

Report of the External Review Committee

Wellness Education Department Comprehensive Program Review

Weston Public Schools
Weston, Ma

October 2011

External Review Committee:

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Presented to School Committee: March 26, 2012

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Wellness Education Department - Comprehensive Program Review
Weston Public Schools, Weston, Ma

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Executive Summary

Weston Wellness External Review 2011-2012

The purpose of the report is to update the School Committee regarding Weston's External Program Review of the Wellness Department. The report summarizes the visit of the External committee and provides insights as well as recommendations and commendations to guide future Departmental planning.

The report is organized into sections that respond to the School Committee Charge:

- Curriculum
- Instruction
- Program Design
- Facilities and Equipment

Areas to note:

Departmental strengths

- Innovation in research and use of technologies within program.
- Strong internal assessment of strengths and needs.
- Instructional practice with program differentiation was observed across the system.
- Effective use of Departmental meetings to shape collegiality.

Important Recommendations

- Articulation of a written curriculum K-12 with focus on scope and sequence.
- Develop broader assessments and feedback frameworks to parallel written curriculum.
- Explore Health curriculum K-12 using guiding recommendations for focus.
- Continue to develop consistency in philosophy and program implementation that achieves newly developed mission statement.

Purpose

The Weston Assistant Superintendent for Curriculum and Instruction, Amber Bock, invited a committee of outside consultants to visit the Weston Public Schools on October 27 & 28, 2011 to review the preK-12 Wellness Education program in the Weston Public Schools. The External Review Committee was charged with addressing a series of questions developed by the Weston School Committee, in part based upon an extensive self-study process completed by the entire Wellness Education Department during the first six months of 2011. This report provides the External Review Committee's responses to the questions it was charged to address, as well as observations, commendations and recommendations regarding the program in general. It should be noted that for the purposes of this review, the Health Education and Physical Education components only of the Weston Wellness Education Department were examined. It is the committee's understanding that the Family & Consumer Sciences components of the department are being examined in a separate process.

Composition of External Program Review Committee

The Wellness Education Program External Review Committee was made up of eight members who represent a cross-section of expertise across pre-K-college Health & Physical Education. The Committee was comprised of Health & Physical Education faculty at the college, secondary, and elementary levels; Health & Physical Education district administrators and curriculum developers; high school administrators; college-level teachers of Physical Education professional preparation, and a Weston High School alumnus currently completing a graduate degree in Physical Education.

The Committee members were as follows:

Patricia McDiarmid, Ed.D, (Chair), Associate Professor of Health Education, Springfield College

Eric Archambault, WHS Alumnus (2006), MS-Springfield College (pending 2012)

Paula Graham - Physical Education teacher, Coolidge Middle School, Reading, MA

Barbara Kelly - Physical Education teacher, Hildreth Elementary School, Harvard, MA

Robert McGowan, Ed.D., Director of Athletics, Health & Physical Education (retired), Cambridge Public Schools

Brian McNally – Health & Physical Education Program Coordinator, Andover Public Schools

Thomas Murray – Principal (retired), Danvers High School

Susan Shields - Wellness Department coordinator, Lincoln Sudbury Regional High School

School Committee Charge

The External Review Committee was charged by the Weston School Committee with responding to the following questions in the areas of Curriculum, Instruction, Program Design, and Facilities and Equipment:

I. Curriculum

Do the current Weston Public Schools Wellness Education Learning Standards and Big Ideas support the realization of the Wellness Education Department's mission statement?

- I.1 Does the current curriculum in grades K-12 reflect the best practices in Health Education and Physical Education?
- I.2 Does the current curriculum support an appropriate balance between skill development, activity, and content?
- I.3 Do the units of instruction reflect current practice in the discipline, and do they maximize student participation?
- I.4 How are formal and informal assessments currently being utilized, and in what ways can assessment of benchmarks be improved?
- I.5 Does the alcohol, tobacco, and other drug education strand of our Health Education curriculum reflect current best practices and instructional methodology?

II. Instruction

To what extent does classroom instruction reflect curricular goals and best teaching practices?

Physical Education:

- II.1 How successfully is skills instruction embedded in movement-based activities to provide a balance of vigorous activity and skill work in each class session?
- II.2 Is instructional time used effectively at each building level?
- II.3 How well are all students accessing the curriculum?
- II.4 How well are differentiated student needs being identified and met in both the adapted physical education setting and in the general physical education setting throughout the K-12 program?

Health Education:

- II.5 Are students engaged as active learners in each class session?
- II.6 How well does the current class structure and method of instruction balance the need for information acquisition and skill development?
- II.7 How well do teachers make use of authentic experiences, technology, and primary sources in their classroom instruction?

III. Program Design

Is adequate time and institutional support given to the study of Health Education and Physical Education from K-12?

III.1 Does the current program provide an adequate variety and sequence of activities to enhance an understanding of and commitment to lifetime fitness and activity?

III.2 Does the current scheduling of Health Education and Physical Education in each school maximize their effectiveness in providing meaningful instruction and learning in the academic discipline, and benefit to the entire learning process within the school?

IV. Facilities & Equipment

How do the current facilities and equipment maximize or inhibit the success of the program?

IV.1 Is safety being adequately addressed in instruction, and ensured through facility design and usage?

IV.2 Is use of available indoor and outdoor space maximized?

IV.3 How can scheduling/layout of current space promote maximum use by students and adults throughout the day?

IV.4 What inadequacies in space and/or design and usage need to be addressed?

Methodology

The conclusions in this report are based on review of the Wellness Education Department's Program Self-Study; data based upon surveys of all students in grades 4-12, and of parents of all Weston Public Schools students; review of the Weston Standards and Benchmarks for Health & Physical Education; review of written curriculum, unit plans, and teaching guidelines (where available) and of curriculum materials (including pre-packaged, evidence-based curricula utilized especially in Health Education); classroom observations; individual, small group, or focus group meetings with all department faculty, other faculty, students, parents, the Curriculum Cabinet, Wellness Education departmental affiliated staff involved in grant projects, district administrators, and all school principals.

Observation instruments were designed by the external review committee chair using a simple table-formatted rubric laden with the desired language contained within the stated charge given to the Review Team from the School Committee. The data collection instrument was employed to evaluate questions within each of the above-identified areas (curriculum, instruction, program design, and facilities and equipment).

Committee Site Visit Activities

In the Spring of 2011 Dr. Patricia McDiarmid, Associate Professor of Health Education was recruited as the external review committee chair, based upon the recommendation of Dr. Charles Redmond, Dean of the School of Health, Physical Education, and Recreation at Springfield College. Upon her acceptance of the position, Dr. McDiarmid had several meetings and/or teleconferences with Amber Bock, the Assistant Superintendent for Curriculum and Instruction, and Mitch Finnegan, the Director of Wellness Education. These discussions included the work that had already been conducted during the self-study phase, the process for the external review that Weston proposed to use, and the final charge from the School Committee. Throughout the summer and early fall of 2011, Ms. Bock contacted committee members to invite them to participate on the External Review Committee. The final charge, list of Program Review Committee members, and departmental Self-Study and survey materials were sent to the Review Committee in late September/early October.

Throughout October Dr. McDiarmid and Mitch Finnegan had several conversations to finalize plans and the schedule of activities, culminating with a final meeting on the evening of October 26. The committee gathered on Thursday, October 27, 2011 to begin the site visit. The visit began with a brief organizational meeting attended by the full Program Review Committee

with Amber Bock and Mitch Finnegan. Amber Bock gave an overview of the two-day visit and reviewed the charge to the Committee. Dr. McDiarmid then went over the Committee's activities and responsibilities. Committee members then pursued individual schedules that consisted of viewing of curriculum materials, visits to classes in all schools and at all levels, and meetings with various constituencies. In all, 34 separate classes were visited, encompassing Health and Physical Education at every grade level, and every teacher. Included in these observations were general Physical Education, Adapted Physical Education, GRASP, and Health Education. Debriefings and meetings were held with every teacher in the department.

The Committee Chair and a small group of members also met with the Superintendent, Assistant Superintendent, the Wellness Education department director, the Curriculum Cabinet of all K-12 department directors and 6-12 department heads, and all principals. The Chair also facilitated a focus group of high school students, and of parents representing all grades in the district.

During the site visit, the Committee reviewed several Wellness Education program documents. These materials included: The Weston Public Schools Health, Physical Education, and Family & Consumer Sciences Standards for Grades K-12; unit plans, teaching guidelines, and lesson plans in the form of either class outlines or PowerPoint presentations; classroom materials including assessment rubrics, and evidence-based curricula used in Health Education: and eligibility and assessment protocols, and reporting instruments used in GRASP.

The Committee convened at the beginning and end of the site visit and had a working dinner on Thursday evening at the Henderson house hosted by Dr. Cheryl Maloney, Superintendent of the Weston Public Schools. At our meeting on Friday afternoon, we discussed our findings and identified commendations and recommendations. During the weeks following the visit individual

committee members wrote up their notes and detailed responses to questions in the charge and e-mailed them to the chair. The chair, in turn, emailed drafts of the report to the committee members for their review to ensure that this report accurately represents their findings and conclusions. This is the final report of the Program Review Committee.

Introduction

It is my hope that this external review can be helpful to all stakeholders participating in the department's review process along with members of the community and positively impact the future improvement and sustainability of the program especially during the challenging economic climate that currently exists.

School Committee Charge to External Review Team

After consultation with curriculum leaders and district administrators, questions were formulated to guide the review process for the team in the following categories: curriculum: instruction, program design, and facilities and equipment (see above). The committee chairperson used the identified questions to design rubrics that were employed by members of the review team throughout the two-day visit during class observations and committee meetings involving various constituents and stakeholders. These forms were provided for members of the review team promoting a standardized format for collecting evidence and data while examining each of the above-identified categories along with the posed questions from Weston's School Committee.

The remainder of this report is divided into the sections as outlined in the Charge from the School Committee. Each section begins with the appropriate guiding and specific questions from that Charge, followed by the External Review Committee's observations and findings.

Curriculum

School Committee Charge:

I. Curriculum

Do the current Weston Public Schools Wellness Education Learning Standards and Big Ideas support the realization of the Wellness Education Department’s mission statement?

I.1 Does the current curriculum in grades K-12 reflect the best practices in Health Education and Physical Education?

The faculty and leadership of the Weston Public Schools should be commended for producing a self-study that documents reflection on instructional best practices, curriculum strengths and weaknesses, and infrastructure/facility needs conducive to designing and delivering exemplary Wellness education. Two examples of the seriousness of purpose are illustrated by the numerous observational site visits in preparation for this program review coupled with the group inquiry into John Ratey’s ground-breaking book *SPARK* by faculty members. Researched-based considerations form the foundation for examining the status of Weston’s Wellness Education programming and the coordinated efforts to design and deliver an effective Wellness Education program.

Curriculum is a plan for learning that includes targeting a student population, conducting a needs assessment, and writing a mission statement. It includes developing goals, objectives, content, teaching strategies, and assessment tools. The Wellness Education department at the Weston Public Schools certainly has identified a targeted population with the needs of the grade levels attained via survey data from two different sources. This is a great example of data-driven instruction that is “cutting edge” and progressive in the industry. The overall stated mission of the District “to challenge all students to excellence, to promote a climate of respect and support, and to encourage and to facilitate the growth, abilities, and talents of students, so that they will live healthy lives characterized by reflection, responsibility, wonder, daring, and enthusiasm for

life-long learning” is certainly reflected in the chosen Wellness Education curriculum (please refer to Appendix A).

Alignment is critical in curriculum development from purpose and philosophy, to goals and objectives, to content and activities, and to assessment and evaluation. Working through a process of asking and answering who, what, where, why, when, how questions is important in designing and developing curriculum. Learning in the 21st century demands that schooling help students understand rather than just remember.

The committee was informed that the Wellness Education department, along with the rest of the WPS, had engaged several years ago in a process of curriculum design based upon Wiggins & McTighe’s backwards design model explained in their book *Understanding By Design*. This resulted in the development of the Health & Physical Education Standards & Benchmarks document, which was provided to the committee. One concern identified by the Review Committee was how up-to-date this document is, and how often it is being used in decision-making regarding the delivery of instruction

Wellness is an active process of becoming aware of and making choices towards achieving a more successful existence. Personal wellness occurs when one commits to a continuous, lifelong process of developing a lifestyle based on healthy attitudes and actions. Wellness extends the definition of health to encompass a process of awareness, education and growth. By presenting a planned, sequential program that embraces the six dimensions of wellness (intellectual, physical, spiritual, social, emotional, environmental) students develop knowledge, attitudes, skills and behaviors necessary to achieve optimal wellness and become committed to lifelong learning. This approach builds resiliency, which in turn leads to healthy families and communities. Without a comprehensive curriculum mapping process laden with a clear scope

and sequence such a program design cannot be ensured. The department's self-study identified the need for the development of such mapping as a priority. The committee understands that the department has already begun this process, and encourages the department to work through this process as expeditiously as possible.

It is important to note however, that there is no universally agreed upon definition of what "wellness" describes or how it is attained. Providing children and youth with the knowledge and skills needed to support health through Wellness Education programming is one logical approach to combating the looming threats to their physical and mental well-being associated with poor quality food choices, sedentary lifestyles, stress and social isolation.

Childhood and adolescence are generally viewed as periods of vibrant good health and optimism for the future. The number of overweight and obese children in the Nation has reached epidemic levels. At the same time, the available evidence indicates that significant numbers of young people experience mental health issues such as anxiety and depression. Estimates suggest that, left unchecked, these concerns will drive the prevalence of chronic diseases such as type 2 diabetes, cancer and heart disease to previously unheard of levels.

The lack of consensus about what constitutes wellness has led to a level of dissonance that has implications for health curriculum development and overall school health coordinated programming. The absence of a clear definition for wellness has allowed for diverse interpretation of the subject areas that should and should not be included in wellness curriculum. Some have interpreted the concept of wellness as being highly related to physical and mental health that, in turn, has produced wellness curriculum that is limited to subjects such as nutrition, physical activity or physical education, and mental health promotion. In contrast, others have viewed wellness in its broadest context and, as a result, some wellness curricula encompass

learning objectives that include a sizeable list of topics such as nutrition, physical education or activity, anti-bullying messages, suicide prevention, eating disorder prevention, self-esteem, relationship building, career planning, personal financial management and human sexuality.

Given that instructional time in most school jurisdictions is fixed and that the time allocated to health and/or physical education is typically low, the implications of a lack of consensus about the meaning of wellness is profound. For example, taken in its broadest sense, wellness curriculum could attempt to cover a large number of topics. Unless considerable time was available this approach would significantly limit the duration and intensity of instruction, thereby weakening the potential effects.

Schools contribute to the development of practical life skills for children and youth in a multitude of ways. Considerable confusion exists as to the appropriate and most effective place within curricula structure where “wellness” topics belong. For example, life skill and career education begins early on in a student’s academic life and increases in depth and specificity over time and includes wellness topics imbedded within units of instruction. Health or wellness education occurs under a wide variety of titles; and for the most part, is not a mandated program of studies at the secondary or high school level and opportunities for students to expand their knowledge in this area is limited. Common themes include subjects such as nutrition or healthy eating; human sexuality and sex education; body image and self-esteem; personal safety and injury prevention; drug awareness and substance abuse prevention; and healthy relationships. In addition, health education, particularly at secondary grade levels of Grade 9 and beyond, often includes information on career planning, financial management and consumer skills or media awareness.

Weston Public School leadership has spent considerable time researching current

evidenced-based curricular resources available to design and deliver instruction including professional development train-the-trainer approaches to solidify and develop common ground philosophy and instructional strategies. In Physical Education, department staff noted the extensive training in technology, such as pedometers, heart rate monitors, and fitness testing technology, as well as “functional fitness” training that has been introduced into all secondary classes. Examples of evidence-based curriculum models utilized by the Health Education program include: *Aggressors, Victims & Bystanders* (anti-bullying); *Signs of Suicide* (suicide prevention & mental health); *Signs of Self-Harm* (self-injury prevention); *Safe Dates* (dating abuse prevention); and *Life Skills Training* (decision making, mental health, substance abuse). It should also be noted that the work conducted by the various components of the Grant to Reduce Alcohol Abuse, such as ATLAS/ATHENA training, and the Social Norms Campaign, serve to reinforce the efforts and messages of the Health Education curriculum.

The department’s self-study document asserts that the Wellness Education Department has adopted a “whole-child” approach in its understanding of the life of Weston Public School students. Mentioned further in the report are statistics that pinpoint data identifying the needs of the student population with respect to fitness levels, suicide rates, alcohol use, and dietary practices using both the *Weston Youth Health Assessment* and the *Youth Risk Behavior Surveillance System (YRBSS)* results. Also noted as part of the “whole-child” approach is the researched-based theory related to the role of exercise in brain and emotional development.

Rather than offering simple “lip service,” Weston’s Wellness Education Department members engaged in a group study effort centered around the ground-breaking book *SPARK: The Revolutionary New Science of Exercise and the Brain* within which John J. Ratey, M.D., embarks upon a fascinating and entertaining journey through the mind-body connection,

presenting startling research to prove that exercise is truly our best defense against everything from depression to ADD to addiction to aggression to menopause to Alzheimer's. It is highly commendable that the teachers in the Wellness Education Department embraced this collective approach. In addition, a series of site visits were executed to make program comparisons, identify best practices, extend and confirm ideas and current practices while fostering collegial connections. The External Review Committee was not presented with written documents of the findings from the site visits but certainly admires this part of the self-study efforts. This is an excellent example of a true Professional Learning Community, which the committee understands to have been a point of emphasis with recent professional development efforts in the Weston Public Schools.

I.2 Does the current curriculum support an appropriate balance between skill development, activity, and content?

The various curriculum materials used as resources for the instruction in the Wellness Education programming at the various levels were available for the Committee to examine and evaluate. Most of the activities offered within the written P.E. curriculum appear to be sport related, which appears to be a primary area of expertise of staff members. However, it should be noted that the department has engaged in extensive professional development of other choices and focus more on personal fitness such as core/functional fitness, Zumba, etc. With regard to aligning instruction with the Massachusetts Frameworks or NASPE standards, this was only verbally indicated and not documented clearly or strongly in the written materials that were reviewed by the committee. This should be a major consideration during the department's curriculum mapping efforts.

After reviewing the available materials one member of the review team perceived that the lower elementary Physical Education program was developmentally appropriate and didn't

reflect the sports-based model witnessed at the upper elementary level.

The Middle School curriculum was not documented clearly with goals and objectives that would scaffold and “build off of each other” from grade to grade or unit to unit. The teachers did not appear to have a vision of what goals for the curriculum should be and how this would be implemented developmentally across the grades. Also, student ownership and accountability in each class along with the expectations in the curriculum regarding student performance were not clearly evident. The student-centered approach was not transparent either if it is being emphasized in the design and delivery of instruction.

The High School curriculum documents that were reviewed indicated that the program offered a wide variety of opportunities at the various levels such as listed above. Of particular note was that each area included benchmark assessments. For example the ninth grade unit on Tennis identified that a student must demonstrate proper technique for hitting a forehand ground stroke as the benchmark assessment. The criterion for success was executing this successfully in 8 out of 12 tries. The ninth grade curriculum outline made this very clear. However this curriculum document was not readily available to the committee; it had to be requested. The materials that were available were much broader in focus. They included the different units being taught at the grade levels but didn't go into great detail. From discussions with the teachers it appeared that each unit had benchmark assessments and criteria for success but the documents were not presented to support the verbal information. The curriculum documents didn't clearly outline the desired balance between skill development, activity, and content. There appeared to be knowledge of the individual teachers in this area as well as a desire to provide that balance. The self-study indicates that more time needs to be put forth in articulating the balance between skills, content and activities.

I.3 Do the units of instruction reflect current practice in the discipline, and do they maximize student participation?

Based on the observations of one review team member and noting where they were in the curriculum, and more specifically, the unit, an agreement that the lessons presented did reflect current best practice and they DID lend themselves to helping to maximize student participation existed. It was mentioned that each school even has a stationary bike so if a student can't participate in class for some reason they're told to pedal the bike.

At the Middle School level the educators have been trained in the Foundational Fitness program and they have effectively built these concepts into their warm-up for each class. This serves to engage students in positive and productive ways as well as to maximize active learning time. The staff professionals are receptive to new ideas and seem eager to implement these new ideas and programs.

As far as student participation, the majority of lessons observed at the middle and high school indicated that student participation was a main focus. For example, a volleyball unit that was observed had the students divided into four different groups by ability level. The teacher commented that this is a regular practice to ensure that students are actively engaged and not standing on the sidelines letting others take over the activity or game. A middle school lesson observed supported this as well. Students first began in a circuit of conditioning and warm up activities that required them to rotate through stations and work at their own level with full participation. The class later transitioned into two or three separate activities based on ability level.

I.4 How are formal and informal assessments currently being utilized, and in what ways can assessment of benchmarks be improved?

The consensus of the review team is that members do not recall observing anything other than authentic assessment while observing physical education classes. The curriculum documents did not contain samples of student assessments nor did any teacher offer alternative forms of assessment being employed to measure learner performances in that discipline. The Health Education classes that were observed did showcase a variety of learner-centered instructional strategies that can serve as notable and measureable feedback for the teachers. The high level of connectivity showcased in those sessions presents a sound platform for progressive and ongoing assessment of the learners.

I.5 Does the alcohol, tobacco, and other drug education strand of our Health Education curriculum reflect current best practices and instructional methodology?

Health education is a distinctive and one-of-a-kind academic discipline: it draws from topics that may cross disciplines (science, social studies, math, language arts, physical education) yet it retains a very personal glimpse at human behavior. The fundamental goal of health education is to enable individuals to use knowledge and develop skills that permit them to transform unhealthy habits into healthy habits. Students are supported in their efforts to apply knowledge, attitudes and behaviors toward achieving wellness and maintaining a healthy lifestyle. The K-12 health/wellness education curriculum should be designed to provide learners not just with information but also with the skill to analyze and apply that information to their own lives. It is this type of authentic application that can serve to make a difference in attaining and maintaining overall health and well being throughout a lifetime by practicing, fostering, and promoting an informed decision-making process as content knowledge is gained.

According to the Centers for Disease Control and Prevention (CDC) today's state-of-the-art health education curricula reflect the growing body of research that emphasizes teaching

functional health information (essential knowledge), shaping personal values and beliefs that support healthy behaviors, shaping group norms that value a healthy lifestyle, developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors. Less effective curricula often overemphasize teaching scientific facts and increasing student knowledge.

In Weston ATOD is addressed in Middle School and 9th grade primarily through use of Life Skills curriculum, an evidence-based curriculum identified as a model program by the US Department of Education, and through AlcoholEdu in 9th grade, an online alcohol education unit that recently received a finding of effectiveness by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence-Based Programs and Practices (NREPP).

The Review Committee recognizes the concern of the Weston faculty that the department achieves what can be done in the limited time, but that it is difficult to deliver a truly effective prevention program given the limited number of health classes (approx 20 per year in HS) and the scheduling of those classes (1x/wk), and the other content topics that are essential to cover use the allotted time. The GRAA grant has allowed for supplemental supports to HE efforts, such as Social Norms campaign and counseling supports. This grant is a great outside resource to support the health curriculum.

Below is a list of compiled commendations and recommendations from the Program Review Committee's visit.

Commendations:

1. Some identified curriculum standards reflect National Standards in both disciplines. **1.1**

2. Assorted research-based “boxed” curriculums are used to design and deliver instruction for some levels of schooling. Within the chosen resources numerous best practices are suggested to deliver the content that are learner-centered and authentic approaches. **I.1**
3. Constant verbal feedback being given throughout lessons by teacher. One teacher’s effectiveness was increased through the use of a headset **.I.4**
4. Evidence of informal assessments being conducted during lessons and teachers readjusting lesson to meet students’ needs; One formal assessment observed. **I.4**
5. Most lessons observed maximum participation by students. **I.3 or II.1**
6. Train-the-trainer approach used to implement one selected curriculum with students. Mr. Finnegan returned from training and impacted that implementation.
7. Fitness Assessment is a great area at the high school and middle school level to teach about student responsibility and empowerment. Some assessments of this nature are being employed that have the potential to increase student participation in their personal wellness and fitness plan. **I.3**

Recommendations:

1. Use professional development days to continue current practice of researching “cutting edge” Health curricula to meet the identified needs of the student population being served. **I.5**
2. Teachers are reminded of the need to assess ALL students regularly throughout the class, both informally and formally. Teachers should continue to explore additional ways to provide global praise and feedback to the learners in addition to individual feedback. **I.4**
3. Update Standards & Benchmarks documents as part of curriculum mapping process, with special attention to capturing the needs of the District students as articulated in identified data. **I.2**
4. Revisit current curriculum Health models being used scrutinizing parameters for continued suitability. **I.2**
5. Consider using the Health Education Curriculum Analysis Tool (HECAT) and Physical Education Curriculum Analysis Tool (PECAT). HECAT assesses health education curricula, based on national health education standards and CDC guidance while the PECAT analyzes written physical education curricula to determine how closely they align with national standards for high-quality physical education. **I.1**
6. The underlying value of fitness testing with appropriate feedback needs to be reinforced. Data collection should be done with a standard method that would make the data collection reliable otherwise the testing should not be done. **I.4**
7. The District should develop a standard of Student Responsibility or Expectations: These should reflect the philosophy or mission statement of the department and should be developed by the department with student input. **I.4**

Instruction

School Committee Charge:

II. **Instruction**

To what extent does classroom instruction reflect curricular goals and best teaching practices?

Physical Education:

II.1 How successfully is skills instruction embedded in movement-based activities to provide a balance of vigorous activity and skill work in each class session?

II.2 Is instructional time used effectively at each building level?

II.3 How well are all students accessing the curriculum?

II.4 How well are differentiated student needs being identified and met in both the adapted physical education setting and in the general physical education setting throughout the K-12 program?

With respect to utilizing a differentiated approach to delivering instruction observations relative to adapted PE and GRASP are suitable to note. The adapted Physical Education class observed by one review team member involved two students. It was not clearly evident what assessment were used to place students in the adapted program (Test of Gross Motor Development?) The adapted PE program seems to address more the motor-development needs of the child while the GRASP program seems to address more the psychological needs of the child. Both programs seemed to have goals geared to helping prepare students to be as actively involved in the general physical education program as possible.

Health Education:

II.5 Are students engaged as active learners in each class session?

II.6 How well does the current class structure and method of instruction balance the need for information acquisition and skill development?

II.7 How well do teachers make use of authentic experiences, technology, and primary sources in their classroom instruction?

The effectiveness of any curricula is predicated, in part, by its ability to be implemented

in schools and individual classrooms. Many different strategies can be employed to enhance implementation with a noted shift from teacher to learner-centered strategies currently emphasized. Of particular interest are the emerging and promising practices related to teacher training and development. There has been a major shift from teacher-centered learning to student-centered learning in designing and delivering effective instruction. The teacher is no longer the primary source of information for the student who now has access to indefinite sources of information. The role of the teacher has moved from that of *sage on the stage* to that of *guide on the side*.

Some of the Wellness educators in the Weston Public Schools have embraced this shift with an instructional mindset. An embrace of this shift in instructional mindset was evident in several areas of both disciplines. Adoptive evidence was clear in high and middle school Health class sessions when a balance between lecture (teacher-centered) and cooperative active learning strategies (student-centered) was employed. In the elementary schools Physical Education classes showcased a delightful level of learner-centered ownership even at the Kindergarten level. Within the execution of the lessons segments significant movement with interval training effects were imbedded for the participants.

The committee saw mixed evidence of this approach at the high school level. One set of classes observed were the First Aid and CPR unit, which is not a traditional movement-based activity, and is by its nature heavily teacher-centered to insure proper completion of the training. Due to inclement weather, several other observed classes scheduled for outdoors were forced into the gym, and were combined into large group activities, which did not demonstrate high levels of individual activity. We would urge faculty to be more creative of their use of space in such instances to maximize opportunities for student movement and learning at all times, even

when alternative plans are necessary.

Below is a list of compiled commendations and recommendations from the Program Review Committee's visit.

Commendations:

1. Instruction at the elementary level demonstrated clear developmentally appropriate approach: Lower elementary classes used a movement approach; Upper elementary more of a skill approach. All students are able to access the curriculum. The GRASP program is one uniquely developed program that truly includes all children who normally wouldn't be able to participate affectively in a P.E. class. **II.3 OR III.1**
2. Teachers usually gave clear specific cues including the GRASP lesson. **II.4**
3. Calm teaching demeanor from numerous staff members that was very conducive to effective instruction. **II.2**
4. Use of music was engaging and kept students on task in some lessons. This creates an effective learning environment while tapping additional multiple intelligences for the participating learners.
5. High school Health teachers consistently made connections with students as they entered the classroom establishing a warm and welcoming context for the upcoming lesson. **II.5**
6. Lesson agenda including objectives written on smart board providing a clear road map for instruction to unfold in Health Education classes. **II.7**
7. Smart Board was used in Health Education classes to continually post content information as lesson progressed to reinforce the teacher's verbal directives. **II.8**
8. Students are engaged in active learning. Use of pedometers is a very good way to illustrate to students how active they are in class but steps must be recorded and comparisons explained to students so that they understand their activity level. **II.1**
9. Overall teachers use clear and concise language with students. **II.2**
10. Students are the real strength of the district. They are typically attentive and participate fully when the actual lesson began. **II.2**
11. Authentic applications were made for learners in both P.E. and Health classes during the delivery of instruction. **II.1 & II.7**
12. A high level of student engagement was observed at the elementary level coupled with a significant degree of learner ownership in the teaching and learning process. Teacher allowed students choose what locomotor activity they would all use when moving from one station to the other. The students seemed to be fully engaged in class and encouraged to participate. One observer noted evidence of constructivism with the teacher beginning the session with some questions and reviewed from the previous week. **II.1**

Recommendations:

1. Some lessons had more focus on vigorous activity than skill acquisition work. At times instructional sessions could be conducted with more of a balance. Some evidence of this being done extremely well, but this needs to be re-visited and emphasized in lesson planning and execution. **II.1**
2. Lesson goals (objectives) in PE classes need to be posted on walls or made very clear verbally to all students followed by frequent checks for learner understanding. This is actually a *Skillful Teacher* strategy. **II.2**
3. Teachers are reminded of the need to make learning goals and objectives clear to students to increase level of learner ownership and provide clarity for the instructional session; some evidence of this being done throughout observed lessons. **II.2**
4. Some elementary classes reported to the gym late. This decreases activity time. Classroom teachers should be encouraged to bring classes to the gym promptly so the 30 minutes are utilized. **II.2**
5. All P.E. classes should begin with an instant activity. This way students are instantly engaged in an activity then can be more focused to listen to the directions. **II.2**
6. Teachers are encouraged to select instructional locations that are conducive towards delivering instruction efficiently. One class should have begun in the auditorium where the class was all set up. Observers were not sure why the students met in the gym before the class. They did not take part in the warm ups and were not dressed to participate in that part of the activities. This class lost time waiting and moving but did get right into the lesson once they moved. **II.2**
7. An attempt should be made when using stations to have all of the areas occupied after each rotation making a maximum use of space and equipment. **II.2**
8. Teachers are encouraged to execute a more efficient start to each lesson and take attendance. Several classes at the high school level seemed like they could have started more quickly, but were delayed due to tardy students. Some difference in level of effort between students was noted during “instant activity” time. These two issues should be closely monitored by teachers, and less-active students should be encouraged to become more involved. One concern was about instructional or educational goals being clear in all activities within the class. **II.2**
9. The underlying inherent value to the warm-up segment of the instructional sessions needs to be re-addressed. Such sessions should consistently include a strong aerobic component. **II.1**
10. Fitness testing should not be conducted simultaneously with an instructional class session. All scheduled lessons with students should have instructional value, which may not occur when focus of teacher’s attention is individualized testing. Perhaps volunteers (not necessarily parents) could be trained to execute the fitness testing. These could possibly be emerging teachers from undergraduate programs who would welcome the opportunity and likely have current expertise to execute the assessment accurately and consistently. **II.2**

Program Design

SCHOOL COMMITTEE CHARGE:

III. Program Design

Is adequate time and institutional support given to the study of Health Education and Physical Education from K-12?

III.1 Does the current program provide an adequate variety and sequence of activities to enhance an understanding of and commitment to lifetime fitness and activity?

III.2 Does the current scheduling of Health Education and Physical Education in each school maximize their effectiveness in providing meaningful instruction and learning in the academic discipline, and benefit to the entire learning process within the school?

Education programs focused on wellness should be designed to promote healthy lifestyles through instructional formats that promote the ability to identify health risks and make informed decision that encourage lifelong wellness of mind and body. Faced with and in response to the high incidence of a variety of health challenges currently facing American citizens that can be addressed through the design and delivery of effective Wellness Education programming, school districts are adopting the CDC's Coordinated School Health approach as a strategy for improving the health and learning. A Coordinated School Health Program (CSHP) model consists of eight interactive components (Wooley, 1998). Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well being of young people. In light of the fact that health knowledge and services expand and change rapidly components of CSHPs must be monitored carefully with continual adjustments made to serve constituents well.

A quality CSHP is an integrated set of planned, sequential, school-affiliated strategies, activities and services designed to promote the optimal physical, emotional, social and educational development of students. The program involves and is supportive of families and is determined by the community. It is based on local needs, resources, standards and values. When well designed it is coordinated by a multidisciplinary team (CSH Leadership Team) that is accountable to the community for program quality and effectiveness. By addressing health-related issues, schools not only foster students' academic achievements, but also help to establish healthy behaviors that last a lifetime.

The Weston Public Schools, led by the Wellness Education Department, should be commended for completing a Comprehensive School Health Assessment several years ago. Each of the five schools had individual School Health Assessment Committees, which identified needs and action plans for their individual team. From these teams a district-wide team was also assembled, which did the same for the district, resulting in proposed policies, such as the district nutrition policy, which was eventually revised and adopted by the School Committee. However, it is suggested that the district may need to re-visit this process again to insure maximum community and program health.

Weston's Community Health Coalition is a group of concerned professionals and parents that meet on a regular basis to discuss issues related to community health. The Program Review team had an opportunity to attend and observe one meeting of this stakeholder group. Members in attendance included: drug/alcohol counselor, mediator, nurse, and one parent, council on aging director, school committee person, recreation director and police chief. Coalition members noted, "Mitch is a resource for broader planning for this committee. We are not a program delivery group...not here to ask why schools don't do something...not here to pick-up every

ball...basically a sounding board”. The formation and continued operation of this committee is an admirable component of a CSHP of which Weston should be very proud. On the day we attended the meeting the efforts surrounding prom and elderly safety formed a large portion of the agenda. It was obvious to observers that committee members were receptive listeners who are respectful of each other’s position and opinion and this serves to make the group’s impact as part of a CSHP effective and honored. Another notable contribution was made by the Police representative who mentioned that information obtained from this coalition “informed his work” and that binge drinking is not an issue limited to the high school but rather is a community problem.

Staff wellness/health promotion, another component of a CSHP, is defined as opportunities for school staff members to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to improved health status, improved morale, and a greater personal commitment to the school’s overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have been documented to improve productivity, decreased absenteeism and reduced health insurance costs (CDC, 2005). Weston Middle School’s Wellness Program is a very interesting programmatic series in place at the Middle School whereby the faculty members earn “Wellness Dollars” and a Wellness Auction is held at the end of the year where tangible items can be purchased with the dollars. This program is executed using only volunteers without budgetary funding. Weekly check-off lists are sent electronically to adults working in the building offering an array of activities that are seasonal and departmental. Examples have included a cook-off contest that was a fund-raiser,

a weight loss group, and a Biggest Loser contest. During a meeting with program review committee members it was mentioned that staff attendance has increased and activities are planned that respond to the needs of the staff. This group claims this initiative is the “fabric of what we do” at the school. The review committee members in attendance were presented with a collection of the messages sent to the staff and discovered user-friendly messages that were clear and laden with great advice and tips for wellness self improvement efforts. The Weston Public School Wellness Education effort should be commended for the existence of such a superb collaborative initiative that fosters opportunities to improve levels of overall wellness.

Activities related to the *Grant to Reduce Alcohol Abuse* were favorably received from committee members following a meeting with Elizabeth Pratt, the program coordinator. The programs put forth by the Grant to Reduce Alcohol Abuse included a few noteworthy activities including the Stall Street Journal, a publication based on student data on important school information as well as information regarding the negative effects of alcohol. The Journal as aptly named is placed in the bathroom stalls for students to read. The grant has also provided an opportunity to host community programs such as social host liability and a program on brain development. Another focus of the grant is developing students’ knowledge around social norms and alcohol use. This is particularly important because there is a consistent pattern of misperceptions held by students regarding the norms of alcohol use among their peers. Students typically think that the norms for both the frequency and the quantity of drinking among their peers are higher than they actually are, and they generally believe that their peers are more permissive in their personal attitudes about substance use than usually is the case. Correcting such misperceptions and identifying the positive activities that many students are engaged in is important in addressing substance abuse among teens.

There are eight components to a comprehensive school health program and the External Review Committee examined Health Education, Physical Education, Health Promotion for Staff, Healthy and Safe School Environment, and Family/Community Involvement but did not inspect School Health Services, Counseling, Psychological, and Social Services or Nutrition Services.

Below is a list of compiled commendations and recommendations related to Program Design:

Commendations:

1. Self-identification by department of need for a rigorous and stringent curriculum mapping process in both Health and Physical Education. Strategies for use, a yearlong plan by week, expectations by grade level, evaluation process, and where the curriculum meets both state and NASPE and National Health standards will take considerable time and effort; however, in the end this will be well worth the effort.
2. Legitimate efforts are being made to establish and execute some of the components integral to a Coordinated School Health Program.
3. The five CSHP components examined present some admirable features and qualities of which the Weston Public Schools should be very proud.
4. The Middle School Wellness initiative for staff is especially noteworthy. The passion and dedication of the leadership spearheading that project is second to none.
5. Weston's Community Health Coalition is active and responsive to various needs related to overall community health. The collegial atmosphere at meetings with open-minded and caring individuals is a rare treasure in most towns and communities.
6. The instructional leaders for Wellness Education that includes both Physical Education and Health Education curriculum and instruction display the utmost interest in serving Weston students with high quality lessons and messages.
7. One description of an effective leader, "people who leave their footprints in their areas of passion" captures the essence of what Mitch Finnegan is all about. Weston Public Schools is indeed fortunate to have Mitch on board who creates a climate and culture for excellence for staffers. His forward-thinking mindset involves conceptualizing and creating fundamental improvements for change that should ensure his footprint has a prolonged existence.
8. Collectively the Physical Educators and Health Educators appear to be content in their employment at Weston and for the most part design and deliver instructional sessions with an underlying purpose for attaining and maintaining learner-centered healthy exchanges and content mastery.

Recommendations:

1. Clear need for additional instruction in health topics, particularly at the elementary level. However, it is strongly suggested that time does not come from the existing P.E. Program, as suggested at the meeting with the school principals.
2. Examine more closely the three CSHP components (School Health Services, Counseling, Psychological, and Social Services or Nutrition Services) that were not examined by this Program Review Committee.
3. Consider conducting a new review of the comprehensive school health program using the School Health Index (SHI).
4. Consider using the Health Education Curriculum Analysis Tool (HECAT) and Physical Education Curriculum Analysis Tool (PECAT). HECAT assesses health education curricula, based on national health education standards and CDC guidance while the PECAT analyzes written physical education curricula to determine how closely they align with national standards for high-quality physical education.
5. Continue to foster a connection with community members, especially parents, providing opportunities to showcase programming with open forums, discussions, and demonstrations not limited to only scheduled open houses.
6. Consider adding student representation to the Weston Community Health Coalition. Realizing the logistics with respect to the timing of meetings held conflicting with school hours, perhaps some late afternoon or evening sessions might be held on occasion to increase the possibility of the student voice being heard directly.
7. Explore additional ways to increase staff access to facilities that meet employee wellness needs and interests. The Middle School appears to be the only facility with documented efforts along these lines. Some opportunities for both students and staff to participate together can be beneficial and suitable as well.

Facilities and Equipment

School Committee Charge:

IV. Facilities & Equipment

How do the current facilities and equipment maximize or inhibit the success of the program?

IV.1 Is safety being adequately addressed in instruction, and ensured through facility design and usage?

IV.2 Is use of available indoor and outdoor space maximized?

IV.3 How can scheduling/layout of current space promote maximum use by students and adults throughout the day?

IV.4 What inadequacies in space and/or design and usage need to be addressed?

In addition to appropriate instructional practices, relevant content and ongoing assessment of student learning, there are other areas critical to the design and implementation of a quality physical education program including the quality and suitability of facilities and equipment.

The National Association for Sport and Physical Education (NASPE) has identified standards that support and facilitate the design and implementation of quality physical education programs and enhance children's opportunities to learn. Members of the External Review team considered these standards when collecting evidence and preparing this segment of the report along with the questions posed by the Weston School Committee.

One area of concern relates to NASPE language articulating, "Physical activity space is designed to facilitate instruction free of distractions" and "pass-through traffic patterns" at the high school level. Observers on this review team witnessed that although the physical gymnasium space was designed as such, the activity sessions included so much "pass-through" traffic that safety was compromised with the participants.

Careful consideration should be given to adequate storage space for equipment and inventory control. Storage areas should be planned to allow for adequate space with reasonable ease of access to needed equipment. All physical education equipment should be marked for purposes of keeping an updated inventory and to guard against loss or theft. Equipment used by classroom teachers and/or for recess at the elementary level should be kept separate from the physical education inventory.

A healthy school environment is one component of a CSHP that includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any

biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychosocial environment includes the physical, emotional, and social conditions that affect the well being of students and staff. Safety reminders should be more explicit, consistent, and frequent, particularly at the high school level. Teachers should be reminded that despite the learner’s age safety is first and paramount and should not be “assumed” or taken lightly.

This External Review Committee focused on examining portions of each school building in the Weston Public Schools that directly impacted delivering instruction in the disciplines of Physical Education and Health Education. This segment of the report will be presented in table format school-by-school responding to the following prompts reflecting the questions posed by the School Committee. These prompts are:

1. How do the **current facilities** and **equipment maximize or inhibit** the **success** of the **program**?
2. Is **safety** being adequately **addressed in instruction**, and ensured through facility design and usage?
3. Is **use** of available indoor and outdoor **space maximized**?

The Evaluation Code used on the form is as follows:

1- emerging 2- meets standard 3 – exceeds standard X -no evidence

Country School

FACILITIES & EQUIPMENT				
Prompt: How do the current facilities and equipment maximize or inhibit the success of the program?				
<p>The Country School met standards for school gymnasium buildings. There are water fountains and clean rest rooms just outside the gym at an appropriate height for these grade levels. Lines are provided on the gym floor although more primary grades lines could be added. Adding colored lines and shapes are also something to think about. Storage seemed sufficient for the equipment provided. Hoops were adjustable although one was not working and needs repair.</p>				
	3	2	1	X
Is safety being adequately addressed in instruction , and ensured through facility design and usage?		X		
<u>EVIDENCE</u>				
<ul style="list-style-type: none"> • Padding around areas that a student may run into. • Sound was not a problem in the gymnasium. • Lighting was adequate for the space but could be improved. 				
Is use of available indoor and outdoor space maximized ?		X		
<u>EVIDENCE</u>				
<p>The indoor space seems to be used appropriately.</p> <p>The outdoor space is adequate for a K-3 program but I would suggest making more use of the area such as the pool. A program could be set up at the end of the school year on water safety (Whales tales - American Red Cross) or using the pool for other programs (Ice Skating if possible ... freezing during winter).</p>				

Woodland School

FACILITIES & EQUIPMENT				
<p>Prompt: How do the current facilities and equipment maximize or inhibit the success of the program?</p>				
<p>The Woodland School was found to meet standards for school gymnasium buildings. There are water fountains and clean rest rooms just outside the gym at an appropriate height for these grade levels. Lines are provided on the gym floor although more primary grades lines could be added. Adding colored lines and shapes are also something to think about. Storage seemed sufficient for the equipment provided. Hoops were adjustable although one was not working and needs repair.</p>				
	3	2	1	X
<p>Is safety being adequately addressed in instruction, and ensured through facility design and usage?</p>		X		
<p><u>EVIDENCE</u></p> <ul style="list-style-type: none"> Padding around areas that a student may run into. Sound was not a problem in the gymnasium. Lighting was adequate for the space but could be improved. 				
<p>Is use of available indoor and outdoor space maximized?</p>		X		
<p><u>EVIDENCE</u></p> <p>The indoor space seems to be used appropriately.</p> <p>The outdoor space is adequate for a K-3 program with a suggestion offered for making more use of the area such as the pool. A program could be set up at the end of the school year on water safety (Whales tales - American Red Cross) or using the pool for other programs/instruction (Ice Skating if possible ... freezing during winter).</p>				

Field School

FACILITIES & EQUIPMENT

Prompt: How do the current facilities and equipment maximize or inhibit the success of the program?

Field – Current Building

- The Field School is old and in need of updating but meeting standards for school gymnasium buildings.
- There are water fountains and clean rest rooms just outside the gym at an appropriate height for these grade levels.
- Storage seemed sufficient for the equipment provided but could use more racks and hooks for wall hanging of additional equipment.
- Six fixed- basketball hoops were available for use with lines for game use; replacement with adjustable hoops may prove beneficial to instruction and student use.
- The rope climbs should be replaced in the gymnasium with Prusik rope climbs to make the stations more available to all students in the class.
- Working clock

Field - New Building Design

After reviewing the new school plans below are the following recommendations:

- Review the needs of various floor lines with the Coordinator and PE teachers. Lines needed beside the basketball may include badminton & volleyball.
- Need to increase storage for the Physical Education
- Air conditioning should be installed
- Consider a Multipurpose Room for Health Education Class, PE/OT, Multipurpose
- Project Adventure – wall climb, Prusik rope climb
- Move Rest Rooms Closer to Gymnasium
- Note: there were no locker rooms being built.

	3	2	1	X
Is safety being adequately addressed in instruction , and ensured through facility design and usage?		X		

EVIDENCE

- Padding around areas that a student may run into.
- Sound was not a problem in the gymnasium. Sound proofing on walls.
- Lighting was adequate for the space but could be greatly improved.
- Horizontal wall climb – mat placed in front

Middle School

FACILITIES & EQUIPMENT				
Prompt: How do the current facilities and equipment maximize or inhibit the success of the program?				
<p>The Middle School facilities and equipment meet standards. The facility includes a pool, double size gym, smaller wrestling/wall climb/aerobic equipment. There are several recommendations that should be made to update this facility:</p> <ul style="list-style-type: none"> Pool: add lifeguard chairs to upper and lower end of the pool Pool: cover the starting blocks with covers to inhibit students from using them for anything other than swim meets and practice. Pool: Issue with handicap access Pool: may need additional seating depending on usage 				
	3	2	1	X
Safety was being adequately addressed in instruction , and ensured through facility design and usage?				
Pool		X		
Double Gym		X		
Wrestling Room		X		
Outside fields and Courts	X			
EVIDENCE				
<ul style="list-style-type: none"> Pool: Safety and rescue equipment was plainly available for rescue or emergencies Double Gym: According to the PE teachers is used throughout a full day Wrestling Room/Wall Climb: needs to have certification license near the wall climb stating it is licensed and checked by inspectors. It should also have a sign stating it should not be used except under supervision. Outside fields and Courts: Fields and Courts are in excellent condition. 				

High School

FACILITIES & EQUIPMENT

Prompt: How do the current facilities and equipment maximize or inhibit the success of the program?

I found that Weston High School meets the standards for high school gymnasiums with the following observations:

- Six basketball hoops (glass backboards) and a spring-loaded wooden floor.
- Size of the gym was adequate for 40-50 students engaged in a physical activity. (two classes should be able to be conducted safely and more with additional supervision)
- All the backboards had backup safety straps but it is unknown when they were last inspected (**recommend:** inspection of all backboards in all gymnasiums K-12)
- There were multi-line on the gym floor for basketball and badminton. Volleyball line may have been just outside line boundaries only.
- Lighting is ok but could be improved in a future renovation
- Sound level is high and a teacher complained that they needed to take their class out of the gym to explain directions to the activity before beginning. (**recommend:** sound proofing in an update)
- Could be an issue with safety with students running into the bleachers while playing sideline basketball – no padding
- Curtain divider is in working order and can the divide the gym into two stations. This is only adequate for separation and there are issues of safety depending on activity being conducted, whether students are sitting up against the other side of the net, and sound being an issue while a teacher is conducting a class on the opposite side of the gym
- Water fountain are provided in appropriate areas
- Bathrooms are provided just outside the gym
- Two team rooms are provided without benches: (**recommend:** standard benches be added)
- Working Clock
- Locker rooms were clean and bright but the set up would make them hard to supervise students (lots of hidden areas)
- Shower area is a gang shower area in the boy's locker room (**recommend:** this should be changed to individual stalls during future renovations.)
- Cardio room/trainer's room: this room is inadequate for a cardio room.
- Weight room: This room is inadequate for a high school weight room class.
- I found that there was easy access to outdoor fields and tennis courts from the gymnasium.
- Project Adventure activities were not observed – (unknown whether the Middle School site is being used by the High School)

	3	2	1	X
Safety was being adequately addressed in instruction , and ensured through facility design and usage?				
Gym		X		
Aerobic Room			X	
Wrestling Room			X	
Outside fields and Courts	X			
<u>EVIDENCE</u>				
<ul style="list-style-type: none"> • A sense exists that this facility is safe. • A recommendation would be to combine the weight room and training room/aerobic area into one area in a future renovation. • The weight room should be updated with equipment that can be used by both males and females equally; the present room contains male dominated equipment. • A computer should be set up in the training room for students to take pre-concussion/post-concussion testing. 				
Is use of available indoor and outdoor space maximized ?		X		
<u>EVIDENCE</u>				
<ul style="list-style-type: none"> • It appears from the classes that were conducted that the space indoors was not being utilized or maximized to the extent it could be used, particularly for “rainy day” activities. However, this does not diminish the observation that the “fitness” space (weight room and aerobic room) are inadequate for a high school curriculum. • Only one class was seen conducting outside classes by observers (in tennis) but the teacher’s perceptions have indicated that there is a need for more space. 				

Appendix A

Weston Public Schools Wellness Education Department

Mission Statement

The programs of the Wellness Education Department foster habits of mind and body that lead to physical and emotional strength and the ability to make healthy decisions for lifetime wellness.

Through active participation in skill-based activities and exploration of wellness concepts students engage in a variety of experiences that will encourage the development of a fundamental orientation towards wellness, and an improved quality of life. Through the variety of courses offered in Health Education, Physical Education, and Family & Consumer Sciences students are given opportunities for growth in the following basic realms of development:

Cognitive Development: Activities that address this aspect of development provide opportunities to practice and/or develop an understanding of decision-making and risk assessment in health related decisions, benefits of physical activity to physical health and improvement of learning, anatomy and physiology, health-related and skill-related components of fitness, movement concepts, basic nutritional concepts, reinforcement of knowledge in other areas of the curriculum.

Emotional/Social (affective) Development: Activities that address this aspect of development provide opportunities to practice and/or develop an understanding of improved social skills, empathy, sportsmanship, cooperation, effect of physical activity and nutrition on mood and emotional state, team work and leadership, inclusion, resilience, accountability, self-discipline and self-control, increased self-efficacy and performance through focused practice and skill development, responsibility for one's self and for one's role in community and society..

Physiological Development: Activities that address this aspect of development provide opportunities to practice and/or develop physical activity as an essential support of neurological development and learning readiness; purposeful movement that supports improved levels of muscular strength, flexibility, muscular endurance, body composition, and cardiovascular endurance; development of competency from fundamental to more complex motor skills, and of basic competency in many movement skills and expertise in a few, allowing for safe and satisfying participation in physical activities.

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