impact of physical activity on personal health and wellness. Students will be able to explain why physical activity is a necessary part of their daily lives. Current research about the impact of physical activity on health provides physical educators the rationale to support programs and policies to get people moving and active for life. Physical activity offers many healthful benefits, such as: decreasing the risk of cardiovascular disease, high blood pressure, obesity, diabetes and certain types of cancers; preserving / maintaining the ability to live independently and reduce the risk of falling in the elderly population; enhancing / elevating mood to improve mental health; improving bone health / density; and new evidence is supporting the positive relationship between activity and mental functioning.

Student Performance Indicators:

As a result of physical education instruction, students will demonstrate the ability to:

Kindergarten & Grade 1

- K-1.S3.1 - recognize the physical benefits of regular participation in physical activity (e.g., reduce health risks, disease prevention).
- K-1.S3.2 - use physical activity as a means of self-expression.

Grades 2 & 3

- 2-3.S3.1 - recognize the physical benefits of regular participation in physical activity (e.g., reduce health risks, disease prevention, physiologic changes).
- 2-3.S3.2 - recognize the emotional benefits of regular participation in physical activity (e.g., increased self-esteem, stress reduction, reduces depression, self-discipline).
- 2-3.S3.3 - recognize the social benefits of regular participation in physical activity (e.g., cooperation, sportsmanship, teamwork).
- 2-3.S3.4 - use physical activity as a means of self-expression.

Grades 4 & 5

- 4-5.S3.1 - identify the physical benefits of regular participation in physical activity (e.g., reduce health risks, disease prevention, physiologic changes).
- 4-5.S3.2 - identify the emotional benefits of regular participation in physical activity (e.g., increased self-esteem, stress reduction, reduces depression, self-discipline).
- 4-5.S3.3 - identify the social benefits of regular participation in physical activity (e.g., cooperation, sportsmanship, teamwork).
- 4-5.S3.4 - identify the cognitive benefits of regular participation in physical activity (e.g., improves focus and concentration).
- 4-5.S3.5 - use physical activity as a means of self-expression.

Grades 6 – 8

- 6-8.S3.1 - explain the physical benefits of regular participation in physical activity (e.g., reduce health risks, disease prevention, physiologic changes).
- 6-8.S3.2 - explain the emotional benefits of regular participation in physical activity (e.g., increased self-esteem, stress reduction, reduces depression, self-discipline).
- 6-8.S3.3 - explain the social benefits of regular participation in physical activity (e.g., cooperation, sportsmanship, teamwork).
- 6-8.S3.4 - explain the cognitive benefits of regular participation in physical activity (e.g., improves focus and concentration).
- 6-8.S3.5 - participate in more challenging activities to learn new skills.
- 6-8.S3.6 - use physical activity as a means of self-expression.

Standard 3 continued

Grades 9 – 12

- 9-12.S3.1 - analyze the physical benefits of regular participation in physical activity (e.g., reduce health risks, disease prevention).
- 9-12.S3.2 - analyze the emotional benefits of regular participation in physical activity (e.g., increased self-esteem, stress reduction, reduces depression, self-discipline).
- 9-12.S3.3 - analyze the social benefits of regular participation in physical activity (e.g., cooperation, sportsmanship, teamwork).
- 9-12.S4.4 - identify the cognitive benefits of regular participation in physical activity (e.g., increases levels of serotonin and endorphins in the brain, producing state of relaxed alertness conducive to learning.)

Standard 4:

Students will apply physical activity-related skills and concepts to maintain a physically active lifestyle and a health-enhancing level of physical fitness.

Intent of standard: This standard is the foundation for leading a physically active lifestyle. Being physically active requires more than just moving - it requires knowing the type, frequency, duration, and intensity of physical activity to achieve good health and physical fitness. This standard brings together the essential components of physical activity, fitness, and health, and provides the student with the knowledge and ability to engage in health-enhancing physical activity behaviors in and outside of school. Lifelong skills will include how to assess, achieve, and maintain a health-enhancing level of fitness by employing behavioral and cognitive strategies such as self-monitoring, goal-setting, and reevaluation.

Student Performance Indicators:

As a result of physical education instruction, students will demonstrate the ability to:

Kindergarten & Grade 1

- K-1.S4.1 - participate in activities promoting health-related fitness.
- K-1.S4.2 - recognize components of health-related physical fitness assessment.
- K-1.S4.3 - identify health-enhancing physical activities in which they participate.

Grades 2&3

- 2-3.S4.1 - participate at the introductory level in some components of a health-related physical fitness assessment tool (e.g., FitnessGram, Physical Best, President's Council on Physical Fitness).
- 2-3.S4.2 - select and participate regularly in physical activities for the purpose of improving skills and health.
- 2-3.S4.3 - recognize how fitness testing results relate to their ability to perform various physical activities.
- 2-3.S4.4 - participate in several activities related to each component of health-related physical fitness (e.g., cardio-respiratory, muscular strength and endurance, flexibility, balance, agility).
- 2-3.S4.5 - recognize changes in pre and post- test results in health-related fitness tests resulting from physical activity.
- 2-3.S4.6 - recognize that a variety of technologies exist that may enhance fitness levels (e.g. web-based programs, fitness machines, etc.).

Grades 4&5

- 4-5.S4.1 - participate in a health-related physical fitness assessment (e.g., FitnessGram, Physical Best, President's Council).
- 4-5.S4.2 - make progress towards, meet, or exceed the health-related fitness standards of the assessment tool.
- 4-5.S4.3 - understand how physical fitness testing results (e.g., pre/post test, assessments, charts) relate to their ability to perform various activities.
- 4-5.S4.4 - recognize changes in pre and post test results in health-related fitness tests and develop basic physical activity plan based on these results.
- 4-5.S4.5 - identify several physical activities related to each component of health-related physical fitness (e.g., cardiovascular – jogging, aerobics, hiking, spinning) or (e.g., cardio-respiratory, muscular strength and endurance, flexibility, balance, agility).
- 4-5.S4.6 - select and participate regularly in physical activities for the purpose of improving physical skills and health.
- 4-5.S4.7 - identify factors that promote and that prevent physical activity and develop some strategies to maintain a physically active lifestyle.
- 4-5.S4.8 - identify ways to be physically active in structured and non-structured settings that promote lifelong fitness.
- 4-5.S4.9 - identify a variety of technologies that can assist in the development of a fitness plan (e.g. websites, heart rate monitors, etc.).

Standard 4 continued

Grades 6-8

- 6-8.S4.1 - participate in a health-related physical fitness assessment (e.g., FitnessGram, Physical Best, President's Council).
- 6-8.S4.2 - make progress towards, meet, or exceed in the health-related fitness standards of the assessment tool.
- 6-8.S4.3 - assess and evaluate personal health status from fitness assessment results.
- 6-8.S4.4 - develop personal fitness goals and a plan to achieve those goals based on the results of the health-related physical fitness assessment.
- 6-8.S4.5 - participate in activities to achieve personal fitness goals.
- 6-8.S4.6 - participate in activities to improve skills and health (include activities related to each component of health-related physical fitness).
- 6-8.S4.7 - explain factors that affect physical activity and develop strategies some strategies to maintain a physically active lifestyle.
- 6-8.S4.8 - meet or exceed national physical activity recommendations* by participating in physical activities in structured and non-structured settings that promote lifelong fitness and health.
- 6-8.S4.9 - describe how various technologies can help to assess, plan, maintain and enhance physical activity level (e.g. web-based programs, heart rate monitors, pedometers, etc).

Grades 9-12

- 9-12.S4.1 - participate in the health-related physical fitness assessment.
- 9-12.S4.2 - show improvement in, meet, or exceed the health-related fitness standards of the assessment tool.
- 9-12.S4.3 - interpret results of fitness assessment to understand personal health status.
- 9-12.S4.4 - apply fitness assessment results to develop personal fitness goals and create a detailed plan to achieve those goals to improve personal health status.
- 9-12.S4.5 - explain how and why participation in a variety of activities can affect fitness and health.
- 9-12.S4.6 - participate in activities to improve physical skills and fitness (include activities related to each component of health-related physical fitness).
- 9-12.S4.7 - analyze factors that affect physical activity and apply behavioral and cognitive strategies to adopt and maintain a physically active lifestyle.
- 9-12.S4.8 - show improvement in, meet or exceed national physical activity recommendations* by participating in physical activities in structured and non-structured settings that promote lifelong fitness and health.
- 9-12.S4.9 - utilize a variety of technologies to assess, plan, maintain or enhance physical activity level.

*Note: National physical activity recommendations by the Centers for Disease Control and Prevention (CDC) and the National Association for Sport and Physical Education (NASPE) suggest that all adults accumulate a minimum of 30 minutes of moderate physical activity on most, preferable all days of the week. The recommendation for children is to accumulate in a minimum of 30-60 minutes of developmentally appropriate activity for elementary-school aged children on most/all days of the week.

Standard 5

Students will demonstrate responsible personal and social behavior in physical activity settings.

Intent of Standard: This is a global outcome for education. Physical education and physical activity settings are ideal for helping students take responsibility for their actions. Students will learn and understand what it means to be responsible and be given multiple opportunities to take responsibility. Key concepts learned include respect, responsibility, caring, compassion, honesty, cooperation, fair play and perseverance.

Student Performance Indicators:

As a result of physical education instruction, students will demonstrate the ability to:

Kindergarten & Grade 1

- K-1.S5.1 - use self control with regard to personal and general space.
- K-1.S5.2 - follow activity-specific laws, rules, procedures, and etiquette.
- K-1.S5.3 - utilize safety principles in activity situations and settings.
- K-1.S5.4 - work cooperatively and productively with a partner and/or a group to accomplish a set goal.
- K-1.S5.5 - work independently and on task for developmentally appropriate periods of time.
- K-1.S5.6 - understand and use appropriate interactions with peers while participating in group activities.

Grades 2 & 3

- 2-3.S5.1 - use self control in movement activities.
- 2-3.S5.2 - follow activity-specific laws, rules, procedures, and etiquette.
- 2-3.S5.3 - utilize safety principles in activity situations and settings.
- 2-3.S5.4 - work cooperatively and productively with a partner and/or a group to accomplish a set goal.
- 2-3.S5.5 - work independently and on task for developmentally appropriate periods of time.
- 2-3.S5.6 - recognize ways to peacefully resolve conflicts.
- 2-3.S5.7 - describe appropriate interactions for participating in group activities.

Grades 4 & 5

- 4-5.S5.1 - use self control in game and movement activities.
- 4-5.S5.2 - follow activity-specific laws, rules, procedures, and etiquette.
- 4-5.S5.3 - utilize safety principles in activity situations and settings.
- 4-5.S5.4 - work cooperatively and productively with a partner and/or a group to accomplish a set goal.
- 4-5.S5.5 - work independently and on task for developmentally appropriate periods of time.
- 4-5.S5.6 - describe and use appropriate ways to peacefully resolve conflicts.
- 4-5.S5.7 - interact appropriately with peers while participating in group activities.

Grades 6 – 8

- 6-8.S5.1 - use responsible decision making in all physical activity settings. (e.g., applying safe practices, laws, rules, and procedures).
- 6-8.S5.2 - explain the influence of peer pressure on behavior in physical activity settings.
- 6-8.S5.3 - resolve conflict in appropriate ways.
- 6-8.S5.4 - analyze potential consequences when confronted with a behavior choice.
- 6-8.S5.5 - work cooperatively with a group to achieve group goals in competitive as well as cooperative settings.
- 6-8.S5.6 - discuss the use of physical activity as a means for social interaction.
- 6-8.S5.7 - participate with others in games, sports, and activities to achieve a common goal.

Standard 5 continued

Grades 9 – 12

9-12.S5.1 - apply safe practices, rules, and procedures in all physical activity settings.

9-12.S5.2 - explain why and how rules make participation in physical activity safe.

9-12.S5.3 - act independently of negative peer pressure.

9-12.S5.4 - resolve conflicts in appropriate ways.

9-12.S5.5 - work cooperatively and productively with a partner and/or a group setting to accomplish a set goal.

9-12.S5.6 - anticipate potentially dangerous consequences and outcomes of participation in physical activities.

9-12.S5.7 - describe how physical activity can provide opportunities for positive social interaction.

9-12.S5.8 - participate with others in games, sports, and activities to achieve a common goal.

Standard 6

Students will understand that internal and external environments influence physical activity.

Intent of Standard: There are many internal and external barriers and promoters to being physically active, such as neighborhood, family lifestyle, self-esteem, peer influence, and technology. Students will understand and value the importance of lifetime physical activity and find ways to analyze and find solutions to constraints to leading an active lifestyle.

Student Performance Indicators:

As a result of physical education instruction, students will demonstrate the ability to:

Kindergarten & Grade 1

- K-1.S6.1 - recognize characteristics of appropriate and safe areas within their neighborhood to participate in physical activity.
- K-1.S6.2 - recognize physical activities that can be performed in a variety of settings.
- K-1.S6.3 - realize there are youth organizations in the community that offer physical activity program (e.g. Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA), town/city recreation departments, Police Athletic Leagues (PAL)).
- K-1.S6.4 - know there are a variety of valid sources to find information about physical activity.

Grades 2 & 3

- 2-3.S6.1 - recognize appropriate and safe areas within the community to participate in physical activity.
- 2-3.S6.2 - recognize physical activities that can be performed in a variety of settings.
- 2-3.S6.3 - recognize how peers, media, and technology can impact one's level of physical activity.
- 2-3.S6.4 - recognize healthy ways to promote physical activity with peers.
- 2-3.S6.5 - identify youth organizations in the community that offer physical activity programs (e.g., YMCA/YWCA, recreation department, PAL).
- 2-3.S6.6 - identify a variety of valid sources to find information about physical activity.

Grades 4 & 5

- 4-5.S6.1 - identify appropriate and safe areas within the community to participate in physical activity.
- 4-5.S6.2 - identify physical activities that can be performed in a variety of settings.
- 4-5.S6.3 - have a fundamental understanding of how media and technology can impact one's level of physical activity.
- 4-5.S6.4 - identify healthy ways to promote physical activity with peers.
- 4-5.S6.5 - identify youth organizations in the community that offer physical activity programs (e.g., YMCA/YWCA, recreation department, PAL).
- 4-5.S6.6 - use a variety of valid sources to find information about physical activity.
- 4-5.S6.7 - identify a variety of emotions that can impact physical activity levels.

Grades 6 – 8

- 6-8.S6.1 - describe appropriate and safe areas within the community to participate in physical activity.
- 6-8.S6.2 - describe physical activities that can be performed in a variety of settings.
- 6-8.S6.3 - describe different forms of media and technology that impact one's level of physical activity.
- 6-8.S6.4 - describe how one's home/family environment can impact one's level and type of physical activity.
- 6-8.S6.5 - describe healthy ways to promote physical activity with one's peers.
- 6-8.S6.6 - identify youth organizations in the community that offer physical activity programs (e.g., YMCA/YWCA, Recreation departments, PAL).
- 6-8.S6.7 - use a variety of reliable and valid sources to find information about physical activity.
- 6-8.S6.8 - describe how positive and negative emotions can impact physical activity levels.

Standard 6 continued

Grades 9 – 12

- 9-12.S6.1 - evaluate appropriate and safe areas within the community to participate in physical activity.
- 9-12.S6.2 - identify physical activities that can be performed in a variety of settings.
- 9-12.S6.3 - analyze how media and technology can impact one's level and type of physical activity.
- 9-12.S6.4 - explain how the home/family environment can impact one's level of physical activity.
- 9-12.S6.5 - design healthy ways to promote physical activity with one's peers.
- 9-12.S6.6 - identify youth organizations in the community that offer physical activity programs (e.g., YMCA/YWCA, Recreation departments, PAL).
- 9-12.S6.7 - analyze a variety of resources to select physical activity information that is reliable and valid.
- 9-12.S6.8 - identify and analyze how positive and negative emotions can impact physical activity levels, and describe ways to overcome emotional barriers to physical activity.

References

Alabama Course of Study: Physical Education, Ed Richardson, State Superintendent of Education, Alabama State Department of Education, Bulletin 1997, No.6

“Bright Futures in Practice: Physical Activity,” Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, 2001. Kevin Patrick, MD, MS, Bonnie Spear, PhD, RD, Katrina Holt, MPH, MS, RD, Denise Sofka, MPH, RD, Publisher Georgetown University

“Daily Physical Education – A Boon to Canadian Elementary Schools,” Fred L. Martens, Journal of Physical Education, Recreation and Dance (JOPERD), March 1982, pp. 55-57

“Definitions: Health, Fitness and Physical Activity,” President’s Council on Physical Fitness and Sports Research Digest, Series 3, No. 9 March 2000

Gallahue, D. (1982). *Understanding Motor Development in Children*. New York: Wiley.

“Guidelines for School and Community Programs Promoting Lifelong Physical Activity,” US Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), July 2000

Health is Academic: A Guide to Coordinated School Health Programs, Editors: Eva Marx, Susan Frelick Wooley, Daphne Northrop, Teachers College Press, NY/London, 1998

“Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services,” Morbidity and Mortality Weekly Report (MMWR), October 26, 2001, Vol. 50, No. RR-18, US Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Atlanta, GA.

Montana Health Enhancement, K-12, Content and Performance Standards with Benchmarks at 4th, 8th and 12th Grades, Office of Public Instruction and Montana Association for Health, Physical Education, Recreation and Dance, 1999.

“Physical Activity and Health: A Report of the Surgeon General,” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1996

“Quality Physical Education,” Physical Education for Life, Active Body Active Mind website www.pe4life.org

South Carolina Physical Education Framework, Field Review Draft, South Carolina Department of Education, May 1999.

“The Surgeon General’s Call To Action to Prevent and Decrease Overweight and Obesity, 2001,” USDHHS, Public Health Service, Office of the Surgeon General, Rockville, MD

Teaching the Three R’s Through Movement Experience, Anne Green Gilbert, 1977, MacMillan Publishing Company.

Teaching with the Brain in Mind, Eric Jensen, 1998, Association of Supervision and Curriculum Development (ASCD), Alexandria, VA.

Appendix A

1995 National Physical Education Standards National Association for Sport and Physical Education (NASPE)

A Physically Educated Person:

1. Demonstrates competency in many movement forms and proficiency in a few movement forms.
2. Applies movement concepts and principles to the learning and development of motor skills.
3. Exhibits a physically active lifestyle.
4. Achieves and maintains a health-enhancing level of physical fitness.
5. Demonstrates responsible personal and social behavior in physical activity settings.
6. Demonstrates understanding and respect for differences among people in physical activity settings.
7. Understands that physical activity provides opportunities for enjoyment, challenge, self-expression, and social interaction.

Appendix B

2001 Physical Education Profile Survey Healthy Schools! Healthy Kids!

Instructions: Please read each question and provide the answer that best describes the school you teach physical education at. Please remember your responses are confidential. Thank you.

Note: *Physical Education* will be referred to throughout the profile as PE.

Name (optional) _____

Please write/circle your answers in the space below.

Physical Education (PE) Class

1. Total minutes of PE class each student receives per week.....
2. Total number of classes of PE class each student receives per week.....
3. What is the average number of students per teacher in this school's PE classes?.....
4. Are all students required to take PE?.....
5. High school only: A. How many years are students required to take PE?
B. Does PE count toward GPA and/or honor roll? (If yes, circle which do→)

_____ minutes
0 1 2 3 4 5 classes
_____ students
YES NO
_____ years
GPA +/or Honor Roll

Facilities

6. Is there identified space available for PE class at all times they are scheduled?.....

YES NO

Equipment

7. Is there sufficient, well-maintained equipment available for all students to participate in PE class?.....

YES NO

Teachers

- 8a. Number of certified PE teachers in your school.....
- 8b. Number of non-certified PE teachers in your school.....
9. Do all, some, or none of the PE teachers at your school participate in professional development or continuing education at least once a year?
10. What other subjects do PE teachers at your school teach?.....

_____ # PE certified
_____ #Non PE cert.
ALL SOME NONE

Curriculum

11. Are there PE curriculum guidelines in your school district?.....
12. Do PE teachers in your school district follow curriculum guidelines?
13. Who develops or oversees the guidelines?.....
14. Is the PE curriculum sequential (concept building from year to year)?.....
15. Are you familiar with the National Standards for Physical Education? If no, skip to 17.....
16. Is the curriculum consistent with the National Standards for Physical Education?.....
17. Do PE teachers have planning times during the school day?.....

YES NO UNSURE
YES NO UNSURE

YES NO
YES NO UNSURE
YES NO
YES NO

Please provide any explanations or other information you feel important to share in this space:
(If you need more space, please use back of page if mailing; add additional page if faxing)

Rhode Island Public School Physical Education Profile 2001 Preliminary Survey Findings*

1) Average total minutes of PE class each student receives per week:

Elementary School	53.8
Middle School	98
High School	120.8

2) Percent schools reporting PE curriculum is sequential (concept building year to year):

Elementary School	77%
Middle School	71%
High School	57%

3) Percent schools reporting identified space available for all scheduled PE class times:

Elementary School	79.0%
Middle School	91.2%
High School	92.6%

4) Percent schools reporting sufficient, well-maintained equipment available for all scheduled PE class times:

Elementary School	85.7%
Middle School	85.3%
High School	77.8%

5) Percent of PE teachers reporting that they also teach health:

Elementary School	51.2%
Middle School	87.5%
High School	92.6%

*Findings are preliminary. Data are still being analyzed for accuracy and validity.

The 2001 Rhode Island School Physical Education Profile survey was sent to all public schools in Rhode Island. Approximately 62% of the schools responded. For more information about the RI PE Profile, contact Cheryl Bayuk, Physical Education Specialist, Rhode Island Department of Health, (401) 222-7634, CherylB@doh.state.ri.us.

The 2001 Rhode Island School Physical Education Profile is a project of Healthy Schools! Healthy Kids!, a joint initiative of the Rhode Island Departments of Education and Health, supported by a grant from the Centers for Disease Control and Prevention (CDC).

Appendix C

Glossary of Terms:

Adapted physical education: Developmentally appropriate activities for students with limitations who may not safely or successfully engage in unrestricted participation in various activities of the general physical education program

Advanced Skills: Skills used in sport applications

Aerobic activity: Light to vigorous intensity physical activity that requires more oxygen than sedentary behavior and thus promotes cardiovascular fitness and other health benefits (e.g. jumping rope, biking, swimming, running; playing soccer, basketball, or volleyball)

Agility: A skill-related component of physical fitness that relates to the ability to rapidly change the position of the entire body in space with speed and accuracy

Anaerobic activity: Intense physical activity that is short in duration and requires a breakdown of energy sources in the absence of sufficient oxygen. Energy sources are replenished as an individual recovers from the activity. Anaerobic activity (e.g., sprinting during running, swimming, or biking) requires maximal performances during a brief period

Assessment: Process that enables teachers to evaluate a student's performance, knowledge or achievement

Athletics: Structured participation in organized sports

Balance: A skill-related component of physical fitness that relates to the maintenance of equilibrium while stationary or moving

Basic Skills: Skills that utilized either locomotor (e.g. walk, run, jump, skip, gallop) or manipulative (e.g. throw, catch, kick, strike) fundamental movements

Body composition: A health-related component of physical fitness that relates to the relative amounts of muscle, fat, bone and other vital parts of the body

Cardiovascular fitness: A health-related component of physical fitness that relates to ability of the circulatory and respiratory systems to supply oxygen during sustained physical activity

Competence: Sufficient ability to enjoy safe participation in an activity; the ability to perform and apply skills

Complex Skills: Skills that combine two or more locomotor and/or manipulative fundamental movements

Content Area: The categories of skill students should possess as a result of instruction

Coordination: A skill-related component of physical fitness that relates to the ability to use the senses, such as sight and hearing, together with body parts in performing motor tasks smoothly and accurately

Developmentally appropriate: Those aspects of teaching and learning that change with the age, experience and ability of the learner

Directionality: An awareness of space outside the body involving knowledge of directions in relation to right and left, in and out, up and down

Duration: Amount of time spent participating in a physical activity session

Exercise: Activities that are planned and structured, and that maintain or improve one or more of the components of physical fitness; leisure time physical activity conducted with the intention of developing physical fitness

Fine Motor Coordination: Movement involving limited movement of parts of the body in the performance of precise movements (e.g. writing, tying shoelaces.)

Fitness: A state of well-being that allows people to perform daily activities with vigor, participate in a variety of physical activities, and reduce their risks for health problems

Flexibility: A health-related component of physical fitness that relates to the range of motion available at a joint

Force: The strength that moves the body; the amount of strength or tension necessary or advisable to execute a given movement

Frequency: The number of physical activity sessions during a specific time period (e.g. 1 week)

Fundamental motor skills: Basic fundamental movement patterns usually involving the large muscle groups that are necessary to perform a variety of physical activities; includes both locomotor skills such as walking, running, hopping, skipping, jumping, leaping and galloping, as well as manipulative skills such as throwing, passing, kicking, dribbling and catching

Gross-motor coordination: Performing skills involving large muscle groups

Health-related physical fitness: Consists of those components of physical fitness that have a relationship with good health: body composition, cardiovascular fitness, flexibility, muscular endurance and strength

Intensity: How vigorously an individual must exercise to improve in fitness; the rate of energy expenditure

Interpersonal communication skills: Verbal or non-verbal abilities that help to share feelings, thoughts and information with another person in a positive manner

Interpersonal social skills: Skills that enhance the ability to work and play together such as cooperation, fair play, sportsmanship, respect, loyalty, patience, self-control and tolerance

Lead-up games: Games that utilize basic skills and strategies related to specific sports and activities

Leisure activity: Physical activity undertaken during discretionary time

Lifestyle activity: Physical activity typically performed on a routine basis (e.g. walking, climbing stairs, mowing or raking the yard), which is usually light to moderate in intensity

Locomotor skills: Skills used to move the body from one place to another including walking, running, skipping, leaping, sliding, galloping, jumping and hopping

Low-organized games: Activities that are easy to play, have few and simple rules, require little or no equipment, and may be varied in many ways

Manipulative skills: Skills developed when a person handles some kind of object including throwing, kicking, batting, catching, redirecting an object in flight (such as a volleyball) or continuous control of an object such as a hoop

Mature form: The basic movement that can be performed with ease, is smooth, efficient, repetitive and can be performed without thinking out each step of the movement; the most efficient technique for the development of force production in a skill; usually associated with the highly skilled performances; using the critical elements of a skill (e.g. step with the opposite foot when throwing)

Morbidity: The rate of disease or proportion of diseased people

Mortality: The rate or proportion of death from all causes

Motor skills: Non-fitness abilities that improve with practice (learning) and relate to one's ability to perform specific sports and other motor tasks

Movement concepts: A generalized idea concerning human motion (e.g. the lower the center of gravity, the more stable the object; throwing a ball in front of a moving receiver)

Movement concepts and principles: Relates to the cognitive information concerning the development of physical fitness and motor development and its application in real life such as specificity in training and other principles of conditioning, application of force, center of gravity, and stress management

Muscular endurance: A health-related component of physical fitness that relates to the muscle's ability to continue to perform without fatigue

Muscular strength: The ability of muscles to exert a force one time

Non-locomotor skills: Skills that are performed in place without appreciable spatial movement and include bending and stretching, pushing, pulling, raising and lowering, twisting and turning, and shaking

Perceptual motor skills: Movement involving the interrelationships between the perceptual or sensory processes and motor activity including balance and directionality

Performance Indicator: The indices of quality that specify how competent a student must be to meet the standard

Physical Activity: Physical movement involving the large skeletal muscles; a wide variety of activities that promote health and well-being; bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure

Physical Fitness: A set of physical attributes related to a person's ability to perform physical activity successfully, without undue strain and with a margin of safety

Power: Skill-related component of physical fitness relating to the ability of the rate at which one can perform work

Psychomotor development: Area of learning involving the attainment of movement skills and competencies needed for a lifetime of activity

Quality physical education programs: Those that are developmentally appropriate and provide a progressive, systematic curriculum

Reaction time: A skill-related component of physical fitness that relates to the time elapsed between stimulation and the beginning of the reaction to it

Recess: A time set aside for children to engage in free, usually unstructured, play

Rhythm/s: Involves motion that possesses regularity and a predictable pattern often involving music such as dance patterns and jumping rope

Rudimentary Application: Movements acquired during the first year of life concerning stability (control of head/neck/trunk, sitting, standing), locomotion (crawling, creeping, upright gait), and manipulation (reaching, grasping, releasing)

Sequential: Following one movement pattern to the next in an orderly pattern

Skill-related physical fitness: Consists of those components of physical fitness that have a relationship with enhanced performance in sports and motor skills: agility, balance, coordination, power, speed and reaction time

Space awareness: Perception of where the body moves, including general and self space, directions, pathways, levels, and extensions

Specialized movement skill: Movement skills used specifically for structured sports and games, as opposed to skills fundamental to many sports (i.e. lay up shot, volleyball spike, golf drive, tennis forehand); skills basic to a movement form (basketball chest pass, soccer dribble, fielding a softball with a glove)

Speed: A skill-related component of physical fitness that relates to the ability to perform a movement within a short period of time

Sport: A general term for structured physical activities and athletics

Standard: The agreed upon level of accomplishment; what all students must know and be able to do as a result of instruction

Strength: The ability of the muscle to exert force

Stress management: The ability to cope with stress as a normal part of life including the ability to identify situations and conditions that produce stress and adopt healthy coping behaviors

Team sports: Includes games, sports and leisure pursuits that require the participation of one or more groups of individuals on teams such as basketball, football and soccer

Appendix D

Websites of Interest

American Alliance for Health, Physical Education, Recreation and Dance	www.aahperd.org
American College of Sports Medicine	www.acsm.org
American Heart Association	www.americanheart.org
Centers for Disease Control and Prevention	www.cdc.gov
National Association for Sport and Physical Education	www.aahperd.org/naspe/template.cfm
Physical Education Central	www.pecentral.com
Physical Education for Life	www.pe4life.org
Rhode Island Association for Health, Physical Education, Recreation and Dance	www.riahperd.org
Rhode Island Department of Education	www.ridoe.net
Rhode Island Department of Health	www.healthri.org
Shape up America	www.shapeup.org
Sportime, L.L.C. (provides educational grants)	www.sportime.com
Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity	www.surgeongeneral.gov/topics/obesity
Centers for Disease Control and Prevention (CDC) "Guidelines to Promote Lifelong Physical Activity"	www.cdc.gov/nccdphp/dash/physact.htm

Additional Resources:

American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention: Reducing the Risk of Cancer with Healthy Food Choices and Physical Activity, CA: A Cancer Journal for Clinicians, 2002;52:92-119)

"The New Physical Education," Lambert, Leslie T., Educational Leadership, Volume 57, Number 6, March 2000.

Jensen, E. (1998) Teaching with the brain in mind. Alexandria, VA: Association for Supervision and Curriculum Development

Gardner, H. (1993). Multiple intelligences: The theory into practice. NY, NY, Basic Books

Greenfield, S (1995) Journey to the centers of the mind NY, NY: W.H. Freeman Co.

Hannaford, C (1995) Smart Moves. Arlington, VA: Great Ocean Publishing Co.

Richardson, S. (1996) "Tarzan's Little Brain" Discover Magazine 17 (11), 100-102.

Eat Well & Keep Moving, An Interdisciplinary Curriculum for Teaching Upper Elementary School Nutrition and Physical Activity, Lilian W.Y. Cheun, Steven L. Gortmaker, Hank Dart, Human Kinetics, 2001