

1994 School Health Policies and Programs Study (SHPPS)

State Physical Education

The purpose of the SHPPS is to describe school health policies and programs nationwide, including: health education, physical education, school health services, school food service, and policies on tobacco use, alcohol and other drug use, violence, and HIV infection. Results will be used to assess school health needs at the state, district, and school levels and to improve school health programs throughout the nation.

This questionnaire is about your state's policies and programs related to physical education. Policies mean institutionalized practices, formally adopted school board policies, legislated mandates, and administrative regulations or directives.

Some questions ask you to circle the one best answer. Other questions ask you to circle or check all that apply. Please answer every question which applies to you or your state.

Completing the questionnaire is voluntary. Participation by all respondents is requested to ensure that all state, district, and school needs are represented. All information will be reported by state except for responses to questions 50 - 53, which will be summarized for the nation as a whole. You will not be identified in any reports.

Public reporting burden for this collection of information is estimated to average .50 hours (or 30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0340); Washington, DC 20503

STATE ORGANIZATION

1. Does your state have a person responsible for directing or coordinating physical education at the state level? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No – **SKIP TO Q.5**
- b. Yes (**SPECIFY**):

Name: _____
Title: _____
Address: _____

City/State/Zip Code: _____
Telephone Number: _____

2. Besides physical education, what are the other responsibilities of the state physical education director? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No other responsibilities
- b. Coordinates health education
- c. Coordinates instruction in other curricular areas
- d. Coordinates school health services
- e. Coordinates driver's education
- f. Coordinates federally-funded HIV Education
- g. Coordinates federally-funded Drug Free Schools Program
- h. Coordinates federally-funded Nutrition Education and Training (NET)
- i. Other (**SPECIFY**):

3. Are there different state directors for elementary and secondary physical education? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

4. Is there a different state director for adapted physical education? **CIRCLE THE ONE BEST ANSWER.**

- a. No

b. Yes

PHYSICAL EDUCATION REQUIREMENTS

5. Does your state require or recommend that schools offer physical education? **CIRCLE THE ONE BEST ANSWER.**

- a. No – **SKIP TO Q.13**
- b. Yes, require
- c. Yes, recommend – **SKIP TO Q.13**

6. What is the legal basis for this requirement? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No legal basis
- b. Federal legislation
- c. State legislation
- d. State education agency policy
- e. State health department policy
- f. Other (**SPECIFY**):

7. Are your state's requirements for physical education outcome-based (i.e., based on specific outcomes that students must achieve)? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes
- c. Don't know

8. Does your state set a maximum number of students that may be scheduled into a required physical education classes? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No
- b. Yes (**SPECIFY THE NUMBER**): _____

9. How much physical education (e.g., years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units) does your state require at specific grades or levels? Use as many blocks as necessary to fully describe your state's requirements. **SPECIFY AS INDICATED.**

How much physical education?	In what grades or levels?
Amount: Specify number of years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units	Grades: Specify any of K - 12 or Levels: elementary, middle/junior high, high school
Amount:	Grade(s) or level(s):
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10. For what reasons does your state specify that students may be exempted or excused from required physical education? **CIRCLE ALL THAT APPLY. SPECIFY AS INDICATED.**

- a. State does not specify
- b. State specifies that no courses or activities may be selected in place of physical education
- c. Parental request
- d. Student request
- e. Competency testing
- f. Cognitive disability
- g. Physical disability
- h. Other physical education courses **(SPECIFY):**
 - i. Other academic subjects **(SPECIFY):**
 - j. School activities or clubs (band, chorus, cheerleading, etc.)
 - k. Interscholastic sports practice or training
 - l. Vocational training
 - m. Community service
 - n. Mandated remedial tutoring
 - o. Other **(SPECIFY):**

11. For which special needs students does your district require or recommend physical education classes? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No physical education classes are required or recommended
- b. Students with cognitive disabilities
- c. Students with physical disabilities
- d. Students with temporary physical limitations
- e. Other **(SPECIFY):**

12. Does your state require that a course in lifetime physical activity be taught in senior high schools? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

CURRICULUM/GUIDELINES/Framework

13. At what levels does your state have a written curriculum, guidelines, or framework for physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No written curriculum, guidelines, or framework at any level – **SKIP TO Q.18**
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

14. Which of the following are included in your state's written curriculum, guidelines, or framework for physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Goals, objectives, or outcomes
- b. Scope and sequence chart
- c. Subject matter content
- d. Lesson plans
- e. Learning activities
- f. Resources
- g. Student assessment plans
- h. Curriculum evaluation plans
- i. Other (**SPECIFY**):

15. What types of goals, objectives, or outcomes are specified in your state's written curriculum, guidelines, or framework for physical education? **CHECK LEVEL(S) FOR EACH TYPE OF WRITTEN GOAL, OBJECTIVE, OR OUTCOME. USE THE "OTHER" CATEGORY TO SPECIFY ADDITIONAL TYPES OF GOALS, OBJECTIVES, OR OUTCOMES AND THE LEVEL(S) AT WHICH THEY ARE SPECIFIED.**

WRITTEN GOALS, OBJECTIVES, OR OUTCOMES	No written goals, objectives, or outcomes at any level	Elementary level	Middle/Jr. high level	Senior high level
a. <u>Knowledge</u> about physical activity and the benefits of physical activity				
b. Positive <u>attitudes</u> toward physical activity				
c. <u>Skills</u> in sports, games, and other physical activities				
d. <u>Participation</u> in physical activity				
e. <u>Fitness</u> levels				
f. Other (SPECIFY):				

16. Is compliance with the state's curriculum, guidelines, or framework for physical education required or recommended? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes, required
- c. Yes, recommended

17. How does your state monitor compliance with the state's curriculum, guidelines, or framework for physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not monitor compliance
- b. Schools submit periodic compliance reports
- c. Districts submit periodic compliance reports
- d. State performs periodic on-site monitoring
- e. Other (**SPECIFY**):

18. Does your state approve or recommend any commercial physical education curricula? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No
- b. Yes (**SPECIFY**):

19. At what levels does your state conduct state-required student academic testing?

- a. State-required student tests are not conducted—**SKIP TO Q.21**
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

20. At what levels does your state include physical education topics on state-required academic student testing? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Physical education topics are not included on state-required student tests
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

21. During the past two years, in which areas did your state conduct formal evaluations of physical education at the district or school levels? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State did not conduct formal evaluations
- b. Status of physical education policies
- c. Quality of written goals, objectives, or outcomes in physical education
- d. Implementation of physical education curriculum, guidelines, or framework
- e. Quality of staff development/in-service training in physical education
- f. Qualifications of physical education teachers
- g. Other (**SPECIFY**):

22. At what levels does your state require that health education topics (e.g., alcohol and other drug use prevention, HIV prevention) be taught as a part of physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Instruction on health topics is not required in physical education
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

PROFESSIONAL PREPARATION

23. At what levels does your state offer a combined teacher certification or endorsement in physical education and health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not offer a combined teacher certification or endorsement in physical education and health education
- b. K-12
- c. Elementary level
- d. Middle/junior high level
- e. Senior high level
- f. Other (**SPECIFY**):

24. At what levels does your state offer a separate teacher certification or endorsement in physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not offer a separate teacher certification or endorsement in physical education
 - b. K-12
 - c. Elementary level
 - d. Middle/junior high level
 - e. Senior high level
- f. Other (**SPECIFY**):

25. In what ways can a teacher be certified or endorsed by your state in physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not certify or endorse physical education teachers -- **SKIP TO Q.**
- b. Must have a baccalaureate degree in education with a specified number of credits in physical education
- c. Must have a baccalaureate degree in physical education or a related major plus a specified number of education credits.
- d. State competency exam
- e. Other (**SPECIFY**):

26. Does your state require that all elementary school teachers who teach physical education have separate, physical education certification? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

27. Does your state require that all secondary school teachers who teach physical education have separate, physical education certification? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

28. Does your state require that state certified or endorsed physical education teachers obtain continuing education units (CEUs) to retain certification or endorsement? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.31**
- b. Yes

29. How many hours of CEUs are physical education teachers required to obtain to retain certification or endorsement?

SPECIFY THE NUMBER OF HOURS: _____hour(s) per _____year(s)

30. Does your state require that these CEUs be related directly to physical education? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

31. During the past two years, on which physical education topics has your state offered (provided or made available) in-service training to physical education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a. In-service training on physical education topics was not offered -- **SKIP TO Q.33**

- b. Teaching sports, games, or activities
- c. Developing individualized fitness programs
- d. Fitness testing – administration and use
- e. Increasing students' physical activity in physical education class
- f. Increasing students' physical activity outside physical education class
- g. Involving families in physical activity
- h. Staff wellness
- i. Other (**SPECIFY**):

32. During the past two years, how many physical education teachers has your state trained (in-service) on physical education topics? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a. **SPECIFY THE NUMBER OF TEACHERS:** _____

b. Don't know

33. During the past two years, on which physical education topics has your state offered (provided or made available) materials to physical education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Materials on physical education topics were not offered
 - b. Teaching sports, games, or activities
 - c. Developing individualized fitness programs
 - d. Fitness testing – administration and use
- e. Increasing students' physical activity in physical education class
 - f. Increasing students' physical activity outside physical education class
 - g. Involving families in physical activity
 - h. Staff wellness
 - i. Other (**SPECIFY**):

PHYSICAL FITNESS AND ACTIVITY

34. Does your state require or recommend fitness testing in physical education? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.37**
- b. Yes, require
- c. Yes, recommend

35. At what levels does your state require or recommend fitness testing in physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Elementary level
 - b. Middle/junior high level
 - c. Senior high level
- d. Other (**SPECIFY**):

36. Which specific fitness test batteries does your state require or recommend? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No specific fitness test batteries are required or recommended
- b. A fitness test developed by the state
- c. Amateur Athletic Union (AAU/Chrysler)
- d. Fitnessgram (Institute for Aerobics Research/Prudential)
- e. Health Related Fitness Test (AAHPERD)
- f. Physical Best (AAHPERD)
- g. President's Challenge (President's Council)
- h. Youth Fitness Test (AAHPERD)
- i. Other (**SPECIFY**):

37. What does your state recommend that school districts or schools do to promote regular physical activity for students at school? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state recommendations on this issue
- b. Physical education classes which include continuous exercise lasting 20 or more minutes at least three times per week
- c. Periodic, in-classroom fitness breaks during the day
- d. Opportunities for intramural and interscholastic sports for all students
- e. Opportunities for a total of 30 minutes of physical activity from all sources daily
- f. Other (**SPECIFY**):

SCHOOL ATHLETICS

38. Are interscholastic athletics in your state regulated by a governing body associated with your state education agency? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No
- b. Yes (**SPECIFY**):

39. Does your state have state-level coalitions or associations for interscholastic sports coaches? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.41**
- b. Yes (**SPECIFY**):

40. Are these coalitions or associations affiliated with national professional organizations? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No
- b. Yes (**SPECIFY**):

41. What qualifications does your state require of interscholastic sports coaches? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state requirement for coaches
- b. Prior experience as a coach in the sport
- c. Prior experience on a competitive team in the sport
- d. State certification as a teacher
- e. Completion of state-required coaching in-service training
- f. Other (**SPECIFY**):

42. On what topics are coaches required to complete in-service training? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state requirements for in-service training
- b. Injury prevention and first aid
- c. Scientific foundations of sports performance
- d. Philosophy of youth sport programming
- e. Coaching techniques
- f. Other (**SPECIFY**):

43. Does your state have a written policy addressing the use of tobacco products by athletes and coaches during school-sponsored sporting events? **CIRCLE ALL THAT APPLY.**

- a. No
- b. Yes, for athletes
- c. Yes, for coaches

44. Does your state have a written policy addressing the use of steroids by athletes? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

45. Does your state have a written policy addressing the use of alcohol and other drugs by athletes? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

46. Does your state have a written policy addressing unhealthy weight loss practices by athletes? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

COORDINATION AND COLLABORATION

47. Does your state have state-level coalitions or associations for physical education staff? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No – **SKIP TO Q.49**
- b. Yes (**SPECIFY**):

48. Are these coalitions or associations affiliated with national professional organizations? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No
- b. Yes (**SPECIFY**):

49. During the past two years, with which programs in your state has the physical education program been involved in joint state-level activities or projects? **CIRCLE ALL THAT APPLY. SPECIFY AS INDICATED.**

a. No joint activities or projects

b. Health education

c. School food service

d. School health services

e. School counseling/psychology

f. Community agencies/organizations (**SPECIFY**):

g. Other (**SPECIFY**):

IMPROVING PHYSICAL EDUCATION

50. What would you like to **DO** in physical education in your state that you have **NOT** been able to do? **RECORD RESPONSE IN SPACE BELOW.**

51. What has **PREVENTED** you from doing the things you just described? **RECORD RESPONSE IN SPACE BELOW.**

52. What has been MOST HELPFUL to you in improving physical education in your state?
RECORD RESPONSE IN SPACE BELOW.

53. What SUGGESTIONS OR RECOMMENDATIONS do you have to improve physical education in your state? **RECORD RESPONSE IN SPACE BELOW.**

54. What is your name, title, address, and telephone number? This information will be used only to contact you for additional information about your responses. You will not be identified in any reports. **(IF SAME AS Q.1, DO NOT COMPLETE.)**

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire to your state's coordinator for this project unless

instructed otherwise.