

## SC Physical Education and Health Education Recommendations for ESSA Implementation October 2016

An increasing body of scientific evidence suggests that healthier students are better learners and that physical activity can improve student academic achievement (e.g., grades, standardized test scores), as well as other factors that influence academic success in school (e.g., attention span, classroom behavior, attendance) (Basch, 2010; USDHHS, 2010; Hillman, et al., 2009; Trudeau & Shephard, 2008; Active Living Research, 2009). Physical activity is important to the overall health and well-being of everyone, including all school-age children. Healthier Students Are Better Learners: A Missing Link in Efforts to Close the Achievement Gap. New York: New York. Columbia University. [http://www.equitycampaign.org/i/a/document/12557\\_EquityMattersVol6\\_Web03082010.pdf](http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf). Retrieved September 11, 2016.

### Academic Standards

*As stated in ESSA, `` (52) Well-rounded education.--The term `well-rounded education' means courses, activities, and programming in subjects such as English, reading or language arts, writing, science, technology, engineering, mathematics, foreign languages, civics and government, economics, arts, history, geography, computer science, music, career and technical education, **health, physical education**, and any other subject, as determined by the State or local educational agency, with the purpose of providing all students access to an enriched curriculum and educational experience."*

### Recommendations

1. Require adherence to the 2005 Students Health and Fitness Act that requires schools provide highly effective physical education for a minimum of 60 minutes a week for all students in grades K-6; and state regulations that require middle school students to have physical education each year and high school students for one Carnegie unit.
2. Require adherence to the Students Health and Fitness Act requirement that students in K-6 accumulate 150 minutes of physical education and physical activity a week.
3. Require adherence to the Comprehensive Health Education Act (CHEA) of 1988 that mandates students in K-6 have 75 minutes of health education for 36 weeks and grades seven and eight 250 minutes a week for the equivalent of nine weeks.
4. Require high school students to receive instruction in health education that includes a minimum of 750 minutes of reproductive health and pregnancy prevention, in addition to the other required components of health education as stated in the Comprehensive Health Education Act.
5. Require adherence to the Students Health and Fitness Act requirement of weekly nutrition lessons in grades K-5
6. Provide professional development to implement the state health education standards, physical education standards, the provisions of the Students Health and Fitness Act, and Comprehensive Health Education Act.
7. Adopt Pre-K Standards for health and physical education. Include pre-K in the upcoming revisions to the courses of study.

### Assessments

*ESSA allows states to develop assessments in subjects other than reading and math. "Appropriate assessments provide concrete evidence of whether students have achieved grade-level outcomes, allow teachers to reflect on effectiveness of instruction and provide evidence of program success. Physical education teachers track student progress across grade levels using assessment data, demonstrating that students are meeting standards and outcomes (SHAPE America, 2014, pp. 91-98; CDC, 2011, p. 34)".*  
*SHAPE America (2014)*

*There are a number of tools available to assist districts in assessing health and physical education curriculum implementation, as well as strengths and weaknesses of school health promotion policies. (See appendix). These enable schools to develop an action plan for improving student health. Additionally, the national Health Education*

*Assessment Project created assessments for each school level which were piloted in SC and could be utilized effectively to monitor student's achievement of grade level outcomes.*

### **Recommendations**

1. Utilize the South Carolina Physical Education Assessment Program materials for high school, middle school and elementary physical education (required unit for high school) which includes the use of the Fitnessgram fitness test. These need some revision and should be revised for a total program assessment or used as in the development of district SLOs.
2. Implement components of the South Carolina Health Education Assessment Project to assess health education.
3. Require use of the modified physical fitness test for students with disabilities as needed.
4. Require adherence to the Students Health and Fitness Act (SHFA) requirement that the State Department of Education submit a report to the legislature annually regarding compliance with the SHFA.

### **Accountability**

*As stated by ASCD (2016), states must include at least one nonacademic measure in their accountability systems. This requirement is a "great victory for whole child advocates who recognize that test scores alone should never be the sole measure of student achievement or the basis for determining educator effectiveness or school success." ASCD. (2016). ESSA Implementation Resources for Educators. ESSA and Accountability Frequently Asked Questions. [http://www.ascd.org/ASCD/pdf/siteASCD/policy/ESSA-Accountability-FAQ\\_May112016.pdf](http://www.ascd.org/ASCD/pdf/siteASCD/policy/ESSA-Accountability-FAQ_May112016.pdf) retrieved September 9, 2016. CDC (2015). Healthy Schools. Local School Wellness Policy. <https://www.cdc.gov/healthyschools/npao/wellness.htm>. Retrieved September 11, 2016.*

### **Recommendations**

1. Require schools be held accountable for implementation of the required up-to-date Local School Wellness Policy. This recognizes the importance of educating the whole child, in conjunction with ESSA's requirement to support safe and healthy schools. The Local School Wellness Policy "guides a local educational agency or school district's efforts to create supportive school nutrition and physical activity environments." Each local education agency participating in the National School Lunch Program or the School Breakfast Program is required to develop and implement a wellness policy as established by the Healthy, Hunger-Free Kids Act of 2010 (CDC, 2015).
2. Require schools to submit program assessments every three years in conjunction with the South Carolina Physical Education Assessment Program and the South Carolina Health Education Assessment Program.
3. Require upper elementary through high school students to set individual goals based on their fitness scores.
4. Monitor the extent to which schools implement the required School Wellness Policy.
5. Develop an accountability policy for health and physical education programs.

### **School Improvement**

According to "Section 1115 (b) TARGETED ASSISTANCE SCHOOL PROGRAM.—To assist targeted assistance schools and local educational agencies to meet their responsibility to provide for all their students served under this part the opportunity to meet the challenging State academic standards, each targeted assistance program under this section shall... (G) provide to the local educational agency assurances that the school will... (ii) minimize the removal of children from the regular classroom during regular school hours for instruction provided under this part."

### **Recommendations**

Eliminate the following practices common in many schools:

1. Removing students from the physical education class:
  - a. to provide additional instruction/remediation in reading, math and/or other subjects,
  - b. as a form of punishment, and/or
  - c. for extracurricular activities (e.g., cheerleading, band, athletics, speech, gifted programs, etc.).
2. Holding students in the classroom during recess as a form of punishment or to complete assignments.
3. Using physical activity as a form of punishment (e.g., running laps, push-ups).

4. Requiring physical education teachers to teach or tutor other subjects such as reading.
5. Requiring students to sit for long periods of time in an academic setting without any physical activity.
6. Using innovative schedules in the middle school where students do not receive physical education weekly throughout the school year.

### **Teacher and Leader Effectiveness**

*Since 1996, education and policy-making leaders have called for providing all students in the country with “what should be their educational birthright: access to competent, caring, and qualified teachers” (National Commission on Teaching and America’s Future). A goal within Plan 2020 is for every child to be taught by [a] well-prepared, resourced, supported and effective teacher and leader. Author. (1996). National Commission on Teaching and America’s Future. What Matters Most: Teaching for America’s Future.*

#### **Recommendations:**

1. Require adherence to the law that all physical education teachers K-12 to be certified in physical education.
2. Require all health education teachers in middle and high school to be certified in health education.
3. Require prek-5 grade teachers to have at least one course in health education methods.
4. Provide health education professional development for prek-5 grade teachers who provide health education per the Comprehensive Health Education Act.
5. Eliminate the use of PRAXIS and similar alternative routes to certification in physical education that do not include a student teaching/internship experience in the physical education classroom.
6. Require that health and physical education teachers receive 50% of their annual professional development (PD) and attain PD hours that directly address their teaching discipline in higher education course work and at professional workshops, conferences and/or in-service programs specific to their field.
7. Provide funding from Title II for health and physical education teachers and paraprofessionals to attend professional workshops/ conferences annually specific to physical education/health teachers.
8. Educate school leaders regarding expectations of a highly effective physical education program and health education program.
9. Use the SHAPE America “Administrator’s Observation Checklist” as part of the evaluation of physical education teachers.
10. Require physical education and health education teachers to remain current in CPR and safety and first aid procedures.

### **Well Rounded Education/Title IV Programs**

As previously stated, the term ‘well-rounded education’ means courses, activities, and programming in subjects such as English, reading or language arts, writing, science, technology, engineering, mathematics, foreign languages, civics and government, economics, arts, history, geography, computer science, music, career and technical education, *health, physical education*, and any other subject, as determined by the State or local educational agency, with the purpose of providing all students access to an enriched curriculum and educational experience. In addition, Title IV, Part A Student Support and Academic Enrichment Grants authorizes block grants to states to support: well-rounded education (min. 20%), safe and healthy students (min. 20%), and effective use of technology. Health and physical education programs can be funded through all three areas of the block grant.

#### **Recommendations:**

1. Provide funding for the professional development of Physical Activity Directors in elementary (Required by the SHFA), middle and high schools that incorporates physical education, before and after school physical activity (not athletic team competition), faculty/staff wellness, activity breaks in the classroom, and family/community involvement.
2. Incorporate physical activity in before and after-school programs at all levels.
3. Eliminate unsafe physical education class settings by utilizing the same pupil: teacher ratio throughout all school classrooms (including the gymnasium and outdoor play spaces).
4. Provide safe play spaces and equipment for use before, during and after school.

5. Provide recess daily at the elementary level (not as a substitute for physical education or other physical activity programs).
6. Provide funding for schools to purchase safe outdoor playground equipment and equipment for physical education programs.

### **Funding Information**

The Students Health and Fitness Act continues to be partially funded by the SC legislature to support elementary physical education teachers and elementary school nurses. The continued legislative flexibility provisos have not supported these funds being directed to the programs for which the bill was designed and have allowed districts to use these funds for other purposes. In addition the proviso that directs approximately one third of the funds to reducing the physical education teacher to student ratio and that two thirds are directed to elementary school nurse grants does not allow for the original budgeting and intent of the SHFA to be fully implemented. Due to the lack of full funding important components of the legislation, including professional development, health and physical education program assessment and the appointment, training and support of a physical activity director at each elementary school are no longer implemented.

#### **Recommendation**

Funding for the Student Health and Fitness Act needs to be redirected as originally intended to support program requirements, professional development, activity directors, teacher/pupil ratios, assessment, and physical activity programs in health and physical education.

### **APPENDIX**

#### **Relationship Between Health, Physical Activity and Academic Performance**

Healthier Students Are Better Learners: A Missing Link in Efforts to Close the Achievement Gap. New York: New York. Columbia University. [http://www.equitycampaign.org/i/a/document/12557\\_EquityMattersVol6\\_Web03082010.pdf](http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf). Retrieved September 11, 2016.

United States Department of Health and Human Services (2010). The association between school-based physical activity, including physical education, and academic performance. Atlanta: Centers for Disease Control and Prevention. Available at [http://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/pa-pe\\_paper.pdf](http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf). Retrieved September 11, 2016.

Hillman, C., Pontifex, M., Raine, L., Castelli, D. Hall, E. & Kramer, A. (2009). The Effect of Acute Treadmill Walking on Cognitive Control and Academic Achievement in Preadolescent Children. *Neuroscience*, 159: 1044-1054.

Trudeau, F., & Shepard R.J. (2008). Physical Education, School Physical Activity, Sports and Academic Performance. *International Journal of Behavioral Nutrition and Physical Activity*, Vol. 5(10).

Active Living Research. (2009). Active Education: Physical Education, Physical Activity and Academic Performance. [http://activelivingresearch.org/files/ALR\\_Brief\\_ActiveEducation\\_Summer2009.pdf](http://activelivingresearch.org/files/ALR_Brief_ActiveEducation_Summer2009.pdf). Retrieved September 11, 2016. United States Department of Health and Human Services (2008). Physical activity guidelines for Americans. Available at [www.health.gov/paguidelines](http://www.health.gov/paguidelines). Retrieved September 11, 2016.

#### **Standards and Curriculum**

National Standards & Grade-Level Outcomes for K-12 Physical Education. Champaign, IL: Human Kinetics.

Centers for Disease Control and Prevention. (2011). School Health Guidelines to Promote Healthy Eating and Physical Activity. Vol. 60(5), 34.

### **Assessment and Needs Assessment**

South Carolina Physical Education Assessment Program (<http://www.SCAHPERD.org>)

The SCPEAP materials provide assessment tools for 2nd, 5th, 8th and 9th grade physical education programs

South Carolina Alliance for Health, Physical Education and Dance - ESSA Needs Assessment  
(<http://www.SCAHPERD.org>)

The Needs Assessment tool is a checklist schools can use to determine the quality of their programs in health, physical education and dance.

School Health Index (SHI)

<http://www.cdc.gov/healthyschools/shi/index.htm><http://www.cdc.gov/healthyschools/shi/index.htm> Or  
[https://schools.healthiergeneration.org/dashboard/about\\_assessment/](https://schools.healthiergeneration.org/dashboard/about_assessment/)

The *School Health Index (SHI): Self-Assessment & Planning Guide 2014* is an online self-assessment and planning tool that schools can use to improve their health and safety policies and programs. It's easy to use and completely confidential. The SHI:

- Enables schools to identify strengths and weaknesses of health and safety policies and programs.
- Enables schools to develop an action plan for improving student health, which can be incorporated into the School Improvement Plan.
- Engages teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.

The Whole School, Whole Community, Whole Child Model (WSCC) <http://www.cdc.gov/healthyouth/wsc/>

The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC incorporates the components of CSH and the tenets of the ASCD's whole child approach to strengthen a unified and collaborative approach to learning and health. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.

State School Health Policy Matrix 2.0 [http://www.shapeamerica.org/advocacy/upload/Policy\\_Matrix\\_II\\_Final.pdf](http://www.shapeamerica.org/advocacy/upload/Policy_Matrix_II_Final.pdf)

*The State School Health Policy Matrix 2.0* outlines relevant state-level policies for each of these areas, including a direct link to the policy. It also indicates which political entity or agency adopted the policy or issued guidance, helping to answer the question – Who has historically had the authority to make policy changes in the areas of competitive foods and beverages, physical education and physical activity, and administration of medication in each state?

Shape of the Nation™ 2016 <http://www.shapeamerica.org/shapeofthenation>

*The 2016 Shape of the Nation™: Status of Physical Education in the USA* provides a current picture of physical education in the American education system. The 2016 survey finds areas of both improvement and decline since the 2012 Shape of the Nation.

The Essential Components of Physical Education

<http://www.shapeamerica.org/upload/theessentialcomponentsofphysicaleducation.pdf>

The Essential Components of Physical Education defines and describes the critical elements of a physical education program and helps users understand the essential components.

