**Ohio Gold Excellence in Physical Education Award - Application Guidelines**

## What is the Ohio Gold Physical Education Award?

The Ohio Gold Excellence in Physical Education Award Program is designed to recognize those schools whose policies and practices reflect a high priority and quality for Physical Education in schools. The program is sponsored by the Ohio Association for Health, Physical Education, Recreation and Dance. The Ohio Gold Awards program will accept applications and rank schools based upon their progress to achieve a “gold” standard in Physical Education.

## Why should our school apply for this award?

Research has shown that unhealthy behaviors that lead to poor health outcomes are established during youth and

extend into adulthood. Research has also shown that physical activity and learning are intertwined. Youth who get

regular physical activity through quality physical education are better prepared to learn. Schools play an important role in the lives of children. If your school is one which adheres to the State Physical Education Academic Content Standards and provides quality programming, you are eligible to be recognized with an Ohio Gold Award. Why not join other schools across Ohio that have come forward and received recognition for their efforts in establishing excellence in Physical Education?

## How does our school apply for the Ohio Gold Award?

Applications can be either electronic (online URL or flash drive) or presented in a three ring binder. To apply, first complete the attached Ohio Gold application form. Then supplement your application with the following materials:

1. Evidence that Physical Education is supported by the school district administration.
2. A copy of your school’s developmentally appropriate curriculum that aligns with the Ohio Physical Education Academic Content Standards, Benchmarks and Performance Indicators. The curriculum guide should include an indication of when the benchmarks are covered and the content used in instruction. Include sample lesson plans from a unit that you have planned.
3. An assessment plan, with recent data and a narrative interpretation of what the data says about your program. Together the data and interpretation should provide evidence that your program appropriately assesses student learning, in particular the required Ohio PE Benchmarks assessments.
4. An explanation, with supporting materials, of how your program currently provides students for opportunities for quality physical activity participation outside of the curriculum.

## Applications must be completed and returned to the address listed below by

**October 22, 2021.**

**How will our application be evaluated?**

The survey will be scored by the Ohio Association for Health, Physical Education, Recreation and Dance. The Ohio Gold Awards Committee will review all support materials.

## What will our school receive for our time and effort?

Those schools which show exemplary programs and policies will be ranked into one of three categories: 1) Gold; 2) Silver and; 3) Bronze. The gold award winners will receive an Ohio Gold School banner. Silver and bronze award

winners will receive a plaque for their school.

## Who do I call if I have questions? Mail completed applications to:

|  |  |
| --- | --- |
| Lisa Kirr, Executive Director  (614) 228-4715  [Lisa@assnoffices.com](mailto:Lisa@assnoffices.com) [oahperd@assnoffices.com](mailto:oahperd@assnoffices.com) | The Ohio Association for Health,  Physical Education, Recreation and Dance 400 W. Wilson Bridge Rd. Suite 120  Worthington, OH 43085 |

**OAHPERD OHIO GOLD APPLICATION 2020-2021**

School Information (please print)

|  |  |  |
| --- | --- | --- |
| School District | District IRN | |
| School Building | Building IRN | |
| Address of School Building | City | Zip Code |
| Name of current school principal | E-mail | |

Select only one category for each application. Each category requires a separate application

* Elementary School
* Middle/Jr. High School
* High School
* Joint Vocational School (JVS)

Please enlist the help of all appropriate staff members in completing this application. Indicate below the titles and obtain signatures of the individuals who assisted with this application.

|  |  |  |
| --- | --- | --- |
| Principal/Administrator | Classroom Teacher | Physical Education Teacher |
| Health Education Teacher | School Nurse |  |

Support Materials

Please include the following along with your application:

* 1. Evidence that Physical Education is supported by the school district administration.
  2. A copy of your school’s developmentally appropriate curriculum that aligns with the Ohio Physical Education Academic Content Standards, Benchmarks and Performance Indicators. The curriculum guide should include an indication of when the benchmarks are covered and the content used in instruction. Include sample lesson plans from a unit that you have planned.
  3. An assessment plan, with recent data and a narrative interpretation of what the data says about your program. Together the data and interpretation should provide evidence that your program appropriately assesses student learning, in particular the required Ohio PE Bench- marks assessments.
  4. An explanation, with supporting materials, of how your program currently provides students for opportunities for quality physical activity participation outside of the curriculum.

**Support materials may be submitted as hard copies or in digital form on a flash drive.** Applications not containing all of these materials will not be considered.

**OAHPERD OHIO GOLD APPLICATION 2020-2021**

1. Who teaches physical education classes in your school? (Check all that apply)
   * Staff person **licensed/certified in physical education** subject
   * Staff person **licensed/certified in health education** subject
   * Classroom teacher
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * We do not offer physical education classes in our school
2. Who teaches health education classes in your school? (Check all that apply)

* Staff person **licensed/certified in physical education** subject
* Staff person **licensed/certified in health education** subject
* Classroom teacher
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* We do not offer health education classes in our school

1. Does your PE curriculum align with Ohio Physical Education academic standards, benchmarks, and indicators?
   * Yes
   * No
2. Which of the following does your PE curriculum include? (Check all that apply)
   * Sport-related activities
   * Fitness activities
   * Rhythmic activities
   * Adventure activities
   * Fundamental movement activities
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Indicate how student learning in PE is evaluated throughout the school year. (Check all that apply)
   * Physical performance assessment
   * Cognitive assessment (includes written and/or oral assessments)
   * Physical activity assessment
   * Fitness assessment
   * Personal/Social Responsibility assessment
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Indicate the average number of minutes of scheduled PE required each week throughout the school year.
   * 150 +
   * 149 – 120
   * 119 – 90
   * 89 – 60
   * 59 – 30
   * 29 or less
5. In what type of area/facility is PE taught at your school? (Check all that apply)
   * Gymnasium
   * Multipurpose room
   * Outdoor facility (track, field space, tennis courts, etc.)
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Does your current PE facility have the following? (Check all that apply)
   * Ceilings at least 20 feet high
   * Protected clocks and windows
   * Space free of safety hazards (lunch tables, desks, chairs, etc.)
   * Office space for PE teacher
   * Storage space for equipment
   * Outdoor activity space separate from playground area
7. Within the last year, did your PE teacher(s) attend at least one professional development opportunity in physical education?
   * Yes
   * No
   * Don’t have PE teacher(s)
8. Does your PE curriculum include addressing safety concerns during instruction?
   * Yes
   * No
   * Don’t know
9. Do you include students with disabilities in PE classes when appropriate?
   * Yes
   * No
   * Don’t know
   * Do not have students with disabilities
10. Do you involve classroom teachers and/or aides when developing PE curriculum for students with disabilities?
    * Yes
    * No
    * Don’t know
    * Do not have students with disabilities
11. What is your PE budget per student?
    * $0 - $1
    * $2
    * $3
    * $4
    * I don’t have a budget
    * Don’t know
12. What is the ratio of teacher to students in PE classes?
    * 1:20 or less
    * 1:21 – 1:25
    * 1:26 – 1:30
    * 1:31 – 1:35
    * 1:36 +
13. Does your PE teacher have access to a computer and/or other technology for use in the PE class?
    * Yes
    * No
14. Do you utilize technology within your PE program?
    * Yes
    * No
15. Do you have a discipline plan posted to inform students of consequences for misbehavior in PE class?
    * Yes
    * No
    * We do not offer PE
16. Does your school restrict physical activity (recess and/or PE classes) as a form of punishment for misbehavior that occurs in the classroom?
    * Yes, we restrict recess
    * No, we do not restrict recess
    * Yes, we restrict participation in physical education classes
    * No, we do not restrict participation in physical education classes
17. Does your school building host or provide before and/or after school programs?
    * Yes
    * No
18. Does your school offer students opportunities to participate in intramural sports and/or physical activity clubs?
    * Yes
    * No
19. Does your school provide students with opportunities for daily, unstructured physical activity (recess, open gym, etc.)?
    * Yes
    * No
20. Does your school offer student/parent programs that promote health and/or physical activity (family fun night, family walks, wellness challenge, etc.)?
    * Yes
    * No
21. If yes to question 22, who coordinates this program?
    * Physical Education teacher
    * Health teacher
    * School nurse
    * Principal
    * Parent organization
    * Health Advisory/Wellness Council Coordinator
    * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School Applicants Only**

1. Does your school allow students to be exempted from PE if they are involved in other extracurricular athletics/activities?
   * Yes
   * No
   * Don’t know
2. Does your school require more than the state standard minimum of PE credits to fulfill high school graduation requirements?
   * Yes
   * No
   * Don’t know