



Health & Physical Education Department Program Review

Pine-Richland School District

May 2017

The information contained in this Report is provided by the Pine-Richland Health and Physical Education Department for general purposes only. While this Report serves as a strategic approach to curriculum planning, recommendations must be considered with respect to all programs provided by Pine-Richland School District.

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Philosophy Vision Statement

*Empower students to develop
habits for a healthy mind and body
that support wellness throughout a
lifetime.*

*Health and Physical Education Department
Program Review Report Prepared by:*

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Pine-Richland School District

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Table of Contents

| | |
|--|----|
| Pine-Richland Board of School Directors | 1 |
| Health and Physical Education Department | 1 |
| Program Review Report Prepared by: | 1 |
| Table of Contents | 3 |
| Executive Summary | 4 |
| Recommendation Overview | 5 |
| In-Depth Program Review Process | 7 |
| Continuum of Improvement | 9 |
| Emerging Recommendations | 10 |
| Works Cited | 27 |
| Research | 27 |
| Exemplar | 29 |
| Data | 29 |
| Connections | 29 |

Executive Summary

The mission of the Pine-Richland School District is to *Focus on Learning for Every Student Every Day*. Within the PRSD Strategic Plan, long-term and short-term goals outlined in the Teaching and Learning category form the foundation for continuous improvement within the education programs of the district. One of the short-term goals for 2016 - 2017 was to design and pilot an approach to in-depth program review. Further information about the purpose and process for this work is outlined in the next section.

The Science Department and Health & Physical Education Department were identified as the initial programs for further study. This report outlines the process, findings, and recommendations from that work. As an organization, it is understood that the pace of change may be dependent upon the impact of that change on other aspects of the educational program. The committee utilized an action priority matrix (figure 3) to evaluate each recommendation and established an implementation timeline with associated cost estimates.

One element of the in-depth program review was the establishment of a departmental philosophy and vision. Since health and physical education spans all six buildings in grades 1 - 12, it is important for students, staff, and community to understand the major focus and progression within this discipline.

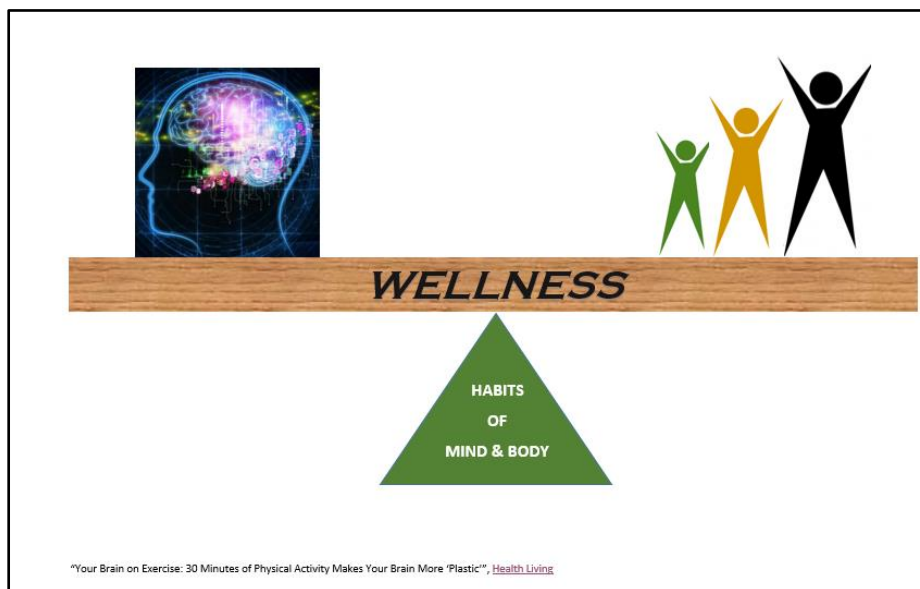


Figure 1

Empower students to develop habits of mind and body that support wellness throughout a lifetime.

Recommendation Overview

Recommendation #1:

Adopt and widely communicate the Health and Physical Education philosophy and vision to internal and external stakeholders while ensuring a practical connection to program design and delivery.

Recommendation #2:

Refine the K-12 scope and sequence of physical education curriculum and activities to align with major strands in the Society of Health and Physical Educators (SHAPE) standards.

- Review the alignment and sequence of activities within physical education courses based on standards and principles of motor learning (e.g., racquet sport progression).
- Revise existing high school elective course (Personal Fitness) in an effort to provide students with lifetime fitness learning opportunities.
- Evaluate and integrate resources into revised curriculum (e.g., mountain bikes, kayaks, fitness equipment, health related items, etc.).

Recommendation #3:

Implement standardized, common fitness assessments at various grade levels and/or times per year to measure achievement levels and growth of PRSD students that also involves students in goal setting (e.g., FitnessGram®, pacer, push-ups, sit-and-reach, curl-ups, growth assessments, components of fitness, designing a personal fitness plan, etc.)

Recommendation #4:

Utilize best practices for lesson design to ensure alignment between learning goals and learning activities:

- Emphasis on teaching for transfer from in-class activity to lifetime personal fitness decisions.
- Identify consistent expectations for student participation (e.g. effort, engagement in activity, safety, and teamwork).

Recommendation #5:

Identify other opportunities for frequent movement and activity before, during, and after school that occurs outside the physical education classroom (e.g., brain breaks, intramurals, community events, and recess).

Recommendation #6:

Refine the K-12 scope and sequence of health curriculum and activities to align with major strands in the SHAPE standards.

- Integrate developmentally appropriate standards-aligned, health related topics into physical education courses in grades 1-7.
- Identify intersections between the grades 1-7 health content taught in the physical education program and the content reinforced by other departments or learning experiences to ensure exposure for all students. Examples include hygiene (nurses and classroom teachers), suicide prevention and mental health (school counselors), nutrition (family & consumer sciences), drug education (nurses & school counselors), etc.

Health & Physical Education Department Program Review

- Revise the approach to health instruction at the elementary and secondary levels to emphasize age-appropriate decision-making and the practical application of content knowledge (vs. recall of discrete facts).
- Revise Health 8 and Health 9 curriculum to eliminate overlaps.

Recommendation #7:

Expand and promote a well-established wellness committee to develop family and community partnerships enhancing wellness.

Recommendation #8:

Maintain exposure to literature and trends in the field through articles, professional memberships, and select conference attendance.

In-Depth Program Review Process

The process for in-depth program review was developed and refined throughout the 2016 - 2017 school year. To help ensure a clear understanding of the process elements, a process diagram was developed and reviewed on a regular basis. Major elements of this image are further described below (figure 2):

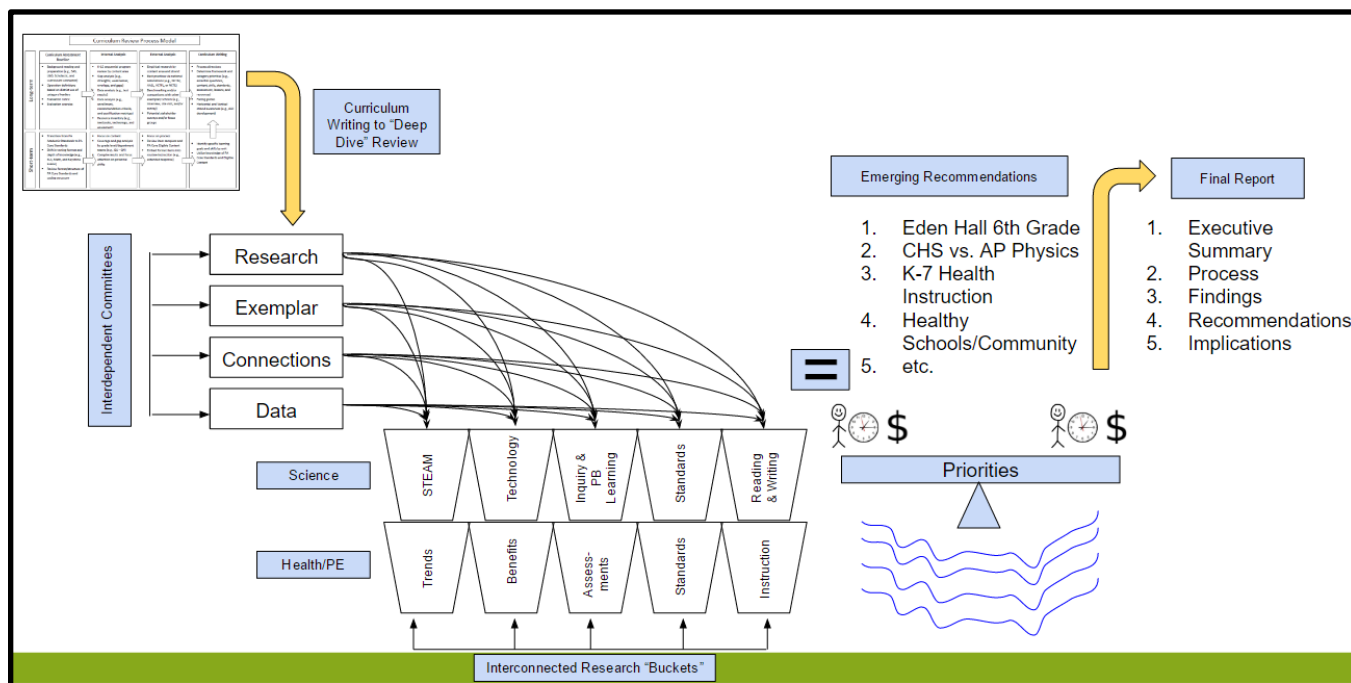


Figure 2 – PRSD Program Review Model

Curriculum Writing to “Deep Dive”

Given the time and effort invested into curriculum writing at Pine-Richland from 2014 - 2016, it is important to understand the relationship of that work to the in-depth program review process. The two-year curriculum writing process was designed to capture the current content in a consistent format through vertical teams (e.g., units, big ideas, and learning goals). That process allowed the department to identify strengths and opportunities for improvement. Most of the attention was directed internally at a review of our district’s current structure and practices.

The **in-depth program review process has a broader focus** on all elements of the department. Importantly, the process was designed to emphasize a balance of internal needs and a review of best practices from external sources. It asks questions, such as, “Are we doing the right things?” or “Do we need to consider more significant changes in program design?” In the image above, the curriculum writing process is like a “springboard” to “dive” more deeply into the content area. The personnel, structure, and work was organized into four major sub-committees.

Committee Composition and Structure

We strongly believe that meaningful and lasting change requires engagement of all key stakeholders. Since the in-depth process was being developed and implemented at the same time, the first organizational decision was the use of a **core team** and an **expanded team**. The core team included several district office administrators, building principals/assistant principals based on vertical team assignment, and a small group of academic leadership council members (i.e., department chairs) and teachers. The core team conducted the planning and thinking necessary to maximize the efficiency and effectiveness of the expanded team. The expanded team included all core team members and additional teachers to ensure representation by all buildings, levels, and courses. Although this was a larger group, it was still a small representation of the overall department.

Within the expanded team, members were then organized by **four main subcommittees**: (1) Research; (2) Exemplar K-12 Schools; (3) Connections to Universities, Businesses, and the Community; and (4) Data and Information. While each subcommittee was responsible for specific tasks, two overarching elements were critical. First, the arrows on the left side of the subcommittees indicate that the groups collaborated and exchanged information (i.e., no silos). Second, the arrows on the right side of the subcommittees demonstrate that key findings/learning were captured and organized by major research buckets.

It is important to note that the expanded teams also used a systematic approach to listen to students and parents. Student focus groups were organized at the high school, middle school, and Eden Hall. These groups were representative of the student body and a wide range of academic levels. In addition, parent and community input was gathered during daytime and evening town hall sessions. Parents who were unable to attend those face-to-face meetings were able to submit comments electronically.

Research “Buckets”

Within each discipline, five key areas of investigation were identified to guide the work of the subcommittees. As health and physical education information was gathered by subcommittees, it was organized into five key “buckets”: (1) Standards; (2) Assessment; (3) Instruction; (4) Trends; and (5) Benefits. In the early months of the process, the “buckets” were dynamic, meaning that some initial concepts were removed or combined with other key themes. As the expanded team continued to learn, those titles were then finalized. Importantly, the arrows on the bottom of the buckets also demonstrate the relationship between areas (i.e., no silos). The subcommittees’ learning and identification of information for the buckets were interconnected, as information from one area informed others. Based upon the information gathered through the bucket findings, a set of emerging recommendations was developed.

Emerging Recommendations

A systems thinking approach was critical to the in-depth program review process. The transition from “findings” to “emerging recommendations” required skills of synthesis, critical thinking, healthy debate, and communication. The entire expanded team used one set of lenses to review the list of internal strengths and weaknesses. The lenses refer to the four subcommittees. Some emerging recommendations were designed to improve current gaps and weaknesses. Other emerging recommendations were identified in the analysis of exemplary programs, universities, businesses, or in the research literature. The team brainstormed recommendations by identifying recurring themes, ideas, and opportunities for growth. The team discussed, modified and edited the recommendations. Emerging recommendations were consolidated into a draft. The expanded team worked with the draft to link the emerging recommendations to data provided by the subcommittees.

Balancing Priorities and Resources

As a system, the “ripple effect” of recommendations was built into the process model. The team then put the emerging recommendations into the action-priority matrix (figure 3). The action-priority matrix evaluates the impact versus the effort of the emerging recommendations. Examining the use of people, time, and money allows for the identification of which recommendations were quick fixes, major projects, fill-ins, and hard slogs. For example, a hard slog was used to categorize those recommendations that would require much effort but have little impact on student learning. The team then identified the final emerging recommendations.

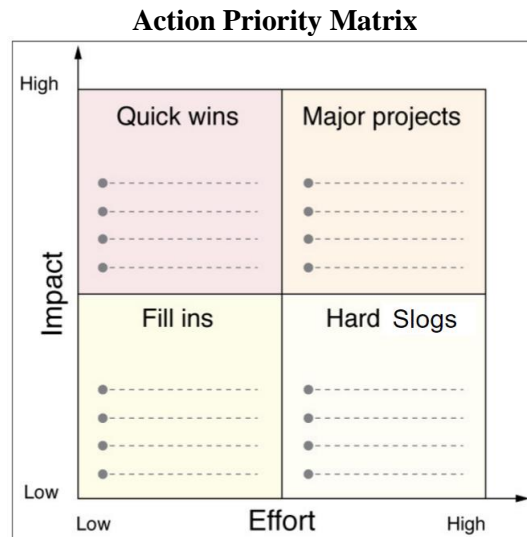


Figure 3 - Elmansy, Rafiq. “Time Management Tips for Designers: The Action Priority Matrix.”*Designorate*, 14 June 2016, www.designorate.com/time-management-the-action-priority-matrix/. Accessed 14 Mar. 2017.

Continuum of Improvement

Throughout the in-depth program review process, it was important to maintain perspective on the nature of program improvements. Especially when considering effective elements of exemplary schools or programs, the desire to move from the current program ("Point A") to an ideal future ("Point Z") is natural. However, it is more realistic to recognize that meaningful program improvement within an organizational system will often result from a series of smaller steps ("Points B, C, D, etc."). Although depicted as a straight line in the image below (figure 4), the in-depth program review committee recognizes that continuous improvement is not always a linear process.



Figure 4

Emerging Recommendations

Recommendation #1:

Adopt and widely communicate the Health & Physical Education Department philosophy and vision to internal and external stakeholders while ensuring a practical connection to program design and delivery.

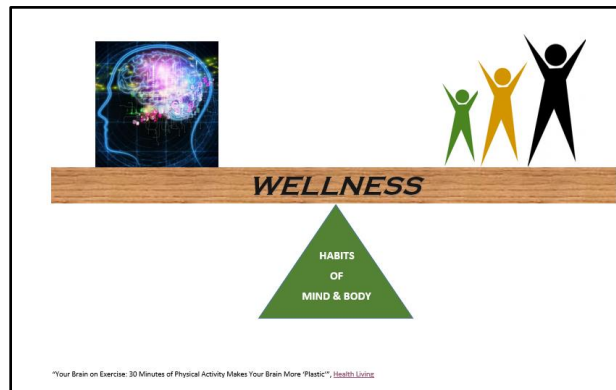


Figure 5

Empower students to develop habits of mind and body that support wellness throughout a lifetime.

FINDINGS:

Internal Analysis

1. A clear vision for health and physical education was identified as an area of need (PRSD Vertical Team, 2015).
2. Taken from the Strengths Weaknesses Opportunities Trends (SWOT) analysis activity used in the curriculum writing process, areas of focus include the alignment of curriculum with the department vision and ensuring that health education focuses on the application of knowledge and skills (PRSD Vertical Team, 2015).
3. All sub-committees within the in-depth program review process identified the importance of the connection between mental and physical health (PRSD Vertical Team, 2017).

External Analysis

1. Physical education improves student wellness and academic outcomes, develops life skills that shape the whole person, encourages smart choices, and cultivates a healthful lifestyle. In addition to being a win-win for students and educators, physical education and physical activity in schools may be the best hope for the shape of our nation (SHAPE America, 2016, p. 4).
2. Physical education programs teach children lifelong skills to keep them healthy. Physical education addresses the needs of the whole child by helping children exercise both their bodies and their minds, with a positive impact on their physical, mental, and emotional health (SHAPE America, 2016, p. 3).
3. Improved brain function during exercise promotes increased cognitive ability across all content areas (Slippery Rock University, 2017).

Health & Physical Education Department Program Review

4. Results of cross-sectional studies indicate that children who are physically fit perform cognitive tasks more rapidly and display patterns of neurophysiological activity indicative of greater mobilization of brain resources than less fit children (Tomporowski, et. al., 2007).
5. Lifetime fitness is a core component of Health and Physical Education curriculum (Hatboro-Horsham School District, North Allegheny School District, Titusville School District, 2017).
6. One vision/philosophy across the department is essential (Conestoga Valley School District, North Allegheny School District, Titusville School District, 2017).
7. The overall effect of increased physical activity indicated that physical activity was significantly related to improved cognition in children (Tomporowski, et al., 2007, p. 114).
8. The need for enhancing appropriate physical activity and physical fitness levels to reverse increasing trends of obesity and the prevalence of other health-related diseases associated with physical inactivity is at an all-time high. As physical educators work in the present with students, it is vital to understand that increasing current students' physical activity is an aim, but equipping students to continue physical activity over a lifetime is the greater objective. Physical education programs not only must encourage students to be more active and healthy for the short time that they are in the program, but also, more importantly, must equip individuals with the tools needed to continue in physical activity throughout life (Ferkel, et. al., 2014, p. 219).

Implementation Timeline (Anticipated Start/Finish): 6/5/2017 - 11/30/2017

Key Personnel: Health & Physical Education Core Team Member; Director of Communications

Major Action Steps: (1) Finalize words and image; (2) Create a digital image; (3) Disseminate to all members of the K-12 Health & Physical Education Department; (4) Publish on district website; (5) Discuss with students and parents at the start of the 2017-2018 school year via syllabi and open house/curriculum nights; (6) Incorporate into published Health & Physical Education documents; and (7) Include in Programs of Studies.

Estimated Budget/Resources: Limited costs will be associated with this recommendation with the exception of producing the posters.

Potential Implications (Short-Term and Long-Term): The development, understanding, and communication of a clearly articulated Health & Physical Education Department vision/philosophy should strengthen program delivery for all stakeholders (i.e., staff, students, and parents). It provides a common perspective and language that can be reinforced and considered when making future program decisions.

Recommendation #2:

Refine the K-12 scope and sequence of physical education curriculum and activities to align with major strands in the Society of Health and Physical Educators (SHAPE) standards.

- Review the alignment and sequence of activities within physical education courses based on standards and principles of motor learning (e.g., racquet sport progression).
- Revise existing high school elective course (Personal Fitness) in an effort to provide students with lifetime fitness learning opportunities.
- Evaluate and integrate resources into revised curriculum (e.g., mountain bikes, kayaks, fitness equipment, health related items, etc.).

FINDINGS:

Internal Analysis

1. Current activities may be repeated across multiple grade levels as outlined in the unit-based curriculum map. For example, the current racquet sport sequence does not correspond to the relative difficulty of each movement (e.g., pickleball, badminton, and tennis) (PRSD Vertical Team, 2015).
2. Current curriculum structure and organization is organized by activity versus major strands or standards (PRSD Vertical Team, 2017).
3. Offer electives that include lifetime activities. Expose students to as many things as possible to “light a spark for lifetime activity” (PRSD Parent/Community Focus Group, 2017).
4. Consider other lifetime activities (e.g., biking, hiking, yoga, CrossFit, spinning) (PRSD Parent/Community Focus Group, 2017).
5. Pine-Richland High School students believe that they can come up with a fitness program, but believe that this learning came from other activities (e.g., athletic teams, personal activities, and clubs) and not the classroom (PRSD Student Focus Group 9-12, 2017).
6. The current high school physical education elective class over the last four years has averaged 29 student requests per year (Pine-Richland High School Course Request Data, 2014-2017).
7. Pine-Richland parents do not feel many graduates understand healthy lifestyles (PRSD Parent/Community Focus Group Grade 9-12, 2017).
8. Parents would like to see students incorporate the use of technology and apps into understanding and knowing the benefits of wellness (PRSD Parent/Community Focus Group, 2017).

External Analysis

1. SHAPE America's National Standards & Grade-Level Outcomes for K-12 Physical Education define what a student should know and be able to do as result of a highly effective physical education program. States and local school districts across the country use the National Standards to develop or revise existing standards, frameworks, and curricula (SHAPE America, 2012):
 - a. **Standard 1** - The physically literate individual demonstrates competency in a variety of motor skills and movement patterns.
 - b. **Standard 2** - The physically literate individual applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
 - c. **Standard 3** - The physically literate individual demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
 - d. **Standard 4** - The physically literate individual exhibits responsible personal and social behavior that respects self and others.

- e. **Standard 5** - The physically literate individual recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.
2. SHAPE America Grade-Level Outcomes for K-12 Physical Education Operational Definition of Activity Categories (SHAPE America, 2012):
 - a. **Outdoor Pursuits:** The outdoor environment is an important factor in student engagement in the activity. Activities might include, but are not limited to: recreational boating (e.g., kayaking, canoeing, sailing, rowing), hiking, backpacking, fishing, orienteering/geocaching, ice skating, skateboarding, snow or water skiing, snowboarding, snowshoeing, surfing, mountain biking, bouldering/traversing/climbing, adventure activities, and ropes courses. Selection of activities depends on the environmental opportunities within the geographical region.
 - b. **Fitness Activities:** Activities with a focus on improving or maintaining fitness and might include, but are not limited to: yoga, Pilates, resistance training, spinning, running, fitness walking, fitness swimming, kickboxing, cardio-kick, Zumba, and exergaming.
 - c. **Dance and Rhythmic Activities:** Activities that focus on dance or rhythms and might include, but are not limited to: dance forms such as creative movement, ballet, modern, ethnic/folk, hip hop, Latin, line, ballroom, social, and square.
 - d. **Aquatics:** Activities might include, but are not limited to: swimming, diving, synchronized swimming, and water polo.
 - e. **Individual-Performance Activities:** Might include, but are not limited to: gymnastics, figure skating, track and field, multi-sport events, in-line skating, wrestling, self-defense, and skateboarding.
 - f. **Games and Sports:** Activities include the game categories of invasion, net/wall, target, and fielding/striking.
 - g. **Lifetime Activities:** Includes the categories of outdoor pursuits, selected individual performance activities, aquatics, and net/wall and target games. Note: Invasion games and fielding and striking games are not addressed in the secondary outcomes because those activities require team participation and are not well suited to lifelong participation.
3. Pre-service student teachers are taught standards based on SHAPE (Society of Health and Physical Educators) National Standards & Grade-Level Outcomes for K-12 Physical Education (Slippery Rock University, 2017).
4. Physical Education teacher certification units are now based on content about “living well”, such as: fueling your body, social and emotional wellness, health related fitness, the human body and how it responds, the brain when we are physically active, self-care, injury prevention, and safety (Slippery Rock University, 2017).
5. Students lack basic coping skills. They need to have an understanding of how to make healthy behavioral decisions and manage stress, healthy eating, and health/physical activity habits (Slippery Rock University, 2017).
6. The goal is to move to more of a wellness model of always teaching health concepts. "You can teach all about the body through physical activity setting" (Slippery Rock University, 2017).
7. Some trending fitness options include spinning, cross-fit training groups, and interval training with short, high intensity intervals (University of Pittsburgh, 2017).
8. Review and consider the Wellness Wheel as part of your program design (i.e., emotional, intellectual, physical, social, environmental, financial, spiritual) (University of Pittsburgh, 2017).
9. Integrate the development of collaboration skills into teaching lessons (University of Slippery Rock, 2017).

Health & Physical Education Department Program Review

10. Students need to learn much more about nutrition and healthy eating. Poor nutrition may also lead to depression and anxiety (Slippery Rock University, 2017).
11. UPMC supports employee usage of mobile apps and body monitoring systems such as the Fitbit®. These devices can connect with the corporation's My Activity Tracker system (UPMC, 2017).
12. Utilize a K-12 coordinated and sequential scope and sequence for physical education curriculum to provide guidance and improve quality of physical education programming (Conestoga Valley School District, Hatboro-Horsham School District, North Allegheny School District, Titusville School District, State College School District, 2017).
13. Student activity choice ("Select PE") is vital to physical education program success in grades 9-12 (Titusville School District, State College School District, Hatboro-Horsham School District, North Allegheny School District, 2017).
14. Multiple exemplary schools require 2 credits of high school physical education and/or require 1 credit of high school health (Conestoga Valley School District, Hatboro-Horsham School District, North Allegheny School District, Titusville School District, State College School District, 2017).
15. "Students should have access to optional learning activities such as yoga, weight training, cross-training, Zumba, etc." (University of Pittsburgh, 2017).
16. Provide opportunities for cooperative education in the field. For example, students could plan sporting events, clubs, health fairs, and cumulating events in appropriate venues (within district) and/or complete an internship in health/physical education field(s) within the community (Townsend, et al., 2006, pp. 18-29).
17. Lifetime activities are a major focus (North Allegheny, 2017).
18. North Allegheny and Fox Chapel take great pride in their mountain biking units (North Allegheny School District, Fox Chapel Area School District, 2017).
19. Team-oriented sports tend to dominate the middle school curriculum; however, we must rethink what we are teaching in middle school because few people continue participating in team sports throughout their lifetime (Townsend, et al., 2006, pp. 18-29).
20. A healthy high school Health/Physical Education budget provides maintenance and opportunities to enrich programs (Hatboro-Horsham School District, 2017).
21. "One of our greatest sources of pride is our interactive physical education room" (Mohawk School District, New Castle School District, 2017).
22. The lifetime activity focus at one local district includes wall climbing (11-12) and low ropes (9-10). They have also engaged in a shift toward functional resistance training and Olympic movements (North Allegheny School District, 2017).

Implementation Timeline (Anticipated Start/Finish): 6/5/2017-6/1/2019

Key Personnel: Health & Physical Education Department, Chair, and Assistant Superintendents

Major Action Steps: (1) Analyze current written curriculum for gaps and overlaps; (2) Generate and document a new sequence to remove overlap, while allowing for spiraling of curriculum and ensure appropriate timing for introduction of content across courses; (3) Identify resources for teaching the content as re-sequenced; (4) Reflect all changes online in the PRSD curriculum; (5) Develop a specific budget and timeline for equipment and resources necessary to enhance the quality of program offerings; (6) Explore grant opportunities or other funding sources for requested items; and (7) Identify needs within budget process.

Health & Physical Education Department Program Review

Estimated Budget/Resources: Some decisions may result in shifting resources between buildings as the activity progression is realigned. In other cases, new expenditures are expected (e.g., mountain bikes, helmets, inline skates, kayaks, yoga mats, heart rate monitors, etc.). For example, a class set of mountain bikes and helmets would cost approximately \$15,000. Specific recommendations will be included in the annual budget. Fundraising, grants, and/or public-private partnerships will also be explored.

Potential Implications (Short-Term and Long-Term): Shifting the location of activities from their current location will require flexibility on the part of the district staff. Introducing new activities, such as mountain bikes, aligns with the vision of promoting lifetime wellness. Many of these activities require additional training (i.e., formal and informal) for staff and logistical support (e.g., storage, repair, maintenance, etc.). For the long-term, the progression of activities should better promote lifetime fitness. The opportunity to connect with community initiatives, such as the integrated Township of Pine trail system, may also be maximized.

Recommendation #3:

Implement standardized, common fitness assessments at various grade levels and/or times per year to measure achievement levels and growth of PRSD students that also involves students in goal setting (e.g., FitnessGram®, pacer, push-ups, sit-and-reach, curl-ups, growth assessments, components of fitness, designing a personal fitness plan, etc.)

FINDINGS:

Internal Analysis

1. Common assessments, both cognitive and behavioral, were identified as a gap during the curriculum writing SWOT analysis (PRSD Vertical Team, 2015).
2. While fitness assessments are implemented at various schools within the Pine-Richland School District, the specific tests and processes utilized to administer those assessments are inconsistent (PRSD Vertical Team, 2017).
3. The overall Pine-Richland School District vision identifies the importance of both achievement and growth in the learning process. Fitness test results are one tool that could be used to evaluate student achievement and growth (PRSD Vertical Team, 2017).

External Analysis

1. FitnessGram® or some other similar assessment is still being used. Individualized goal setting is part of this process (University of Pittsburgh, 2017).
2. Methods of fitness and exercise assessment (e.g., FitnessGram®, heart rate monitors, and self-assessment) are introduced in grades K-3; grade four starts the assessment process and tracks progress through the high school years (Slippery Rock University, 2017).
3. Common fitness testing protocols (FitnessGram®) are used to demonstrate achievement and growth when paired with goal setting (State College School District, Fox Chapel School District, North Allegheny School District, and Conestoga Valley School District, 2017).
4. Lifetime habits of regular physical activity begin at a young age. FitnessGram® is a comprehensive, health-related physical fitness battery developed by The Cooper Institute. The primary goal of the FitnessGram® is to assist students in establishing lifetime habits of regular physical activity (California Department of Education, 2017).
5. Assessments provide in-depth guidance for the development of curriculum, units, lessons, and activities that are aligned directly to the National Standards. Outcomes are divided into three content areas based upon levels of physical, emotional, and cognitive development in grades K-5, 6-8, 9-12 (SHAPE America, 2012).
6. FitnessGram® is still a good program. How we assess students must be considered. Students placed in the “low group” may become frustrated which would result in turning them off to exercise. Goal setting is an important concept for students to understand. Students set personal goals and find the paths and supports to reach those goals (University of Slippery Rock, 2017).
7. “It is important the students be pre- and post-tested on a standardized knowledge test on exercise principles and benefits in cardiorespiratory health, muscular capacity, and healthful nutrition and body flexibility” (Sun et al., 2012, p. 215).
8. Published by the Center for Disease Control and Prevention, the Physical Education Curriculum Analysis Toolkit provides content and student-assessment analysis worksheets for grades K-2, 3-5, 6-8, and 9-12 (CDC PECAT, 2012, p. 35-141).

Implementation Timeline (Anticipated Start/Finish): 06/2018 - 5/2019

Key Personnel: Health & Physical Education Department, Principals, and Assistant Superintendents

Major Action Steps: (1) Research common assessments; (2) Determine which to use; (3) Incorporate common assessments into revised curriculum; (4) Train teachers on the use of the common assessments; (5) Communicate use of common assessments to parents and community in multiple ways, such as parent nights, posted curriculum, programs of studies, and teacher web pages; (6) Assessment results will be incorporated into revised reporting of progress.

Estimated Budget/Resources: Some costs for common assessments may occur, including software access, staff/student accounts, and digital devices. For example, the first year hosted version cost of FitnessGram® is \$600 per site license (building) and \$150 per site in future years.

Potential Implications (Short-Term and Long-Term): Strong assessments provide evidence of student achievement and growth and inform teachers' decisions about curriculum and instruction. The use of common assessments ensures that student learning is consistent within and across educational settings. Incorporating assessments into Health and Physical Education classes that require students to monitor their own behaviors and set their own goals for growth supports the mission of the Health & Physical Education Department to develop healthy habits of mind and body that support a lifetime of wellness.

Recommendation #4:

Utilize best practices for lesson design to ensure alignment between learning goals and learning activities:

- Emphasis on teaching for transfer from in-class activity to lifetime personal fitness decisions.
- Identify consistent expectations for student participation (e.g. effort, engagement in activity, safety, and teamwork).

FINDINGS:

Internal Analysis

1. While each teacher or building outlines student expectations for class participation, a consistent progression of focus areas is not implemented at this time. For example, expectations may include effort, engagement, safety, teamwork, and communication (PRSD Vertical Team, 2017).
2. Physical education students can often be engaged in the learning activity or sport without a clear understanding of the underlying learning goals for those activities (PRSD Vertical Team, 2017).

External Analysis

1. Students should be assessed on their ability to identify their strengths and weaknesses, create and work towards goals, and articulate their progress towards their goals with supporting evidence (Slippery Rock University, 2017).
2. High school staff follow consistent instructional routines (i.e., 6 minutes change, dynamic warm-up, workout of the day, and activity of choice) (Hatboro-Horsham School District, 2017).
3. Optimal class sizes should be around 18-20 students. Students need individual attention and to develop a positive relationship with the teacher (Slippery Rock University, 2017).
4. A greater focus on lifetime physical fitness activities that are accessible to everyone (e.g., spinning, yoga, and boot camp style class) makes the classroom experience more like what adults are doing in the real world. Choice becomes a big part of class that allows students to select their activity. Everyone can participate in physical activities at their own level (Slippery Rock University, 2017).
5. The American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) conceived of lifetime leisure activity as lifelong, individualized, and health-related. Therefore, a lifetime leisure activity is any activity that can be done on a regular basis throughout the lifespan, that a person voluntarily engages in, and that has the potential to maintain or improve an individual's health- and/or skill-related fitness.” (Townsend, et al., 2006, p. 2).

Implementation Timeline (Anticipated Start/Finish): 01/2018 - 08/2018

Key Personnel: Health & Physical Education Department, Principals, and Assistant Principals

Major Action Steps: (1) A representative, core group will identify the instructional design and plan professional development; (2) The vertical team will provide feedback; (3) The final set of expectations will be implemented in every instructional setting; (4) Expectations will be printed, published, and posted in every teaching area; and (5) Expectations will be incorporated into revised reporting of progress.

Estimated Budget/Resources: Minimal costs for printing and publication of common expectations; there may be potential costs for substitute teachers if the team is meeting during the instructional day.

Potential Implications (Short-Term and Long-Term): Within the instruction component of the Model for Teaching and Learning, the district has identified the use of well-understood classroom routines as an instructional best practice. Creating common classroom expectations for all students in all Health & Physical Education classes will strengthen student knowledge of classroom routines and behaviors. This is important especially for classes that do not meet daily. The use of common expectations throughout the years in a department with intermittent class time will help create a deep understanding of the habits of healthy behavior and assist in the development of habits of wellness in students.

Recommendation #5:

Identify other opportunities for frequent movement and activity before, during, and after school that occurs outside the physical education classroom (e.g., brain breaks, intramurals, community events, and recess).

Internal Analysis

1. Raise awareness of the correlation that exists between physical activity and cognitive development through the integration of additional movement opportunities for students throughout the school day (e.g., brain breaks, project-based activities, field trips) (PRSD Parent/Community Focus Group, 2017).
2. Provide more opportunities for students to be actively engaged through outdoor activities (PRSD Parent/Community Focus Group, 2017).
3. Offer a physical education class in the morning before the normal school day starts (PRSD Parent/Community Focus Group, 2017).
4. The district's Health & Physical Education Department has proposed this philosophy, "*Empower students to develop habits for a healthy mind and body that support wellness throughout a lifetime*" (PRSD Health & Physical Education Department Program Review Committee, 2017).
5. Pine-Richland parents agree with research that supports the link between physical education and academic performance (PRSD Parent/Community Focus Group, 2017).

External Analysis

1. Training was provided to classroom teachers on the use of brain breaks to infuse more movement into the school day (New Castle School District, Deer Lakes School District, North Allegheny School District, 2017).
2. "Children who are physically fit perform cognitive tasks more rapidly and display patterns of neurophysiological activity indicative of greater mobilization of brain resources than less fit children. Exercise training programs may prove to be simple, yet important methods of enhancing aspects of children's mental functioning that are central to cognitive and social development" (Chen, et al., 2012, p. 225-226).
3. "Systematic exercise programs enhance the development of specific types of mental processing known to be important for meeting challenges encountered both in academics and throughout the lifespan." (Tompsonowski, et al., 2007).
4. "Instant activities" (e.g. students becoming active as soon as they enter the gymnasium) provide maximum activity time during physical education class (Conestoga Valley School District, North Allegheny School District, Deer Lakes School District, 2017).
5. A need exists for physical activity throughout the whole school day. Teachers need to get students up and moving (Slippery Rock University, 2017).
6. Community fundraisers and awareness events are held to promote a healthy lifestyle (Deer Lakes School District, North Allegheny School District, New Castle School District, 2017).
7. "For children and adolescents, regular physical activity can decrease body fat and improve bone health, cardiorespiratory fitness and muscular strength. Physical activity can decrease the risk of depression in adults and reduce depression symptoms in young people" (American College of Sports Medicine, 2016, pp. 9).
8. Multiple exemplary schools require two days per week of instruction time for health and physical education in grades K-6 (Conestoga Valley School District, Hatboro-Horsham School District, North Allegheny School District, Titusville School District, State College School District, Deer Lakes School District, 2017).

Health & Physical Education Department Program Review

9. Mountain biking is a popular lifetime activity in physical education in grades 7-12 (North Allegheny School District, Fox Chapel School District, 2017).

Implementation Timeline (Anticipated Start/Finish): 01/2018-06/2018

Key Personnel: Health & Physical Education Department, All Classroom Teachers, Principals, and Assistant Superintendents

Major Action Steps: (1) Identify physical activities that can be done throughout the school day and at home; (2) Train all teachers on incorporating activities in their classes; (3) Train parents on incorporating activities at home; and (4) Assess the implementation of the activities and determine their benefits.

Estimated Budget/Resources: Minimal costs for supplies and/or potential supplemental contract resources might be incurred.

Potential Implications (Short-Term and Long-Term): Incorporating physical activity throughout the day, both in and out of school, is an important part of increasing levels of physical and cognitive functioning. The responsibility for health in our students is shared by all of us, in much the same way as we all share in the ability of students to read and write. One of the challenges in promoting wellness is the limited amount of time given to Health and Physical Education classes. Such time limits require us all to do what we can to increase levels of physical activity so that levels of healthy physical and cognitive functioning also increase.

Recommendation #6:

Refine the K-12 scope and sequence of health curriculum and activities to align with major strands in the SHAPE standards.

- Integrate developmentally appropriate standards-aligned, health related topics into physical education courses in grades 1-7.
- Identify intersections between the grades 1-7 health content taught in the physical education program and the content reinforced by other departments or learning experiences to ensure exposure for all students. Examples include hygiene (nurses and classroom teachers), suicide prevention and mental health (school counselors), nutrition (family & consumer sciences), drug education (nurses & school counselors), etc.
- Revise the approach to health instruction at the elementary and secondary levels to emphasize age-appropriate decision-making and the practical application of content knowledge (vs. recall of discrete facts).
- Revise Health 8 and Health 9 curriculum to eliminate overlaps.

FINDINGS:

Internal Analysis

1. The SWOT analysis identified critical areas that are not being taught in Grades 1-3: *Drugs, Nutrition, Decision-Making Skills, and Safety & Injury Prevention* (PRSD Vertical Team, 2015).
2. The SWOT analysis identified critical areas that are not being covered in Grades 4-6: *Drugs, Growth & Development, Nutrition, Decision-Making Skills, Safety & Injury Prevention, HIV/STI's, and Body Systems* (PRSD Vertical Team, 2015).
3. Students in grades 1-3 participate in physical education two times per week: one 40-minute class and one 30-minute class. This structure provides time for health topic integration (PRSD Vertical Team, 2015).
4. Grades 4-6 were identified as the *most critical* levels in need of Health Education. Students currently participate in physical education for one 45-minute class per 5-day rotation (PRSD Parent/Community Focus Group, 2017).
5. There is a great deal of time used in the Health 8 curriculum to teach body systems (6th grade standards benchmark). The body systems should be taught in grades 4-6 to allow grades 7-9 more time to focus on detrimental risk behaviors developed in adolescence (e.g., sexual behaviors, intentional/unintentional injuries, poor diet, physical inactivity, alcohol and other drugs, and tobacco) (PRSD Vertical Team, 2015).
6. Parents within our community discussed the lack of health topics that are being taught in grades 1-6 (PRSD Parent/Community Focus Group, 2017).
7. There is an absence of consistent, formal health instruction 1-7, which prevents collaboration among other departments (PRSD Vertical Team, 2015).
8. Pine-Richland Middle School students indicated the desire to integrate health topics into their everyday lives. "We want to take what we learn and apply it; memorizing facts and filling in the blanks is not as helpful" (PRSD Student Focus Group Grade 7-8, 2017).
9. Students are not applying what they are learning through the nutrition units to their lives based upon food selections and other nutritional decisions (PRSD Parent/Community Focus Group, 2017).
10. Students are having trouble understanding connections between learning goals and learning outcomes and "how things connect to what we are learning" (PRSD Parent/Community Focus Group, 2017).
11. Students reported extensive overlap between the Health 8 and Health 9 courses (PRSD Student Focus Group, 2017).

12. When the Physical Education and Health Departments were reorganized at the high school in 2012, Physical Education and Health classes become one semester courses taught in ninth grade. The Health class at the middle school remained in eighth grade. Before the reorganization, Health was taught in tenth or eleventh grade at the high school. As a result of the reorganization, formal Health education in the district is delivered in two consecutive years (PRSD Vertical Team, 2015).

External Analysis

1. Health instruction is integrated into the Physical Education program (Hatboro-Horsham School District, Mohawk School District, Titusville School District, State College Area School District, Deer Lakes School District, North Allegheny School District, Conestoga Valley School District, Fox Chapel School District, 2017).
2. The Pennsylvania Academic Standards for Health, Safety and Physical Education describe what students should know and be able to do by the end of third, sixth, ninth and twelfth grade.
 - a. The Standards include these categories: Concepts of Health, Healthful Living, Safety and Injury Prevention, Physical Activity, Concepts, Principles and Strategies of Movement (PA Department of Education, 2002).
3. Integrate health and wellness instruction into the physical education classroom to help the students understand why they are participating in a specific activity. The goal is to move to more of a wellness model - always teaching health concepts (Slippery Rock University, 2017).
4. “Fitness education is the instructional and learning process of acquiring knowledge, skills and values; experiencing regular participation in physical activity; and promoting healthy nutrition choices to attain life-enhancing health-related fitness” (SHAPE America, 2012, p.1).
5. Within the PA Academic Standards, there are interconnections school-wide among other departments and Health, Safety, & Physical Education, particularly with regard to the subcategories: 10.1 Concepts of Health, 10.2 Healthful Living, and 10.3 Safety and Injury Prevention (PDE, 2002; ASCA, 2004; CDC, 2017).
6. Physical education addresses the needs of the whole child by helping children exercise both their bodies and their minds, with a positive impact on their physical, mental, and emotional health (SHAPE America, 2016).
7. Health instruction should not be limited to Physical Education teachers, as all school staff members should function as role models of health and wellness (University of Pittsburgh, Slippery Rock University, 2017).
8. Making clear and intentional the connection between health-related fitness knowledge and physical activity promotes lifelong physical fitness. A conceptual physical education (CPE) class that combines instruction on health-related fitness knowledge and the practice of physical activity has the greatest impact on students continuing physical activity in adulthood (Ferkel, et al., 2014, p. 229).
9. A strong emphasis should be placed on learning and applying wellness topics throughout a lifetime (Titusville School District, Conestoga Valley School District, Hatboro-Horsham School District, North Allegheny School District, 2017).
10. A comprehensive wellness program positively influences cholesterol, tobacco use, life satisfaction, weight loss, stress reduction, and blood pressure (UPMC, 2017).
11. Teaching character development through conflict resolution and decision making across the curriculum could ensure application in all areas of life through team sports, lab partner relationships, and science-based curriculum/literature (Stiff-Williams, 2010).
12. “By providing middle school students with opportunities to learn lifetime leisure activities that are both reasonable and developmentally appropriate and teaching these activities well using appropriate

instructional models such as sport and health related education, we are promoting the development of physically active lifestyles that persist over a lifetime” (Townsend, et al., 2006, p. 18-29).

13. “Teaching fitness-related knowledge has become critical in developing children’s healthful living behavior. This intensive emphasis on learning cognitive knowledge for behavioral change appears to echo research conclusions from educational psychology that humans control rational behavior through applying knowledge stored in their cognitive systems” (Chen, et al., 2012, p. 216).
14. Health curriculum is recommended to be coordinated and sequential K-12 (Conestoga Valley School District, 2017).
15. Pennsylvania Academic Standards for Health, Safety, and Physical Education articulate the knowledge and skills to be learned K-12 (PDE, 2002).
16. **The National Health Education Standards - PreK-12** were released in Spring 2007 and provide a revision of the 1995 standards (Joint Committee on National Health Education Standards, 2007):
 - **Standard 1:** Students will comprehend concepts related to health promotion and disease prevention to enhance health.
 - **Standard 2:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
 - **Standard 3:** Students will demonstrate the ability to access valid information and products and services to enhance health.
 - **Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
 - **Standard 5:** Students will demonstrate the ability to use decision-making skills to enhance health.
 - **Standard 6:** Students will demonstrate the ability to use goal-setting skills to enhance health.
 - **Standard 7:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
 - **Standard 8:** Students will demonstrate the ability to advocate for personal, family, and community health.

Implementation Timeline (Anticipated Start/Finish): 6/2017-8/2018

Key Personnel: Health/Physical Education, Science, Family Consumer Science Teachers, Nurses, Counselors, Building and District-Level Administrators

Major Action Steps: (1) Revise and review the health and physical education curriculum based upon state standards and Pine-Richland staff input; (2) Determine immediate areas for revision of the grade 8 and 9 health curriculum to eliminate overlap; (3) Align professional development sessions aligned to decision making and practical applications of concepts.

Estimated Budget/Resources: Potential costs of substitute coverage for revising the curriculum; additional resources may be considered based upon the identified learning goals.

Potential Implications (Short-Term and Long-Term): One of the key findings in this review was the importance of school and community-wide wellness. In order for this recommendation to be achieved, all departments across the district will need to gain a better understanding of health/wellness. Once this is achieved, departments will need to identify units within their curricula to further support health/wellness concepts.

Recommendation #7:

Expand and promote a well-established wellness committee to develop family and community partnerships enhancing wellness.

FINDINGS:

Internal Analysis

1. The Food Service Advisory Committee was expanded in March 2017 to encompass the entire wellness umbrella and is now called the Food Service & Wellness Advisory Committee (PRSD Health & Physical Education Curriculum Review Team, 2017).
2. At committee meetings, parents expressed a desire for the District to focus on healthy choices and the promotion of wellness and nutrition (PRSD Food Service & Wellness Advisory Committee, 2017).

External Analysis

1. The Healthy, Hunger-Free Kids Act of 2010 stipulates that local school wellness policies should include implementation, evaluation, and reporting on school wellness (Healthy Hunger-Free Kids Act, 2011).
2. A school is “the epicenter of creating a healthy community” and should “inspire students to be the agent of change in the community for wellness” (Slippery Rock University, Dr. Nichols, 2017).

Implementation Timeline (Anticipated Start/Finish): 6/2017-ongoing

Key Personnel: School Board Member(s); Building and District Administrators; Health & Physical Education Teachers; Food Service General Manager; Parents/Community Members

Major Action Steps: As required by Board Policy 246: School Wellness, members must be identified to serve on a Wellness Committee. The responsibilities of this committee are to (1) Serve as an advisory committee regarding student health issues and develop, implement, and periodically review and update a School Wellness policy that complies with law to recommend to the Board for adoption; (2) Review and consider evidence-based strategies and techniques in establishing goals for nutrition education and promotion, physical activity, and other school-based activities that promote student wellness as part of the policy development and revision process; (3) Assess student needs, examine related research, survey parents/guardians and/or students, conduct community forums or focus groups, collaborate with appropriate community agencies and organizations, and raise awareness of student health issues; (4) Provide periodic reports to the Superintendent or designees regarding the status of its work, as required; (5) Work with schools to identify external resources to bring into schools to provide additional training and support for students and staff; and (6) Explore off campus events to promote wellness.

Estimated Budget/Resources: Costs may include professional development, travel, consultation expenses; and field trip and other off campus costs.

Potential Implications (Short-Term and Long-Term): A team of committee members will need to be identified to serve on the Wellness Committee. Those members will be responsible for brainstorming ideas, developing action plans, and implementing those plans. In addition, those committee members will serve as representatives for other staff and community members to provide a voice for all stakeholders. Classroom, school, and community-based wellness events may be established through this committee. These events would be used to highlight best practices for health and wellness and involve students, parents, staff, and community.

Recommendation #8:

Maintain exposure to literature and trends in the field through articles, professional memberships, and select conference attendance.

FINDINGS:

Internal Analysis

1. Members of the Health & Physical Education Department have attended conferences in the past without regularity and one has served as the Vice President of Sports and Athletics for Pennsylvania State Association for Health, Physical Education, Recreation and Dance (PSAHPERD) from 2013 until 2016 (PRSD Vertical Team Analysis, 2015).
2. No staff members have professional subscriptions to literature in the field (PRSD Health & Physical Education Program Review Team, 2017).
3. Current time for departmental planning is limited to a half day once or twice a year with a formalized task to complete, typically related to curriculum (PRSD Health & Physical Education Review Team, 2017).

External Analysis

1. Exemplar schools attend and present at conferences sponsored by PSAHPERD using a train-the-trainer model to share information with the department (Conestoga Valley, North Allegheny School District, 2017).
2. Partnerships with universities provide opportunities for professional development and growth within the Health & Physical Education realm (New Castle School District, 2017; Slippery Rock University, 2017).
3. Professional Learning Communities benefit the department by inspiring collaboration and sharing of best practices and current trends in the field (State College School District, 2017).
4. The quality of Physical Education instructional practice should be enhanced by providing teachers with professional development opportunities that emphasize techniques to reduce the amount of class time devoted to management (Bevans, et al., 2010, pp. 573-580).

Implementation Timeline (Anticipated Start/Finish): 8/1/2017 - ongoing

Key Personnel: Department Chair, Health and Physical Education Teachers, Building Administration

Major Action Steps: (1) Develop Health/Physical Education professional learning community; (2) Conduct research on best practice as a department; (3) Apply for memberships with professional organizations; (4) Attend conferences regarding best practice in Health/Physical Education; (5) Provide professional development to staff using a train-the-trainer model; (6) Research and write articles on the subject; and (7) Present articles at various conferences

Estimated Budget/Resources: Costs associated with professional organization memberships and conference attendance.

Potential Implications (Short-Term and Long-Term): Supporting teachers' professional development enables them to incorporate best practices into their classrooms and continuously improve student outcomes. Developing the capacity of teachers to present at professional conferences will be an indicator of program excellence.

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Health & Physical Education Department Program Review

Exemplars

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Deer Lakes School District, Curtisville Primary Center. January 31, 2017. Nichols, Ron. Health and Physical Education Teacher.

Fox Chapel Area School District, Dorseyville Middle School. January 31, 2017. Bailey, Michelle. Health and Physical Education Teacher.

Hatboro-Horsham School District. January 31, 2017. Butts, Tom. Health and Physical Education Department Chair.

Mohawk Area School District, Mohawk Elementary. January 31, 2017. Carr, Larry. Health Physical Education Teacher.

New Castle School District, George Washington Intermediate. January 31, 2017. Kwolek, Chris. Health and Physical Education Teacher. Cugini, Linda. Health and Physical Education Teacher.

North Allegheny School District. January 31, 2017. Schmidt, David. Health and Physical Education Department Chair.

State College Area School District, State College Area High School. January 31, 2017. Kurzinger, Steve. Health and Physical Education Department Chair.

Titusville School District. January 31, 2017. Gates, C. Health and Physical Education Chair. Tridico, J. Health and Physical Education Teacher. Tridico, A. Health and Physical Education Teacher. McCord, T. Former Health and Physical Education Department Chair.

Data

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Connections

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Health & Physical Education Department Program Review

Pine-Richland School District, Pine-Richland Middle School. February 21, 2017. Student Focus Group Grade 7-8.

Slippery Rock University. January 31, 2017. Nichols, Randy. Health and Physical Education Department Chair.
Brewer, Hannah. Health and Physical Education Faculty Professor.

Slippery Rock University. January 31, 2017. Pierce, Patricia. College of Health, Environment, and Science
Department Chair and Professor.

University of Pittsburgh. January 31, 2017. Hayes, Anne. Clinical Instructor Department of Health and Physical
Activity.

UPMC. January 31, 2017. Pferdehirt, Gina. Director Public Relations & Community Relations.