

Summer 7-1-2015

Evaluation of Implementation of Coordinated School Health Policies in Lamar Consolidated Independent School District

Melissa Long

Follow this and additional works at: <http://repository.uwyo.edu/edd>



Part of the [Education Commons](#)

Recommended Citation

Long, Melissa, "Evaluation of Implementation of Coordinated School Health Policies in Lamar Consolidated Independent School District" (2015). *College of Education EdD Project Papers*. Paper 6.

This EdD Project is brought to you for free and open access by the College of Education at Wyoming Scholars Repository. It has been accepted for inclusion in College of Education EdD Project Papers by an authorized administrator of Wyoming Scholars Repository. For more information, please contact scholcom@uwyo.edu.

Evaluation of Implementation of Coordinated School Health Policies in Lamar Consolidated
Independent School District

By

Melissa D. Long

A doctoral project submitted to the University of Wyoming
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION
EDUCATIONAL LEADERSHIP

University of Wyoming

Laramie, WY

July, 2015

Table of Contents

| | |
|--|----|
| List of Tables | 4 |
| List of Figures | 5 |
| Introduction..... | 6 |
| Purpose of Study..... | 6 |
| Background of School District..... | 6 |
| School Health Advisory Committee | 7 |
| Literature Review..... | 8 |
| History of School Health | 8 |
| History of Coordinated School Health..... | 10 |
| Methodology | 12 |
| Research Design..... | 12 |
| State of Texas..... | 13 |
| Lamar CISD Coordinated School Health | 14 |
| Role of the Researcher | 16 |
| Population Description..... | 16 |
| Data Collection | 17 |
| Instrumentation | 18 |
| Data Analysis | 19 |
| Research Ethics..... | 19 |
| Summary of Methodology | 20 |
| Results..... | 20 |
| High School Health Survey Results..... | 20 |

Elementary School Physical Education Survey Results 26

Middle School, Junior High, and High School Physical Education Survey Results 35

Discussion and Conclusions 43

 Health Education..... 43

 Physical Education..... 45

 Conclusions..... 48

References..... 51

Appendix A..... 55

Appendix B 57

Appendix C..... 59

Appendix D..... 66

Appendix E 74

List of Tables

| | |
|--|----|
| Table 1. Percent of Enrollment in Lamar CISD by Race/Ethnicity..... | 7 |
| Table 2. Frequency and Percent of Professional Development Topics Received by Health Teachers | 23 |
| Table 3. Frequency and Percentage of Curriculum Delivery Strategies Used by Health Teachers | 24 |
| Table 4. Frequency and Percentage of Essential Topics Addressed by Health Teachers..... | 25 |
| Table 5. Frequency and Percentage of Responses to Administrative Questions about Physical Education on Elementary Campuses | 30 |
| Table 6. Frequency and Percentage of Activities during Physical Education Classes on Elementary Campuses..... | 32 |
| Table 7. Frequency and Percentage of Responses to Safety Questions on Elementary Campuses | 34 |
| Table 8. Frequency and Percentage of Responses to Administrative Questions about Physical Education on Middle School, Junior High, and High School Campuses | 38 |
| Table 9. Frequency and Percentage of Activities during Physical Education Classes on Middle School, Junior High, and High School Campuses | 40 |
| Table 10. Frequency and Percentage of Responses to Safety Questions on Middle School, Junior High, and High School Campuses | 42 |

List of Figures

Figure 1. Number of Respondents for each Lamar CISD High School Campus 21

Figure 2. Number of Respondents for each Lamar CISD Elementary Campus 26

Figure 3. Minutes of Physical Education each Week as Reported by Participants at Elementary
Campuses 27

Figure 4. Recess Time each Week as Reported by Participants at Elementary Campuses 28

Figure 5. Number of Respondents for Lamar CISD Middle School, Junior High, and High
School Campuses 36

Introduction

Purpose of Study

The purpose of this project is to evaluate how well the physical education and health education components of Coordinated School Health (CSH) are implemented in Lamar Consolidated Independent School District. CSH is a model in which eight components of student health and wellness are weaved together in the school to help the student learn to live a healthier life. An evaluation tool will be used to measure how well each campus has implemented the physical education and health education components of the CSH model. The information collected will show strengths and weaknesses in the CSH implementation at a district and campus level. The tool will also be used on a yearly basis to collect data and compare it to data collected in prior years, which in turn will show annual progress in health and physical education. The data collected will also be reported to the state as per Texas Education Code Section 38.0141.

Background of School District

Lamar Consolidated Independent School District (Lamar CISD) is approximately 385 square miles and spans the towns of Richmond and Rosenberg, Texas. It consists of 35 campuses and services approximately 28,000 students. Of those students, 47.6% are identified as economically disadvantaged while 14% are classified as English language learners. Approximately 49% of students in Lamar CISD participate in the National School Lunch Program (Lamar Consolidated Independent School District, 2014). Table 1 below explores the enrollment of Lamar CISD by race and ethnicity and compares it to that of the rest of the state of Texas.

Table 1

Percent of Enrollment in Lamar CISD by Race/Ethnicity

| Race/Ethnicity | District Enrollment | State Enrollment |
|-------------------|---------------------|------------------|
| Hispanic | 45.4% | 51.8% |
| White | 28.3% | 29.4% |
| African American | 18.6% | 12.7% |
| Asian | 5.9% | 3.7% |
| American Indian | 0.3% | 0.4% |
| Pacific Islander | 0.1% | 0.1% |
| Two or more races | 1.5% | 1.9% |

(Lamar Consolidated Independent School District, 2014)

School Health Advisory Committee

Lamar CISD formed a School Health Advisory Committee (SHAC) in 2005 and implemented a Coordinated School Health (CSH) program soon after. The Healthy, Hunger-free Kids Act of 2010 (Public-Law 111-296) requires that every CSH program be evaluated for content of policies and effectiveness of implementation (42 U.S.C. 1758, Section 204, 2014). Lamar CISD CSH policies were last reviewed in 2007, while the implementation of the policies regarding nutrition and physical education were last evaluated in 2009. The Lamar CISD SHAC has chosen to review two to three of the eight CSH components every school year. This allows proper attention to be paid to each component and updates to be made as necessary. During the 2014-2015 school year, the components to be reviewed are Health Education and Physical Education.

Literature Review

History of School Health

School health in the United States can trace its roots back to the New England area in the late 1800s. During that time, physicians and nurses entered school buildings to examine children and remove any child that was deemed to be potentially contagious (Lear, 2005). There were no medical professionals that were employed by school districts or whose sole job was to reside in the school building during the day (Shack, 1997). The main job of health professionals was to conduct surveillance at schools and to act to protect the overall school community from outbreaks of disease (Lear, 2005).

The 1900s brought about the idea that children's health could be addressed in the school building, especially addressing health services for poor children. As the knowledge of school health spread, educators began to examine the possibility of schools that had a medical professional on duty at all times (Means, 1975). Between 1910 and 1920, many disagreements began to arise in school health because the American Medical Association opposed all publicly funded treatment services in schools. This brought conflict between the public education sector and private healthcare providers and the presence of health professionals in the school building was confined to simply checking for contagious diseases (Lear, 2005; Allensworth & Kolbe, 1987).

During the 1920s and extending into the 1950s, what is known today as school health became present in most schools. Health education came into schools for the first time during this period (Allegrante, Airhihenbuwa, Auld, Birch, & Roe, 2004). The most important roles of the school health professional were to document immunizations and to provide overall health screenings for select problems such as vision, hearing, and scoliosis (Lonstein, 1988). The

healthcare professionals in the school building also cared for minor injuries and acted as the first line of defense for diagnosis and treatment of more serious health issues (National Nursing Coalition for School Health, 1995).

The 1960s and 1970s began to see the employment of school nurse practitioners and school-based health care centers for the first time. Nurses were employed by the school districts instead of a medical professional working outreach in the community (Pollitt, 1994). Also in the 60s and 70s, school-based mental health programs became more commonplace. During this time, federal law mandates came down to assure provisions were made for health related services for students with disabilities (Allensworth, 1997). The overall focus of the 1960s and 1970s was on individual student health needs. This was a paradigm shift from the early 1900s when the focus was to keep infected students out of the general population (Lear, 2005).

The early 1980s continued the development of school-based health centers. However, changes in education as far as accountability, testing, and success for all students presented new challenges for healthcare of students (Allensworth, 1997). The publication of *A Nation at Risk* (Gardner, Larson, Baker, & Campbell, 1983) stunned Americans with its harsh criticism of public education which included large amounts of statistical data to back up its claim of a failing system. As public school administrators and stakeholders worked to meet the challenge to adopt more demanding and assessable standards, they began to question whether health education and physical education should be considered part of the core curriculum or if they simply distracted students from academic classes such as math, science, and language arts that were assessed using a standardized test. Additionally, the HIV and AIDS epidemic focused school health education disproportionately on sexually transmitted diseases (STD) and pregnancy prevention which took instructional time away from nutrition, stress management, the importance of exercise, mental

health, and other important components of overall health education (Donovon, 1988; The Alan Guttmacher Institute, 1989). These pressures on academics and emphasis on the newest health epidemic thrust overall health and physical education toward the bottom of the priority list in the school building.

Time spent on general health education and physical education suffered when focus was intensified on STD and pregnancy prevention and increased time was devoted to academic subjects. In turn, overall student health began to decline and became noticed quickly in the mid to late 1980s. Several initiatives were introduced in the late 1980s to address the downfalls in student health, including the Coordinated School Health (Centers for Disease Control and Prevention, 2013) model and *Healthy People 2000* (U.S. Department of Health and Human Services, Public Health Service, 1991). Other activities in school health included the development of the Division of Adolescent and School Health (DASH) by the Centers for Disease Control and Prevention (CDC) in 1988 and the introduction of the National Education Goals at the governors' summit in 1989. The National Education Goals recommended children start school with healthy minds and bodies as well as called for safe and disciplined drug-free school environments that included drug and alcohol prevention programs, overall health education and physical fitness education, and parent involvement (Allensworth, 1997). These initiatives and activities all contributed to today's Coordinated School Health model.

History of Coordinated School Health

Prior to the CSH model, the National Parent Teacher Association recognized the need for school health and started the Comprehensive School/Community Health Education (CS/CHE) Project (National Parent Teacher Association, 1980). As the HIV/AIDS crisis of the 1980s took hold, comprehensive health education regressed to sex education and STD and pregnancy

prevention. With all the attention on sex education, overall health education did not have enough time to express the importance of issues such as healthy eating choices, stress management, drug and alcohol avoidance, and other topics usually covered in health class (Donovon, 1988; The Alan Guttmacher Institute, 1989). Additionally, physical education time was decreased and standards were not properly addressed which both contributed to obesity slowly becoming an epidemic.

Numerous studies have shown that physical activity leads to high academic achievement in students (Winter, Breitenstein, & Mooren, 2007; Carlson, Fulton, & Lee, 2008; Trudeau & Shepard, 2008). Unfortunately, the United States is in the midst of an obesity epidemic in which 33% of today's school aged children are considered obese or overweight (Odgen, Carroll, Kit, & Flegal, 2014). Obesity is associated with health problems such as heart disease, type 2 diabetes, stroke, cancer, and many other diseases (Office of the Surgeon General, 2010). In an attempt to decrease the obesity rate and lead children to a healthier overall lifestyle, the Coordinated School Health (CSH) model was introduced by the CDC in 1987 (Centers for Disease Control and Prevention, 2013; Allensworth & Kolbe, 1987).

The Coordinated School Health (CSH) model is an inclusive program that aims to help students learn how to live healthy lives (Centers for Disease Control and Prevention, 2013). A true CSH model has eight different but intertwined components, including health education, physical education, health services, mental health and social services, nutrition services, healthy and safe environments, family and community involvement, and staff wellness (Centers for Disease Control and Prevention, 2013). Many of the eight components already existed in schools but were not purposefully linked together prior to the introduction of the CSH model (Hoyle, 2007). Over time, many states began adopting coordinated school health programs to help address the decline in student health.

Summary of the Literature

Student health has been addressed in the school building in some form for over 100 years. It has progressed from simply removing contagious children from the school population to providing health services such as eye exams, hearing screenings, and scoliosis screenings. As the HIV and AIDS epidemic took hold in the 1980s, time that was previously devoted to overall health and physical education was redirected to STD and pregnancy prevention education. In the late 1980s, concerns began to rise about students' declining health. It was in response to those concerns that the Coordinated School Health model was introduced by the Centers for Disease Control and Prevention in 1987. The model fit the schools well and later became required in the state of Texas and subsequently adopted by Lamar CISD. Lamar CISD applied the CSH policies within the schools in 2007 and now needs to evaluate how well the policies have been implemented. The next section will describe how the policies that have been implemented will be measured.

Methodology

This section presents a detailed description of the steps that will be taken to address the research plan of this study. It starts by describing the research design. Then it describes the requirements set forth by the State of Texas concerning CSH implementation followed by information about the Lamar CISD CSH program. Next, this section describes the sample and how it was obtained. Finally, it addresses data collection and analysis. A brief statement about research ethics can be found at the end of this section.

Research Design

This project consisted of evaluating the implementation of the CSH policies in Lamar CISD. The evaluation involved the implementation of the policies on each individual campus

before it could be assessed on a district level. In 2009, one SHAC member traveled to each campus and spent time with an Assistant Principal completing a rubric to determine how well CSH policies had been implemented on that particular campus. The results from the 2009 evaluation showed that all junior highs and high schools needed improvement in every aspect of nutrition, and that elementary schools needed improvement in several facets of physical education. Health education was not addressed in the 2009 evaluation. After reviewing these findings, the SHAC decided the evaluation tool that was used was not sufficient as it was limited in scope. For this project, a new evaluation tool was designed using questions from the School Health Index (SHI) designed by the Center for Disease Control (CDC) and adding a few demographic questions to gather information about the participants' role on each campus within the district.

The primary purpose of this study was to evaluate how well each campus has implemented the health education and physical education portions of the Coordinated School Health (CSH) policies as set forth by the Centers for Disease Control (CDC). The research questions guiding this study were as follows: How well have the health education CSH policies been implemented on high school campuses in Lamar CISD? How well have physical education CSH policies been implemented on elementary campuses in Lamar CISD? How well have physical education CSH policies been implemented on middle school, junior high, and high school campuses in Lamar CISD?

State of Texas

In 2001, the State of Texas required that the Texas Education Agency (TEA) make at least one coordinated school health program available to all districts and required participation in training in order to implement these programs (Texas Education Code, 2 T.E.C. 38.013-38.014,

2013). Four years later, TEA added that all districts must report statistics and data relating to student health and physical activity back to the state. House Bill 2483 renewed the original requirement for each district to have a CSH program in place in 2013.

The State of Texas requires that the CSH model is provided for grades kindergarten through eight and is designed to prevent obesity, cardiovascular disease, type 2 diabetes, and oral diseases. Further, the State of Texas requires that districts offer physical education and health education, with emphasis on nutrition and exercise, as enrichment curriculum at the high school level. Lamar CISD, a district in Texas, has chosen to use the CSH model in all schools within the district, servicing grades PK-12.

Lamar CISD Coordinated School Health

Lamar CISD formed a School Health Advisory Committee (SHAC) in 2005 to explore how to implement soon-to-be-required policies for Coordinated School Health. With the opening of the 2007-2008 school year, preliminary policies were implemented and more were added the following two school years until all required policies were addressed. The policies addressed all eight areas of coordinated school health but were more expansive in some areas than others. Areas such as nutrition services, health education, physical education, health services, and safe and healthy environments have traditionally received more attention than other areas such as mental health, community involvement, and staff wellness. This is largely due to federal and state mandates and required reporting in those areas. For example, nutrition services must report to the United States Department of Agriculture (USDA); health services must report to the state nurses' association; and safe and healthy environments are governed by the district risk management department, which is overseen by the Occupational Safety and Health Administration (OSHA). Areas such as mental health, community involvement, and staff

wellness do not have any reporting agencies and therefore do not receive as much attention (M.Rice, personal communication, November 11, 2014). It is the mission of the Lamar CISD School Health Advisory Committee (SHAC) to improve all areas of CSH to best serve the needs of the local community.

In November 2009, the first evaluations of how well each school had implemented the required health education, physical education, and nutrition policies were carried out. District officials designed a rubric and then two district administrators travelled to each campus and completed it with administrators from that particular campus. The findings of these evaluations were presented to the school board as required, indicating that implementation was either non-existent or at the initial stages. (M.Rice, personal communication, November 11, 2014)

Health education. Health education is taught throughout the curriculum in grades PK-8. Students that will graduate from high school in 2015, 2016, or 2017 are required to take health education as a class at the high school level in order to fulfill graduation requirements. Health education is a one-semester class that reviews human body systems, reproduction, drug and alcohol abuse, and provides students with mechanisms to practice healthy relationships. Beginning with the graduating class of 2018, health education is no longer required to graduate from high school in Lamar CISD; however, it is still offered as an elective (Texas Association of School Administrators, 2013).

Physical education. Currently, Lamar CISD requires all students in grades PK-8 to receive physical education in each grade. Students in grades 9-12 are required to complete one year of physical education in order to fulfill graduation requirements (Lamar Consolidated Independent School District, 2013). Students enrolled at schools that offer athletics or other extra

curricular activities such as band, drill team, ROTC, and cheer leading, are allowed to enroll in that class en lieu of physical education.

Additionally, the State of Texas requires that every student receiving a physical education credit complete a physical fitness assessment. The Cooper Institute offers the FitnessGram, which evaluates the student's Body Mass Index (BMI), muscular endurance, muscular strength, cardiovascular endurance, and flexibility through predetermined tests. The FitnessGram is fully funded in Texas through The Cooper Institute and has an online component in which each teacher must enter his or her students' results on the physical fitness test. These results are then reported back to the state as per Texas Education Code 38.101. Although the test is only required once per academic year, many districts use it as a periodic review of the students' fitness levels. The online component allows students to access their results and see improvements over time (The Cooper Institute, 2014).

Role of the Researcher

The researcher has over 15 years of experience as a teacher and athletic trainer at both the high school and college levels. She is a teacher and a member of the School Health Advisory Committee (SHAC) in Lamar CISD. Her undergraduate education consisted of a sports medicine and education double major. She also earned a master's in education and is currently working toward her doctorate of education in Educational Leadership. The combination of these degrees equips her with tools and understanding of the importance of the proper implementation of CSH policies.

Population Description

The health and physical education departments at each school in Lamar CISD were the focus of this study. All health education teachers, physical education teachers and aides,

department chairs, and principals have a Bachelor's degree, at minimum. There are 23 elementary physical education teachers and 23 elementary physical education aides in Lamar CISD. At the middle school, junior high, and high school levels there are 42 physical education teachers and 11 health teachers. There are 35 principals in Lamar CISD and 4 assistant principals who oversee health and physical education. All of the above mentioned stakeholders were asked to participate in this study. These participants were chosen because they have the intimate knowledge of how the health and physical education policies are implemented on their campuses.

Data Collection

This study utilized an online survey. The researcher, using the University of Wyoming Survey Tool, employed questions from the School Health Index (SHI) and then added the necessary demographic questions to the survey. The survey was sent to specific teachers and administrators depending on their role within the district. Health teachers, department chairs, assistant principals overseeing the health department, and principals are examples of the only people asked to evaluate the health education program on a campus. In order to reach the participants, the researcher contacted the participants via email. The email addresses for all physical education teachers, health teachers, department chairs, and assistant principals can be found on the individual schools' websites. A cover letter explaining the survey and need for cooperation, along with a link to the survey, was emailed to each participant. Approximately two weeks after initial deployment, an email with a link to the survey was sent to the participants reminding them of the importance of the survey and asking them to participate if they had not already done so.

The primary email was sent to all participants during the second to last week of May 2015. This email explained the study and the need for cooperation in order to gauge how well each CSH program was implemented on the respondent's campus. The initial survey was deployed the week of May 18, 2015. The first reminder email was sent on May 25, 2015. A final reminder was emailed on June 1, 2015. The online survey was closed for responses on June 4, 2015. Data analysis started on June 4, 2015.

Instrumentation

The instruments for this study were three surveys; each survey examined a different aspect of the implementation of CSH. The surveys were: High School Health Education Survey (Appendix C), Elementary School Physical Education Survey (Appendix D), and Middle School, Junior High, and High School Physical Education Survey (Appendix E). Each instrument was compiled by the researcher using the CDC's School Health Index and adding demographic questions to describe the respondents. The questions were taken from the Health Education and Physical Education modules of the School Health Index. The CDC School Health Index asks respondents about how well the item is implemented on the respondent's campus using a scale from 0 (no implementation) to 3 (fully implemented). There were approximately 20 to 25 items from the SHI on each survey. Additional demographic questions included the respondent's campus and role on that campus. The information gathered identified what areas of the CSH policies the district has implemented well and which areas have room for improvement.

It is important to note that the Centers for Disease Control and Prevention has no validity and reliability data for the School Health Index for the "simple reason that the SHI is not a research tool; it is a community organization and educational tool" (Centers for Disease Control

and Prevention, 2014, p. 12). Questions on the SHI were chosen using the CDC's research-based guidelines for coordinated school health. (Centers for Disease Control and Prevention, 2014).

Data Analysis

Once the survey was closed for responses, the data were analyzed using SPSS. It was analyzed separately for elementary, middle, junior high, and high school levels. Descriptive statistics were used to examine implementation of both health and physical education CSH policies.

Research Ethics

Prior to beginning this study, approval from the University of Wyoming IRB was obtained. All IRB procedures were followed to ensure minimal risk to the participants. A cover letter (Appendix B) explained the purpose of the study and how the results were used. It also explained the possible benefits and risks to the participants. The contact information of the researcher was included in the cover letter so that the participants could ask any questions he or she might have had. All participants were over the age of 18, therefore considered adults and able to make decisions for themselves. All possible subjects had the right not to participate. They were informed of this right in the cover letter. Participants could choose not to participate by simply not clicking on the link included in the cover letter. If the participant chose to stop participating while completing the survey, he or she could simply close the browser and the data were not used. All data were downloaded onto the researcher's personal password-protected computer. Raw data will be kept for one year after the completion of research. At no point during the study was the participant asked to reveal his or her name or other identifying information, therefore assuring confidentiality.

Summary of Methodology

Lamar CISD applied the CSH policies starting in 2007. The State of Texas requires that any district with CSH evaluate and report findings to the state on an annual basis. The purpose of this study was to provide a quantitative measure of how well the CSH policies have been implemented in Lamar CISD. There were three instruments used to collect data for this study: a high school health education survey, a middle school, junior high, and high school physical education survey, and an elementary school physical education survey. The population was all health teachers, physical education teachers, physical education aides, department chairs and assistant principals overseeing health and physical education and campus principals. Participants were asked to complete a survey based on his or her role on the campus. Data were collected using an online survey tool and stored on a password-protected computer. Once the surveys were closed, data were analyzed using SPSS. Results will be reported in the next section.

Results

The following section reports the results gathered from all three surveys that were deployed in May 2015. The High School Health Education Survey results are examined first, followed by the results from the Elementary School Physical Education Survey. Finally, results from the Middle School, Junior High, and High School Physical Education Survey are reported. Discussion and conclusions about the results of the surveys will be discussed in the final section of this paper.

High School Health Survey Results

The research question answered using this survey was: How well have the health education CSH policies been implemented on high school campuses in Lamar CISD? Health education is only offered at the high school level and therefore the Health Education Survey was

only sent to high school principals and health teachers. A total of 15 Health Education surveys were sent out and 10 were returned, equating to a 66.7% response rate. Of the respondents, one self-identified as a campus principal and the other nine self-identified as health teachers. Figure 1 describes how many participants responded from each campus.

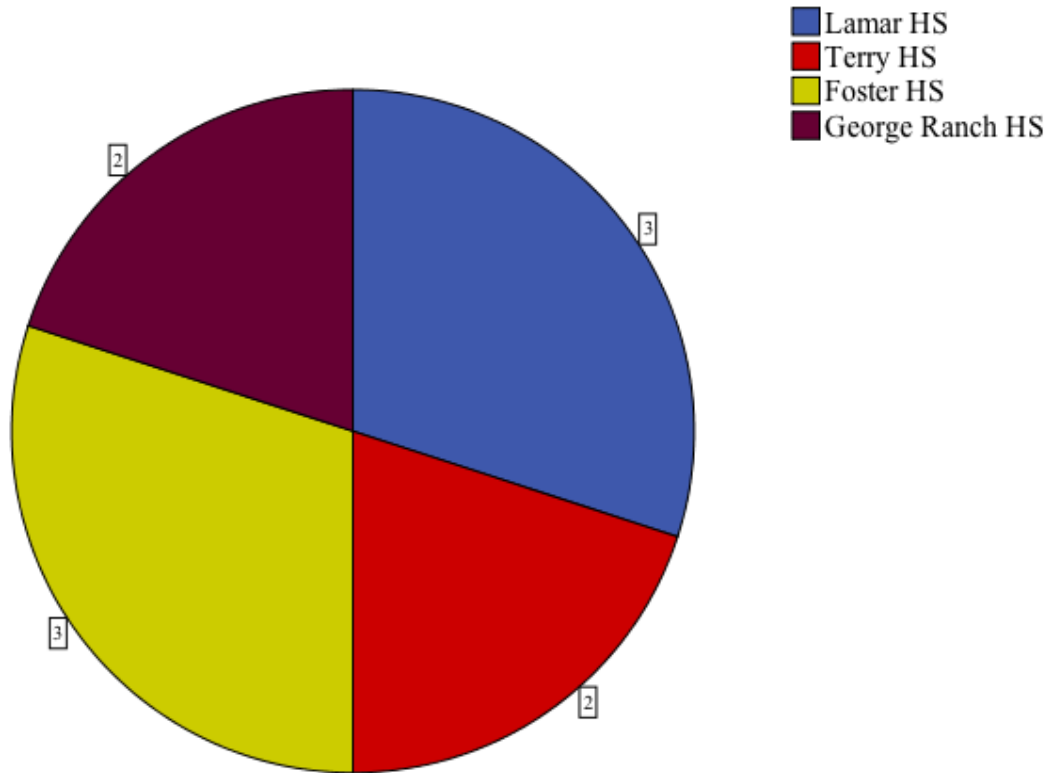


Figure 1. Number of Respondents for each Lamar CISD High School Campus

Most respondents answered questions dealing with the administration of health education classes favorably. Of the 10 respondents, 80% stated that students' grades in health education carried the same weight as grades earned in other classes. Ninety percent responded that teachers teaching health education were certified to teach that subject. All respondents agreed that health education in Lamar CISD followed a sequential curriculum, with 80% agreeing that the curriculum was followed according to standards and 20% stating that the curriculum was present but did not always follow standards.

One question asked respondents if their school required students to take and pass a health class. The responses varied among three different options. One person responded that students were not required to do so. Four people answered that health was not required, but that there was an elective health class available. Five participants responded that students were required to take and pass health education.

Three questions of the survey asked about professional development offered to health education teachers. The majority of respondents believe that teachers have received professional development in curriculum delivery, classroom management, and health education within the past two school years. One respondent answered that no teachers have received professional development in delivering curriculum within the past two years. However, seven respondents answered that all teachers had received that same professional development. Regarding classroom management, 80% of respondents answered that all teachers have received professional development within the past two years; twenty percent answered that most teachers had received it. Finally, 70% of respondents said that all teachers have received professional development in health education every year, while 30% said that most teachers have received professional development in their subject area. See table 2.

Table 2

Frequency and Percent of Professional Development Topics Received by Health Teachers

| Professional Development Topics | Response | Frequency (%) |
|---|---------------|---------------|
| Delivering curriculum in the past two years | None have | 1 (10%) |
| | Some have | 0 (0%) |
| | Most have | 2 (20%) |
| | Yes, all have | 7 (70%) |
| Classroom management techniques in the past two years | None have | 0 (0%) |
| | Some have | 0 (0%) |
| | Most have | 2 (20%) |
| | Yes, all have | 8 (80%) |
| Health education every year | None have | 0 (0%) |
| | Some have | 0 (0%) |
| | Most have | 3 (30%) |
| | Yes, all have | 7 (70%) |

Although respondents agreed that professional development in curriculum delivery has been received, when asked about specific strategies of delivery, the responses are slightly less favorable. Table 3 shows that 10-20% of participants responded that only some teachers use the strategies taught during professional development. However, 60-70% of respondents believe that all teachers use the delivery strategies listed below.

Table 3

Frequency and Percentage of Curriculum Delivery Strategies Used by Health Teachers

| Curriculum Delivery Strategies Used | Response | Frequency (%) |
|---|-------------|---------------|
| Active learning strategies | None do | 0 (0%) |
| | Some do | 2 (20%) |
| | Most do | 2 (20%) |
| | Yes, all do | 6 (60%) |
| Opportunities to practice skills | None do | 0 (0%) |
| | Some do | 1 (10%) |
| | Most do | 2 (20%) |
| | Yes, all do | 7 (70%) |
| Culturally appropriate activities and examples | None do | 0 (0%) |
| | Some do | 1 (10%) |
| | Most do | 3 (30%) |
| | Yes, all do | 6 (60%) |
| Assignments encourage student interaction with family and community | None do | 0 (0%) |
| | Some do | 2 (20%) |
| | Most do | 1 (10%) |
| | Yes, all do | 7 (70%) |

Participants also answered questions on topics that the state of Texas requires to be addressed in health education. Table 4 shows how well respondents felt that teachers addressed these topics.

Table 4

Frequency and Percentage of Essential Topics Addressed by Health Teachers

| Essential Topics Addressed | Response | Frequency (%) |
|---|------------------------------|---------------|
| Asthma awareness | Addresses 1 or no topics | 2 (20%) |
| | Addresses 2 topics | 2 (20%) |
| | Addresses 3 topics | 2 (20%) |
| | Addresses all 4 topics | 4 (40%) |
| Prevention of unintentional injuries and violence | Addresses 1 or no topics | 0 (0%) |
| | Addresses some of the topics | 1 (10%) |
| | Addresses most of the topics | 5 (50%) |
| | Addresses all of the topics | 4 (40%) |
| Physical activity | Addresses 1 or no topics | 0 (0%) |
| | Addresses some of the topics | 1 (10%) |
| | Addresses most of the topics | 3 (30%) |
| | Addresses all of the topics | 5 (50%) |
| Healthy eating | Addresses 1 or no topics | 0 (0%) |
| | Addresses some of the topics | 1 (10%) |
| | Addresses most of the topics | 3 (30%) |
| | Addresses all of the topics | 6 (60%) |
| Preventing tobacco use | Addresses 1 or no topics | 0 (0%) |
| | Addresses some of the topics | 0 (0%) |
| | Addresses most of the topics | 2 (20%) |
| | Addresses all of the topics | 8 (80%) |
| Prevention of HIV and other STDs | Addresses 1 or no topics | 0 (0%) |
| | Addresses some of the topics | 1 (10%) |
| | Addresses most of the topics | 4 (40%) |
| | Addresses all of the topics | 5 (50%) |

Overall, the implementation of health education policies of coordinated school health policies is adequate. There are areas that appear to be well implemented, such as professional development for teachers of health education. Other areas need some improvement, such as topics that are covered during health education. All areas that have the opportunity for improvement will be discussed in the Discussion and Conclusions section.

Elementary School Physical Education Survey Results

The research question answered using this survey was: How well have physical education CSH policies been implemented on elementary campuses in Lamar CISD? Physical education is offered at all elementary schools in Lamar CISD and therefore the Elementary School Physical Education Survey was sent to all principals, physical education teachers, and physical education aides at these campuses. A total of 55 Elementary School Physical Education surveys were sent out and 36 were returned, equating to a 65% response rate. One survey was returned and the respondent asked that none of its data be used in evaluation; the data were subsequently left out of this analysis. Of the respondents, 11 self-identified as a campus principal, 17 identified as physical education teachers, and the other seven self-identified as physical education aides.

Figure 3 illustrates the number of respondents from each elementary campus.

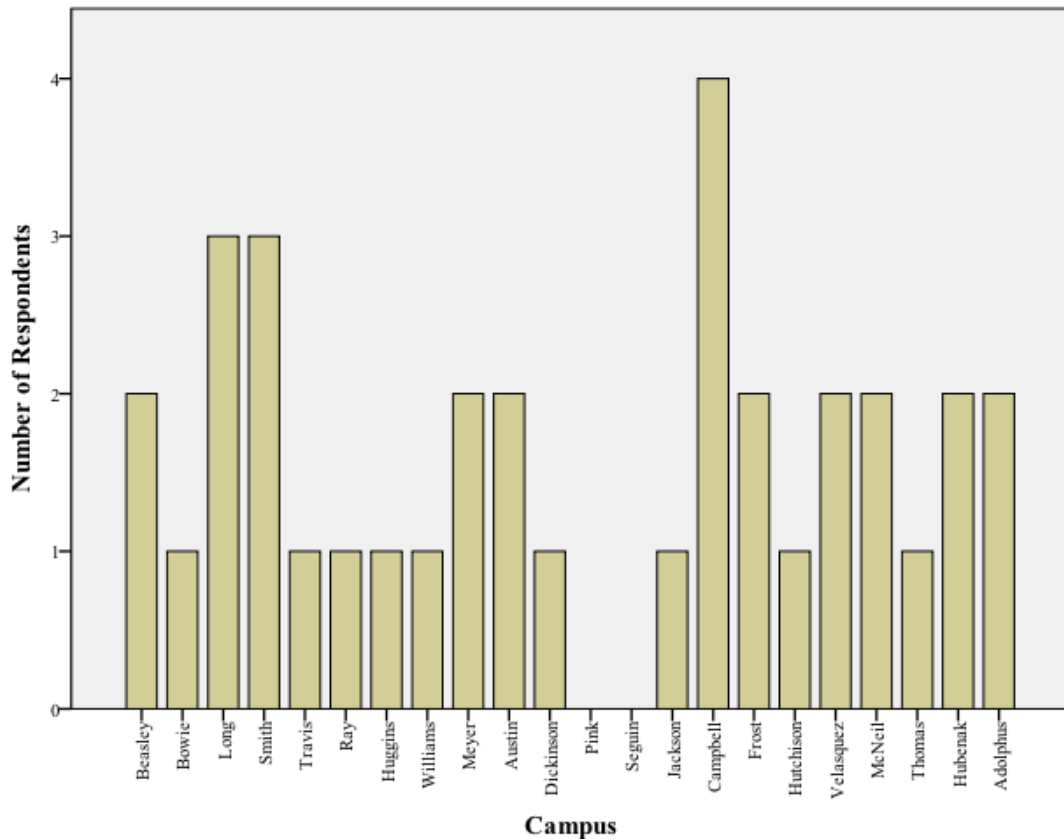


Figure 2. Number of Respondents for each Lamar CISD Elementary Campus

The topics of recess and physical education on elementary campuses in Lamar CISD are of interest to administrators. Responses to questions about these topics showed that less than half (44%) of elementary students are receiving the recommended 150 minutes of physical education every week (see Figure 3). Conversely, 78% of respondents said that students are receiving the recommended amount of active recess time each week, as seen in Figure 4.

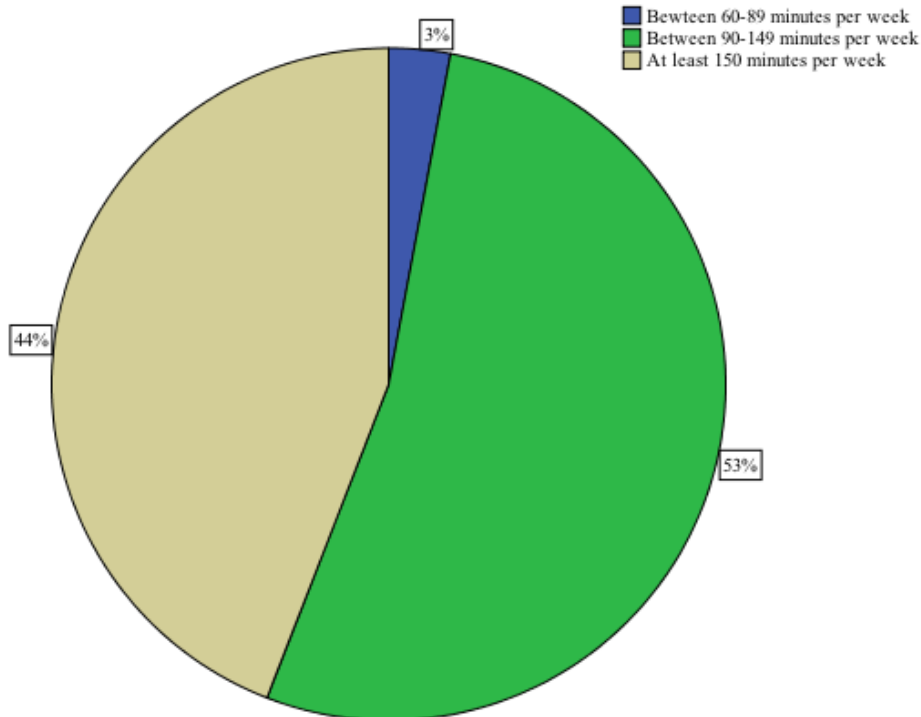


Figure 3. Minutes of Physical Education each Week as Reported by Participants at Elementary Campuses

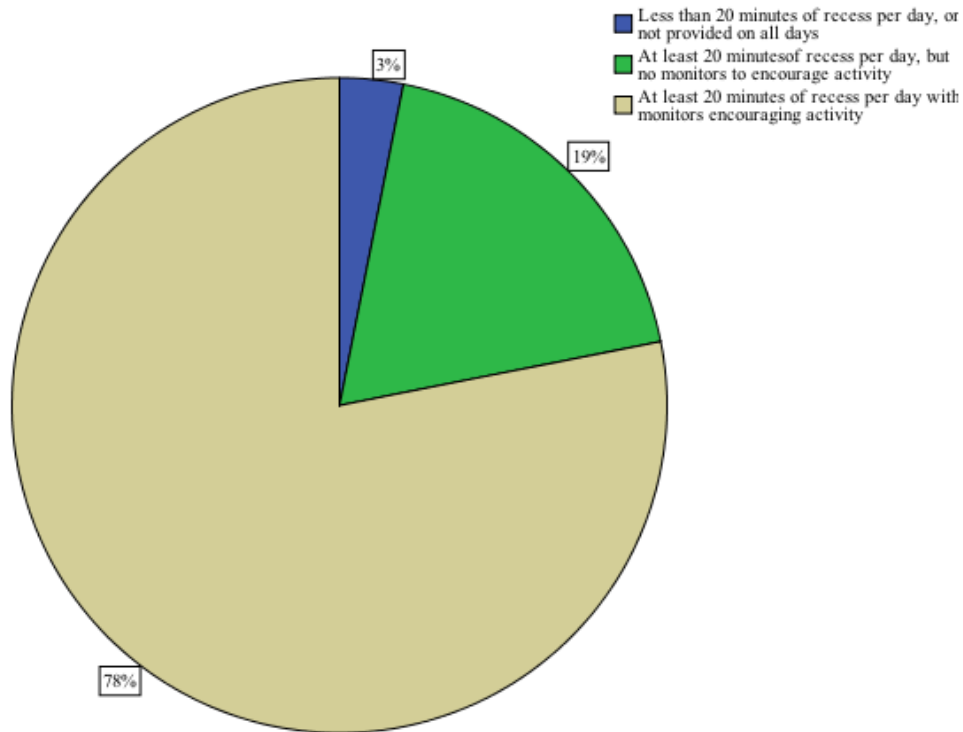


Figure 4. Recess Time each Week as Reported by Participants at Elementary Campuses

It is clear from the figures above that Lamar CISD provides time for both physical education and recess. However, 56% of respondents said that their school does not have adequate facilities to use for recess on days of inclement weather while another 16% said that the facilities were present but limited in size or shared space. Conversely, when asked about indoor facilities for physical education classes and other sports programs, 61% of respondents stated that their school had adequate facilities while only 12% said that their facilities were not satisfactory.

Another area addressed regarding recess was withholding recess as a punishment. Participants were asked if their school prohibited withholding recess as a punishment and if this prohibition was consistently followed. The responses were varied with 32% of participants answering that withholding recess was prohibited and this prohibition was consistently followed, 29% reported that withholding recess was discouraged and consistently followed, and 26% stated that withholding recess was discouraged, but was not consistently followed. Finally, 13% of

respondents alleged that withholding recess was not prohibited. Closely related to withholding recess, respondents were also asked about using physical activity and withholding physical education as a punishment. Seventy-three percent of participants reported that this practice was prohibited and the prohibition was consistently followed. Another 17% responded that one of these practices was prohibited and the prohibition was consistently followed.

Respondents answered most administrative questions regarding prohibition of waivers, licensed teachers, professional development, and curriculum favorably, as reported in Table 5. Eighty-three percent of respondents answered that exemptions or waivers were prohibited or only made occasionally. Ninety-seven percent of respondents agreed that all teachers were licensed in physical education with only one participant stating that most physical education teachers were licensed. Additionally, 93% of respondents reported that teachers received professional development in physical education annually. Ninety-seven percent of participants reported that teachers used sequential curriculum consistent with state standards.

Two administrative areas that were not reported quite as favorably were student-to-teacher ratio and state-mandated information for teachers. Sixty-two percent of respondents reported the student-to-teacher ratio is greater than other classes and there were no plans to reduce it. Additionally, while 68% of respondents stated that they received at least eight types of state-mandated information, 32% reported not receiving all eight types of state-mandated information for teachers. See table 5.

Table 5

Frequency and Percentage of Responses to Administrative Questions about Physical Education on Elementary Campuses

| Question topic | Response | Frequency (%) |
|--|--|---------------|
| Adequate teacher-to-student ratio | Ratio is considerably larger, with no plans to reduce it. | 8 (23.5%) |
| | Ratio is more than 1.5 larger than other classes, with plans to reduce it | 1 (2.9%) |
| | Ratio is up to 1.5 times larger than other classes | 13 (38.2%) |
| | The ratio is the same as other subjects | 12 (35.4%) |
| Prohibit exemptions or waivers for physical education | No prohibition of waivers or exemptions | 4 (13.8%) |
| | School does not prohibit exemptions or waivers, but plan to start prohibiting them | 1 (3.4%) |
| | Occasional exemptions or waivers are made | 8 (27.6%) |
| | School prohibits exemptions or waivers | 1 (55.2%) |
| Licensed physical education teachers | Most teachers are licensed | 1 (2.9%) |
| | All teachers are licensed | 34 (97.1%) |
| Professional development for teachers received annually | Some do | 1 (3.2%) |
| | Most do | 1 (3.2%) |
| | Yes, all do | 29 (93.5%) |
| Sequential physical education curriculum consistent with standards | Some teachers use sequential curriculum, but it is not consistent with state standards | 1 (2.9%) |
| | Yes, all teacher use sequential curriculum | 33 (97.0%) |
| State-mandated information and materials for physical education teachers | Teachers are not provided with these materials | 1 (3.1%) |
| | Teachers are provided with one to three kinds of materials | 2 (6.3%) |
| | Teachers are provided with four to seven kinds of materials | 7 (21.9%) |
| | Teachers are provided with at least eight kinds of materials | 22 (68.8%) |

Several questions in the Elementary Physical Education Survey explored the activities that occur during class time. Table 6 shows the frequency of responses to each question. Of special importance, it should be noted that most participants agreed that elementary students are active more than 50% of the time during physical education, and that two or more components of the Presidential Youth Fitness Program are implemented in class as well. According to 84% of the respondents, community physical activities are addressed in two or more ways. Finally, 61% of participants believed that students did not develop and implement their own physical activities and fitness plans.

Table 6

*Frequency and Percentage of Activities during Physical Education Classes on Elementary**Campuses*

| Question topic | Responses | Frequency (%) |
|--|---|---------------|
| Amount of time students are active during physical education class | Students active during about half the class | 1 (2.9%) |
| | Students active during most or all classes | 33 (97.1%) |
| Individualized physical activity and fitness plans | Students do not design and implement their own individualized plans | 20 (60.6%) |
| | Students design and implement their own individualized plans, but teachers provide only occasional feedback | 4 (12.1%) |
| | Students design and implement their own individualized fitness plans | 9 (27.3%) |
| Promote community physical activities | Promotes community physical activity through only one method | 5 (15.2%) |
| | Promotes community physical activity through two methods | 14 (42.4%) |
| | Promotes community physical activity through three or more methods | 14 (42.4%) |
| Integrate Presidential Youth Fitness Program in physical education class | None of the PYFP components are integrated | 1 (3.0%) |
| | Follow 2 components of PYFP | 8 (24.2%) |
| | Follow all 3 components of PYFP | 24 (72.7%) |
| Addresses special health care needs | The physical education program uses some special needs practices | 2 (6.1%) |
| | The physical education program uses most special needs practices | 7 (21.2%) |
| | Yes, the physical education program consistently uses special needs practices | 24 (72.7%) |

Three additional questions explored the offering of intramural sports, physical activity opportunities before and after school, and physical activity breaks in the classroom. Fifty-four percent of participants responded that their school offered no intramural sports, while 33% reported that students participated in intramural sports or activity clubs. Only 6% of respondents agreed that their campus offered physical activity opportunities before and after school. Finally, respondents were fairly equally split when reporting the availability of activity breaks in the classroom: 36% reported daily activity breaks, 25% stated students received activity breaks on most days, 14% reported activity breaks on some days, and 25% stated that no activity breaks were provided.

Finally, the last questions of the Elementary Physical Education Survey revolved around safety on campus. Table 7 demonstrates that respondents answered favorably to all four questions regarding safety except promoting walking and biking to school.

Table 7

Frequency and Percentage of Responses to Safety Questions on Elementary Campuses

| Safety topic | Responses | Frequency (%) |
|---|--|---------------|
| Physical education safety practices | All safety practices are followed, but sometime there are temporary lapses in implementation or enforcing one of them | 1 (3.1%) |
| | Yes, all safety practices are followed | 31 (96.9%) |
| Promotion or support of walking and bicycling to school | Our school does not promote or support walking and bicycling to school | 6 (19.4%) |
| | Our school promotes or supports walking or bicycling to school in one or two ways | 4 (12.9%) |
| | Our school promotes or supports walking or bicycling to school in three to five ways | 11 (35.5%) |
| | Yes, our school promotes or supports walking or bicycling to school in six or more ways | 10 (32.3%) |
| Physical activity facilities meet safety standards | More than one safety standard is not met | 1 (3.1%) |
| | One or more safety standards are not met, or there are temporary lapses in more than one safety standard | 6 (18.8%) |
| | All safety standards are followed, but sometime there are temporary lapses in implementation or enforcing one of them. | 4 (12.5%) |
| | Yes, all safety standards are followed | 21 (65.6%) |
| Playgrounds meet safety requirements | More than one the safety requirements are not met | 2 (6.3%) |
| | One safety requirement is not met, or the school has temporary lapses in more than one of them | 3 (9.4%) |
| | All safety requirements are met, but at times there are temporary lapses. | 4 (12.5%) |
| | All safety requirements are met | 23 (71.9%) |

Overall, implementation of coordinated school health policies in the area of physical education at the elementary school is good. The majority of respondents answered most areas in the top category of available responses, which demonstrated a high level of implementation. The few questions that were not answered favorably will be discussed in the Discussion and

Conclusions section.

Middle School, Junior High, and High School Physical Education Survey Results

The research question answered using this survey was: How well have physical education CSH policies been implemented on middle school, junior high and high school campuses in Lamar CISD? Physical education is offered at all high schools, junior highs, and middle schools in Lamar CISD and therefore the High School, Junior High, and Middle School Physical Education Survey was sent to all principals and physical education teachers at these campuses. A total of 50 High School, Junior High, and Middle School Physical Education surveys were sent out and 32 were returned, equating to a 64% response rate. Of the respondents, six self-identified as a campus principal, three identified as a department chair and physical education teacher, and the other 23 self-identified as physical education teachers. Figure 2 describes the number of respondents from each campus.

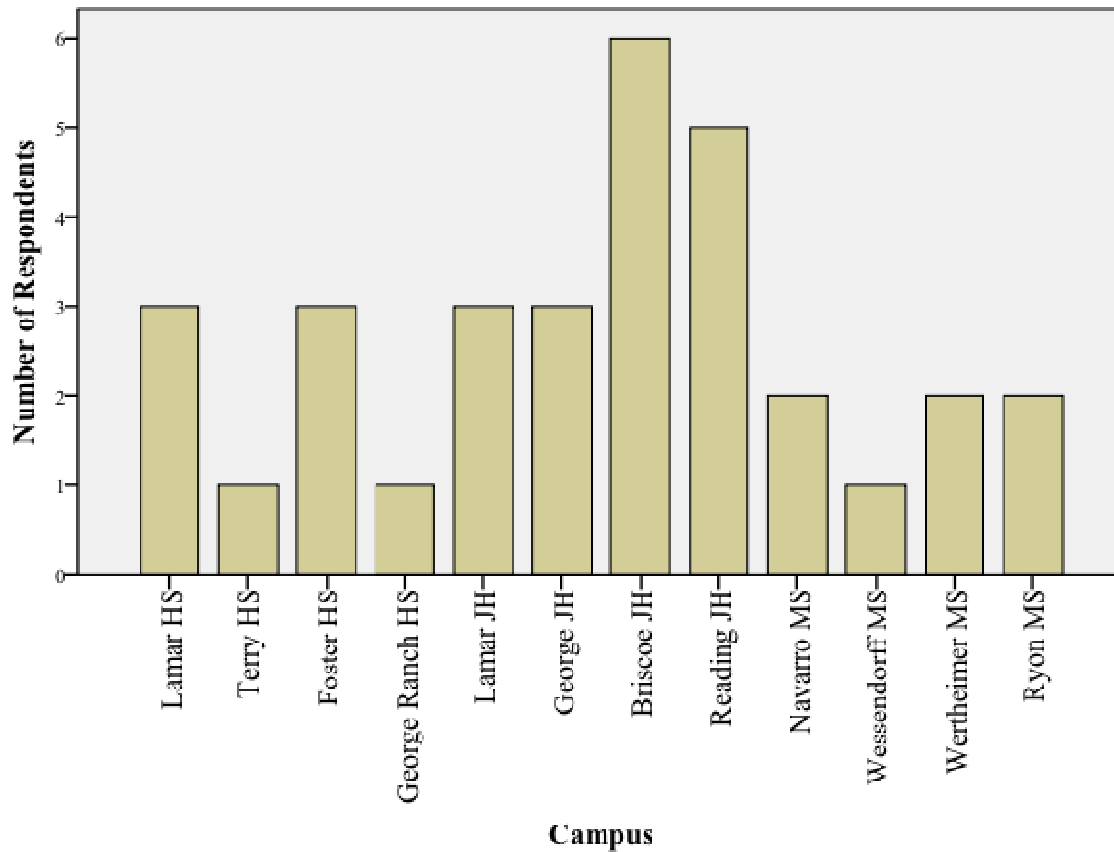


Figure 5. Number of Respondents for Lamar CISD Middle School, Junior High, and High School Campuses

Respondents answered favorably to most questions regarding the administration of physical education classes. All respondents reported that a licensed teacher taught physical education classes. Eighty-one percent of respondents said that teachers receive professional development annually in physical education. Ninety-one percent of respondents stated that physical education classes are scheduled for 225 minutes or more each week. Conversely, only 78% of participants agreed that students received physical education classes for at least 225 minutes per week. Twelve percent of respondents answered that students received fewer than 90 minutes of physical education per week, or that not all students received physical education

throughout the school year. All of the participants responding that students received less than 90 minutes of physical education per week reported they were located on a high school campus.

Another administration question inquired about the number of years of physical education required at the respondent's campus. The responses to this question varied greatly due to the wording of the available answers and the way that each campus is structured. Middle schools in Lamar CISD only house 6th graders, and therefore offer only one year of physical education, which was reflected in 100% of the responses from the middle school participants. The responses from junior high campuses varied slightly. Sixty-nine percent of respondents stated that students were required to participate in physical education all years, 19% stated that students were required to participate in physical education more than one academic year, but less than all academic years, and 12% reported that students were required to complete only one year of physical education. The junior high schools in Lamar CISD provide 7th and 8th grade only, therefore the results suggest that approximately 32% of respondents believe that students are only required to receive physical education one of their years at the junior high. Finally, the high school responses showed that 63% of participants believe that physical education is required for one year of high school. Twenty-five percent of respondents stated that students were required to receive physical education more than one year but less than all years while in high school, and 12% of respondents said that physical education was required all years while in high school.

Other administrative questions and responses can be seen in Table 8. It is important to note that 72% of respondents stated that the ratio of physical education classes is larger than other subject classes. Additionally, there is a very wide range of responses regarding exemptions and waivers for physical education. It is unclear whether the participants were confused by the question or simply did not know if their school prohibited exemptions or waivers.

Table 8

Frequency and Percentage of Responses to Administrative Questions about Physical Education on Middle School, Junior High, and High School Campuses

| Question topic | Response | Frequency (%) |
|--|---|---------------|
| Adequate teacher student ratio | The ratio is considerably larger, with no plans to reduce it | 4 (12.5%) |
| | The ratio is considerably larger (more than 1.5 times larger) with plans to reduce it | 1 (3.1%) |
| | The ratio is somewhat larger (up to 1.5 times larger) | 18 (56.3%) |
| | The ratio is the same as other subjects | 9 (28.1%) |
| Physical education grading | Grades count less than grades for other subjects | 5 (15.6%) |
| | Yes, students earn grades that carry the same weight as grades for other subjects | 27 (84.4%) |
| Prohibit exemptions or waivers for physical education | No, or there is no physical education | 10 (31.3%) |
| | No, but there are plans to start prohibiting exemptions or waivers | 4 (12.5%) |
| | Yes, but occasional exceptions or waivers are made | 13 (40.6%) |
| | Yes, exemptions and waivers are prohibited | 5 (15.6%) |
| Sequential physical education curriculum consistent with standards | Some teachers use sequential curriculum, and it is consistent with state standards | 4 (12.9%) |
| | Yes, all teachers use sequential curriculum | 27 (87.1%) |
| State-mandated information and materials for physical education teachers | Teachers are provided with one to three kinds of materials | 4 (12.9%) |
| | Teachers are provided with four to seven kinds of materials | 12 (38.7%) |
| | Teachers are provided with at least eight kinds of materials | 15 (48.4%) |

Several questions dealt with activities that occur during physical education classes. Table 9 shows the frequency and percent of responses regarding how much time students are active

during class, individualized activity and fitness plans, and promotion of community physical activities. It should be noted that 92% of respondents that answered that students do not design and implement their own physical activity programs were located at junior highs or middle schools. It should also be noted that 89% of respondents agreed that two or more components of the Presidential Youth Fitness Program are implemented in their schools.

Table 9

Frequency and Percentage of Activities during Physical Education Classes on Middle School, Junior High, and High School Campuses

| Question topic | Responses | Frequency (%) |
|--|---|---------------|
| Amount of time students are active during physical education class | Students active during less than half the class | 3 (9.4%) |
| | Students active during about half the class | 6 (18.8%) |
| | Students active during most or all classes | 23 (71.9%) |
| Individualized physical activity and fitness plans | Students do not design and implement their own individualized plans | 13 (40.6%) |
| | Students design and implement their own individualized plans, but teachers provide only occasional feedback | 6 (18.8%) |
| | Students design and implement their own individualized fitness plans | 13 (40.6%) |
| Promote community physical activities | Program does not promote participation in community physical activity | 4 (12.5%) |
| | Promotes community physical activity through only one method | 3 (9.4%) |
| | Promotes community physical activity through two methods | 1 (3.1%) |
| | Promotes community physical activity through three or more methods | 24 (75.0%) |
| Integrate Presidential Youth Fitness Program in physical education class | None of the PYFP components are integrated | 1 (3.2%) |
| | Follow 1 component of PYFP | 2 (6.3%) |
| | Follow 2 components of PYFP | 15 (48.4%) |
| | Follow all 3 components of PYFP | 13 (41.9%) |
| Addresses special health care needs | No, the physical education program does not use special needs practices | 1 (3.3%) |
| | The physical education program uses some special needs practices | 1 (3.3%) |
| | The physical education program uses most special needs practices | 7 (23.3%) |
| | Yes, the physical education program consistently uses special needs practices | 21 (70.0%) |

The Middle School, Junior High, and High School Physical Education Survey asked two questions regarding intramural and interscholastic sports programs. Ninety-two percent of junior high participants responded that their school offered intramural sports. At the high school and junior high level, 100% of respondents said that their school offered interscholastic sports programs. The middle school respondents all reported that no interscholastic athletics were offered.

Two additional questions surrounded physical activity offerings before and after school, and physical activity breaks during class time outside of recess and passing periods. The responses regarding physical activity offerings before and after school were split with 53% responding that no offerings were made, while 41% reported that offerings were made either before school, after school, or both. Further investigation showed that no middle schools offered any physical activities or access to facilities or equipment before or after school. Additionally, 63% of respondents reported no activity breaks for students during the school day while another 25% reported that students receive a physical activity break on some days.

Finally, the last questions of the survey revolved around safety and training on campus. Overall, respondents answered favorably to all five questions regarding safety except promoting walking and biking to school (see table 10).

Table 10

Frequency and Percentage of Responses to Safety Questions on Middle School, Junior High, and High School Campuses

| Safety topic | Responses | Frequency (%) |
|--|--|---------------|
| Physical education safety practices | All safety practices are followed, but sometime there are temporary lapses in implementation or enforcing one of them. | 1 (3.3%) |
| | Yes, all safety practices are followed | 29 (96.7%) |
| Promotion or support of walking and bicycling to school | Our school does not promote or support walking and bicycling to school | 17 (56.7%) |
| | Our school promotes or supports walking or bicycling to school in one or two ways | 3 (10.0%) |
| | Our school promotes or supports walking or bicycling to school in three to five ways | 3 (10.0%) |
| | Yes, our school promotes or supports walking or bicycling to school in six or more ways | 7 (23.3%) |
| Does your school or district require all interscholastic coaches to undergo National Standards for Sports Coaches training | Our school does not require training, or does not have interscholastic sports | 3 (10.3%) |
| | Our school does not require training, but is in the process of implementing training | 1 (3.4%) |
| | Our school requires training but does not reflect NSSC standards | 4 (13.8%) |
| | Yes | 21 (72.4%) |
| Physical activity facilities meet safety standards | All safety standards are met, but sometimes there are temporary lapses in one of them | 2 (6.9%) |
| | All safety standards are met | 27 (93.1%) |
| Athletics safety requirements | More than one safety requirements are not met, or there is no school athletic program | 3 (10.3%) |
| | One safety requirement is not met, or the school has temporary lapses in more than one of them | 1 (3.4%) |
| | All safety requirements are met, but at times there are temporary lapses. | 1 (3.4%) |
| | All safety requirements are met | 24 (82.8%) |

Overall, the implementation of coordinated school health topics in the area of physical education at the middle school, junior high, and high school level in Lamar CISD are good. The majority of responses in administration, class activity, and safety questions fell into the top two response categories that were offered to participants. Some areas scored lower than what is preferred by the Centers for Disease Control and will be discussed in the Discussion and Conclusion section.

Discussion and Conclusions

This section will focus on discussing areas of interest in the Health Education Survey, the Elementary School Physical Education Survey, and Middle School, Junior High, and High School Physical Education Survey. It will examine the Health Education Survey first, followed by a combination discussion of the physical education surveys grouped by topic area within the survey. Finally, the conclusion section will offer suggestions for improvements that Lamar CISD can make to improve overall implementation of health and physical education coordinated school health policies.

Health Education

Health education in Lamar CISD has been implemented well according to the responses in the Health Education Survey. Respondents, with only a few areas of concern that were not answered favorably, answered the majority of questions positively. According to the respondents, the areas that need improvement include: requirement of health education, strategies taught during professional development, and topics taught during health education.

Many health education teachers were not aware of what is now required and what is an elective; this is made evident by the responses to the question in the health education survey that inquired if students were required to take and pass a health education class. While the responses

of the survey varied greatly, the state of Texas requirements do not vary and should be made clear to all educators. Health education was required by the state of Texas for every graduate up until the class of 2018 entered high school. House Bill 5 now allows students to choose a discipline on which to concentrate during high school (Texas Association of School Administrators, 2013). Students who choose medicine or health science are required to take health education, while students selecting math or language as concentrations are not required to complete health education. This is an area that could be clarified in professional development in the future.

Another area of concern is the use the strategies taught during professional development. Ten to twenty percent of respondents believed that not all teachers used the curriculum delivery taught during professional development. Although every teacher is free to use a delivery method that he or she finds most effective, it may be interesting to other health education teachers to know what other delivery methods are being used. Additionally, if the methods taught during professional development are not implemented, then the hours of professional development used to teach those methods may be used in other ways that would better serve all health education teachers.

Some topics of health education that are required by the state of Texas are not addressed in the classroom. This is of importance because these topics are not optional for teachers to address. The current health education textbooks address all required topics, including asthma awareness, and should be easily accessible to teachers. It is important that the health education team of teachers hold each other accountable to deliver instruction on every topic required by the state of Texas. This is an area that could be addressed using professional development sessions as well as mid-term check-ups to ensure adherence to state requirements.

Other sections in the Health Education Survey such as annual professional development for health education teachers, addressing health eating, avoiding unintentional injuries, and the importance of physical activity were all answered favorably by respondents. With the large amount of positive responses from participants, it is clear that the health education coordinated school health policies are implemented well within the high schools of Lamar CISD.

Physical Education

Overall, physical education coordinated school health policies have been implemented adequately in Lamar CISD. There are many areas that respondents answered favorably, but also a few areas that were not as positive. The seven areas that received responses lower than preferred are: encouragement of walking and biking to school, creating individualized fitness plans, student to teacher ratios, receiving required state-mandated information, years of physical education required, minutes of physical education required, and facilities for recess during inclement weather. All of these topics are discussed in the following paragraphs.

The largest area of non-compliance to the Center for Disease Control guidelines in Lamar CISD is walking and biking to school. Although the Centers for Disease Control would like to see promotion and support for walking and biking to school, the location and geographic make-up of Lamar CISD does not support these practices. Many schools in Lamar CISD are located in rural areas accessed only by farm-to-market roads; this is especially true of the high school and junior high campuses. Therefore, many respondents answered negatively to the question about walking and biking to school, indicating that the schools do not promote or support biking or walking. While the CDC would like to see promotion of walking and biking, the safety of students is more important and this area may never be fully implemented in Lamar CISD.

Another area of weakness is the lack of students creating their own individualized physical activity and fitness plans. In the elementary schools, this may be due to the age of the students and the need for guidance of adults at a young age. In all levels of physical education, the number of students in each class could exacerbate the difficulty, and respondents indicated that physical education class sizes were greater than other classes. In the Middle School, Junior High, and High School Physical Education Survey, it should be noted that 92% of respondents who answered that students do not design and implement their own physical activity programs were located at junior highs or middle schools. This is most likely due to the structured curriculum of the sixth, seventh, and eighth grades. As students progress through the high school curriculum, they are taught how to plan and develop their own physical fitness plans; thus more positive responses came from participants at the high school level. With the exception of the younger age of elementary students, all of these issues could be addressed with physical education teachers by providing them with a lower student to teacher ratio and ways to better involve students in class.

Student-to-teacher ratios are another area of concern that could be addressed by administration. Reports showed that 62% of elementary participants and 72% of middle school, junior high, and high school participants stated that the student-to-teacher ratio is greater than other classes and there were no plans to reduce it. High student-to-teacher ratios can lead to diminished instructional time and increased behavior problems. A lower student-to-teacher ratio could allow teachers to concentrate on the curriculum prescribed by the state of Texas.

Another area that could be addressed during professional development is the requirement for teachers to receive state-mandated information. These eight areas include:

- Goals, objectives, and expected outcomes for physical education

- A written physical education curriculum, including scope and sequence for instruction
- Physical activity monitoring devices, such as pedometers or heart rate monitors
- Internet resources, such as SHAPE America online tools and resources or PE Central
- The Presidential Youth Fitness Program
- Protocols to assess or evaluate student performance in physical education
- Learning activities that increase the amount of class time students are engaged in moderate-to-vigorous physical activity
- Learning activities that actively engage students with long-term physical, medical, or cognitive disabilities in physical education

(Centers for Disease Control and Prevention, 2014)

At the elementary level, 68% of participants stated that they received all eight types of the required information, but 32% reported not receiving eight types of information. The reports from the middle school, junior high, and high school level show only 48% of teachers receive the mandated eight areas of information. By ensuring that all teachers receive the required eight areas of state-mandated information during professional development prior to the start of school each year, this question could be answered favorably by 100% of respondents.

The required years of physical education and the minutes of instruction weekly were areas of concern identified on the Middle School, Junior High, and High School Physical Education Survey. State law requires physical education for both seventh and eighth grade and one year of physical education to be completed and passed in order to graduate from high school. The survey results suggest that 68% of junior high and 63% high school physical education teachers are aware of these requirements, but the other 32% and 37% respectively do not know the state requirements. Additionally, 12% of high school respondents stated that students receive

less than 90 minutes of physical education instruction weekly. All high school physical education classes at the high school level in Lamar CISD are scheduled for 275 minutes weekly. It is unclear whether the respondents' answers were including students from the whole school or just students that were enrolled in physical education. In order to address the misunderstandings in both required years and weekly minutes of instruction, time during professional development prior to the start of the school year could be used to reiterate the state requirements.

Finally, the Centers for Disease Control and Prevention recommend that all elementary students receive at least 150 minutes of physical education per week. Many schools attempt to offset the 150 minutes by using structured recess time; however the CDC also recommends that elementary students enjoy 100 minutes of recess in addition to the 150 minutes of physical education. According to respondents, only 44% of elementary students are currently receiving the recommended amount of physical education on a weekly basis in Lamar CISD. In addition to lacking minutes of physical education, 56% respondents stated their schools did not have adequate facilities for recess on days of inclement weather. These are both important issues that need to be addressed at both the campus and district level. Individual campuses can address the need for more minutes of physical education, and the district level administration needs to be aware of the need for more facility space. While it would be difficult to create more space in existing schools, it would be feasible to plan for more space for both physical education and indoor recess in new elementary schools that are in the planning phases in Lamar CISD.

Conclusions

Overall, it is clear that Lamar CISD has done well implementing both health education and physical education coordinated school health policies. As with any school district, there are most likely schools that are doing an outstanding job with physical education while other schools

are lacking. This survey was an overall snapshot of the district and did not explore physical education on an individual campus level.

Using the information gathered through these surveys, many areas in which participants did not respond favorably may be addressed by improving the use of professional development prior to the start of the school year. During the days of professional development each teacher is required to attend prior to the start of each school year, topics such as required years of health and physical education and use of delivery methods of health education can be addressed. Items such as the eight state-mandated areas that teachers are required to receive can be discussed during the profession development. Teaching teachers how to involve students in building their own physical fitness plan is another topic that can be undertaken during the allotted time prior to the start of school.

Other areas of concern could be harder to address, but will still be necessary to bring to the attention of the appropriate personnel. Principals should be encouraged to make time for physical education daily, especially at the elementary level. The planning and development department should be made aware of the lack of adequate indoor recess facilities so that current buildings can be renovated and future school buildings can have such facilities. The possibility of working with community organizations or rural landowners with property near high schools and junior highs in order to build walking and biking paths could also be presented to the planning and development department. Finally, the superintendent and school board should be made aware of the results of these surveys. A district level administrator that oversees all Coordinated School Health could help to ensure that surveys are done annually and results are reported to appropriate personnel, bringing more attention to the CSH program. Ideally, changes

will be made based on the results of this survey and future surveys will show improvement when compared to this year's results. This will

The Coordinated School Health (CSH) model was introduced by the CDC as an inclusive program that aimed to help students learn how to live healthy lives (Centers for Disease Control and Prevention, 2013; Allensworth & Kolbe, 1987). In 2001, the State of Texas required that the Texas Education Agency (TEA) make at least one CSH program available to all districts and required districts to report data to the state about students' health (Texas Education Code, 2 T.E.C. 38.013-38.014, 2013). The results of the present study indicated that the CSH policies are in fact implemented very well in Lamar CISD. The high school health policies appear to have been better implemented than the physical education policies, but all show a positive execution of the CDC and TEA's requirement for coordinated school health implementation.

References

- 42 U.S.C. 1758, Section 204, Healthy, Hunger-Free Kids Act of 2010 (Public Law 111–296) (2014).
- Allegrante, J. P., Airhihenbuwa, C. O., Auld, M., Birch, D., & Roe, K. M. (2004). Toward a Unified System of Accreditation for Professional Preparation in Health Education: Final Report of the National Task Force on Accreditation in Health Education. *Health Education & Behavior*, 31 (6), 668-683.
- Allensworth, D. D. (1997). Evolution of school health programs. *Schools & Health*, 33-76.
- Allensworth, D. D., & Kolbe, J. L. (1987). The comprehensive school health program: exploring an expanded concept. *Journal of School Health*, 57 (10), 409-412.
- Carlson, S. A., Fulton, J. E., & Lee, S. M. (2008). Physical education and academic achievement in elementary school: data from the early childhood longitudinal stud. *American Journal Public Health*, 4 (98), 721-727.
- Centers for Disease Control and Prevention. (2013, December). *Coordinated School Health*. Retrieved from Components of Coordinated School Health: <http://www.cdc.gov/healthyyouth/cshp/components.htm>
- Centers for Disease Control and Prevention. (2013, February). *Coordinated School Health*. Retrieved from Goals of Coordinated School Health: <http://www.cdc.gov/healthyyouth/cshp/goals.htm>
- Centers for Disease Control and Prevention. (2014). *School Health Index*. Retrieved from Frequently Asked Questions: <http://www.cdc.gov/healthyyouth/shi/FAQ.htm>
- Centers for Disease Control and Prevention. (2014). *School Health Index: A Self-Assessment and Planning Guide*. Middle school/high school version. Atlanta, GA.

Centers for Disease Control and Prevention. (2014). *School Health Index: A Self-Assessment and Planning Guide*. Elementary school version. Atlanta, GA.

Donovon, P. (1988). School-based sexuality education: the issues and challenges. *Family Planning Perspectives* , 30 (4).

Gardner, D. P., Larson, Y. W., Baker, W. O., & Campbell, A. (1983). *A nation at risk: The imperative for educational reform*. Washington, DC: Government Printing Office.

Hoyle, T. (2007). *The Mariner Model: Charting the Course for Health-Promoting School Communities*. Bethesda, MD: American School Health Association.

Lamar Consolidated Independent School District. (2014). *2013-2014 District Report Card*. Austin: Texas Education Agency.

Lamar Consolidated Independent School District. (2013). School Board Policy EHAB (Legal). Rosenberg, TX.

Lear, J. G. (2005, May 12). *School health services: Emerging opportunities for CDC-DASH*. Retrieved from <http://www.healthinschools.org/Publications-and-Resources/~media/Files/Presentations%20PPTs/cdcpdf.ashx>

Lonstein, J. E. (1988). Natural history and school screening for scoliosis. *The Orthopedic clinics of North America* , 19 (2), 227-237.

Means, R. K. (1975). *Historical Perspectives on School Health*. Thorofare, NJ: Charles B Slack.

National Nursing Coalition for School Health. (1995). School health nursing services: Exploring national issues and priorities. *Journal of School Health* , 65 (9), 370-389.

National Parent Teacher Association. (1980). Health education matters: an awareness and action program to promote comprehensive health education. *National PTA* , 55, 44.

Odgen, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011-2012. *Journal of the American Medical Association* , 311 (8), 806-814.

Office of the Surgeon General. (2010). *The Surgeon General's Vision for a Healthy and Fit Nation*. Rockville, MD, U.S.: Department of Health and Human Services.

Pollitt, P. (1994). Lina Rogers Struthers: the first school nurse. *The Journal of school nursing: the official publication of the National Association of School Nurses* , 10 (1), 34-36.

Rudd Center. (2014). *WellSAT 2.0*. Retrieved from Evaluation:

http://www.wellsat.org/evaluation_2.aspx

Shack, S. V. (1997). School-based health centers: The history, development and future in Philadelphia. *Widener University* .

Texas Association of School Administrators. (2013, Aug 1). *House Bill 5 Resources*. Retrieved from HB 5 Summary:

<http://www.tasanet.org/cms/lib07/TX01923126/Centricity/Domain/25/hb5-august.pdf>

Texas Education Code, 19 T.E.C. 28.002(a)(2) (2013).

Texas Education Code, 2 T.E.C. 38.013-38.014 (2013).

Texas Education Code, 2 T.E.C. 38.0141 (2005).

The Alan Guttmacher Institute. (1989). *Risk and responsibility: teaching sex education in America's schools today*. New York, NY: The Alan Guttmacher Institute.

The Cooper Institute. (2014). *FitnessGram*. Retrieved from <http://www.fitnessgram.net/state-information/texas>

Trudeau, F., & Shepard, R. J. (2008). Physical education, school physical activity, school sports and academic performance. *The International Society of Behavioral Nutrition and Physical Activity* , 5-10.

U.S. Department of Health and Human Services, Public Health Service. (1991). *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, D.C: U.S. Government Printing Office.

Winter, B., Breitenstein, C., & Mooren, F. C. (2007). High impact running improves learning. *Neurobiology of Learning and Memory* , 87 (4), 597-609.

Appendix A

IRB Approval Letter

UNIVERSITY
OF WYOMING

Vice President for Research & Economic Development
1000 E. University Avenue, Department 3355 • Room 305/308, Old Main • Laramie,
WY 82071 (307) 766-5353 • (307) 766-5320 • fax (307) 766-2608 •
www.uwyo.edu/research

May 7, 2015

Melissa Long
Doctoral Candidate
Professional Studies
University of
Wyoming
Faculty Advisor: Dr. Suzanne Young

Protocol # 20150507ML00786

Re: IRB Proposal “*Evaluation of Implementation of Coordinated School Health Policies in Lamar Consolidated Independent School District*”

Dear Ms. Long:

The proposal referenced above qualifies for exempt review and is approved as one that would not involve more than minimal risk to participants. Our exempt review and approval will be reported to the IRB at their next convened meeting May 21, 2015.

Any significant change(s) in the research/project protocol(s) from what was approved should be submitted to the IRB (Protocol Update Form) for review and approval prior to initiating any change. Per recent policy and compliance requirements, any investigator with an active research protocol may be contacted by the recently convened Data Safety Monitoring Board (DSMB) for periodic review. The DSMB’s charge (sections 7.3 and 7.4 of the IRB Policy and Procedures Manual) is to review active human subject(s) projects to assure that the procedures, data management, and protection of human participants follow approved protocols. Further information and the forms referenced above may be accessed at the “Human Subjects” link on the Office of Research and Economic Development website:
<http://www.uwyo.edu/research/human-subjects/index.html>.

You may proceed with the project/research and we wish you luck in the endeavor.
Please feel free to call me if you have any questions.

Sincerely,

Colette Kuhfuss
Colette Kuhfuss
IRB Coordinator
On behalf of the
Chairman, Institutional
Review Board

Appendix B

Survey Cover Letter

Dear LCISD PE and/or Health Stakeholder,

As you know, the LCISD School Health Advisory Committee reviews two to three components of Coordinated School Health every year. This year, we are reviewing Health Education and Physical Education. The Centers for Disease Control and Prevention puts forth guidelines that are then required by the State of Texas. Our school board policy reflects those guidelines that are required at the school level. This year, the research conducted will also serve as partial fulfillment of my doctoral degree requirements at the University of Wyoming. The purpose of this study is to measure how well the LCISD Coordinated School Health policies have been implemented at every campus.

The potential risks for you as a participant in this study are minimal; the potential risk is that you could be identified but I will be presenting grouped results, not individual results. Please be assured that I have no way of identifying respondents when you complete the survey. If you do identify yourself in any way, I will not use that identifying information. The possible benefit is that you will have an opportunity to reflect on your own educational practices.

During the time I am collecting data, the data will be stored online, using a University of Wyoming's secure server. As soon as the data collection period is over, the data will be downloaded to my personal computer and deleted from the server. It will be saved for at least three years.

I expect that the survey will take approximately 15 minutes to complete. You may choose not to participate by not clicking on the link provided below. Additionally, if at any time during the survey you choose to terminate participation, you can simply exit the web browser and the survey will be "incomplete." Incomplete surveys will be deleted.

Thank you so much for your consideration and participation. If you have any questions about this study or if you are interested in obtaining the results after the data have been collected and summarized, please contact me or my University of Wyoming advisor, Dr. Suzanne Young. Our contact information is below. If you have questions about your rights as a research participant, please contact the University of Wyoming IRB administrator at (307) 766-5320 or irb@uwyo.edu.

By clicking the link below, you are providing your consent to participate in this study.

<https://survey.uwyo.edu/TakeSurvey.aspx?SurveyID=9IK1nn7KL>

Thank you,

Melissa D. Long, M.Ed, ATC
Foster High School Teacher, Athletic Trainer

Doctoral Candidate, University of Wyoming
817-807-6539 cell
melong@lcisd.org

Suzanne Young, PhD
Professor, University of Wyoming
(307) 766-3145
syoung@uwyo.edu

Appendix C

High School Health Survey

1. Please select your main campus
 - 1= Foster High School
 - 2= George Ranch High School
 - 3= Lamar High School
 - 4= Terry High School
 - 5= Briscoe Junior High
 - 6= George Junior High
 - 7= Lamar Junior High
 - 8= Reading Junior High
 - 9= Navarro Middle High
 - 10= Ryon Middle High
 - 11= Westheimer Middle School
 - 12= Wessendorff Middle School

2. Please select your primary role in the school.
 - 1= Principal
 - 2= Assistant Principal
 - 3= Department Chair/Teacher
 - 4= Department Chair
 - 5= Health Teacher
 - 6= Health Aide

3. Does your school or district require all students to take and pass at least one health education course?
 - 3 = Yes.
 - 2 = Students are required to take one course, but they do not have to take it again if they fail it (see note above).
 - 1 = No, but there is an elective health education course.
 - 0 = No.

4. Do students earn grades for required health education courses? Do the grades carry the same weight as grades for other subjects toward academic recognition (e.g., honor roll, class rank)?
 - 3 =Yes. (NOTE: If the school does not give academic recognition but does give a grade, you can select 3.)
 - 2 = Students earn grades, but the grades count less than grades for other subjects.
 - 1 = Students earn grades, but the grades are not used in calculation of academic recognition.
 - 0 = No, or there are no required health education courses.

5. Do all teachers of health education use an age-appropriate sequential health education curriculum that is consistent with state or national standards for health education (see standards below)?

- Students will comprehend concepts related to health promotion and disease prevention to enhance health.
- Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Students will demonstrate the ability to access valid information and products and services to enhance health.
- Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Students will demonstrate the ability to use decision-making skills to enhance health.
- Students will demonstrate the ability to use goal-setting skills to enhance health.
- Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
- Students will demonstrate the ability to advocate for personal, family, and community health.

3= Yes.

2 = Some teachers use a sequential health education curriculum, and it is consistent with state or national standards.

1 = Some teachers use a sequential health education curriculum, but it is not consistent with state or national standards.

0 = None do, or the curriculum is not sequential, or there is no health education curriculum.

6. Do all teachers of health education use active learning strategies and activities that students find enjoyable and personally relevant?

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or no one teaches health education.

7. Do all teachers of health education provide opportunities for students to practice or rehearse the skills needed to maintain and improve their health?

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or no one teaches health education.

8. Do all teachers of health education use a variety of culturally-appropriate activities and examples that reflect the community's cultural diversity?

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or no one teaches health education.

9. Do all teachers of health education use assignments or projects that encourage students to have interactions with family members and community organizations?

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or no one teaches health education.

10. Are all health education classes taught by credentialed health education teachers?

3 = Yes, all are.

2 = Most classes are.

1 = Some classes are.

0 = No classes are, or there are no health education courses.

11. Do all teachers of health education participate at least once a year in professional development in health education?

3 = Yes, all are.

2 = Most classes are.

1 = Some classes are.

0 = No classes are, or there are no health education courses

12. Have all teachers of health education received professional development in delivery of the school's health and safety curriculum in the past two years?

3 = Yes, all have.

2 = Most have.

1 = Some have.

0 = None have.

13. Have all teachers received professional development in classroom management techniques in the past two years?

3 = Yes, all have.

2 = Most have.

1 = Some have.

0 = None

14. Does your health education curriculum address all of these topics on preventing unintentional injuries and violence?

Unintentional injury-related topics include:

- Motor vehicle occupant safety, such as seatbelt use
- State laws related to teen driving
- Use of protective equipment for biking, skating or other sports
- Fire, water, and pedestrian safety
- Poisoning prevention
- Emergency preparedness

First aid and cardiopulmonary resuscitation (CPR) Violence-related topics include:

- Anger management
- Bullying and what to do if someone is being bullied

- Teasing
 - Personal safety, for example, dealing with strangers
 - Inappropriate touching
 - Techniques to resolve conflicts without fighting
 - Pro-social behaviors, such as cooperation, praise, or showing support for others
 - Respectful and positive relationships with dating partners
 - Personal safety, for example avoiding becoming a victim of a crime
 - Sexual harassment
 - Dating violence
 - Sexual assault and rape
 - Gangs
 - Recognize signs and symptoms of people who are in danger of hurting themselves or others
 - What to do if someone is thinking about hurting himself or herself or others
 - When to seek help for suicidal thoughts
 - Short- and long-term consequences of violence
 - Relationship between suicide and other types of violence
 - Relationship between suicide and emotional and mental health
 - General injury-related topics include:
 - Prejudice, discrimination, and bias
 - Empathy, that is, identification with and understanding of another person's feelings, situation, or motives
 - Perspective taking, that is, taking another person's point of view
 - Relationship between alcohol or other drug use and injuries, violence and suicide
 - Social influences on unintentional injury, violence and suicide, including media, family, peers, and culture
 - How to find valid information or services to prevent injuries, violence and suicide
 - How to develop a plan and track progress toward achieving a personal goal to prevent injuries, violence and suicide
 - How to influence, support, or advocate for others to prevent injuries, violence and suicide
 - How to resist peer pressure that would increase the risk of injuries, violence and suicide
- 3 = Yes, addresses all of these topics.
 2 = Addresses most of these topics.
 1 = Addresses some of these topics.
 0 = Addresses one or none of these topics, or there is no health education curriculum.

15. Does your health education curriculum address all of these topics on physical activity?

- The physical, psychological, or social benefits of physical activity
- How physical activity can contribute to a healthy weight
- How physical activity can contribute to the academic learning process
- How an inactive lifestyle contributes to chronic disease
- Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
- Differences between physical activity, exercise, and fitness
- Phases of an exercise session, that is, warm up, workout, and cool down
- Overcoming barriers to physical activity

- Decreasing sedentary activities, such as TV watching
 - Opportunities for physical activity in the community
 - Preventing injury during physical activity
 - Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while physically active
 - How much physical activity is enough, that is, determining frequency, intensity, time, and type of physical activity
 - Developing an individualized physical activity and fitness plan
 - Monitoring progress toward reaching goals in an individualized physical activity plan
 - Dangers of using performance-enhancing drugs, such as steroids
 - Social influences on physical activity, including media, family, peers, and culture
 - How to find valid information or services related to physical activity and fitness
 - How to influence, support, or advocate for others to engage in physical activity
 - How to resist peer pressure that discourages physical activity
- 3 = Yes, addresses all of these topics.
 2 = Addresses most of these topics.
 1 = Addresses some of these topics.
 0 = Addresses one or none of these topics, or there is no health education curriculum.

16. Does your health education curriculum address all of these essential topics on healthy eating?

- The relationship between healthy eating and personal health and disease prevention
 - Food guidance from MyPlate
 - Reading and using food labels
 - Eating a variety of foods every day
 - Balancing food intake and physical activity
 - Eating more fruits, vegetables and whole grain products
 - Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain transfat
 - Choosing foods and beverages with little added sugars
 - Eating more calcium-rich foods
 - Preparing healthy meals and snacks
 - Risks of unhealthy weight control practices
 - Accepting body size differences
 - Food safety
 - Importance of water consumption
 - Importance of eating breakfast
 - Making healthy choices when eating at restaurants
 - Eating disorders
 - The Dietary Guidelines for Americans
 - Reducing sodium intake
 - Social influences on healthy eating, including media, family, peers, and culture
 - How to find valid information or services related to nutrition and dietary behavior
 - How to develop a plan and track progress toward achieving a personal goal to eat healthfully
 - Resisting peer pressure related to unhealthy dietary behavior
 - Influencing, supporting, or advocating for others' healthy dietary behavior
- 3 = Yes, addresses all of these topics.
 2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, or there is no health education curriculum.

17. Does your health education curriculum address all of these essential topics on preventing tobacco use?

- Short- and long-term health consequences of tobacco use, including cigarettes, cigars and smokeless tobacco and other tobacco products
- Benefits of abstaining from tobacco use
- Importance of quitting tobacco use
- Addictive effects of nicotine in tobacco products
- Health effects of second-hand smoke and benefits of a smoke-free and overall tobacco-free environment
- How many young people use tobacco
- Social influences on tobacco use, including media, family, peers, and culture
- Finding valid information and services related to tobacco-use prevention and cessation
- Resisting peer pressure to use tobacco
- Making a personal commitment not to use tobacco
- Supporting school and community action to support a tobacco-free environment
- Influencing, supporting, or advocating for others to prevent tobacco use
- Influencing or supporting others to quit using tobacco
- How to avoid environmental tobacco smoke or second-hand smoke.

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, or there is no health education curriculum.

18. Does your health education curriculum address all of these essential topics on asthma awareness?

- Basic facts and triggers of asthma
- Accessing a trusted adult who can help someone experiencing an asthma episode
- Ways to support classmates with asthma
- Demonstrating empathy for people with asthma

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, or there is no health education curriculum.

19. Does your health education curriculum address all of these essential topics on preventing HIV, other STD and pregnancy?

- Human development issues, including reproductive anatomy and puberty
- How HIV and other STD are transmitted
- Signs and symptoms of HIV and other STD, and how they are diagnosed and treated
- Long-term health consequences of HIV, other STD, and AIDS
- Compassion for persons living with HIV or AIDS
- Preventing HIV, other STD, and pregnancy
- Abstinence as the most effective method to avoid HIV, other STD, and pregnancy

- Social influences on sexual behavior, including media, family, peers, sex partners, gender roles and culture
 - Shared risk factors for HIV, other STD, and pregnancy (e.g., alcohol or other drug use, inconsistent or incorrect condom use)
 - Establishing and maintaining healthy relationships
 - Why it is wrong to harass, tease or bully others based on sexual orientation, gender identity or gender expression and ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender identity, or gender expression) differ from one's own
 - Pregnancy and STD prevention methods and their efficacy
 - How to obtain and correctly use pregnancy and STD prevention methods, including condoms
 - Resisting pressure to engage in sexual behavior
 - Effective communication skills for maintaining one's sexual health and healthy relationships
 - Emotional, social, physical and financial effects of being a teen parent
 - Finding valid information or services, including testing and counseling, related to HIV, STD, and pregnancy
 - Influencing, supporting, or advocating for others to make healthy decisions related to sexual behavior
 - The responsibility to verify that all sexual contact is consensual and how to recognize techniques that are used to sexually harass, coerce, or pressure others
 - How to locate valid and reliable services, information, and products, including those related to sexual harassment, coercion, and violence
- 3 = Yes, addresses all of these topics.
2 = Addresses most of these topics.
1 = Addresses some of these topics.
0 = Addresses one or none of these topics, or there is no health education curriculum.

Appendix D

Elementary School Physical Education Survey

1. Please select your main campus.

- 1 = Adolphus
- 2 = Austin
- 3 = Beasley
- 4 = Bowie
- 5 = Campbell
- 6 = Dickinson
- 7 = Frost
- 8 = Hubenak
- 9 = Huggins
- 10 = Hutchison
- 11 = Jackson
- 12 = Long
- 13 = McNeill
- 14 = Meyer
- 15 = Rink
- 16 = Ray
- 17 = Smith
- 18 = Thomas
- 19 = Travis
- 20 = Velasquez
- 21 = Williams
- 22 = Seguin

2. Please select your primary role in the school.

- 1 = Principal
- 2 = Assistant Principal
- 3 = Department Chair
- 4 = Department Chair/Teacher
- 5 = PE Teacher
- 6 = PE Aide

3. Do all students in each grade receive physical education for at least 150 minutes per week throughout the school year?

NOTE: Physical education classes should be spread over at least three days per week, with daily physical education preferable.

- 3 = Yes.
- 2 = 90-149 minutes per week for all students in each grade throughout the school year.
- 1 = 60-89 minutes per week for all students in each grade throughout the school year.
- 0 = Fewer than 60 minutes per week or not all students receive physical education throughout the school year.

4. Do physical education classes have a student/teacher ratio comparable to that of other classes?

NOTE: Aides and volunteers should not be counted as teachers in the student/teacher ratio.

3 = Yes.

2 = The ratio is somewhat larger (up to one and a half times larger) than the ratio for most other classes.

1 = The ratio is considerably larger (more than one and a half times larger), but there are plans to reduce it.

0 = The ratio is considerably larger (more than one and a half times larger), and there are no plans to reduce it.

5. Do all teachers of physical education use an age-appropriate, sequential physical education curriculum that is consistent with national or state standards for physical education (see national standards below)?

A physically literate individual:

- Demonstrates competency in a variety of motor skills and movement patterns.
- Applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
- Demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
- Exhibits responsible personal and social behavior that respects self and others.
- Recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

3 = Yes.

2 = Some use a sequential physical education curriculum, and it is consistent with state or national standards.

1 = Some use a sequential physical education curriculum, but it is not consistent with state or national standards.

0 = None do, or the curriculum is not sequential, or there is no physical education curriculum.

6. Are all teachers of physical education provided with the following information and materials to assist in delivering quality physical education?

- Goals, objectives, and expected outcomes for physical education
- A written physical education curriculum
- A chart scope and sequence for instruction
- A plan for assessing student performance
- Physical activity monitoring devices, such as pedometers, heart rate monitors
- Internet resources, such as SHAPE America online tools and resources or PE Central
- The Presidential Youth Fitness Program
- Protocols to assess or evaluate student performance in physical education
- Learning activities that increase the amount of class time students are engaged in moderate-to-vigorous physical activity
- Learning activities that actively engage students with long-term physical medical, or cognitive disabilities in physical education.

3 = Yes, all teachers of physical education are provided with at least eight kinds of materials.

2 = Teachers of physical education are provided with four to seven kinds of these materials.

1 = Teachers of physical education are provided with one to three kinds of these materials.

0 = Teachers of physical education are not provided with these kinds of materials.

7. Does the school prohibit exemptions or waivers for physical education?

3 = Yes.

2 = Yes, but occasional exceptions or waivers are made.

1 = No, but there are plans to start prohibiting exemptions or waivers.

0 = No, or there is no physical education.

8. Do teachers keep students moderately to vigorously active for at least 50% of the time during most or all physical education class sessions?

3 = Yes, during most or all classes.

2 = During about half the classes.

1 = During fewer than half the classes.

0 = During none of the classes, or there are no physical education classes.

9. Do students design and implement their own individualized physical activity and fitness plans as part of the physical education program? Do teachers of physical education provide ongoing feedback to students on progress in implementing their plans?

3 = Yes.

2 = Students design and implement their own individualized plans, but teachers provide only occasional feedback.

1 = Students design and implement their own individualized plans, but teachers provide no feedback.

0 = Students do not design and implement their own individualized plans, or there is no physical education program.

10. Does the physical education program integrate the components of the Presidential Youth Fitness Program?

- Fitness assessment using Fitnessgram

- Professional development for physical education teachers on proper use and integration of fitness education, fitness assessment, and recognition.

- Recognition of students meeting Healthy Fitness Zones or their physical activity goals.

3 = Yes, all 3 components of the PYFP are integrated.

2 = 2 of the PYFP components are integrated.

1 = 1 of the PYFP components is integrated.

0 = None of the PYFP components are integrated.

11. Does the physical education program use three or more methods to promote student participation in a variety of community physical activity options?

3 = Yes, through three or more methods.

2 = The program promotes participation in a variety of community physical activity options, but through only one or two methods.

1 = The program promotes participation in only one type of community physical activity option.

0 = The program does not promote participation in community physical activity options, or there is no physical education program.

12. Are all physical education classes taught by licensed teachers who are certified or endorsed to teach physical education?

3 = Yes, all are.

2 = Most classes are.

1 = Some classes are.

0 = No classes are, or there are no physical education classes.

13. Does the physical education program consistently use all or most of the following practices as appropriate to include students with special health care needs?

- Encouraging active participation; modifying type, intensity, and length of activity if indicated in Individualized Education Plans, asthma action plans, or 504 plans

- Offering adapted physical education classes

- Using modified equipment and facilities

- Ensuring that students with chronic health conditions are fully participating in physical activity as appropriate and when able

- Monitoring signs and symptoms of chronic health conditions

- Encouraging students to carry and self-administer their medications (including pre-medicating and/or responding to asthma symptoms) in the gym and on playing fields; assisting students who do not self-carry

- Encouraging students to actively engage in self-monitoring (i.e., using a peak flow meter, recognizing triggers) in the gym and on playing fields (if the parent/guardian, health care provider, and school nurse so advise)

- Using a second teacher, aide, physical therapist, or occupational therapist to assist students, as needed

- Using peer teaching (e.g., teaming students without special health care needs with students who have such needs)

3 = Yes, the physical education program uses all or most of these instructional practices consistently.

2 = The physical education program uses some of these instructional practices consistently.

1 = The physical education program uses some of these instructional practices, but not consistently (that is, not by all teachers or not in all classes that include students with special health care needs).

0 = The program uses none of these practices, or there is no physical education program.

14. Does the physical education program implement and enforce all of the following safety practices?

- Practice active supervision

- Encourage pro-social behaviors

- Use protective clothing and safety gear that is appropriate to child's size and in good shape

- Use safe, age-appropriate equipment

- Minimize exposure to sun (including through use of sunscreen), smog, and extreme temperatures
- Use infection control practices for handling blood and other body fluids
- Monitor the environment to reduce exposure to potential allergens or irritants (e.g., pollen, bees, strong odors)

3 = Yes, all these safety practices are followed.

2 = All these safety practices are followed, but at times our school has temporary lapses in implementing or enforcing one of them.

1 = One of these safety practices is not followed, or at times our school has temporary lapses in implementing or enforcing more than one of them.

0 = More than one of these safety practices is not followed, or there is no physical education program.

15. Does your school or district ensure that playgrounds meet or exceed recommended safety standards for design, installation, and maintenance, in all of the following ways?

- Using recommended safety surfaces under playground equipment
- Using developmentally-appropriate equipment designed with spaces and angles that preclude entrapment
- Designating boundaries around equipment (e.g., swings) so that students on foot are unlikely to be struck
- Separating playgrounds from motor vehicle and bicycle traffic
- Maintaining equipment for safe use and removing unsafe equipment
- Ensuring that staff members are trained in developmental appropriateness of different types of playground equipment
- Developing, implementing, and enforcing rules for safe use of the playground (e.g., no running or pushing, no use of age-inappropriate equipment)

3 = Yes, all these safety standards are met.

2 = All these safety standards are met, but at times our school has temporary lapses in implementing or enforcing one of them.

1 = One of these safety standards is not met, or at times our school has temporary lapses in implementing or enforcing more than one of them.

0 = More than one of these safety standards is not met, or there are no playgrounds.

16. Are teachers of physical education required to participate at least once a year in professional development in physical education?

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or no one teaches physical education.

17. Do both boys and girls participate in school-sponsored intramural programs or physical activity clubs?

3 = Yes, many boys and girls participate in school-sponsored intramural programs or physical activity clubs.

2 = For the most part, many students of only one sex participates in school-sponsored intramural programs or physical activity clubs.

1 = Very few students of either sex participate in school-sponsored intramural programs or physical activity clubs.

0 = There are no school-sponsored intramural programs or physical activity clubs.

18. Does your school promote or support walking and bicycling to school in the following ways?

- Designation of safe or preferred routes to school
- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promotion of safe routes program to students, staff and parents via newsletters, websites, local newspaper
- Crossing guards
- Crosswalks on streets leading to schools
- Walking school buses
- Documentation of number of children walking and or biking to and from school
- Creation and distribution of maps of school environment (sidewalks, crosswalks, roads, pathways, bike racks, etc.)

3 = Yes, our school promotes or supports walking and bicycling to school in six or more of these ways.

2 = Our school promotes or supports walking and bicycling to school in three to five of these ways.

1 = Our school promotes or supports walking and bicycling to school in one to two of these ways.

0 = Our school does not promote or support walking and bicycling to school.

19. Does your school offer opportunities for students to participate in physical activity before and after the school day for example, through organized physical activities (such as interscholastic sports, physical activity clubs, intramural sports, before school physical activity), or access to facilities or equipment for physical activity?

3 = Yes, both before and after the school day.

2 = We offer before school or after school, but not both.

1 = We do not offer opportunities for students to participate in physical activity before or after the school day, but there are plans to initiate it.

0 = No, we do not offer opportunities for students to participate in physical activity before or after the school day, and there are no plans to initiate it.

20. Are all students provided opportunities to participate in physical activity breaks in classrooms, outside of physical education, recess, and class transition periods?

NOTE: Physical activity breaks are actual breaks that occur in the academic classroom, allowing students to take a mental and physical break from current academic tasks. These breaks can occur at any time during the school day, last from 5–30 minutes, and occur all at one time or several times during the school day.

3 = Yes, on all days during a typical school week.

2 = On most days during a typical school week.

1 = On some days during a typical school week.

0 = No, we do not provide students with opportunities to participate in physical activity breaks in classrooms.

21. Does the school ensure that spaces and facilities for physical activity meet or exceed recommended safety standards for design, installation, and maintenance, in the following ways?

- Regular inspection and repair of indoor and outdoor playing surfaces, including those on playgrounds and sports fields
- Regular inspection and repair of physical activity equipment such as balls, jump ropes, nets, cardiovascular machines, weights, and weight lifting machines
- Padded goal posts and gym walls
- Breakaway bases for baseball and softball
- Securely anchored portable soccer goals that are stored in a locked facility when not in use
- Bleachers that minimize the risk for falls
- Slip-resistant surfaces near swimming pool use
- Pools designed, constructed, and retrofitted to eliminate entrapment use.

3 = Yes, all these safety standards are met.

2 = All these safety standards are met, but at times the school has temporary lapses in one of them. 1 = One of these safety standards is not met, or at times the school has temporary lapses in more than one of them.

0 = More than one of these safety standards is not met, or there are no spaces or facilities for physical activity.

22. Are students provided at least 20 minutes of recess during each school day, and do teachers or recess monitors encourage students to be active?

NOTE: Recess should complement physical education class, not substitute for it.

3 = Yes.

2 = Recess is provided for at least 20 minutes each day, but teachers or recess monitors do not encourage students to be active.

1 = Recess is provided each day but for less than 20 minutes, or it is provided on some days but not on all days.

0 = Recess is not provided on any day.

23. Does your school have adequate indoor facilities for recess on days of inclement weather?

3 = Yes.

2 = Yes, but it is shared space.

1 = Yes, but it is limited in size.

0 = No.

24. Are your physical activity facilities adequate in all of the following ways?

- Both indoor and outdoor spaces can be used by physical education classes, intramural programs or physical activity clubs, and interscholastic sports programs
- Indoor facilities exist so that physical education classes do not have to be canceled due to weather extremes (e.g., rain or temperatures extremes)
- In physical education classes, all students can be physically active without overcrowding or

safety risks

- Facilities are accessible for persons with disabilities
- For physical activity clubs and interscholastic sports, all interested students can sign up and participate without overcrowding or safety risks.

3 = Yes, in all five of these ways.

2 = In four of these ways.

1 = In three of these ways.

0 = In two or fewer of these ways.

25. Does your school prohibit using physical activity and withholding physical education class as punishment? Is this prohibition consistently followed?

NOTE: Please do not consider issues related to participation in interscholastic sports programs when answering this question.

3 = Yes, using physical activity as punishment and withholding physical education class as punishment are prohibited, and both prohibitions are consistently followed.

2 = One of these practices is prohibited, and this prohibition is consistently followed.

1 = One or both of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

26. Does your school prohibit withholding recess as punishment? Is this prohibition consistently followed?

3 = Yes, withholding recess as punishment is a written policy and this prohibition is consistently followed.

2 = Yes, withholding recess as punishment is discouraged and this prohibition is consistently followed.

1 = Yes, withholding recess as punishment is discouraged and this prohibition is not consistently followed.

0 = This practice is not prohibited.

Appendix E

Middle School, Junior High, and High School Physical Education Survey

1. Please select your main campus.

- 1 = Foster High School
- 2 = George Ranch High School
- 3 = Lamar High School
- 4 = Terry High School
- 5 = Briscoe Junior High
- 6 = George Junior High
- 7 = Lamar Junior High
- 8 = Reading Junior High
- 9 = Navarro Middle School
- 10 = Ryon Middle School
- 11 = Wertheimer Middle School
- 12 = Wessendorff Middle School

2. Please select your primary role in the school.

- 1 = Principal
- 2 = Assistant Principal
- 3 = Department Chair
- 4 = Department Chair/Teacher
- 5 = PE Teacher
- 6 = PE Aide

3. Do all students in each grade receive physical education for at least 225 minutes per week throughout the school year?

NOTE: Physical education classes should be spread over at least three days per week, with daily physical education preferable.

- 3 = Yes.
- 2 = 135-224 minutes per week for all students in each grade throughout the school year.
- 1 = 90-134 minutes per week for all students in each grade throughout the school year.
- 0 = Fewer than 90 minutes per week or not all students receive physical education throughout the school year.

4. How many total years of physical education are students at this school required to take?

- 3 = The equivalent of all academic years of physical education.
- 2 = The equivalent of more than one academic year but less than all academic years of physical education.
- 1 = The equivalent of one academic year of physical education.
- 0 = The equivalent of less than one academic year of physical education or students are not required to take physical education at this school.

5. Does your school have a time requirement for the length of physical education classes?

3 = Yes. Physical education classes are scheduled for the equivalent of 225 minutes or more per week.

2 = Yes. Physical education classes are scheduled for the equivalent of 91 – 224 minutes per week.

1 = Yes. Physical education classes are scheduled for the equivalent of 90 minutes per week.

0 = No. Our school does not have a time requirement for minutes per week for physical education or we require less than 90 minutes per week.

6. Do physical education classes have a student/teacher ratio comparable to that of other classes?

NOTE: Aides and volunteers should not be counted as teachers in the student/teacher ratio.

3 = Yes.

2 = The ratio is somewhat larger (up to one and a half times larger) than the ratio for most other classes.

1 = The ratio is considerably larger (more than one and a half times larger), but there are plans to reduce it.

0 = The ratio is considerably larger (more than one and a half times larger), and there are no plans to reduce it.

7. Do all teachers of physical education use an age-appropriate, sequential physical education curriculum that is consistent with national or state standards for physical education (see national standards below)?

A physically literate individual:

- Demonstrates competency in a variety of motor skills and movement patterns.
- Applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
- Demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
- Exhibits responsible personal and social behavior that respects self and others.
- Recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

3 = Yes.

2 = Some use a sequential physical education curriculum, and it is consistent with state or national standards.

1 = Some use a sequential physical education curriculum, but it is not consistent with state or national standards.

0 = None do, or the curriculum is not sequential, or there is no physical education curriculum.

8. Are all teachers of physical education provided with the following information and materials to assist in delivering quality physical education?

- Goals, objectives, and expected outcomes for physical education
- A written physical education curriculum
- A chart scope and sequence for instruction
- A plan for assessing student performance
- Physical activity monitoring devices, such as pedometers, heart rate monitors

- Internet resources, such as SHAPE America online tools and resources or PE Central
- The Presidential Youth Fitness Program
- Protocols to assess or evaluate student performance in physical education
- Learning activities that increase the amount of class time students are engaged in moderate-to-vigorous physical activity
- Learning activities that actively engage students with long-term physical medical, or cognitive disabilities in physical education.

3 = Yes, all teachers of physical education are provided with at least eight kinds of materials.

2 = Teachers of physical education are provided with four to seven kinds of these materials.

1 = Teachers of physical education are provided with one to three kinds of these materials.

0 = Teachers of physical education are not provided with these kinds of materials.

9. Do students earn grades for required physical education courses? Do the grades carry the same weight as grades for other subjects toward academic recognition (e.g., honor roll, class rank)?

3 = Yes, students earn grades and the grades carry the same weight as grades for other subjects.

2 = Students earn grades, but the grades count less than grades for other subjects.

1 = No, but there are plans to change this procedure.

0 = No, and there are no plans to change this procedure, or there are no required physical education courses.

10. Does the school prohibit exemptions or waivers for physical education?

3 = Yes.

2 = Yes, but occasional exceptions or waivers are made.

1 = No, but there are plans to start prohibiting exemptions or waivers.

0 = No, or there is no physical education.

11. Do teachers keep students moderately to vigorously active for at least 50% of the time during most or all physical education class sessions?

3 = Yes, during most or all classes.

2 = During about half the classes.

1 = During fewer than half the classes.

0 = During none of the classes, or there are no physical education classes.

12. Do students design and implement their own individualized physical activity and fitness plans as part of the physical education program? Do teachers of physical education provide ongoing feedback to students on progress in implementing their plans?

3 = Yes.

2 = Students design and implement their own individualized plans, but teachers provide only occasional feedback.

1 = Students design and implement their own individualized plans, but teachers provide no feedback.

0 = Students do not design and implement their own individualized plans, or there is no physical education program.

13. Does the physical education program integrate the components of the Presidential Youth Fitness Program?

- Fitness assessment using FitnessGram
- Professional development for physical education teachers on proper use and integration of fitness education, fitness assessment, and recognition.
- Recognition of students meeting Healthy Fitness Zones or their physical activity goals.

3 = Yes, all 3 components of the PYFP are integrated.

2 = 2 of the PYFP components are integrated.

1 = 1 of the PYFP components is integrated.

0 = None of the PYFP components are integrated.

14. Does the physical education program use three or more methods to promote student participation in a variety of community physical activity options?

3 = Yes, through three or more methods.

2 = The program promotes participation in a variety of community physical activity options, but through only one or two methods.

1 = The program promotes participation in only one type of community physical activity option.

0 = The program does not promote participation in community physical activity options, or there is no physical education program.

15. Are all physical education classes taught by licensed teachers who are certified or endorsed to teach physical education?

3 = Yes, all are.

2 = Most classes are.

1 = Some classes are.

0 = No classes are, or there are no physical education classes.

16. Does the physical education program consistently use all or most of the following practices as appropriate to include students with special health care needs?

- Encouraging active participation; modifying type, intensity, and length of activity if indicated in Individualized Education Plans, asthma action plans, or 504 plans
- Offering adapted physical education classes
- Using modified equipment and facilities
- Ensuring that students with chronic health conditions are fully participating in physical activity as appropriate and when able
- Monitoring signs and symptoms of chronic health conditions
- Encouraging students to carry and self-administer their medications (including pre-medicating and/or responding to asthma symptoms) in the gym and on playing fields; assisting students who do not self-carry
- Encouraging students to actively engage in self-monitoring (i.e., using a peak flow meter, recognizing triggers) in the gym and on playing fields (if the parent/guardian, health care

provider, and school nurse so advise)

- Using a second teacher, aide, physical therapist, or occupational therapist to assist students, as needed
- Using peer teaching (e.g., teaming students without special health care needs with students who have such needs)

3 = Yes, the physical education program uses all or most of these instructional practices consistently.

2 = The physical education program uses some of these instructional practices consistently.

1 = The physical education program uses some of these instructional practices, but not consistently (that is, not by all teachers or not in all classes that include students with special health care needs).

0 = The program uses none of these practices, or there is no physical education program.

17. Does the physical education program implement and enforce all of the following safety practices?

- Practice active supervision
- Encourage pro-social behaviors
- Use protective clothing and safety gear that is appropriate to child's size and in good shape
- Use safe, age-appropriate equipment
- Minimize exposure to sun (including through use of sunscreen), smog, and extreme temperatures
- Use infection control practices for handling blood and other body fluids
- Monitor the environment to reduce exposure to potential allergens or irritants (e.g., pollen, bees, strong odors)

3 = Yes, all these safety practices are followed.

2 = All these safety practices are followed, but at times our school has temporary lapses in implementing or enforcing one of them.

1 = One of these safety practices is not followed, or at times our school has temporary lapses in implementing or enforcing more than one of them.

0 = More than one of these safety practices is not followed, or there is no physical education program.

18. Do teachers of physical education participate at least once a year in professional development in physical education?

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or no one teaches physical education.

19. Do both boys and girls participate in school-sponsored intramural programs or physical activity clubs?

3 = Yes, many boys and girls participate in school-sponsored intramural programs or physical activity clubs.

2 = For the most part, many students of only one sex participates in school-sponsored intramural programs or physical activity clubs.

1 = Very few students of either sex participate in school-sponsored intramural programs or physical activity clubs.

0 = There are no school-sponsored intramural programs or physical activity clubs.

20. Does your school offer at least eight different interscholastic sports to both boys and girls?

3 = Yes, our school offers at least eight different interscholastic sports to both boys and girls.

2 = Our school offers five to seven different interscholastic sports to both boys and girls.

1 = Our school offers one to four different interscholastic sports to both boys and girls, or offers five or more sports but only to one sex.

0 = Our school does not offer interscholastic sports.

21. Does your school promote or support walking and bicycling to school in the following ways?

- Designation of safe or preferred routes to school
- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promotion of safe routes program to students, staff and parents via newsletters, websites, local newspaper
- Crossing guards
- Crosswalks on streets leading to schools
- Walking school buses
- Documentation of number of children walking and or biking to and from school
- Creation and distribution of maps of school environment (sidewalks, crosswalks, roads, pathways, bike racks, etc.).

3 = Yes, our school promotes or supports walking and bicycling to school in six or more of these ways.

2 = Our school promotes or supports walking and bicycling to school in three to five of these ways.

1 = Our school promotes or supports walking and bicycling to school in one to two of these ways.

0 = Our school does not promote or support walking and bicycling to school.

22. Does your school offer opportunities for students to participate in physical activity before and after the school day for example, through organized physical activities or access to facilities or equipment for physical activity?

3 = Yes, both before and after the school day.

2 = We offer before school or after school, but not both.

1 = We do not offer opportunities for students to participate in physical activity before or after the school day, but there are plans to initiate it.

0 = No, we do not offer opportunities for students to participate in physical activity before or after the school day, and there are no plans to initiate it.

23. Are all students provided opportunities to participate in physical activity breaks in classrooms, outside of physical education, recess, and class transition periods?

3 = Yes, on all days during a typical school week.

2 = On most days during a typical school week.

1 = On some days during a typical school week.

0 = No, we do not provide students with opportunities to participate in physical activity breaks in classrooms.

24. Does your school or district require all interscholastic sports coaches to have training in the sport(s) they coach that reflects competency in the skills and knowledge outlined in the National Standards for Sports Coaches (see standards below)?

The 40 standards are grouped into the following eight domains:

- Philosophy and ethics
- Safety and injury prevention
- Physical conditioning
- Growth and development
- Teaching and communication
- Sports skills and tactics
- Organization and administration
- Evaluation

3 = Yes.

2 = Our school or district requires training but does not require that the training reflect competency in the skills and knowledge outlined in the National Standards for Sports Coaches.

1 = Our school or district does not currently require training, but is in the process of implementing required training.

0 = Our school or district does not require training, or our school has no interscholastic sport coaches.

25. Does the school ensure that spaces and facilities for physical activity meet or exceed recommended safety standards for design, installation, and maintenance, in the following ways?

- Regular inspection and repair of indoor and outdoor playing surfaces, including those on playgrounds and sports fields
- Regular inspection and repair of physical activity equipment such as balls, jump ropes, nets, cardiovascular machines, weights, and weight lifting machines
- Padded goal posts and gym walls
- Breakaway bases for baseball and softball
- Securely anchored portable soccer goals that are stored in a locked facility when not in use
- Bleachers that minimize the risk for falls
- Slip-resistant surfaces near swimming pool use
- Pools designed, constructed, and retrofitted to eliminate entrapment use.

3 = Yes, all these safety standards are met.

2 = All these safety standards are met, but at times the school has temporary lapses in one of them.

1 = One of these safety standards is not met, or at times the school has temporary lapses in more than one of them.

0 = More than one of these safety standards is not met, or there are no spaces or facilities for physical activity.

26. Does your school athletic program implement and enforce all the following safety requirements?

- Require physical examination by physician before participation
 - Avoid excesses in training regime that may result in injuries (e.g., heat stroke, exhaustion, dehydration, sprains, strains)
 - Establish criteria, including clearance by a health-care provider, before allowing further participation in practice or reentry into game play after a head injury
 - Reward good sportsmanship, teamwork, and adherence to safety rules
 - Strictly enforce prohibitions against alcohol and drug use
 - Strictly enforce prohibitions against violence and aggression by students, spectators, coaches, and other persons during sporting events
 - Strictly enforce prohibitions against dangerous athletic behaviors (e.g., spearing in football, high sticking in hockey, throwing bat in baseball)
 - Report all sports-related injuries to the appropriate authority.
- 3 = Yes, all these safety requirements are met.
2 = All of these safety requirements are met, but at times the school has temporary lapses in implementing or enforcing one of them.
1 = One of these safety requirements is not met, or at times the school has temporary lapses in implementing or enforcing more than one of them.
0 = More than one of these safety requirements are not met, or there is no school athletic program.