

MONITORING REPORT: Policy R-2.7 (Academic Achievement: Health and Physical Education)

PHASE ONE: Interpretation, Benchmark Data, and Goals

DATE: September, 2018

Policy

All students will master the skills and demonstrate proficiency in each required discipline and electives:

Discipline: Health and Physical Education

Interpretation

We understand this policy expresses the School Board's expectation that Health and Physical Education are integral parts of the total education of every child in Kindergarten through Grade 12. As such, all students in each grade band will demonstrate mastery of State-defined Health and Physical Education content, concepts, and practices as measured by State and/or local assessments – or they will provide evidence they are making reasonable progress toward such mastery.

We further understand that, through this policy, the Board is expressing the value it places on Health and Physical Education. Beyond just meeting State requirements in these areas, the Board expects us to convey to students and families that Health and Physical Education are critical to positive human development. Research has proven that students who take part in physical activities and make other healthy lifestyle decisions are happier and more successful. In today's world, where young people are spending more and more time behind screens, where childhood obesity and related diseases are on the rise, where substance abuse issues continue to increase at younger and younger ages, and where anxiety and depression in youth is rampant, quality Health and Physical Education programs are more critical than ever. Our schools need to focus on enhancing the physical activity, fitness competence, and health-related decision-making for all students to help them develop healthy habits for a lifetime.

Through this policy, the Board acknowledges a range of benefits resulting from effective instruction in Health and Physical Education.

Through Health Education, students are able to:

- Build their knowledge, skills, and positive attitudes related to living healthy lifestyles.
- Lower their risks related to misuse of alcohol, tobacco, and other drugs.
- Improve their skills related to injury prevention, mental and emotional health, physical activity, prevention of diseases, sexuality, and family life.

- Increase their understanding of the components of healthy relationships and improve their skills in developing and managing such relationships.
- Increase their understanding of sound eating practices and the essential guidelines for nutrition, thereby decreasing their risks related to obesity, high blood pressure, and eating disorders.
- Increase their ability to make educated decisions regarding their own health, safety, and well-being.

Through Physical Education, students are able to:

- Improve their muscular strength, flexibility, body composition, cardiovascular endurance, absorption of nutrients, and digestive processes.
- Develop the necessary motor skills and reflexes for safe, successful, and satisfying participation in physical activities.
- Build their self-confidence and self-esteem as they master the skills and concepts involved in physical activity.
- Strengthen relationships with peers by participating in games and team sports.
- Manage stress, release tension and anxiety, and practice emotional stability and resilience.
- Increase concentration and focus.
- Increase the likelihood of sleeping well.
- Avoid obesity.
- Practice setting personal goals
- Acquire a sense of responsibility for their own health and fitness and develop good habits.
- Experience a wide-range of activities, some of which can become lifetime recreational pursuits.

Implementation in the Ferndale School District of Washington State Health and Physical Education Requirements

In broad brushstrokes, Washington State dictates the amount of Health and Physical Education we must provide to students. These requirements are noted in the chart below.

Washington State standards for Health Education content for students in grades K-12 encompass the following overarching strands: (1) wellness, (2) safety, (3) nutrition, (4) sexual health, (5) social and emotional health, and (6) substance use and abuse. For each grade-level band, the specific topics of study related to these six strands take into account students' level of maturity and physical development.

Washington State standards for Physical Education content for students in grades K-12 encompass the following overarching strands: (1) maintaining an active and healthy lifestyle, (2) evaluating real-life influences on health, and (3) developing individualized health and fitness plans.

State Requirements	Ferndale School District Practices
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<p>The State requires 100 minutes per week of Physical Education for all students in Grades K-8, unless waived. (Students may request to have this requirement waived due to physical disability, religious belief, or participation in directed athletics.)</p>	<p>Ferndale elementary students receive a minimum 60 minutes per week of direct instruction in Physical Education taught by certificated teachers/specialists and at least 100 additional minutes of physical activity during regularly scheduled recess.</p> <p>Ferndale middle school students receive an average of 140 minutes per week of direct Physical Education instruction taught by certificated teachers.</p>
<p>The State requires a minimum of 2 Health and Physical Education credits at the high school level for graduation. Of these 2 required credits, 1.5 must be in Physical Education and .5 must be in Health, unless waived. (Students may request to have this requirement waived due to physical disability, employment, or religious belief; or due to participation in directed athletics or military science and tactics; or due to some other good cause.</p>	<p>Ferndale high school students are required to earn a minimum of 2 Health and Physical Education credits at the high school level for graduation. Of these 2 required credits, 1.5 must be in Physical Education and .5 must be in Health, unless waived.</p>

The State’s assessments for Health and Physical Education are multi-stepped tasks and/or projects that are aligned to specific standards and target the skills and knowledge necessary for a physically active and healthy lifestyle. In other words, completing a Health or Physical Education assessment at a proficient level requires students to demonstrate that they have met specific grade-level expectations by applying their understanding of health and/or fitness knowledge, concepts, and skills to a specific context designed to be relevant to them.

In all, the State currently provides 22 assessments from which teachers can choose. Seven of the assessments are targeted for elementary school, eight for middle school, and seven for high school. All of them are “Classroom Based Assessments” (CBAs) that are chosen, administered, and scored by classroom teachers or Physical Education Specialists. Currently, the District reports the number of students participating in these CBAs. However, there is no requirement to report how well students perform.

Note: Washington State uses the titles “Health and Fitness” interchangeably with “Health and Physical Education.”

Health and Physical Education Classroom Based Assessment Data for 2017-2018
(Not all teachers reported.)

Grade Level	Number of Students Enrolled	Number of Students Participating	Title of Assessment Used
3	5	5	Concepts of Health and Fitness
4	11	11	Concepts of Health and Fitness
5	7	7	Concepts of Health and Fitness
5	301	277	Get Fit Summer
7	56	51	Concepts of Health and Fitness
7	135	125	Fitness Plan for Pat
7	140	129	Sara's Story
10	314	270	Fitness Planning
11	7	7	Fitness Planning
11	140	109	New Student Orientation
12	6	6	Fitness Planning
TOTAL	1122	997	

Benchmark Data

Creating this report has made us realize we do not currently have good benchmark data for Health and Physical Education. Therefore we have established the following goals related to Health and Physical Education for the year(s) ahead:

1. Increase accountability across all grades for the State-required classroom-based Health and Physical Education assessments and the subsequent reporting. Currently we do not have all teachers reporting on these assessments. By the end of the year, we need to (1) improve this reporting statistic, (2) provide guidance about the grade levels at which the assessments will be administered (to increase consistency and facilitate monitoring), and (3) include percentages of total students taking/passing the assessment in each cell of our data chart.
2. Conduct an audit of our Health and Physical Education programs to determine alignment of our current curricula with State standards. By the end of the year, we need to be able to show evidence of alignment.
3. At the secondary level, collect enrollment data in all Health and Physical Education classes and match this data with end of course grades in these classes to determine both the participation rates and success rates of our students in Health and Physical Education. By the end of the year, we need to be able to document participation and pass rate in these disciplines so we can set numerical improvement goals, if needed.
4. At the elementary level, do an audit to determine which health topics are being taught at which grade levels. By the end of the year, we need to have a better picture of this aspect of our program to determine gaps, if any, and to set improvement goals, if needed.
5. At the elementary level, review procedures and practices related to recess to determine the extent to which this resource is being used to enhance Physical

Education and to ensure that physical activity is not routinely being withheld from children as a consequence for bad behavior choices (except when safety issues are involved) or for academic non-performance. By the end of the year, we need to have a better picture of this aspect of our program to determine gaps, if any, and to set improvement goals, if needed.

6. At the secondary level, analyze Health and/or Physical Education waiver requests to determine the reasons waivers are being requested and the numbers that are being granted. By the end of the year, we need to have a better picture of this aspect of our program to determine gaps, if any, and to set improvement goals, if needed.
7. At the high school level, collect and analyze data about when students are taking the .5-credit required health class (freshmen, sophomore, junior, or senior year), and whether or not our curriculum is developmentally appropriate for all students. By the end of the year, we need to have a better picture of this aspect of our program to determine gaps, if any, and to set improvement goals, if needed.
8. Catalogue all Health and/or Physical Education experiences the District provides students during the school day, but beyond regular Health and Physical Education classes, through guest speakers, assemblies, or school-wide activities. By the end of the year, we need to be able to list all the Health and/or Physical Education enhancement opportunities available to students during the school day, along with the number participating in these opportunities.
9. Catalogue all of the Health and/or Physical Education experiences the District provides students beyond the school day through athletic teams and other relevant extracurricular activities. By the end of the year, we need to be able to list all the extracurricular Health and/or Physical Education opportunities available to students, along with the number participating in these opportunities.