The Virginia Journal

VAHPERD

Virginia Association for Health, Physical Education, Recreation, and Dance

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VAHPERD Members,

It is my pleasure to serve as the editor of The Virginia Journal (TVJ) and Communicator. Enclosed you will find the Fall 2018 issue. I hope to continue the successful publications of TVJ and Communicator.

However, the success of TVJ and the Communicator only go as far as the members and our submissions. I ask that you continue to submit the quality work you have in the past. Let the state, region and nation know the outstanding work we are doing in VAHPERD. So this is my continued call for manuscripts for the Spring 2019 issue of TVJ and news information for the Communicator. The TVJ and Communicator depend on the submissions from our exceptional professionals working in the field.

So please continue to e-mail me your manuscripts and news by January 15, 2019 as a Word attachment for the two publications. Please follow the manuscript guidelines posted in each issue of TVJ. My contact information is below.

Sincerely,

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About VAHPERD

Mission Statement

VAHPERD is a professional association of educators that advocate quality programs in health, physical education, recreation, dance and sport. The association seeks to facilitate the professional growth and educational practices and legislation that will impact the profession.

VAHPERD Values

- Excellence in teaching, research and educational practices in HPERD and related professions
- Positive efforts to promote our disciplines
- Professional integrity and high ethical standards
- Effective communication within and between members and related professionals
- An active and healthy lifestyle
- Embracing the role of special and diverse populations

VAHPERD Priorities

Member Services
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President's Message

Pat Larsen

I want to personally invite you to the 81st Annual VAHPERD Convention at The Founders Inn, Virginia Beach, November 9th-11th. It's an exciting time for VAHPERD as we continue to grow and adapt, remaining always adaptable, motivated, and relevant. The world of Health and Physical Educator's is an exciting area in which to work, study and play, and we'll continue to meet and bring inspired people together in forums like this, to ensure our association remains at the cutting edge.

"Actively Living through Wellness" is this year's convention theme. One of the most important aspects of our convention is the level of professional development opportunities available. There will be three days packed with outstanding presenters from Health, Physical Education, Recreation and Dance.

We have one incredible keynote speaker, ***Dan Tennessen 2018 Indiana Middle School Physical Education Teacher of the Year, OPEN National Trainer.*** The title of Dan's presentation is ***"Recovering from a Fall."*** Teacher burnout and other mental health issues is an often-overlooked subject, but it can happen to any of us. Dan will share his story of how quickly issues arose with him. More importantly, he will share tips on how he overcame them, and how you can cope and overcome them if and when you experience them. Be sure to attend the General Opening Session. Dan Tennessen, our Keynote speaker, is truly an inspiration to all!

Our association is confronting a time of many changes and we're meeting these changes during a time of larger nation-wide and global change. Recently SHAPE America and The American Heart Association were unable to come to a new agreement on the Jump Rope for Heart Program. This will not have an impact on our budget for this upcoming year.

We have a new VAHPERD program that will be of interest to you and your school. This program ***Healthy Schools, Healthy Virginia*** is a fundraising initiative to help you raise money for your physical education programs. You will be able to access content and resources to implement this program through the VAHPERD website. Please come join us during the convention at one of the informative Healthy Schools, Healthy Virginia Fundraising Sessions.

Before closing, I encourage you to attend this year's convention! Take home lesson ideas and information that will inspire, motivate, and enable you to promote your profession and schools. You are truly our greatest asset today and tomorrow, and we could not accomplish what we do without your support and leadership. My personal respect and thanks goes out to all of you. If you have any questions, please contact me at larsenvahperd@gmail.com.

Respectfully Yours,
Pat Larsen
President VAHPERD
Actively Living Through Wellness

President Elect's Message

Kari Hampton

Greetings VAHPERD members and colleagues:

I hope that everyone has had a great start to the 2018-2019 school year. Already this year with VAHPERD things have been busy with lots of planning and strategizing this year's convention to be held in Virginia Beach, VA November 9-11, 2018 but also planning a new fundraising endeavor for VAHPERD.

This summer I enjoyed traveling to San Antonio, TX for the SHAPE America SAM/LDC meeting and learning with president-elect's from across the country. Learning ways to lead and learning the direction SHAPE America is heading with its new fundraising endeavor following the conclusion of the contract with the American Heart Association. Also this summer many board of directors members traveled to Oklahoma City, OK for a Southern States Leadership Conference partaking in sessions and many productive conversations about leadership and about ensuring our profession continues to head in a positive direction for the professionals and for all those we serve.

As president elect it was my responsibility to put together my strategic plan for my presidency. Moving forward from Pat Larsen's plan of "Actively Living Through Wellness", my theme for the 2018-2019 year is "The Heart Beat of Education" encompassing all of the areas of our association through the various activities and skills that we all teach.

I plan to spend the year communicating with all of you and highlighting our amazing professionals. Please take some time this year to share with me the amazing things you are doing as professionals so that we can all applaud your successes and hopefully learn from them as well. I can be reached via email at hamptonvahperd@gmail.com

There are a few exciting opportunities coming up for all members to learn, to share and to grow that I hope you will join us for:

- VAHPERD Convention November 9-11th at the Founders Inn and Spa in Virginia Beach
- Virginia Speak Out Day. January 21, 2019 in Richmond, VA
- SHAPE America SPEAK OUT! Day March 5-6 in Alexandria, VA
- SHAPE America National Convention co-hosted by the SHAPE America Southern District in Tampa, FL April 9-13, 2019.

Please know that you are a valued member of our organization and that we appreciate all that you have to offer our profession.

If you have any questions or need any assistance please feel free to contact me (hamptonvahperd@gmail.com). I look forward to serving you and to working with you to grow our profession.

Yours in Education
Kari Hampton, DHEd
President Elect, VAHPERD

Executive Director's Messsage

Henry Castelvecchi

As teachers, we are reflecting and adapting to situations regularly. It may be that your lesson isn't working out how you planned and you needed to adjust mid-class or maybe you just attended a workshop and when you reflect on your teaching you discover that you could do some things better. Most of the time when we make these changes it is for the better. Better for us, as teachers, and better for our students.

This year SHAPE America and State HPERD Associations, including, VAHPERD, are adapting to the loss of Jump Rope for Heart and Hoops for Heart. This was a thirty-nine year partnership that helped raise money for the American Heart Association and also for VAHPERD. These funds helped VAHPERD provide free VAHPERD membership to over 600 coordinators a year, offer grants to members, and help fund our convention, workshops and other professional development activities. VAHPERD could not continue to provide these services without adapting to the situation and making changes in how we generate revenue.

With this being said, the VAHPERD board is always looking for ways to enhance school programs that encourage a healthy lifestyle. This year, a committee was formed to investigate ways that we could help schools raise money for their Health, Physical Education, and Wellness programs and also help us continue to support teachers with grants, quality professional development, and opportunities for more teachers to attend the convention.

The Committee came up with a program and sent the following out recently to the membership. The program Healthy Schools, Healthy Virginia is a fundraising initiative to help you raise money for your physical education program. No more selling of magazines or candles, this program has been created for the Physical Educator! The program includes access to an online donation application with 60% of proceeds raised going back to your program/school.

You will be able to access content and resources to implement this program through the VAHPERD website.

Healthy Schools, Healthy Virginia officially kicked off at the convention. If you did not have a chance to see one of the 2 sessions and would like more information or are interested in signing up, please email me or see the website. The Board believes this program can be an opportunity for schools to raise the needed funds that will improve the health and wellness of their schools.

I hope you have a great rest of the school year and I look forward to your feedback from our new Healthy Schools, Healthy Virginia program.

Henry Castelvecchi

Past President Message

Susan Nye

Greetings VAHPERD members and colleagues:

I hope everyone is having a great start to the school year. The Spring and Summer months have been busy for the organization. We have been working on the upcoming convention and the new fundraising initiative *Healthy Schools, Healthy Virginia.* VAHPERD continues to support the "Under Age Drinking Prevention" Grant work through use of the website and Facebook that shares videos and resources to both parents and students. It an amazing resource that is accessible to all VAHPERD members.

During the Summer of 2018, VAHPERD began creating the *Healthy Schools, Healthy Virginia* fundraising initiative. This is an initiative to help you raise money for your physical education and health programs. Therefore, no more selling of magazines or candles, this program has been created for the Physical or Health Educator! The program includes access to an online donation application with 60% of the proceeds raised going back to your program/school. There are incentives that an educator can obtain if you implement the program at your school. These include being awarded a Free VAHPERD membership, free VAHPERD convention registration, Free VAHPERD convention hotel room or sub pay to help you attend the convention. If you have not done so, I encourage you visit the VAHPERD website to access more information regarding this program. There will also be convention sessions during the 2018 VAHPERD convention to help you implement this program within your school.

It has been an honor and privilege to serve you. I have enjoyed working with past and future VAHPERD Presidents, the VAHPERD board, and VAHPERD members. I want to thank each of you for the opportunity to serve the VAHPERD organization.

I encourage you to attend this year convention and take home lessons and information that will inspire, motivate, and enable you to promote your profession and your schools. If you have any questions, please contact me at nyevahperd@gmail.com. I hope to see everyone at this year's convention.

Respectively,
Susan Nye, PhD
VAHPERD Past President, VAHPERD

The Role of a Concussion Care Team for Primary and Secondary Education Settings

Lindsey I. Stokes, PhD, LAT, ATC, Assistant Professor and Program Director of Athletic Training, Health Athletic Training, Recreation, and Kinesiology, Longwood University

Recognition, investigation, and management of sports-related concussions (SRC) have been a "hot topic" among researchers. Specifically, in the pediatric and adolescent populations, SRC has been identified as a public health concern (Valovich McLeod, Wagner, & Welch Bacon, 2017). Within the United States, it estimated that between 1.1 and 1.9 million SRC or recreation-related concussions occur annually in children under the age of 18 (Bryan, Rowhani-Rahbar, Cornstock, & Rivara, 2016). Recommendations from continued research on SRC have been provided by organizations such as the National Athletic Trainer's Association (NATA), the Concussion in Sport Group (CISG), and the American Academy of Pediatrics (AAP) (Broglio, et al., 2014; McCory, et al., 2017; Halstead & Walter, 2010).

Concussion resources for the pediatric and adolescent populations primarily focus on the student-athlete population (Weber, Welch Bacon, & Valovich McLeod, 2017; McCrory, et al., 2018; Bryan, et al., 2016) While much of the research focus is on high school or collegiate athletes and SRCs, the estimates grossly omit concussions sustained through recreational activities, which is a significant source of concussions in children (Bryan, et al., 2016). There is a lack of information on the general student population in primary and secondary education settings regarding concussions and implications for education. Despite whether a student sustained a concussion through participation in a sport activity (McCrory, et al., 2018) or through another mechanism (i.e., motor vehicle accident, falls, recreational activities) (Patel & Reddy, 2010; Bryan, et al., 2016), the management of the injury and academic support provided should be similar. The purpose of this article is to identify the impact of concussion on the education process and explain the importance of implementing a concussion care team for students who have suffered a concussion.

The Impact of Concussions in the Educational Setting for the Pediatric and Adolescent Populations

Physiological changes occur in the brain as a result of a concussion. Changes should be made in the student's normal activities of daily living (i.e., school, home, and recreational life) based on symptom presentation. Master, Gioia, Leddy, and Grady (2012) recommend that concussion care plans follow a progression of prescribed cognitive and physical rest, and then implement a return-to-learn plan and a return-to-play protocol.

Cognitive rest can vary depending on the student's symptom severity. The most extreme form of cognitive rest requires removal from academics (i.e., no attendance, home/school work, reading) and electronic stimulating devices (i.e., video games, cell phones, computers, television) (Master, et al., 2012). The impact of cognitive rest can be significant in the recovery process. For example, if cognitive activity occurs too soon after a concussion, the student will likely have an increase in symptoms and decreased cognitive performance (Covassin, Crutcher, & Wallace, 2013; Brown, et al., 2014). Immediately and over time, common concussion symptoms (i.e., headache, sensitivity to light and noise, difficulty concentrating) and decreased cognitive performance can hinder academic success (Master, et al., 2012). It is recommended that after the student has experienced periods of time (i.e., 24-hours) symptom-free and headache-free, the return-to-learn progression may be initiated (Master, et al., 2012).

The return-to-learn progression consists of five steps: 1) cognitive rest, 2) light cognitive activity for short periods of time, 3) begin academic activities (part-time with academic modifications), 4) increase school attendance with decreased academic modifications, 5) return to school with no academic modifications (Halstead, et al., 2013; Master, et al., 2012; Kasamatsu, Cleary, Bennett, Howard, & Valovich McLeod, 2016). Common academic adjustments prescribed by physicians may include removal from physical education class, no test taking, decreased workload, and frequent breaks throughout the day (Kolodziej & Ploeg, 2016).

The typical recovery timeframe for a concussion varies between one and three weeks (Halstead, et al., 2013). More significant and extended academic modifications may be required if symptoms persist beyond three-weeks, allowing for the use of IEPs and 504 plans based on the student's needs (Halstead, et al., 2013). However, due to the varying regulations, laws, and policies amongst districts and states, pediatricians or other managing healthcare providers should be aware of the flexibility and creativity required with establishing academic modifications for the student (Halstead, et al., 2013; Kasamastu, et al., 2016).

Creating and Integrating a Concussion Care Team

The involvement of a well-trained and educated group of healthcare professionals and school personnel can provide a safe return-to-learn process for students (Weber, et al., 2017). Healthcare providers and school personnel are assembled into a concussion management team (CMT) focused on the specific individualized needs of each student who has suffered a concussion as they return to learning. A CMT has been defined as personnel to include family (i.e., student, parents/guardians), school (i.e., teachers, school counselors), and medical members (physician, athletic trainer, neuropsychologists, and school nurse) that work as a unit to facilitate the return-to-learn process (Halstead et al., 2013; Welch Bacon, Erikson, Kay, Weber, & Valovich McLeod, 2017). Specifically, the interprofessional collaboration between healthcare professionals and school personnel allows for an ideal team to manage the student's return to the classroom. However, a multifaceted team to encompass additional individuals (i.e., mentors, tutors, peers) to provide psychosocial support in conjunction with various healthcare providers and school personnel allows for more holistic care of the student. The proposed concussion care team consists of

traditional members of the CMT with further support from a school-based group of students and student-athletes who have previously sustained a concussion, as well as community youth leaders, tutors, and mentors that are a part of the student's return-to-learn process. Adding these additional members and areas to the CMT allows for more inclusive, well-rounded support for the student during recovery and return to the classroom (Halstead, et al., 2013).

Recent evaluation techniques focus on evaluating the concussion from a patient's perspective (Valovich McLeod, Wagner, & Welch Bacon, 2017). This technique allows the healthcare provider to investigate the patient's overall quality of life related to the injury (i.e., mental and physical health). Students have reported a significant impact on their emotional health (i.e., increased sadness, irritability, depression, anxiousness) and social roles (i.e., friendships, team involvement, spiritual and religious life), along with academic performance, while recovering from a concussion (Valovich McLeod, et al., 2017). The psychosocial aspect of recovery needs to be addressed along with academic adjustments in the school setting. Therefore, creating a concussion care team to include individuals who not only manage the health and academic aspects of recovery, but also provide psychological support beyond a neuropsychologist or counselor is necessary. Addressing all areas of support (i.e., mental, physical, and emotional) will create an environment of safety, security, and trust for the student as he/she experiences the different stages of recovery and grief associated with an injury.

Healthcare providers directly associated with primary and secondary school settings are athletic trainers and nurses. Athletic trainers (AT) in secondary school settings are uniquely positioned to assist with monitoring the student's health and academic progress post-concussion (Kasamatsu, et al., 2016; Wallace et al., 2017; Valovich McLeod, Huxel Bliven, Lam, Bay, Valier, & Parsons, 2013). The AT serves as a liaison between school administrators, coaches, physicians, and parents (Wallace, 2017; Lyznicki, Riggs, & Champion, 1999).

School nurses have also been identified to be a point-person during the traditional school day to manage the care of student-athletes who have sustained a concussion (Weber, et al., 2017). It can be inferred that school nurses can also manage non-student-athletes concussion care during the traditional school day as well. However, necessary training for concussion management and resources (i.e., testing materials) are needed in order for a school nurse to have adequate knowledge and tools to perform on-going concussion management. Collaboration between the school nurse and AT not only will provide more comprehensive care for the student (Weber, et al., 2017), but the AT can also assist in providing these necessary resources and on-going training to the school nurse regarding concussion management.

Psychosocial support from peers, mentors, and tutors may significantly impact the student's emotional health. Post-concussion syndrome is defined as a series of various symptoms (i.e., headache, dizziness, fatigue, insomnia, loss of concentration), associated with the recent concussion injury, that persist over time ("Post-Concussion Syndrome", 2018, para 1). Students have reported feelings of stress and anxiety post-concussion (Valovich McLeod, et al., 2017); however, members of the CMT may not be able to truly relate to these emotions unless they have experienced them with the same or similar injury. Additionally, mental health support may not be readily available and accessible for all students, especially those apart of vulnerable populations (i.e., cultural barriers, language barriers, low socioeconomic status) (Jimenez, Quistberg, Vavilala, Jaffe, & Rivara, 2017). Assembling a support group of students and student-athletes who have experienced recovery from a concussion can provide the necessary emotional support and stability. However, the concussion care team members, excluding healthcare providers and school personnel, must be appropriately aged-matched and assembled with discretion based on the varying ages of students in primary and secondary education.

Conclusion

Concussion management within primary and secondary education settings continues to be examined and refined. Return-to-learn policies, healthcare providers (i.e., nurses, athletic trainers) within the school settings, and management resources vary by state and district. Due to the complexity of the injury and variation in available resources, educators and other essential school personnel should consider additional support that can be provided to students who have sustained and/or are recovering from a concussion. Providing avenues and resources to ensure the student's overall mental, physical, and emotional health are assessed and managed appropriately can impact the timeliness and successfulness of recovery. Therefore, each school and level of education should have policies in place to institute a concussion management team and concussion care team to provide the best opportunity for the student to recover and return to academics as quickly and safely as possible.

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Self-Supervision: A "Help Yourself" Approach to Better Teaching and Increased Student Learning

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Abstract

Examples abound in both the topical literature and research findings of the link between critical components of effective teaching and student learning in physical education. Intentional and systematic supervision of physical educators represent one means of analyzing the presence and rate of effective teaching skills and how student achievement is influenced. Thus, key student and teacher behaviors believed to have a relationship with student success were identified and monitored via a systematic self-directed supervision process. This article describes how a self-supervision strategy was used by a veteran elementary physical education teacher to document instructional patterns and their effect on student learning. A supervisory report on three individual lessons detailing instructional effectiveness changes across the lessons was generated. A narrative was developed to describe if student learning was adequate or not, data were examined to support this justification, and improvement goals were listed for each subsequent lesson. This exercise of self-reflection and evaluation was accomplished by using a comprehensive, systematic observation protocol known as the West Virginia University Teaching Evaluation System (WVUTES).

Supervision in physical education has been defined as a specialized form of feedback given to a practicing teacher that is systematic and intentional with the purpose of developing, improving, and maintaining instructional effectiveness (Metzler, 1990; R. L. Wiegand, personal communication, January 20, 2010). This feedback is strategic information provided after a teaching episode and communicated individually to teachers taking into account the specific stage of a teacher's development, current skill level, and work context. Ideally, supervisors monitor practicing teachers using systematic observation techniques, compile objective data on performance, and give feedback to assist teachers with an increase in their instructional effectiveness (Metzler, 1990).

Unfortunately, supervision techniques in physical education appear to suffer from many of the same deficiencies experienced in other areas of education. Metzler (1990) stated "supervision has failed to look upon itself as a teaching process, one in which the supervisor helps the teacher learn the many complex tasks, skills, and decisions necessary for effective instruction in schools" (p. 7). Inadequacies within physical education supervision are complicated by the fact that few supervisors have experience teaching in public schools, have no specialized training in the area of supervision, and are assigned a myriad of professional duties that may limit their ability to deliver appropriate supervision on a regular basis (Metzler, 1990).

Mosher and Purpel (1972) described the condition of traditional measurement strategies by reporting "the inescapable conclusion to be drawn from any review of the literature is that there is virtually no research suggesting that supervision of teaching, however defined or undertaken, makes any difference" (p. 50). Despite the acknowledged importance of effective supervision, Metzler (1990) concluded "supervision suffers from inadequate conceptualizations of what it is about, who should conduct it, and where it should happen" (p. 12).

In some instances supervision isn't simply missing the target, it is missing entirely. Many elementary physical educators are often the only teacher at their assigned schools teaching their specialized subject matter. This isolation from colleagues who are conversant with the planning, content development, and pedagogy specific to physical education often leaves physical educators without a peer or supervisor to provide essential feedback.

Often the only feedback provided to teachers comes after the use of traditional supervisory methods such as checklists and rating scales and their associated rubrics. Although these techniques can assist teachers in becoming more aware of certain aspects of their teaching not specific to systematic assessment such as enthusiasm and decision-making, these conventional systems should be used in a limited fashion to supplement systematic observations (Metzler, 1990).

When appropriate and frequent supervision do occur, the teacher's current stage of development is a critical component in considering the appropriate supervision techniques to be used. Metzler (1990) reported that "supervision faces its most difficult task in trying to help experienced teachers improve their instruction. Experienced teachers are likely to have deeply ingrained instructional patterns and sometimes little incentive for working on new teaching skills" (p. 20).

He continued by suggesting "peer supervision and self-supervision are the most viable instructional improvement strategies for veteran teachers" (Metzler, 1990, p. 20). Similarly, Cusimano, Darst and van der Mars (1993) reported "perhaps the most useful evaluation is self-evaluation because the more involved you are in the process, the more aware you become of behaviors you might want to modify" (p. 27).

Rink (2010) noted the significance of treating systematic observation as a process and acknowledged the importance of collecting accurate and reliable data by following several critical steps:

1.) Decide what to look for.
2.) Choose an appropriate observational method.
3.) Learn to use the observational method in an accurate manner.
4.) Collect data.
5.) Analyze and interpret the meaning of the data.
6.) Make changes to the instructional process.
7.) Monitor changes in instruction over time.

Deciding what to look for

A critical priority of successful supervision should be the acquisition and enhancement of effective teaching skills (Metzler, 1990). Rink and Hall (2008) reported "teaching must be effective if children are to acquire the skills to lead a physically active lifestyle" (p. 207). The authors noted key characteristics of effective elementary physical education programs which help define successful lessons. These characteristics included content development, management techniques, communication, teacher feedback, and time engagement with content.

Management of student practice time is a critical variable associated with student learning (Hawkins, 2009). Academic Learning Time – Physical Education (ALT-PE) is the amount of time in which students are engaged with motor activities related to lesson objectives at an appropriate level of difficulty and at a high rate of success (Siedentop, Tousignant, & Parker, 1982). In fact, time engagement in subject-matter content is reported to be "the single most critical variable related to whether or not students learn in physical education" (Rink & Hall, 2008, p. 212). Because successful participation in motor activities is highly associated with skill acquisition (Hawkins, 2009), allocating a maximum amount of class time for student involvement in these actions is vital for program effectiveness.

In the interest of objectivity, limitations associated with the use of ALT-PE should be noted. ALT-PE estimates the frequency and duration of target behaviors and is an approximation of student learning rather than an actual determinate of achievement. Because ALT-PE uses interval recording the events that are documented are only sampled from actions occurring in real time.

Additionally, Parker (1982) reported that ALT-PE is not a solid indicator of practice quality, not always sensitive to lesson goals, and does not describe precisely what students are doing during various activities. For example, within a single lesson a unit of ALT-PE could represent a student dribbling a basketball or guarding a classmate with success.

Despite its limitations, ALT-PE remains a useful tool for determining how often students are engaged with motor-related subject matter during a physical education lesson and is "presently the best estimation of student learning in physical education" (R. L. Wiegand, personal communication, March 2, 2010). Thus, for the purposes of the self-supervision narrative that follows, ALT-PE units were coded and referred to as *motor appropriate* behavior.

The presence and rate of additional teacher and student behaviors believed to have a corresponding relationship with student achievement have also been identified as important by experts and were noted during this evaluation project. Teacher behaviors that enhance learning opportunities such as low durations of *verbal instruction* and *management* time and high rates of *feedback* are preferred.

Low percentages of instructional time may well point to the effective use of brief instructional episodes interspersed with motor response opportunities (Hawkins, Wiegand, & Landin, 1985). The use of management systems that promote students to self-manage allows the teacher to act primarily in the preferred instructional role of teaching rather than managing student behavior (Hawkins et al., 1985). High rates of feedback are "essential because a student needs to know if the performance was correct or where improvements are needed" (Hawkins et al., 1985, p. 248) and characteristic of a teacher who is actively teaching students in close proximity.

Conversely, student behaviors that do not promote learning, such as *off-task, waiting,* and *motor inappropriate* (tasks too difficult or too easy) should be minimized. High totals of these data profiles likely result from planning errors, instructional system deficiencies, and ineffective management strategies (Hawkins et al., 1985). In addition, key teaching sequences such as *verbal instruction + specific observation + corrective feedback* should occur at high rates (R. L. Wiegand, personal communication, March 14, 2010).

The number of key teacher and student behaviors to be observed should be manageable. Metzler (1990) advocated for a reasonable approach to self-supervision by stating "teachers probably cannot provide themselves with the full range of supervisory functions, but they can achieve noticeable results on a limited set of teaching skills" (p. 40). Consequently, for this project, the teacher decided to devote particular attention to the following teacher and student behavior categories: (1) *verbal instruction*, (2) *management,* (3) *feedback,* (4) *motor appropriate,* (5) *waiting,* (6) *off-task,* and (7) *motor inappropriate.*

Choosing an appropriate observational method

Accomplishing this important step requires the use of an observation system designed specifically for physical educators that explicitly defines teacher and student behaviors typically observed in physical education class. One such method, The West Virginia University Teaching Evaluation System (WVUTES), was designed to enable researchers and practitioners to evaluate the teaching-learning environment by studying the actual behavior of students and teachers. It was meant to overcome the limitations of high-inference approaches to instructional evaluations like rating scales whose data have no direct reference to actual behavioral events. WVUTES, on the other hand, generates data which derive directly from events occurring in real time.

There are two parts to WVUTES, a student behavior system and a teacher behavior system. The student behavior system was drawn directly from the ALT-PE system (Siedentop et al., 1982). The original ALT-PE system was a multi-layer category system which included a context level and a learner involvement level. WVUTES adopted only the learner involvement level. The teacher behavior system was developed by WVU faculty by watching numerous lessons and following a typical process for developing behavior analytic category systems. First, narrative recordings (i.e., verbal descriptions of all teacher behaviors) were made of the lessons. Next, behaviors were grouped by common function (e.g., disparate teacher behaviors, like high-fives, verbal praise, and thumbs-up, following appropriate student behaviors in which the teacher appeared to want the behavior to continue were grouped together as *positive feedback*). Then the categories were field tested and modified to make sure every teacher behavior would be included in some category, and that a reasonable number of categories were retained. The result was an eight

behavior student category system (the eight learner involvement categories in the ALT-PE system) and an 11 behavior teacher category system.

WVUTES is a category system which has the characteristics of being both comprehensive and mutually exclusive. Comprehensive means that every student behavior must be coded within one of the eight student behavior categories, and that every teacher behavior must be coded into one of the 11 teacher behavior categories. In other words, there is no "other" category for either student or teacher behavior. Mutually exclusive means that each behavior can only be coded into one category, and that there is no overlap between categories. Mutual exclusivity was not a problem with the student categories; however, with the teacher categories it was necessary to prioritize certain behaviors when they occurred simultaneously. For example, it is possible for a teacher to use verbal instruction while modeling a task. Only one of those behaviors, however, may be recorded in a mutually exclusive system. Priority was given in that case to modeling for the following reasons: a) most of the time teachers verbally instruct while they model so we can assume that a lot of verbal instruction takes place during modeling; b) if we gave verbal instruction priority, we would seldom code modeling since teachers usually verbally instruct when they model; and c) we value modeling in a movement-oriented subject matter - showing is better than telling.

The original WVUTES was designed for data collection using a research-oriented real time system by taking advantage of computers (i.e., every behavior was recorded as it occurred in real time so that both duration and frequency measures could be generated). However, it retained the flexibility for data collection by non-researchers by using more traditional methods, like interval recording. Interval recording generates an estimate of duration and frequency by sampling behaviors during an observational session. An interval recording system was used by the teacher in this self-evaluation project.

A summary of WVUTES follows in Tables 1 and 2 in which the definitions of each category are listed with examples.

Table 1. West Virginia University Teacher Evaluation System student behaviors

Student Behavior	Definition	Example
Motor Appropriate	The student is engaged in a subject matter motor activity in such a way as to produce a high degree of success	Performing a folk dance correctly
Cognitive	The student is appropriately involved in a cognitive, subject matter task	Listening to a teacher explain subject matter task, watching a modeling episode
Motor Supporting	The student is engaged in a subject matter motor activity the purpose of which is to assist others to learn or perform the activity	Spotting in gymnastics, feeding balls to a hitter in tennis, throwing a volleyball to a partner who is practicing set up passing
On Task Management	The student is appropriately engaged in carrying out an an assigned non-subject-matter task	Moving into squads, helping to place equipment, counting off, moving from the gym to the playing field
Interim	The student is engaged in a non-instructional aspect of an ongoing activity	Retrieving balls, fixing equipment, changing sides of a court
Motor Inappropriate	The student is engaged in a subject matter motor activity but the task is either too difficult for the individual's capabilities or is so easy that practicing it could not contribute to lesson goals	Attempting a cartwheel but unable to get feet anywhere near over hands
Off Task	The student is either not engaged in an activity in which he or she should be engaged, or is engaged in activity other than the one in which he or she should be engaged	Behavior disruptions, talking when a teacher is explaining a skill, misuisng equipment, fighting
Waiting	The student has completed a task and is awaiting the next instructions or to respond	Waiting in line for a turn, waiting for the next teacher direction

Hawkins, A. & Wiegand, R. (1989)

Table 2. West Virginia University Teacher Evaluation System teacher behaviors

Teacher Behavior	Definition	Example
General Observation	The teacher is watching student groups or individuals engaged in any category of student behavior. The teacher must not be engaged in any other category of teacher behavior to code this category	Watching the whole class as they do warm up laps
Specific Observation	The teacher is watching one student, pairs, or small groups engaged in a subject matter task for the purpose of providing feedback related to performance. The teacher position must be proximal to the student	Observation of one player performing a chest pass in basketball, watching five players execute a fast break
Verbal Instruction	The teacher is verbally describing to the students how to do a skill, or is using a verbal prompt to direct students in attempting a skill or subject matter activity	Describing the boundary lines for doubles in badminton
Modeling	The teacher demonstrates to students how to do a subject matter task, or participates with students in a subject matter task or activity	Teacher dribbles a basketball himself, then says to the students, "Now try it that way."
Physical Guidance	The teacher physically guides a student through a subject matter task or activity	A physical guidance prompt or spotting, as long as there is physical contact
Encouragement	The teacher makes a verbal statement before the task in an attempt to enhance the student's perception of their ability to accomplish a subsequent task	An instructional prompt such as, "you can do it," or "if you did it last time you can surely do it this way."
Positive Feedback	The teacher makes a positive verbal statement or gesture following an appropriate student behavior (skill or organizational) clearly designed to increase or maintain such responses in the future	After student successfully completes a high jump, the teacher says, "That time your speed of approach was much better."
Corrective Feedback	The teacher makes a negative or critical verbal statement or gesture following an inappropriate student behavior (skill or organizational) clearly designed to decrease such responses in the future	Teacher tells a student, "The next time you have a fast break make sure you cut to the basket when you get to the foul line."
Management	The teacher is engaged in carrying out a non-subject-matter task and may be directing students verbally in a management	Setting up equipment, taking roll, collecting papers, explaining station rotations
Off-Task	The teacher is not paying attention to what are clearly his or her responsibilities regarding the class at hand	Teaching is making notes on what to do during football practice
Non-Task Verbal	The teacher talks to students about non-subject matter and non-managerial subjects	Commenting on student's closthing or talking about what one student did over the weekend

Hawkins, A. & Wiegand, R. (1989)

Learning to use the observational method in an accurate manner

Inaccurate data collection by the observer may incorrectly identify behaviors in need of being changed and produce invalid results. This can be avoided by observers who clearly understand which behaviors to observe, the definitions of those behaviors, and how to record them correctly. Lacy and Hastad (2007) noted that "usually, problems in establishing reliability in systematic observation can be traced to vague or unclear definitions of the behaviors being observed" (p. 386). The WVUTES observational system minimizes this concern by providing understandable behavior definitions and examples.

The teacher in this evaluation project was recently instructed on the proper use of the WVUTES observation system during requisite coursework as a student at West Virginia University (WVU). Since the summer of 2002 the College of Physical Activity and Sport Sciences at WVU has offered a Master's of Science degree in Physical Education Teacher Education. This hybrid model combining online and classroom-based components was specifically designed for practicing teachers. It includes 12 three-credit classes, and introduces students to systematic observations during the course, *PET 685 Supervision Techniques in Physical Education.* (For a thorough program description and assessment that quantified program graduates' perceptions of all courses, produced feedback on the blended learning experience, evaluated effectiveness in achieving faculty goals, and identified needed program revisions, see Ramsey, Hawkins, Housner, Wiegand, & Bulger, 2009.)

Because the teacher was working without help, intraobserver agreement (IOA) procedures were used to determine an acceptable percentage of agreement between the initial and final viewings of each teaching episode. Van der Mars (1989) reported *"intraobserver agreement* refers to the situation in which one observer makes an observation of the events on one day and then comes back at a later point in time to observe the same events" (p. 54). The time period between the two observation sessions was one week and the record of the first observation was not accessed during the second observation (van der Mars, 1989).

Rink (2010) suggested "for purposes of self improvement, the reliability of the tools teachers use should be at least 70 percent" (p. 316). However, the teacher decided to set an IOA goal of 80 percent, a level of agreement considered necessary by experts for self-evaluation purposes (Siedentop & Tannehill, 2000) and calculated reliability as follows:

$$\frac{\text{Agreements}}{\text{Agreements + Disagreement}} \text{ x } 100 = \% \text{ of IOA}$$

Because interval recording was the selected observation method, the IOA is "based on agreements and disagreements of how many intervals are coded for the defined behavior categories" (Lacy & Hastad, 2007, p. 387).

Collecting the data

Throughout the month of October, data collection on three individual lessons occurred during a four-week floor hockey unit. The data were collected on the teacher and his class of 22 fifth grade students who were video recorded during all three teaching episodes.

Each lesson was video recorded from an elevated angle which allowed the teacher to view every part of the gymnasium. The first two lessons were video recorded nine days apart, while twelve days elapsed between the second and third lessons. The time between taping sessions provided the teacher with the opportunity to view each lesson, establish acceptable IOA percentages with a second viewing one week later, analyze data, and set improvement goals for each ensuing lesson.

While reviewing each teaching session, the teacher used a five-second observe/record protocol and a coding form designed specifically for this self-evaluation. Student behavior was coded during the first two-minute segment totaling 24 five-second intervals. During the subsequent two-minute segment, teacher behavior was recorded in an identical manner. Each time student behavior was coded a different student was selected by alternating between a high, medium, and low ability student as determined by the teacher. Altogether, 192 intervals were recorded for student behavior while 168 intervals were recorded for teacher behavior during each 30-minute lesson.

During the screening of each teaching episode, the teacher paused playback at five-second intervals using a timer visible on a computer monitor and recorded each behavior. Although time consuming, the teacher viewed this procedure as best practice to ensure consistency of recordings. IOA percentages substantiate the utilization of this approach as results of reliability checks ranged from 75 to 88% in all behavior categories across all three lessons.

Interestingly, unforeseen patterns of recording disagreements emerged during reliability checks. For example, the difference between *general observation* and *specific observation* was problematic at times. The precise distance between teacher and student that constituted a "proximal" position was questioned when the teacher appeared to be relatively close to a student and was looking in their general direction during subject-matter tasks. On several occasions, deciding between *cognitive* and *off-task* was difficult to resolve and resulted in minor recording disagreements. For instance, a student appeared to be looking at the teacher, however, whether or not they were actually engaged in the learning process was difficult to ultimately determine (i.e., was the student listening to the teacher but looking away momentarily or merely daydreaming?).

During periods of active participation, the coding of *motor appropriate* or *motor inappropriate* behavior was not always easy to determine (i.e., a student passed a ball to a teammate with proper mechanics but the pass was moderately difficult to receive because of its speed and trajectory). Even with clearly defined behaviors and examples, an observation system can still present experienced teachers with difficult decisions regarding how to accurately record authentic behavior during a lesson.

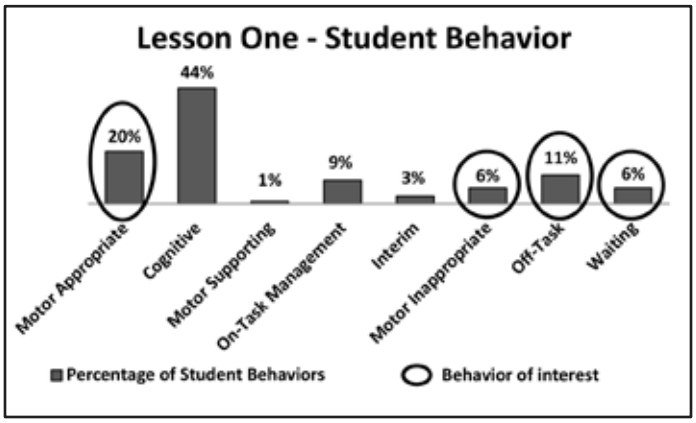
Overall, the teacher felt positive about the coding decisions and the consistency they provided to the self-evaluation process, despite such minor indeterminate "gray areas." The teacher found revisiting behavior definitions and maintaining focus on lesson goals helped settle recording discrepancies.

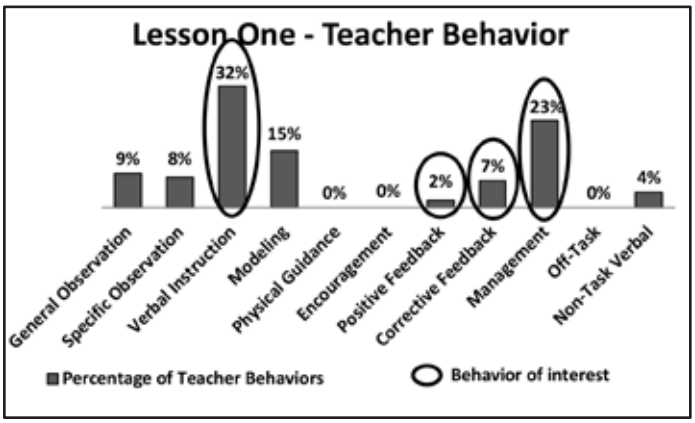
Analyzing and interpreting the data and making changes to the instructional process

The initial lesson involved an overview of game safety and an introduction to tap-dribbling and trapping skills. Students progressed through a variety of tap-dribbling tasks from beginning levels to more advanced levels throughout the lesson. WVUTES results for the lesson are summarized in Figure 1.

Data from lesson one revealed high percentages of sampled behavior were spent in *verbal instruction* and *modeling* resulting in high *cognitive* totals for students. This data summary is not uncommon for an introductory lesson at the beginning of a unit during the initial months of the school year. However, teaching episodes were few in frequency but occupied a significant amount

Figure 1. Completed West Virginia University Teaching Evaluation System lesson one data summary.





of class time resulting in low *motor appropriate* totals.

Management time was higher than expected as the teacher devoted time to continue establishing a structure of rules and routines to be maintained the remainder of the school year. On several occasions, the teacher strategically placed equipment in critical areas during activity time in anticipation of upcoming transitions. The teacher managed the use of music effectively as part of the classroom attention/quiet routine but was observed nearer to the music source more often than to the students themselves.

Thus, *feedback* rates suffered, averaging just one per minute. *Corrective feedback* was provided more often than *positive feedback*. This was, in part, due to mistakes made by students while learning to manipulate equipment with long-handled implements during the first lesson placed in the unit. Additionally, a low percentage of *specific observation* indicated the teacher was not active enough when students were engaged in activities.

Waiting time was reasonably low which indicated the teacher provided enough equipment for all students and designed tasks such that students were active without using lines or taking turns. *Off-task* behaviors were too high and generally recorded during lengthy periods of *verbal instruction* and *modeling* behavior.

Goals for the subsequent lesson were generated from these data profiles and included: (1) decrease *verbal instruction* by shortening the duration of demonstrations and instructions and reducing the use of whole-group instruction, (2) decrease *management* by designing tasks that allow students to self-manage, (3) increase *feedback* rates to three per minute by becoming more active and offering additional *positive feedback* to individual students, and (4) increase the rate of teaching sequences such as *verbal instruction + specific observation + positive feedback* or *modeling + specific observation + corrective feedback.* These critical teaching chains were observed just four times during the entire first lesson.

During the second teaching episode the lesson focus involved the use of student-selected tap-dribbling tasks from a checklist located on the classroom whiteboard. Then, students played a game using *safe space* (Housner, 2001). This spacing design separated offensive and defensive players on the court using lines and allowed players to handle the ball without being confronted by an opposing player (Griffey & Housner, 2007).

The employment of additional small group and individualized instruction and shorter teaching episodes increased opportunities for motor responses and reduced the amount of time spent in verbal *instruction* and *modelin*g. Lower instructional time decreased *cognitive* behavior and influenced *motor appropriate* behavior positively.

Allowing students to select tasks influenced the attainment of goals set following the first lesson. *Management* behavior decreased from 23 to 16% and *motor appropriate* increased from 20 to 30%. Providing students access to a visual, task-related checklist freed the teacher to increase *feedback* behavior and reduce *verbal instruction*. *Positive feedback* increased noticeably from 2 to 15% between lessons and the rate of *feedback* was two and a half per minute for the lesson.

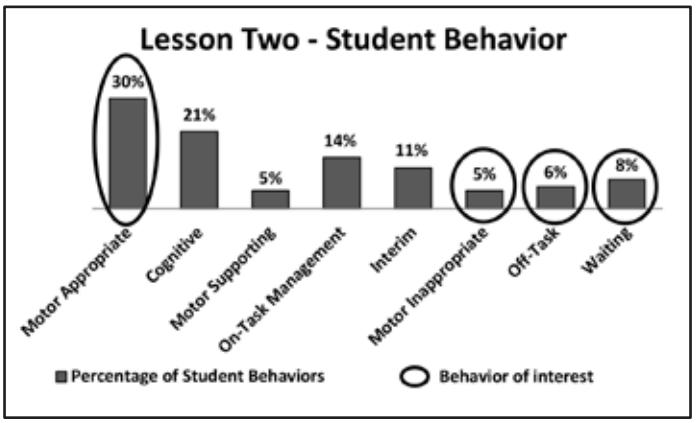
Data from both lessons revealed *motor inappropriate* behavior to be minimal. Possible reasons for such a desired outcome included: effective planning, use of understandable verbal instructions, and task difficulty that matched student ability levels. WVUTES data is reviewed in Figure 2.

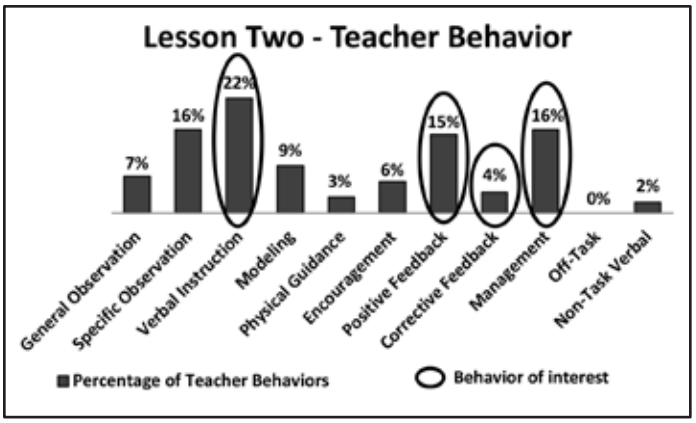
Using evidence from the previous two lessons, goals were formed to promote sought after behavior changes during the final session which included: (1) increase *motor appropriate* percentages to 40% or greater by designing and implementing station activities, (2) decrease *waiting* time, (3) decrease *verbal instruction* by introducing additional task-oriented activities in which students read posted directions, (4) decrease *management* by using a timer that cues when to rotate to the next station promoting greater self-management responsibility for students, and (5) increase positive *feedback* rates to greater than three per minute.

During the final lesson, the teacher planned a variety of floor hockey activities at various stations (see Figure 3 for a description of station activities). Following a brief set induction, students were divided equally among station areas and activity began. Visual prompts were employed at each station allowing students to read activity directions and seek teacher assistance on an individual basis as needed. Students self-managed their rotation schedule by relying on the cue of a timer that sounded at preset intervals.

The students were actively involved in subject-matter content at activity stations that provided visual, task-oriented activities, including the use of a reciprocal task sheet at station four. Written directions were thorough enough to promote task understanding yet concise enough to avoid excessive use of activity time for

Figure 2. Completed West Virginia University Teaching Evaluation System lesson two data summary.





interpretation. Motor appropriate and cognitive totals, which represented total learning time, totaled 65% of student behavior.

Motor supporting behavior was higher than in prior lessons and particularly evident during the "shots on goal" station. This activity required goaltenders to frequently return the ball to a partner so consecutive shots could be taken. The teacher noted instances of interim behavior at this station due to several inconsistent shots which required students to retrieve "lost" balls.

Figure 3. Lesson three station activity descriptions.

Station #1

Shots on Goal

Take 3 shots on goal against your partner from the blue line then switch positions and continue. Get started quickly!

"Things to look for"

Slight backswing.
Contact the ball or puck with strong force.
Low follow-through.

Station #2

Tap-Dribbling Checklist

Perform each task for **(5x2) – 8** minutes. Select your favorite task again if you have extra time.

1. ☑ Count how many taps on the ball as you travel.
2. ☑ Count how many poly spots you touch as you travel.
3. ☑ Count how many cones you can dribble between as you travel.

Station #3

Partner Passing Checklist

Watch the timer and perform each task for two minutes. Select your favorite task again if you have extra time.

1. ☑ Count how many times you and your partner pass and receive the ball successfully using the red lines (20 feet apart).
2. ☑ Count how many times you and your partner pass and receive the puck successfully using the blue lines (40 feet apart).

Station #4

Grade your Partner

Use the task sheet to grade your partner as they tap-dribble across the room. When your partner returns, switch jobs and continue.

"Things to look for"

	Very Good	Needs More Work
1. Keeps ball "within reach."	☑	
2. Eyes are up looking for open space.		☑
3. Uses both sides of the blade.	☑	

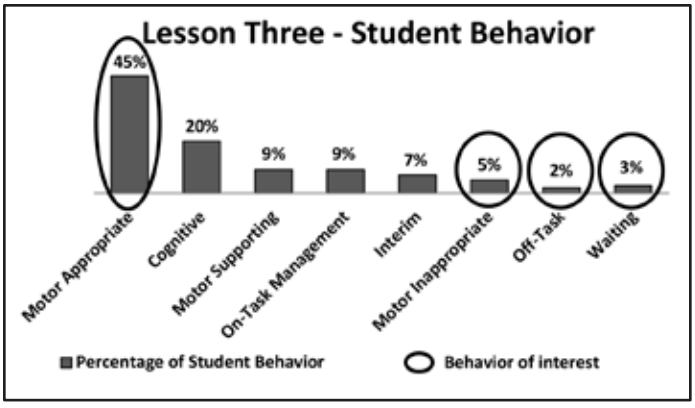
Waiting and off-task behaviors were minimal. The task experiences appeared to be perceived as interesting to all students. Inherent feedback (i.e., the sound of a shot hitting the goal) and the use of goal orientations such as accuracy ("Count how many cones you can dribble between as you travel"), have been regarded as essential in creating and maintaining student attention during learning experiences (Housner, 2001) and contributed to this desirable data profile.

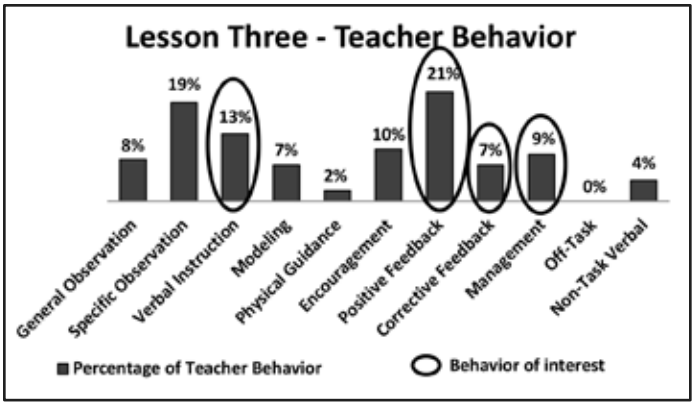
Verbal instruction was at its lowest level during the evaluation project due to the effective use of the aforementioned station format during the seventh lesson placed late in the unit. *Management time* was recorded at just 9% and generally associated with the teacher explaining station rotations and collecting reciprocal task sheets during the lesson. The use of a timer cueing activity rotation allowed students to self-manage with minimal assistance from the teacher.

Feedback rates increased to nearly four per minute. *Positive feedback* was provided often and immediately following instances of *specific observation* during well-delivered teaching sequences. The lesson design allowed the teacher to move freely among all students to provide motivational comments intended to increase or maintain appropriate student behavior. The teacher was observed interacting with each student and using first names more often than during prior lessons.

These data profiles indicated the lesson was well-designed and goals were met with success. Overall, progress was made in a majority of behavior categories targeted for improvement. A summary of WVUTES data follows in Figure 4.

Figure 4. Completed West Virginia University Teaching Evaluation System lesson three data summary.





Monitoring changes in instruction over time

The three lessons analyzed in this article represented only 4% of total allocated time in physical education across an entire school year for the target class. This self-evaluation project was conducted during one unit of instruction to objectively document a small sample of critical teacher and student behaviors believed to be related to student achievement. Additionally, the project was designed to assist the teacher in becoming more aware of behaviors in need of being modified using an observation system that provided feedback strategies making change achievable.

This exercise in self-reflection indicated the teacher designed and delivered quality instruction. Necessary changes were identified, appropriate strategies were employed, and more effective teacher behavior occurred. Student learning was present and increased throughout the brief project period which was evidenced by accurate systematic data collection and analysis. However, additional work is necessary to make substantive changes in instructional patterns that become long-lasting. Perhaps this project may be used to create a blueprint for further self-evaluation by the teacher.

Supervision has its greatest chance to support physical educators when it is both systematic and ongoing. By using techniques that focus on relevant teacher and student processes, the teacher became more involved in the documentation of his own instructional patterns allowing his students to be the ultimate beneficiaries of improved teaching. Therefore, the use the West Virginia University Teaching Evaluation System is recognized here as a vital tool that assisted the teacher in achieving this end.

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Speak up, Speak out and have your voice heard

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Introduction

This article will explore the basics of what advocacy is, why one should advocate for a cause and ways that any person who is interested can advocate for a cause. Other topics to be explored include the process of how to take these steps and put them into action on a national level participating in the SHAPE America SPEAK OUT! Day.

What is advocacy?

Advocacy is defined as any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others (Alliance for Justice, n.d.). Many organizations in health and physical education advocate for causes including SHAPE America and state SHAPE/AHPERD organizations working to increase awareness of items of importance to health and physical educators and community members.

Advocacy can occur at the local, state, national or international level (Community Toolbox, 2018a). In order to advocate effectively advocates must gather support in the community, in the state and beyond educating the public and legislators about the impact of an issue of importance to them. Collaborating with likeminded others helps to build the base of support and helps to raise awareness of the issue.

Why advocate?

In order to bring awareness to matters that receive little to no recognition or to add your voice to a cause it is important to advocate. When advocating one provides a voice for family, for community, for the environment, for one's school, and for topics that they feel strongly about or for someone or something that otherwise does not have a voice. In education, educators advocate for themselves (better pay, additional opportunities for growth) and for their students (smaller classes, high quality equipment, safe environments for learning) to help to create an environment that allows for learning and for safe exchange.

How to advocate?

When starting to advocate for any cause it is important to do research and to find clear, compelling data in support of your cause. Then form a clear statement regarding why the issue is something that others should value as well, how it affects the greater society and of why it should be an issue that is taken up by a legislator or by a community group. There are a number of media that can be used to promote ones cause including social media (Facebook, Twitter, Instagram), letter writing both to be sent via email or to be sent through the mail, and phone (Community tool box, 2018b). All methods can be used to contact those representing the various constituents and sharing what is most important to the advocate. An important part of advocating when going out and meeting with or when contacting legislators with regards to your mission is to have a clear understanding of legislative language, Figure 1 provides a quick reference of need to know terms.

National

At the national level SHAPE America encourages participation in advocacy events, providing links to current and meaningful data related to health and physical education. SHAPE America also hosts a SPEAK OUT! Day (SHAPE America, 2018c) in which health and physical education specialists from around the country come together to advocate for the Every Student Succeeds Act (ESSA) (SHAPE America, 2018b). There are advocacy toolkits available at the national level with links to each states key partners available through the SHAPE America webpage (SHAPE America, 2018a). Attending the SPEAK OUT! Day is not the only way to reach national representatives all members of congress and the senate have email addresses and phone numbers where they can be contacted both while in Washington, DC and while at home representing their constituents. This contact information can be found through the SHAPE America Legislative action center or through your state SHAPE/AHPERD site https://www.shapeamerica.org/advocacy/.

State

After a quick review of state SHAPE/AHPERD websites, most sites contain a link to issues of importance to health and physical education teachers both at the state level and at the national level. There are a number of people to contact at the state level to get up to date information on issues that are of importance in a particular state, these individuals include the state SHAPE/AHPERD executive director, the state SHAPE/AHPERD executive committee, and the state representative to the State Department of Education. Most states hold numerous hearings around key pieces of legislation and around topics that affect teachers and education. On top of the state SHAPE/AHPERD resources much like at the national level an advocate can reach out via email, mail or by calling their state representatives.

Local

At the local level it is important to know the process through which change can occur in your school division and in your particular school. Representation at the local level can typically be found on the school division's website and/or on the school website. When looking to make change in a small locality,

obtaining support from key community members can aid in the advocacy of a cause. These individuals often times are looked at as having the best interest of the community in the decisions that they make and of getting community members to rally behind a cause.

Our experience

After researching the how to of advocating and after finding a topic that was of importance to educators six graduate students and one faculty member from Longwood University took part in SHAPE America's SPEAK OUT! Day. Traveling to Washington D.C. for a preparation session, learning more about ESSA Tile IV Part A, learning about ways other states are advocating for the best interest of students and preparing to meet legislators and their staff members was a tiring experience but one that helped to better prepare us to speak on behalf of ESSA. The staff at SHAPE America worked hard to prepare the volunteers/advocates from across the country to share a message that was unified and that could gather additional support for ESSA.

The preparation was extensive but nothing could fully prepare us for the meetings and conversations that were had with the legislators and members of their staff. Some of the individuals we met with really wanted a better understanding of what we stood for and of how they could help, others were not as on board with supporting a piece of legislation with such a large financial component. While we were on Capitol Hill one thing that we all noted was how fast things moved, meetings were kept brief to allow for many topics to be discussed daily and as advocates we had to make sure our message was concise and to the point.

Conclusion

Being an advocate is a very rewarding experience but it requires passion, a desire to work in the best interest of your cause and an ability to voice your concerns. Advocating does not make a person political. The issues of importance to an individual may differ from those of a particular party but it makes that person a person who strives for change and who is willing to take up the charge for that change.

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Figure 1

Legislative term	Definition
Allocation	The amount of funds that are deemed needed for a project/expense
Appropriation	The amount of funds given to be spent. Does not represent actual amount spent.
Every Student Succeeds Act (ESSA)	The most recent piece of legislation reauthorizing the elementary and secondary education act. Requires student to be taught to a high standard. Expands the content that this considered to be core to include health and physical education.
Fiscal Year	Accounting period of 12 months
House	In a 2 body system the chamber with the larger number of members
Senate	In a 2 body system the chamber with the smaller number of members

(National Conference of State Legislatures, 2018; US Department of Education, 2018)

Social Benefits of Students with Intellectual Disabilities Participating in General Physical Education

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Introduction

The participation of a student with an Intellectual Disability (ID) in general physical education can be both challenging and rewarding for the student with the ID, classmates, and the physical education teacher. In addition to physical benefits, participation in general physical education can also lead to social benefits for children with ID. This manuscript will focus on these social benefits of the general physical education placement for the student with an ID. More specifically this paper will define the disorder as well as note its prevalence, causes, and common educational characteristics. The manuscript will then provide an explanation of the legal guarantee of physical education in the education of the student with the disability. This will be followed by a discussion of the social benefits of children with ID in the general physical education classroom. Lastly, the author will provide a variety of physical education teaching techniques for the teacher to implement to positively affect the students in terms of social benefits.

Definition & Prevalence

The Individuals with Disabilities Education Improvement Act (IDEAIA) defines ID as: "significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance." [34 Code of Federal Regulations §300.7(c)(6)]. As an alternative definition, ID is defined as "a condition diagnosed before age 18 that includes below-average intellectual function and a lack of skills necessary for daily living" (U.S. National Library of Medicine, 2018 p. 1). In the past, the term "mental retardation" was used to describe this condition, but the term is no longer used and is often considered to have a negative connotation. The incidence of this impairment for school-age children is approximately six out of every hundred (6%) (United States Department of Education: National Center for Education Statistics: Figures # 1, 2017). These statistics would indicate that there is a rather high likelihood that at least one out of 20 students in the United States has an ID as defined by the United States Department of Education.

Causes of Intellectual Disabilities

Intellectual disability is caused by a variety of factors, both before and after birth. Interestingly, doctors can only find the cause of each case about 25% of the time (U.S. National Library of Medicine, 2018).

According to the U.S. National Library of Medicine (2018), common causes of ID include the following:

- Infections (present at birth or occurring after birth)
- Chromosomal abnormalities (such as Down syndrome)
- Environmental
- Metabolic (such as hyperbilirubinemia, or very high bilirubin levels in babies)
- Nutritional (such as malnutrition)
- Toxic (intrauterine exposure to alcohol, cocaine, amphetamines, and other drugs)
- Trauma (before and after birth)
- Unexplained (doctors do not know the reason for the person's ID) (p.1)

Again, it should be noted that these causes can be both before and after birth.

Common Educational Characteristics of Children with Intellectual Disabilities

Educational characteristics of students with ID vary from student to student. However, all of these characteristics are vital to the learning of the student. Although no two individuals with ID are the same, important items to keep in mind in terms of the students with ID may include deficits in terms of the following items related to learning:

- Language development
- Reasoning
- Problem solving
- Planning
- Abstract thinking
- Judgment
- Academic learning
- Learning from experience (American Speech Language Hearing Association: Intellectual Disability, 2018, p.1)

It should be noted that essentially all of the above deficits not only effect the learning of the student in the traditional since, but often lead to deficits in the social development of the child (American Association on Intellectual and Developmental Disabilities: Frequently Asked Questions on Intellectual Disability, 2018).

Legal Guarantee of Physical Education for Students with Disabilities

IDEA is the cornerstone of special education. The law guarantees a free and appropriate public education to children with disabilities. Included in this law is a legal guarantee of the subject of physical education. Sec. 300.108 Physical education of the Individuals with Disability Education Act (IDEA, 2004) states:

The State must ensure that public agencies in the State comply with the following:

(a) General. Physical education services, specially designed if necessary, must be made available to every child with a disability receiving free appropriate public education, unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.

(b) Regular physical education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children unless--

(1) The child is enrolled full time in a separate facility; or

(2) The child needs specially designed physical education, as prescribed in the child's IEP.

(c) Special physical education. If specially designed physical education is prescribed in a child's IEP, the public agency responsible for the education of that child must provide the services directly or make arrangements for those services to be provided through other public or private programs.

(d) Education in separate facilities. The public agency responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services in compliance with this section.

(Authority: 20 U.S.C. 1412(a) (5)(A)) (IDEA, 2004)

Physical education is legally guaranteed for all children, including students with ID.

Social Benefits of Students with Intellectual Disabilities in the General Physical Education Setting

The previous paragraph notes the fact that students are guaranteed physical education. If it is determined by the Individualized Education Program team that general physical education class is the correct placement for the student with the ID, the following should be remembered. The social benefits of a student with ID participating in general physical education are extensive. The general physical education setting allows for extensive interaction and socialization with typically developing same-age peers and teachers in an often less-structured format than the traditional classroom. The following are potential social benefits for students with disabilities being included with individuals without disabilities (this would be the setting in a general physical education class):

- Simply learning from peers
- Communication (speaking, listening, aspects of body language)
- Paying attention
- Accepting success
- Accepting failure
- Taking turns
- Reacting to constructive criticism
- Reacting to praise
- Engaging properly with other students
- Dealing with the socially inappropriate behaviors of other students

Physical Education Teaching Techniques for the Social Benefits of Students with Intellectual Disabilities in the General Physical Education Setting

With an understanding of the potential social benefits for students with ID in the general physical education setting, the reader should note what physical education techniques the teacher should implement to gain these benefits. The teacher should address the possible social deficits. The following are instructional techniques that should be explored for the social benefit of these students:

- Structure class where students will be active, allow little waiting time. This will hopefully allow for better behavior by most students, which can be modeled.
- Stress peer observation for the student – allow the student with ID to observe and discuss achievements in class.
- Identify supportive students during group work in order to assist the student with ID – stress positive, proactive communication – asking and answering questions – in regard to class activities.
- Allow students to be successful the majority of the time– display or have a student display appropriate "winning habits" – no excessive celebrating.
- Allow students to be unsuccessful at times – display or have a student display appropriate "loosing habits" – no excessive display of frustration.

Conclusion

The participation of a student with disabilities in general education can often be both challenging and rewarding for the student, teacher, and peers. This is especially evident in terms of children with ID. Social gains for the child with the intellectual development can be extensive. This paper has hopefully addressed some basic concerns and provided a variety of physical education teaching techniques for the teacher to implement to positively affect the students

Disclaimer: This manuscript is for informational purposes only dealing with educational issues. The information provided in this manuscript is not intended to be a substitute for professional medical advice, diagnosis, or treatment.

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Preparing Traditional Health Education Teachers to Work Outside the Classroom

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Introduction

The United States Department of Labor projects a 16% employment growth rate for health educators and community health workers from 2016-2026 (Bureau of Labor Statistics [BLS], 2018). A health educator can be defined as those working with students in the school system, whereas community workers tailor interventions to populations in neighborhoods or the surrounding area. However, both positions have evolved to encompass various job responsibilities and environments. Currently, health educators aim to improve health for individuals and communities by targeting behaviors and teaching strategies, while community health workers collect data and address concerns with specific populations (BLS, 2018). Today's health educator works in various environments, but traditional school health education teachers may only be functioning in a classroom setting.

Health education teacher preparation programs at the undergraduate collegiate level ordinarily prepare students to plan, instruct, and evaluate using a lesson plan template, along with developing and writing curriculum. Additional coursework covers classroom and behavioral management, a wide range of health content courses, and attention to theories, models, and methodology. Various programs may require experiences in a community setting, but is often limited in scope, depth, and breadth. The focus of this program is to provide new and meaningful experiences outside of the established student teaching requirement that occurs at the undergraduate level, train students to bridge schools with communities, and equip students with a new skill set.

Program Design

Long-established master's degree health education teacher preparation programs have focused on coursework designed to build on undergraduate training and continues in-depth with curriculum and instruction, methodology, leadership, research design, various health content electives, and often culminates with a comprehensive examination, thesis, or research project (SUNY Cortland, 2018). The National Commission for Health Education Credentialing (NCHEC; 2015) provides a roadmap on how to greatly enrich the skill set of a traditional health education teacher by utilizing the Responsibilities and Competencies (R's and C's) of a health education specialist. There is a wealth of knowledge and options on how to demonstrate mastery in each of these areas, but one challenge is streamlining this information in a functional manner when time constraints, resources, and limited coursework options are available. Infusing this content into a traditional health education master's degree program curriculum while emphasizing teacher pedagogy was the focus of this project.

Various health education, community or public health, and health promotion programs exist with numerous concentrations and coursework elective options. Many programs have incorporated the R's and C's or have redesigned curriculum to reflect this national standard in the profession. However, smaller teacher education focused graduate programs may not have the resources or support to fully account for these concepts through adequate coursework offerings, while still addressing established requirements. Due to low enrollment, student feedback, and to reflect current best practice in the field, Longwood University (2018a) recently redesigned its health and physical education (HPE) master's degree program and the results have dramatically increased enrollment and the overall experience. More importantly, 100% of job seeking graduate students have obtained full-time employment and are applying their new skill set back in the Virginia communities in which they reside.

Longwood's HPE department merged content from the existing curriculum to free up three credits and created a course in *Community Health Program Planning, Implementation, and Evaluation*. This course covered the R's and C's and assignments prepared students to demonstrate comprehension and application of these concepts during the culminating experience. The end of the program offered a new internship in community health to replace the previous options of a comprehensive examine or thesis project. The internship required practicum hours out in the community and tasked students to design a health promotion program consisting of nine main components (seven R's and C's assignments, a final comprehensive report, and dissemination). While students were trained using community health program planning, this was combined with previous teacher pedagogy preparation to allow them to be better equipped to teach health education outside the classroom. The community health course and internship were synchronized, and the following briefly outlines how students were able to demonstrate mastery of the R's and C's and provides staring points and recommendations for similar programs that train health teachers to connect schools with surrounding communities.

Area I: Needs Assessment

The first Area of Responsibility of a health education specialist entails assessing the needs, resources, and capacity for health education to occur and involves competencies such as defining the priority population, engaging stakeholder, literature review, and identifying existing data sources (NCHEC, 2015). Students were tasked with developing a program to address a health topic of interest in a community of need. They had the option of developing a new program, replicating a similar program, or updating a current program. Students were cued to briefly justify how the nearly four dozen competencies/sub-competencies were addressed for Area one. However, the main objective for this section centered around assessing a health education or promotion program area of interest and creating an assessment tool to evaluate and prioritize community health needs. As with

all phases of this process, it is recommended to utilize already established models as a guide such as PRECEDE/PROCEED, PATCH, CHIP, MATCH, MAPP, CRM, etc. (Mucedola, 2015). In addition, synthesizing recognized works in the health promotion field for program planning and evaluation is vital (Eldredge, Markham, Ruiter, Fernandez, Kok, & Parcel, 2016; Fertman, & Allensworth, 2017; Gilbert, Sawyer, & McNeill, 2014; Green, & Kreuter, 2004; Issel, & Wells, 2017; McKenzie, Neiger, & Thackeray, 2016).

The narrative for this section focused on the following needs assessment steps: purpose and scope, gathering and analyzing data, identifying risk factors and program focus, and validation of prioritized needs (McKenzie et.al, 2016). In addition, sections detailing an introduction, how the competencies/sub-competencies were addressed, and an outline on the process that was utilized to substantiate the final needs assessment product were included. A comprehensive report encompassing this section and the ones to follow was produced. With all sections in their developed program, students were cued to justify why certain components from a credible resource such as previously mentioned works were either utilized or excluded. With this section and the ones to follow, suggestions on differentiation are provided. For example, students may use an existing health promotion program with similar geographic and demographic characteristics to replicate and provide updated recommendations. This may include utilizing an existing assessment tool and analyzing it for areas of improvement based on the scope of the investigation. Opportunities for internship practicum hours can arise from this as well. Additional differentiation can include analyzing multiple assessment instruments and synthesizing key elements of each to form a comprehensive tool to address the area of focus.

Area II: Planning

Area two of the R's and C's refers to planning process steps of a health promotion program. Competencies for this section cover mission statements, goals, objectives, criteria, design strategies, pilot testing, and other areas associated with planning procedures (NCHEC, 2015). Students were tasked with developing mission and vision statements and highlighting the main goals for their program. In addition, specific, measurable program objectives that are attainable, realistic, and timely were required (Issel & Wells, 2017). Students also included strategies on how to partner with local schools to address their chosen health topic. This type of recommendation is aligned with blending customary community health program planning with traditional school-based health education pedagogy (Mucedola, 2015). Allowing students to use additional headings on planning process steps from multiple scholarly works with a justification on why certain steps were incorporated or excluded is another option for this section. Autonomous flexibility when partnering with local schools may be offered as it allows for new directions and strategies to be developed for this non-traditional experience.

Area III: Implementation

Area three of the R's and C's targets the implementation process and competencies range from development of materials, securing resources, training staff, process evaluation, application of theories and models, readiness, culture considerations, marketing, and legal and ethical concerns (NCHEC, 2015). Additional headings for this section include an overview, partnerships and coalitions, recruiting and program maintenance, challenges, and multicultural strategies (Fertman, & Allensworth, 2017). The 33 credit Longwood University (2018a) master's program is designed to allow full-time students to finish in one calendar year and part-time working adults in two years. Online and hybrid options, along with evening classes allow for this to occur. Due to time and resource constraints, students have not been required to implement their program, but instead are tasked with outlining all steps involved in the process. As this degree program grows and evolves, this component may shift to a full implementation requirement. Each program that students develop is left as an option for the next cohort of students. The new students may wish to implement the designed program to secure practicum hours or continue to build on the work. This option has already provided unique collaboration opportunities and new practicum experiences have come to fruition. When working in a rural area or small town, practicum hours may be challenging or require far travel due to topic of interest, placement availability or willing participants. Adjusting the internship to allow for updating an existing program that was previous developed by a former student and then allowing for full implementation is recommended to enrich the experience. Additional implementation sections can be replicated from established programs and include the following components: recruiting and maintaining program participants, facilitators, program challenges, and health worker compensation (Rural Health Information Hub, 2018).

Area IV: Evaluation and Research

Area four of the R's and C's encompasses evaluation and research techniques related to health programs. The main objective with this piece is for students to outline strategies to evaluate their health promotion program. Students were cued to demonstrate evidence of valid evaluation techniques and account for quantitative and qualitative categories as well. Depending on the direction from the implementation section (if the program is in the design phase or has been implemented) will dictate this component. Competencies with this area include an evaluation plan, research questions, models, data, statistical methods, analysis, evaluation instruments, pilot testing, and drawing conclusions (NCHEC, 2015). If students are only theoretically implementing a program then a focus on the methods, areas to account for, and plan for evaluation should be the main objectives. If their program was implemented, then this section should be geared towards analysis, interpretation, conclusions, and recommendations for future directions. Additional sections should include, a specific examination of resources, barriers, and statistical testing measures (Fertman & Allensworth, 2017). While it is recommended to guide students with suggested headings and starting points based on established resources, a critical part of the learning process is to task students with providing justification for the insertion of each section and/or a rational for why certain sections were not included.

Additional recommendations for this section will be determined by the implementation phase. Potential starting points include encouraging students collaborate with mathematics majors

to better match specific statistical tests and allow for a cross-curricular approach to be utilized. In addition, tasking students to outline varying degrees of impact and outcome evaluation benchmarks to establish immediate and long-term effectiveness are another avenue of exploration (Green & Kreuter, 2004).

Area V: Administration and Management

Administering and managing health education headlines Area five with competencies that include financing and budgeting, grants, technology, partners and stakeholders, justification and rational techniques, strategic planning, program oversight, and team building (NCHEC, 2015). This section also is predicated on the implementation phase. If the program is in the preliminary stages, this area will be outlined from a theoretical lens. Additional headings for this section include framework, policies, leadership philosophy, infrastructure, and mentoring (Novick, Morrow, & Mays, 2008). If the program is in the implementation phase, cue students to update sections where previously identified challenges occurred. Have students research, collaborate, and provide recommendations for new directions based on previous and current assessments. In addition, students can be tasked with interviewing managers from a similar established program and provide strategies to address identified challenges obtained from the interview. This can also be done when securing practicum hours and included in their final report.

Area VI: Serving as a Resource

Area six reminds teacher candidates the importance of being a public servant and available resource for their communities. The competencies for this area range from dissemination efforts, availability and accessibility of resources, content, strategies, trainings, and acquirement and allocation of resources (NCHEC, 2015). Students were tasked with investigating and outlining at least four different approaches in which resources could be acquired and utilized. For each identified strategy, students were charged with providing at least two specific examples related to their topic of choice and environment. For example, if grants are one way to acquire resources, students must include two specific grants that address goals and objectives related to their program of interest. If students are creating a new program, they can research what is currently being utilized to address similar programs. Next, they can highlight four additional ways to acquire resources, such as partnerships, sponsorships, and fundraising. If students are building on an existing program, have them retain and/or sustain effective means (such as completing necessary paperwork for an existing grant), update ineffective ones, and provide new options that were not previous identified. In addition, students can cover several of the competencies for this area during their required practicum hours.

Area VII: Advocacy

The final Area of Responsibility calls for communication, promotion, and advocacy of health education. Predominant competencies for this category include creation and delivery of messages, target audience awareness, engaging stakeholders, revisiting plans and goals, impact assessment, engaging policymakers, dissemination, and advancement of the profession (NCHEC, 2015). A final report is required for students to compile all components of their developed program, along with a dissemination to present their findings. This can be accomplished in a variety of ways, including during a community event, to undergraduate students, and/or by sending it to community partners. Established models and theories such as the social marketing theory can be utilized as well (Resnick & Siegel, 2012). Additional ways to advocate for the profession and to disseminate findings include an on-campus research symposium day Longwood University, 2018b). This allows students to present their findings, engage with community members, and network with others that may lead to cross-curricular partnerships.

Conclusion

Designing a new culminating experience for traditional health education teacher candidates, while training students with a new skill set was the focus of this master's degree curriculum program change. Bridging schools with communities was the goal, while streamlining the R's and C's with limited resources and curriculum availability was the challenge. Students were asked to apply teacher pedagogy in a community setting to address an area of interest. Practicum hours were required, and program development allowed for new directions to be created or existing work to be built or expanded upon. Students could submit each assignment for an initial review and were provided with feedback. A re-submission for grading and another round of feedback followed. The process continued until all areas of the program were addressed and concluded with a final comprehensive report. This allowed for dissemination in a variety of ways and laid the foundation for future students to expand on the work. Longwood University's mission is to build citizen leaders that go out in their community and make a difference (Mucedola, 2017). This culminating experience aligns with the spirit of that theme and allows students to further develop leadership skills.

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The Virginia Journal is published twice yearly (Fall and Spring) by the Virginia Association for Health, Physical Education, Recreation and Dance. Deadlines for submitting materials for inclusion in the spring and fall issues are January 15th and July 15th respectively. Manuscripts should be sent to Dr. Michael Moore, TVJ editor, by email in an attached WORD document. Each e-mail attachment should not be greater than 4 MB. In submitting a manuscript, the author affirms that it has not been published or accepted for publication elsewhere, unless otherwise stated in writing.

Manuscripts

Manuscripts follow the form of the Publication Manual of the American Psychological Association and must be typed on 8 ½ by 11 inch paper. The attached manuscript must be double spaced except that direct quotations of three or more lines in length are to be single spaced and indented. Manuscripts should not exceed 10 double-spaced pages of narrative including the citation page. Pages should be numbered consecutively. The name and institution of each author are inserted on a title page but not on the narrative. There should be provided on the title page biographical information on each author. This biographic information should include name and position at time of manuscript submission.

Any research involving human subjects must have Institutional Review Board (IRB) approval before a review can take place. A PDF copy of the letter must be submitted with each manuscript. If IRB approval was not granted and TVJ editor doesn't have a copy of the approval letter, the manuscript will not be published. Please check with your institution or school for IRB details.

References should be listed at the end of the manuscript and should be arranged in alphabetical order. Each reference cited in the article must be listed, but only those cited should he included. Sources should be cited by placing the author's name and date of publication followed by a page number when appropriate in parentheses: i.e., (Cowlick & Rice, 2003). The reference should be cited following the quote or fact noted. References listed at the end of the article should contain the following information:

1. The author, editor's or compiler's name, in reverse order (surname, followed by first and middle initials).
2. The exact title. Titles of books, pamphlets, periodicals, and newspapers are underlined: titles or articles within periodicals or books are not underlined and precede the periodical or book in which they are found. Only the first word of the title is capitalized and the title is followed by a period.
3. Titles of books are followed by place: company, date of publication. The date, volume, and page numbers follow the title of a journal. If each issue of a journal begins with page 1, include the issue number after the volume number in parentheses. Volume numbers should be italicized, issue numbers should be in parentheses and not italicized forjournals. Please see below and the following web page for further examples of APA styles of various sources. http://libguides.radford.edu/apastyle

Examples of Citations

American Dietetic Association. (1999). Dietary guidance for healthy children aged 2 to 11 years. Journal of the AmericanDietetic Association, 99, 93-101.

Kulwicki, A., & Rice, V.H. (2003). Arab American adolescent perceptions and experiences with smoking. Public Health Nursing, 20, 177-183.

Illustrations

Illustrations such as pictures, graphs, and drawings are valuable additions to manuscripts. Please send these embedded within your manuscript.

Reviewing and Editing

Each article is reviewed by three members of the Editorial Board. Sometimes a guest editor is asked by the editor to review a manuscript depending upon the topic. To be accepted for publication the article must be approved by at least two of these persons. Reasons for rejecting articles include: topic is not of interest to the profession or to only a few members of the Association, topic is of interest but has already been thoroughly discussed in the literature, manuscript discussion is too general and vague, poor research techniques, the manuscript is poorly written or if human subjects were used in your research and IRB approval was not obtained and provided to TVJ Editor. In some instances a manuscript may be rejected but the author is invited to revise and resubmit it with corrections. Manuscripts accepted are subject to editing to conform to the Journal format.

Final Acceptance for Printing

After the editor has compiled the journal issue, it is sent to the printers. VAHPERD's executive director, president and presidentelect then edit The Virginia Journal. These three VAHPERD members are provided with a minimum of two drafts for their revision and comment. Upon their approval, the final document is printed and distributed.

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The Virginia Journal
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January 15 and July 15

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All manuscripts and announcements should be submitted by e-mail as a WORD attachment. See page 20 for more information.

Authors:
Please include your name, position, address, e-mail address, and telephone number. Authors are strongly encouraged to be members of both VAHPERD and SHAPE America.

VAHPERD

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