

# 2012 SCHOOL HEALTH PROFILES LEAD PHYSICAL EDUCATION TEACHER QUESTIONNAIRE

**This questionnaire will be used to assess school physical education across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.**

## INSTRUCTIONS

1. This questionnaire should be completed by the **lead physical education teacher** (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of this questionnaire.
5. Return the questionnaire in the envelope provided.

## Person completing this questionnaire

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

School name: [Click here to enter text.](#)

District: [Click here to enter text.](#)

Telephone number: [Click here to enter text.](#)

## To be completed by the SEA or LEA conducting the survey

School name: [Click here to enter text.](#)

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

# 2012 SCHOOL HEALTH PROFILES

## LEAD PHYSICAL EDUCATION TEACHER QUESTIONNAIRE

### REQUIRED PHYSICAL EDUCATION

**(Definition: Required physical education is defined as instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from your school.)**

**1. Is physical education required for students in any of grades 6 through 12 in your school? (Mark one response.)**

- Yes  
 No → **Skip to Question 3**

**2. Can students be exempted from taking required physical education for one grading period or longer for each of the following reasons? (Mark yes or no for each reason.)**

Reason	Yes	No
a. Enrollment in other courses (e.g., math or science).....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participation in school sports .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Participation in school activities other than sports (e.g., band, chorus, or JROTC) .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Participation in community sports activities.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Participation in community service activities .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Religious reasons .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Long-term physical or medical disability .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Cognitive disability.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Achievement of positive, passing, or high physical fitness test scores .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Participation in vocational training.....	<input type="checkbox"/>	<input type="checkbox"/>

### STANDARDS AND CURRICULUM

**3. Does your school follow any national, state, or district physical education standards? These standards might cover student expectations and performance outcomes for physical education. (Mark one response.)**

- Yes  
 No → **Skip to Question 5**

**4. Do your school’s standards for physical education specifically address the following?** (Mark yes or no for each outcome.)

	<b>Yes</b>	<b>No</b>
a. Competence in motor skills and movement patterns needed to perform a variety of physical activities .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Regular participation in physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Achievement and maintenance of a health-enhancing level of physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Responsible personal and social behavior that respects self and others in physical activity settings.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Value for physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.....	<input type="checkbox"/>	<input type="checkbox"/>

**5. Do teachers in your school use the following resources when planning to teach or teaching physical education classes?** (Mark yes or no for each resource.)

<b>Resource</b>	<b>Yes</b>	<b>No</b>
a. Any state-developed curricula for physical education.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Any district-developed curricula for physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Any school-developed curricula for physical education.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Any commercially developed curricula for physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Internet resources, such as PE Central or the National Association for Sport and Physical Education (NASPE) Teacher’s Toolbox .....	<input type="checkbox"/>	<input type="checkbox"/>

**6. Does your school have a written curriculum for physical education?** (Mark one response.)

- Yes  
 No → **Skip to Question 8**

**7. Does your physical education curriculum include the following components?** (Mark yes or no for each component.)

<b>Component</b>	<b>Yes</b>	<b>No</b>
a. Learning objectives or benchmarks .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Lesson plans or learning activities .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Plans or tools for assessing or evaluating students in physical education.....	<input type="checkbox"/>	<input type="checkbox"/>

**8. Has your school ever used a curriculum analysis tool such as the Physical Education Curriculum Analysis Tool (PECAT) to assess one or more physical education curricula? (Mark one response.)**

- Yes
- No

**INSTRUCTION**

**9. Which of the following best describes the typical student-to-teacher ratio in physical education classes at your school? (Mark one response.)**

- 19 or fewer students per teacher
- 20 to 29 students per teacher
- 30 to 39 students per teacher
- 40 to 49 students per teacher
- 50 or more students per teacher

**10. Which of the following statements best describes how physical education is taught at your school to students with long-term physical, medical, or cognitive disabilities? (Mark one response.)**

- Our school does not have any students with long-term physical, medical, or cognitive disabilities
- Students with disabilities participate in regular physical education only
- Students with disabilities participate in adapted physical education only (i.e., separate from regular physical education)
- Students with disabilities participate in both adapted and regular physical education

**11. Does your school offer any physical education courses that are taught...**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| a. Online only? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Partially online and partially in-person? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

12. **During this school year, did teachers in your school teach each of the following activities in a physical education class for students in any of grades 6 through 12? Please mark “yes” if teachers taught the activity itself, lead-up skills, skills specific to the activity, or modified versions of the activity.** (Mark yes or no for each activity.)

<b>Activity</b>	<b>Yes</b>	<b>No</b>
a. Aerobics (e.g., step or low impact) .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Badminton.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Baseball, softball, or whiffleball .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Basketball.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Bowling.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Canoeing or kayaking .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Cardiovascular exercise machines (e.g., rowers, stair climbers, treadmills, or stationary bikes).....	<input type="checkbox"/>	<input type="checkbox"/>
h. Climbing walls .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Dance (e.g., ballroom, folk, jazz, or square dance) .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Dodgeball or bombardment .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Football (e.g., touch or flag football).....	<input type="checkbox"/>	<input type="checkbox"/>
l. Frisbee, Frisbee golf, or ultimate Frisbee .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Golf .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Hiking, backpacking, or orienteering.....	<input type="checkbox"/>	<input type="checkbox"/>
o. Hockey (e.g., field, floor, roller, or ice hockey) .....	<input type="checkbox"/>	<input type="checkbox"/>
p. Kickball.....	<input type="checkbox"/>	<input type="checkbox"/>
q. Martial arts .....	<input type="checkbox"/>	<input type="checkbox"/>
r. Non-stationary bicycling.....	<input type="checkbox"/>	<input type="checkbox"/>
s. Racquet sports other than tennis (e.g., racquetball, squash, or paddleball) .....	<input type="checkbox"/>	<input type="checkbox"/>
t. Running or jogging .....	<input type="checkbox"/>	<input type="checkbox"/>
u. Soccer.....	<input type="checkbox"/>	<input type="checkbox"/>
v. Skating (e.g., roller, in-line, or ice skating, or skateboarding) .....	<input type="checkbox"/>	<input type="checkbox"/>
w. Student-designed games.....	<input type="checkbox"/>	<input type="checkbox"/>
x. Swimming.....	<input type="checkbox"/>	<input type="checkbox"/>
y. Tennis.....	<input type="checkbox"/>	<input type="checkbox"/>
z. Track and field .....	<input type="checkbox"/>	<input type="checkbox"/>
aa. Volleyball.....	<input type="checkbox"/>	<input type="checkbox"/>
bb. Walking.....	<input type="checkbox"/>	<input type="checkbox"/>
cc. Weight training .....	<input type="checkbox"/>	<input type="checkbox"/>
dd. Yoga.....	<input type="checkbox"/>	<input type="checkbox"/>

**13. During this school year, did teachers in your school teach each of the following topics in a physical education class for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

	<b>Topic</b>	<b>Yes</b>	<b>No</b>
a.	Physical, psychological, or social benefits of physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition) .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Phases of a workout (i.e., warm-up, workout, and cool down) .....	<input type="checkbox"/>	<input type="checkbox"/>
d.	How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity) .....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Developing an individualized physical activity plan .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Monitoring progress toward reaching goals in an individualized physical activity plan .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Overcoming barriers to physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Opportunities for physical activity in the community .....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Preventing injury during physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active).....	<input type="checkbox"/>	<input type="checkbox"/>
k.	Dangers of using performance-enhancing drugs (e.g., steroids) .....	<input type="checkbox"/>	<input type="checkbox"/>
l.	The difference between physical activity, exercise, and fitness .....	<input type="checkbox"/>	<input type="checkbox"/>
m.	The difference between moderate and vigorous physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
n.	The role of physical activity in reducing risk for chronic diseases (e.g., diabetes, heart disease, and osteoporosis).....	<input type="checkbox"/>	<input type="checkbox"/>
o.	Skill-related fitness (i.e., agility, power, balance, speed, and coordination) .....	<input type="checkbox"/>	<input type="checkbox"/>
p.	Mechanics of movement (e.g., the role of muscles in movement, force absorption, or throwing mechanisms).....	<input type="checkbox"/>	<input type="checkbox"/>
q.	Setting goals for physical activity participation.....	<input type="checkbox"/>	<input type="checkbox"/>
r.	How to find valid information, services, and products related to physical activity and fitness .....	<input type="checkbox"/>	<input type="checkbox"/>
s.	Balancing food intake and physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>

**14. When preparing lessons for a physical education class, what percent of time do teachers in your school typically allocate for students to be physically active? (Mark one response.)**

- Teachers in this school do not allocate a specific percent of time for students to be physically active
- 0 to 24%
- 25 to 49%
- 50 to 74%
- 75 to 100%

15. Do teachers in your school use the following technology when teaching physical education? (Mark yes or no for each item.)

Technology	Yes	No
a. Computers .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Video cameras .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Web-based data collection and reporting system.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Follow-along videos or DVDs .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Physical activity monitoring devices (e.g., pedometers or heart rate monitors).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Active gaming (e.g., Wii Fit or Dance Dance Revolution) .....	<input type="checkbox"/>	<input type="checkbox"/>

16. Does your school collect information on student weight status using body mass index or other methods as part of physical education? (Mark one response.)

- Yes  
 No

**STUDENT ASSESSMENT**

17. Do teachers in your school use each of the following criteria to assess students in physical education? (Mark yes or no for each criterion.)

Criterion	Yes	No
a. Attendance .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Wearing appropriate clothing for physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Level of participation .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Attitude .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Knowledge tests .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Movement skills performance tests .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical fitness tests .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Level of physical activity outside of physical education class, as measured by physical activity logs, pedometers, or other measures .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Quality of student's individualized physical activity plan.....	<input type="checkbox"/>	<input type="checkbox"/>

18. Are grades for physical education considered the same as those from other subject areas when determining grade point averages, honor roll status, or other indicators of academic standing? (Mark one response.)

- Yes  
 No

19. Which of the following fitness tests does your school use to test students' fitness levels? (Mark one response.)

- Our school does not use fitness tests → **Skip to Question 23**
- Fitnessgram
- The Physical Fitness Test, from the President's Challenge
- Other fitness test

20. Does your school compare students' fitness test scores to each of the following? (Mark yes or no for each.)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. National, state, or local criterion-referenced standards (standards considered to be consistent with good health for the student's age and gender)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. National, state, or local normative standards (standards relative to the performance of children in a reference group).....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The students' prior fitness test scores .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The students' fitness goals .....   | <input type="checkbox"/> | <input type="checkbox"/> |

21. Do physical education teachers in your school schedule time during physical education class for students to practice for the fitness tests? (Mark one response.)

- Yes
- No

22. Does your school provide students with an explanation of what their fitness tests scores mean? (Mark one response.)

- Yes
- No

**INTRAMURAL SPORTS PROGRAMS OR PHYSICAL ACTIVITY CLUBS**  
(Definition: Intramural sports programs or physical activity clubs are any physical activity programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.)

23. Does your school offer opportunities for all students to participate in intramural sports programs or physical activity clubs? (Mark one response.)

- Yes
- No → **Skip to Question 25**

**24. Are any of the following intramural sports or physical activity clubs offered to students at your school? (Mark yes or no for each sport.)**

<b>Sport</b>	<b>Yes</b>	<b>No</b>
a. Baseball, softball, or whiffleball.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Basketball.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Cardiovascular fitness.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Dance (e.g., ballroom, folk, jazz, or square dance) .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Football (e.g., touch or flag football).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Frisbee, Frisbee golf, or ultimate Frisbee .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Hiking, backpacking, or orienteering.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Martial arts .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Rock climbing.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Running or jogging .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Soccer.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Swimming, diving, or water polo .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Tennis.....	<input type="checkbox"/>	<input type="checkbox"/>
n. Volleyball.....	<input type="checkbox"/>	<input type="checkbox"/>
o. Walking.....	<input type="checkbox"/>	<input type="checkbox"/>
p. Weight training .....	<input type="checkbox"/>	<input type="checkbox"/>
q. Yoga.....	<input type="checkbox"/>	<input type="checkbox"/>

**STAFFING, PROFESSIONAL PREPARATION, AND PROFESSIONAL DEVELOPMENT**

**25. Currently, does one person at your school oversee and coordinate all physical activity programming before, during, and after the school day, including physical education, school-based physical activity opportunities (e.g., classroom-based physical activity), and intramural sports or physical activity clubs? (Mark one response.)**

- Yes
- No → **Skip to Question 27**

**26. What is this person’s role at your school? (Mark one response.)**

- Physical education teacher
- Activities director
- Athletic director
- School administrator
- Other school staff

27. **What was the major emphasis of your professional preparation?** (Mark one response.)

- Health and physical education combined
- Physical education
- Health education
- Other education degree
- Kinesiology, exercise science, or exercise physiology
- Other

28. **Currently, are you certified, licensed, or endorsed by the state to teach physical education in middle school or high school?** (Mark one response.)

- Yes
- No

29. **During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?** (Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Methods to increase the amount of class time students are engaged in moderate-to-vigorous physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Using technology such as computers or video cameras for physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Using physical activity monitoring devices, such as pedometers or heart rate monitors for physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Administering or using fitness tests .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping students develop individualized physical activity plans .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Teaching physical education to students with long-term physical, medical, or cognitive disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Teaching individual or paired activities or sports .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Teaching team or group activities or sports .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Teaching movement skills and concepts .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Assessing or evaluating student performance in physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Teaching methods to promote inclusion and active participation of overweight and obese children during physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Chronic health conditions (e.g., asthma or diabetes), including recognizing and responding to severe symptoms or reducing triggers .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Methods for developing, implementing, and evaluating intramural sports programs or physical activity clubs .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Establishing walking or biking to school programs .....	<input type="checkbox"/>	<input type="checkbox"/>
o. Assessing student weight status using body mass index or other methods .....	<input type="checkbox"/>	<input type="checkbox"/>
p. Aligning physical education standards to curriculum,		

- instruction, or student assessment.....  .....
- q. Teaching online or distance education courses.....  .....

**30. Would you like to receive professional development on each of these topics?**  
(Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Methods to increase the amount of class time students are engaged in moderate-to-vigorous physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Using technology such as computers or video cameras for physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Using physical activity monitoring devices, such as pedometers or heart rate monitors for physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Administering or using fitness tests .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping students develop individualized physical activity plans .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Teaching physical education to students with long-term physical, medical, or cognitive disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Teaching individual or paired activities or sports .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Teaching team or group activities or sports .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Teaching movement skills and concepts .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Assessing or evaluating student performance in physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Teaching methods to promote inclusion and active participation of overweight and obese children during physical education .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Chronic health conditions (e.g., asthma or diabetes), including recognizing and responding to severe symptoms or reducing triggers .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Methods for developing, implementing, and evaluating intramural sports programs or physical activity clubs .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Establishing walking or biking to school programs .....	<input type="checkbox"/>	<input type="checkbox"/>
o. Assessing student weight status using body mass index or other methods .....	<input type="checkbox"/>	<input type="checkbox"/>
p. Aligning physical education standards to curriculum, instruction, or student assessment .....	<input type="checkbox"/>	<input type="checkbox"/>
q. Teaching online or distance education courses .....	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your responses. Please return this questionnaire.**