

Appendices

Appendix A: Assessment, Evaluation and Reporting

Introduction

Assessment is an ongoing process and an integral part of the learning/teaching. Assessment is defined as the systematic process of gathering information about what a student knows, is able to do, and is learning to do. With this information, teachers:

- describe student learning and performance
- provide students with ongoing feedback
- plan further instructional and learning experiences
- re-evaluate and set learning goals
- plan for additional diagnostic or intervention support, as required

Evaluation is the process of making judgements and decisions based on the interpretation of evidence gathered through assessment. The quality and merit of a student response, product, or performance is judged using predetermined criteria.

Teachers are encouraged to use a variety of learning experiences and assessment and evaluation methods and tools that are valid, reliable, and fair to students. Consideration needs to be given to the many ways students learn, their diverse backgrounds and needs, as well as to maximizing active learning time, and making learning meaningful.

Since the emphasis in physical education is on participation in physical activity, teachers are encouraged to use a variety of assessment strategies that promote active participation (e.g., authentic assessments, observation checklists, peer assessments) to assess different types of movement experiences (e.g., sports/games, alternative pursuits, rhythmic/gymnastics, fitness activities). In health

education, the emphasis is on developing personal and social behaviour-based skills that include decision-making/problem-solving and interpersonal skills for safe and healthy lifestyle practices. Teachers are encouraged to use a variety of strategies that promote interaction (e.g., discussions, portfolios, group projects, role playing, interviews) to assess different health topics and issues (e.g., healthy eating, substance use and abuse, violence prevention).

Assessment and evaluation should be a planned process so the performance expectations and criteria are identified prior to engaging students in a learning experience. Both teachers and students benefit. Teaching becomes more focussed and time efficient, and what needs to be learned is more clearly defined for students. As well, when students are involved in the process of setting expectations and criteria, learning becomes more relevant and meaningful.

The design of the Framework facilitates the assessment and evaluation of knowledge (cognitive domain), skill (psychomotor and psycho-social domains), and attitudes (affective domain). Student learning outcomes are written and organized as knowledge and skill outcomes, with attitudes being described as attitude indicators in the charts that precede each general student learning outcome. The attitude indicators are separated to serve as a guide for anecdotal reporting.

Planning Guidelines

1. Assessment Review: Schools/divisions/districts are encouraged to review and develop assessment and reporting policies and practices to support the new integrated physical education/health education curriculum. Some of the questions related to assessing, evaluating, and reporting when using the integrated approach might include:

- Will physical education and health education be reported separately or together, at the Early Years? Middle Years? Senior Years?
- If reported together as one mark or grade, what weighting of the mark/grade will reflect the physical education-related content and what weighting will reflect the health education-related content?
- How will teacher(s) assigned to teach physical education/health education plan integrated units and projects and share the marking and reporting process?
- What will the mark/grade look like (e.g., letter, number, percent...) at the Early Years? Middle Years? Senior Years?

2. Planning Assessment Strategies: The following steps are intended to help teachers in planning assessment and evaluation for physical education/health education:

- Identify what the students should know, be able to do, and value (i.e., choose one or a cluster of specific student learning outcomes and/or attitude indicators to be assessed)
- Identify the performance or product you expect and its elements (i.e., what are its key characteristics?)
- Identify the criteria/performance descriptors that will help determine how well the student has achieved the specific

student learning outcome(s) (i.e., how will the teacher know the

- student has achieved the outcome?)
- Select an assessment method or tool for collecting information related to the specific student learning outcome(s) (e.g., performance assessment task, authentic assessment, anecdotal records, checklists, rating scales, rubrics)
- Select a learning experience best suited to observe and measure achievement (e.g., drills, games, student log, portfolio, research project)
- Decide who will be assessing the performance (e.g., teacher, peer, student, others)
- Decide on implementation strategies, considering relevant factors (i.e., the time the learning activities take, class organization, documentation method)
- Decide how this information will be used (i.e., formative, summative, diagnostic) and who the target audience will be (e.g., student, teacher, parent, administrator, general public)

3. Assessing knowledge-related learning outcomes: The experiential nature of physical education/health education lends itself to assessing cognitive and psychomotor/psycho-social skills together rather than separately. By using well-designed rubrics and performance-based or authentic assessment strategies, progress in several student learning outcomes can be demonstrated in one performance task. For example, in physical education, teachers can observe student performances to determine functional use of movement skills and concepts while the students are participating in a game situation or an activity such as canoeing. In health education, the functional use of conflict resolution skills can be demonstrated through different role-playing activities, such as skits or video presentations.

The assessment and evaluation of knowledge-based physical education-related outcomes need not reduce physical activity time. Where possible, teachers are encouraged to choose assessment tasks that are active, relevant, meaningful, easy to administer, time effective, and learner-centred. The challenge for teachers is to

conduct better assessments rather than to do more assessments without a focus.

In the context of health education related-outcomes, emphasis needs to be on using active and interactive learning experiences to develop personal and social management skills. Pencil and paper tests are only one of many ways to test knowledge of health content. Employing a variety of assessment methods (e.g., portfolios, posters, oral or audio-visual presentations, debates, interviews, spreadsheets) assists in the meaningful measurement of a student's performance.

4. Assessing skill-related learning outcomes:

A. Movement-based: Students are expected to demonstrate progress and achievement in basic movement skills and apply those skills to a variety of physical activities across the grades. The emphasis is on the acquisition of the basic movement patterns and functional use of the movement and/or activity-specific skills in class activities. Using a functional and relevant approach to movement instruction and assessment changes the emphasis from testing specific sport techniques to practical and meaningful application of knowledge and basic skills.

Performance expectations related to functional use of a skill will depend on the purpose of the physical activity (e.g., participation, skill development, fitness development, level of challenge). The assessment methods and tools that a teacher chooses should consider the students' varying ability levels, medical conditions, and different social and cultural customs. Some students will require more time, modifications, adaptations, or accommodations to achieve specific student learning outcomes.

B. Social behaviour-based: When assessing and evaluating the process skills or behaviours associated with student learning outcomes related to the personal and social management, emphasis

should be placed on application and functional use of the knowledge and/or skill. For example, if a student is being assessed on specific student learning outcomes related to fair play (e.g., no cheating, no hitting, following rules), the emphasis is on demonstrating these behaviours while participating in specific class activities. As well, if students are being assessed on the application of the decision-making process regarding smoking, what would be measured is how the student participates in and applies the decision-making process to issues related to smoking rather than on the desired result, not to smoke. In either example, rubrics should be used to clearly outline student performance expectations.

5. Assessing attitude/values: In this Framework, attitudes/values have been addressed through the inclusion of attitude indicators due to the complexity of measuring them. The purpose of the attitude indicators is to guide teaching, learning, assessing, and anecdotal reporting across the grades. Behaviours associated with attitude indicators or discipline-related problems that reflect attitudes/values overall are to be reported separately from the percent mark or grade.

Reporting

1. Provincial requirements: Final marks on report cards for reporting on student progress and achievement are to be stated as percentages in all subject areas in each grade, from Grade 6 to Senior 4.

2. Grade or mark components: Marks should include information that indicates academic progress and achievement related to the student learning outcomes. Information that is not reflective of the student learning outcomes such as punctuality, attendance, dress, and attitude should be reported separately.

In the case of physical education/health education, specific student

learning outcomes that are movement- or social behaviour-based may cause some confusion in the reporting process. Teachers may be uncertain whether to report the behaviour as part of the mark/grade or as part of the anecdotal comments or checklists. Generally, behaviour can be included as part of the percent mark when the behaviour:

- C is an integral part of the specific student learning outcome
- C is observable and measurable
- C serves as a performance descriptor

For example, in physical education- and/or health education-related activities, participation would be included as part of the mark. By using a rubric, participation would be identified as a performance descriptor for determining student progress and/or achievement in relation to each of the general student learning outcomes for physical education/health education.

3. Anecdotal reporting: When the behaviour reflects the general attitude or conduct associated with the attitude indicators as described for each general student learning outcome, this information is reported as part of the anecdotal comments or checklists. This would include aspects such as attitude, behaviour, punctuality, attendance, and work habits. For example, the attitude indicator, *show a willingness to play fairly and work cooperatively/collaboratively with others*, for the general student learning outcome related to **Personal-Social Management**, reflects an overall feeling or attitude towards working cooperatively/collaboratively. Rather than providing a percent grade or mark, teachers would provide information or comments on how willing the student was when working with others in group activities. This information would not be included as part of the mark, but, rather, in a separate anecdotal comment or checklist.

4. Weighting of marks: The assignment of pre-determined weights to marks or results collected for the determination of the final mark is the responsibility of the school/teacher. Current research indicates that a skill-based approach rather than a cognitive-based approach is essential so that students are able to use and apply their learning effectively. Therefore, skills would have a higher weight than knowledge.

5. Fitness Testing: Fitness testing should not begin before Grade 4. Fitness testing, a component of programming, emphasizes “turning students on” to physical activity and developing fitness management skills, including active participation. For example, in the fitness-related student learning outcomes, the focus is on daily participation in physical activity and the application of fitness management skills to achieve personal fitness goals. The emphasis is not on the product, such as performing a set number of push-ups based on a norm-referenced standard.

When fitness tests are administered, teachers must focus on a student’s progress, create a positive testing environment, teach safety precautions, encourage self-testing, provide feedback, and reinforce effort. The results or scores of fitness performance tests are not to be part of final percent marks or grades. Fitness results should be communicated to the students/ parents separate from the final percent mark or grades.

6. Student learning outcomes that are potentially sensitive: Decisions regarding teaching, learning, assessing, evaluating, and reporting of the student learning outcomes that are potentially sensitive, are the responsibility of local authorities as determined through a school division/district planning process.

7. Integrated student learning outcomes: Integration is encouraged within the subject area (i.e., across the general student learning outcomes in physical education/health education), between subject areas (e.g., physical education/health education and

science), and beyond subject areas (e.g., research project that utilizes content and skill processes from all subject areas). Decisions regarding teaching, learning, assessing, evaluating, and reporting of integrated student learning outcomes would be determined by the teachers involved through team planning and collaboration.

8. Reporting for special needs students: When planning reporting procedures for students with a significant cognitive disability, refer to *Towards Inclusion: A Handbook for Modified Designation, SI-4* (1995) and *Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years* (1998).

Refer to *Students with Special Needs* and *Students with Medical Problems* in this Framework when planning for students with physical limitations.

Appendix B: Curricular Connections

Making curricular connections, and effective preparation and planning, are instrumental in school health and physical education programming. With good communication and planning, interdisciplinary teaching can increase effectiveness and efficiency in programming and services, facilitate student learning, and make better use of class time. (See *Curricular Connections: Elements of Integration in the Classroom*, 1997.)

There are three types of curricular connections – within, between, beyond – to consider while planning. Teachers are encouraged to make connections **within** physical education/health education from among its general learning outcomes. For example, *Safety* student learning outcomes are taught in conjunction with *Movement* student learning outcomes.

A curricular connection **between** subject areas refers to interdependent knowledge and skills from more than one subject area, being used to examine a central theme, issue, topic, or experience. Refer to the chart on the next page, titled “*Some Suggested Curricular Connections with Other Subject Areas*”, for examples. Physical education/health education themes or topics are listed in context with the general learning outcomes in the other subject areas, where applicable.

The purpose of developing a chart of this nature is two-fold. The chart outlines where and how connections can be made to reduce redundancy and repetition between subject areas. It also suggests ways to reinforce concepts and skills to make student learning more relevant and meaningful. In some cases, specific learning outcomes pertain to more than one subject area, and the

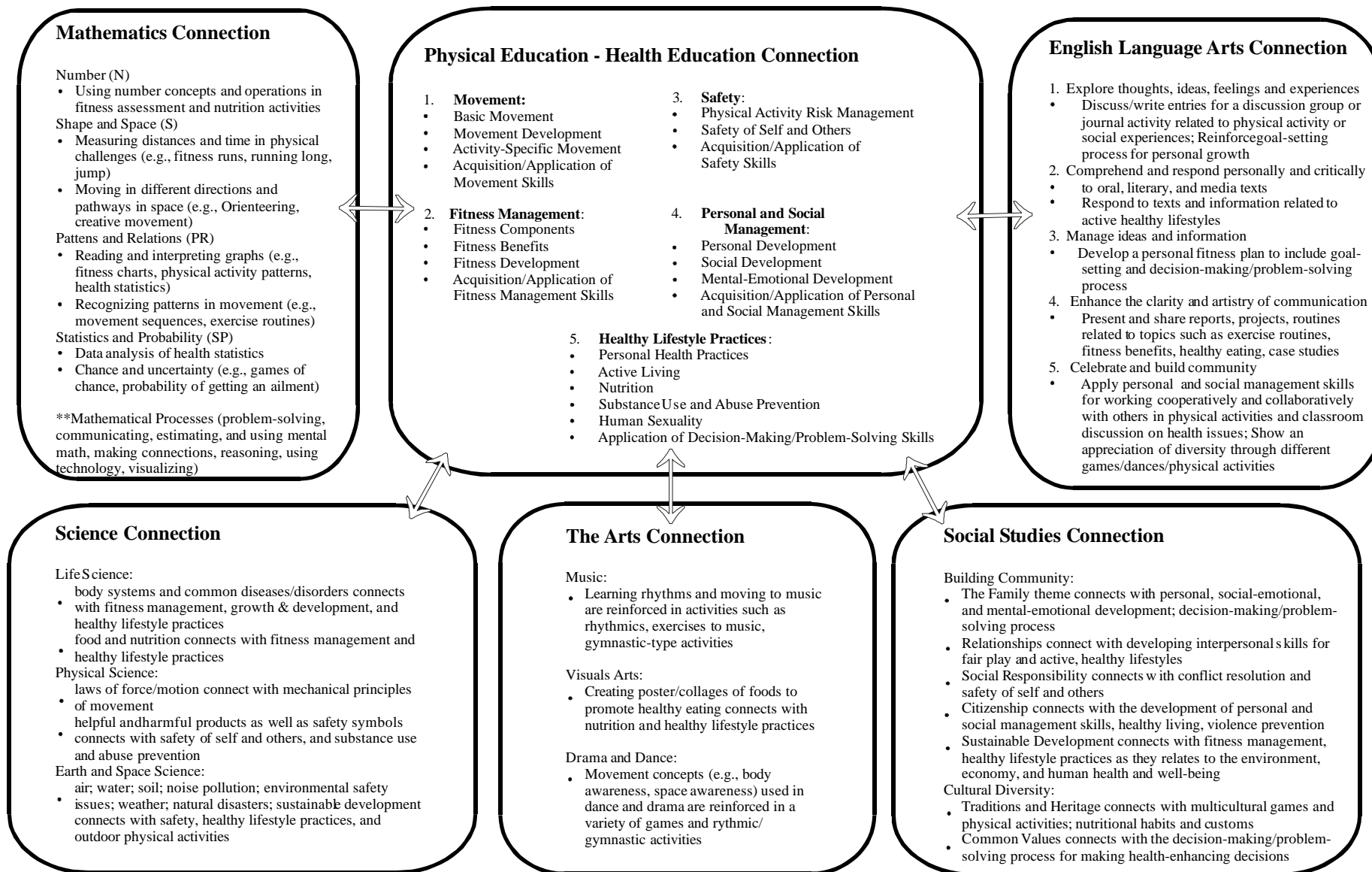
learning outcomes will appear in the respective subject area curriculum. For example, both physical education/health education and science Frameworks contain outcomes pertaining to laws of force and motion. In science, the context tends to be related to objects or machines, whereas in physical education/health education, the purpose is to understand mechanical principles of human movement. In other cases, student learning may be reinforced through teaching strategies such as using a common decision-making/problem-solving process in the context of each subject area, or incorporating physical activity as part of the learning experience.

In keeping with the new vision of the Framework, *physically active and healthy lifestyles for all*, some content traditionally addressed in former health education curricula may appear in other curricula. The degree or extent to which integration is implemented in the other curricula is dependent on factors such as relevancy and choice of strategies.

Another type of connection goes **beyond** the subject areas. For example, students may be assigned independent projects (e.g., a research project on sustainable development) that include a variety of learning processes (e.g., research skills, technology, analysis/synthesis skills) to draw on the knowledge of a variety of subject areas.

The purpose of the chart on the next page is to show examples of ways physical education and health education content can be connected or integrated with other subject areas, to guide planning and collaboration, and to support a holistic and comprehensive teaching approach.

Some Suggested Curricular Connections with Other Subject Areas
The purpose of this chart is to show examples of ‘interconnectiveness’ between subject areas that support the integration of physical education and health education content.



Appendix C:

School Division/District Planning Process for Implementation of the PE/HE Framework

Introduction

Moving to an integrated physical education/health education framework of student learning outcomes has implications for teaching, learning, and assessment, as well as for school division/district/school planning.

The Framework promotes the integration of physical education and health education subject matter as well as its integration with other subject areas⁶ to support holistic and interdisciplinary learning. School divisions/districts have the opportunity to coordinate efforts to support physically active and healthy lifestyles across all subject areas.

Developing a plan customized for each school division/district, which uses a collaborative approach to involve family and community and supports an integrated and holistic approach, will foster health within a school and its local community. School divisions/districts/schools are encouraged to engage all educational partners, such as school administrators, teachers, students, parents⁷, other school staff, and community leaders as part of the process.

⁶Refer to Appendix B: *Curricular Connections* for some suggested curricular connections with other subject areas.

⁷In this document, the term “parents” refers to both parents and guardians and is used with the recognition that in some cases only one parent may be involved in a child’s education.

Purpose of the School Division/District Planning Process

The School Division/District Planning Process for implementation of the physical education/health education Framework is designed to help school divisions/districts and schools develop a plan.

Suggestions and tools to assist schools in their planning are outlined in *Vision to Action: A Resource for Educational Change* (1997). As well, schools may refer to the information on developing School Plans that is available online at <http://www.edu.gov.mb.ca/metks4/parent/schlplan/index.html>.

The School Division/District Planning Process includes two sections to guide administrators in the implementation of the integrated physical education/health education Framework:

- Section A — Overall Implementation of the Framework
- Section B — Treatment of Potentially Sensitive Content

Section A: Overall Implementation of the Framework

School divisions/districts/schools are encouraged to consider the following components in their planning:

- **Time Tabling:** Timetable to meet recommended time allotments (i.e., Grades K-6 is 11% of instructional time; Grades 7-8 is 9%; minimum of 2 credits at Senior Years) and time allocations (i.e., 75/25 PE/HE at K-8; 50/50 PE/HE at Senior 1 and Senior 2)
- **Delivery/Staffing Choices:** Arrange staffing for best delivery of the PE/HE curriculum. Some examples include:
 - S Separate PE and HE taught by PE teacher and classroom teacher respectively
 - S Integrated PE/HE all taught by PE teacher
 - S Separate PE and HE taught by PE teacher and designated subject area teacher(s) (e.g. science, school, counsellor) respectively
 - S Separate units and/or blocks of time for specific physical education or health education topics taught by teacher(s), as assigned
 - S Combination of separate/integrated using a team approach that would include school and community resources
- **Programming for Non-Sensitive Outcomes That Require Special Consideration:** Develop policies and guidelines for effective delivery of non-sensitive outcomes that include topics that should be treated with sensitivity. For example, for student learning outcomes related to topics such as loss and grief, diversity, healthy weights, body image, dress, personal hygiene, teachers are required to follow divisional/school guidelines as developed through the school division/district planning process.
- **Programming for Potentially Sensitive Outcomes:** Develop policies and guidelines for effective delivery of potentially sensitive content in strands *Substance Use and Abuse* and *Human Sexuality* as well as in *Personal Safety* sub-strand. (See Part B for additional information)

- **Selection of Learning Resources Related to Non-Sensitive and Potentially Sensitive Outcomes:** Manitoba Education and Training will identify, review and select learning resources that align with the curriculum and produce annotated bibliographies of recommended learning resources. School divisions/districts/schools are responsible for the selection of appropriate learning resources that meet provincial and/or local criteria for depth and breadth of content.
- **Teacher Training:** Provide teacher training for delivery of potentially sensitive content and other areas as determined. (e.g., CPR, swimming...)
- **Safety Guidelines:** Review and establish policy and guidelines for safety related to first aid, medical procedures, physical activity, facilities, personal safety, emergency procedures, transportation, etc. (Refer to page 14)
- **Programming for Students with Special Needs:** Establish guidelines and supports in programming for students with special needs. (Refer to page 10)
- **Programming for Students with Medical Problems:** Establish guidelines and supports in programming for students with medical problems. (Refer to page 12)
- **Reporting:** Review and develop procedures for assessing, evaluating, and reporting. (Refer to page 201)
- **Parental/Community Involvement:** Develop strategies for involving parents, families, and communities. (Refer to *Parents and Schools: Partners in Education*, 1995)

Schools may also want to include plans, policies, and procedures related to a healthy school environment and services (e.g., school code of conduct, intramurals/clubs, interschool sports, counselling services, extra-curricular activities, nutrition and food services, school cleanliness, community support) as part of the planning process.

Section B : School Division/District Planning Process for Treatment of Potentially Sensitive Content

Student learning outcomes in all five strands are expected to form the basis of learning, teaching, assessment in classrooms. However, student learning outcomes in two strands, *Substance Use and Abuse Prevention* and *Human Sexuality*, as well as in the *personal safety* sub-strand, contain potentially sensitive content.

Potentially sensitive content must be treated in ways that are appropriate for the local school and community context. Manitoba Education and Training recognizes that the prime responsibility for education about issues of sexuality, including AIDS, rests with the family. It is clear to parents, teachers and community health

leaders that young people must have knowledge, skills, guidance, and support if they are to make responsible and health-enhancing decisions. Greater cooperation and coordination among the home, school, and public health systems will contribute to the health and well-being of students.

In the strands that include potentially sensitive content, school divisions/districts will need to engage in a planning process (including parental involvement in discussions) to determine divisional/district policy.

The following chart illustrates six areas in which school divisions/districts are encouraged to make decisions related to treatment of potentially sensitive content:

Potential Decision Areas For School Division/District Planning

A	B	C	D	E	F	G
Potentially Sensitive Content	Breadth/Depth Treatment of Content ⁸	Parental Options	Scheduling of Instruction	Parental Communication	Teacher Training Requirements	Staff Assignments
%Personal Safety %Substance Use and Abuse Prevention %Human Sexuality	more/at/ less/none	school-based/ alternative delivery	within/ integrated/ separate/ combination	letters/meetings/ permission forms/ websites/ brochures/ newsletters	number of days/type of training	staff/parents/ peers/ community/ others

⁸“More” refers to use of the specific student learning outcomes with greater depth than what appears in the Framework; “at” refers to use of the outcomes exactly as they appear in the Framework; “less” refers to use of the outcomes with less depth than appears in the Framework; “none” refers to no use of individual outcomes in the strands/sub-strands that were identified as potentially sensitive in the Framework.

The following describe the columns in the previous chart:

A. Potentially Sensitive Content: These areas have been identified as potentially sensitive in the Framework and requires school divisions/districts to use a planning process (that includes parental involvement) to determine programming details.

B. Breadth/Depth: Decisions related to the depth and breadth of coverage of potentially sensitive content would include the choice of appropriate content, instructional strategies, assessment/reporting strategies, and learning resources.

C. Parental Option: There must be an inclusion of a parental option related to the potentially sensitive content as identified. A parental option means that parents may choose a school-based or alternative delivery of potentially sensitive content as identified in column A. Parents have the right to opt for alternative delivery (e.g., home, professional counselling) for their child where the content is in conflict with family, religious and/or cultural values.

D. Scheduling of Instruction: Decisions related to scheduling of potentially sensitive content may include the following options: within physical education/health education; integrated in various subject areas such as science and language arts; separate units and/or blocks of time (e.g., theme weeks); combination of within, integrated and/or separate.

E. Parental Communication: Ways to inform parents of school-based programming and to determine the parent's choice (i.e., school-based and/or alternative delivery) need to be established.

F. Teacher Training Requirements: Decisions for identifying requirements for training (e.g., number of days and type(s) of training) related to potentially sensitive content for staff and others such as parents, community volunteers, and peer educators, need to

be made.

G. Staff Assignments: Staff assignments could include use of staff, parents, community volunteers, and peer educators to enhance programming related to potentially sensitive content. Some factors to consider when making local decisions related to treatment of potentially sensitive content include:

- Defining education, qualifications, and expertise required of teachers and volunteers
- Facilitating teacher awareness of and access to high-quality teaching materials
- Communicating with and involving parents
- Cooperating more with community groups and resources
- Enhancing electronic access to learning resources to promote more parent and community involvement
- Developing interdisciplinary learning opportunities
- Focussing on skill development for making health-enhancing decisions
- Using active learning strategies such as role-playing, student journals, and small group discussions as opposed to dispensing health information
- Engaging youth in activities that promote healthy minds and bodies

Role and Responsibilities

Manitoba Education and Training

Detailed below are the roles and responsibilities for Manitoba Education and Training in the development and implementation of the physical education/health education Framework.

- Produce the curriculum (i.e., framework of outcomes document) based on latest research in collaboration with educators
- Produce support documents (i.e., foundation for implementation documents) to support teaching, learning, and assessment
- Evaluate learning resources that align with the curriculum and produces annotated bibliographies of recommended learning resources
- Support implementation of Framework

School Divisions/Districts

Detailed below are the suggested roles and responsibilities for school divisions/districts and schools for effective implementation of the physical education/health education Framework.

- Form a school division/district Physical Education/Health Education Curriculum Implementation Team involving teachers, school division/district/school administrators, students, parents/guardians, and interested community members such as public health nurse, police
- Identify supports and challenges in the broader school community in relation to the five health risks areas (i.e., physical inactivity, diet, substance use and abuse, sexual behaviour, and injuries)
- Develop supportive school board guidelines and policies

related to Section A and Section B

- Develop a plan of action
- Communicate, implement and support the actions in the school division/district plan, policies, and procedures
- Provide training and professional learning opportunities where necessary

School Community

- Form a school-based Physical Education/Health Education Curriculum Implementation Team involving teachers, school division/district/school administration, students, parents/guardians, and interested school community members
- Develop a school implementation process and plan⁹ based on the school division/district planning process, policies, and procedures
- Communicate, implement and support the curriculum, based on the above plan
- Include physical education/health education as part of the Annual School Plan

⁹ Some suggested areas and questions for developing an implementation process and plan include:

Target Group: Who needs to be involved in the process?

Process or mechanism: How will group members work together? Communicate?

Intent and Outcomes: What do you want to do? What results do you want to achieve?

Present Status and Resources: What's happening now? What resources are currently available? What will be needed? What needs to be changed? Future status and resources? What will it look like? What resources do we need?

Workplan: What are the tasks? Who is responsible for each task? What are the time lines?

Evaluation: How will you know you have achieved your desired results?

Appendix D: Glossary

Active Living

A way of life in which physical activity is valued in daily life. The concept of “active living” places physical activity within a broader perspective of total fitness or well-being. The nature, form, frequency, and intensity of physical activity are relative to each person’s ability, needs, aspirations, and environment. (Source: *Physical Education 2000*)

Activity-Specific Movement Skills

Skills that are specific to a physical activity or sport, and may be extensions of the basic movement skills. For example, striking skills as applied to different activities may be identified as volleying, serving, putting, overhead clear, etc.

Alternative Pursuits

Physical activities that occur in environments outside the classroom/gymnasium (e.g., playing fields, park trails, lakes, community indoor facilities...).

Attitude

Thought or feeling influenced by knowledge and beliefs. It is only a conceptual or hypothetical construct and is not observable, although inferences can be made through observation. It is a way of feeling. (Source: *Psychology for Physical Education*, 1999)

Avoidance/Refusal Skills

Skills that are used when a person wants to say NO to an action and/or leave a situation. (Source: *Totally Awesome Health Curriculum*, Meeks/Heit, 1996)

Balance Abilities

Abilities associated with maintaining and controlling body position and posture while at rest or in motion (i.e., static balance, dynamic balance). They include body management skills such as bending, curling, stretching, twisting, turning, rotating, balancing, landing, swinging, and springing.

Basic Movement Skills

Fundamental movement patterns that serve as the prerequisites to many physical activities and sports. They are grouped in three categories: transport skills; manipulation skills; and balancing skills.

Ⓒ **Transport skills** are movements that enable students to transfer the body from one point to another (i.e., running, jumping, hopping, galloping, and skipping).

Ⓒ **Manipulation skills** are movements associated with the ability to receive, handle, control, or propel an object with the hand, foot, and/or implement. They involve giving force to objects or receiving force from objects (i.e., rolling, bouncing, catching, underhand throwing, overhand throwing, striking, and kicking).

Ⓒ **Balance abilities** are skills associated with maintaining and controlling body position and posture while at rest (i.e., static balance) or in motion (i.e., dynamic balance). They include body management skills such as bending, curling, stretching, twisting, turning, rotating, balancing, landing, swinging, and springing.

Behaviour

The way one conducts oneself which may be favourable or unfavourable, health-enhancing or not health-enhancing. It is a way of acting in different situations.

Biomechanical Principles

Laws which govern movement of objects or individuals in terms of force, balance, levers, buoyancy, Newton's Law, and other concepts from physics and mechanics.

Competency

Sufficient ability in the basic skills to enjoy participation in physical activity and to establish a foundation to facilitate continued movement-skill acquisition. It represents a functional level in performing or developing a movement skill.

Conflict Resolution Skills

Strategies for dealing with conflict or discord in a calm and respectful manner. Suggested strategies include the ability to use the decision-making/problem-solving process, mediation techniques, and negotiation procedures.

Coping/Adaptability Skills

Strategies for handling difficult situations to reduce personal stress.

Decision-Making/Problem-Solving Skills

Involves using the steps in a process to answer questions such as "What is best?" or "What is the worst?", and identifying criteria, weighing alternatives, and deliberating the benefits of the choices considered. (Source: *A Thinking Framework: Teaching Thinking Across the Curriculum*, Manitoba Education and Training, 1996)

Expressive Movement

Movement to interpret or represent ideas, feelings, or things.

Fair Play

Includes the five fair-play principles: respect for the rules, respect for officials, respect for opponents, demonstrate self-control, and ensure equitable playing time.

Fielding-Type Games

Involve catching or receiving-type skills such as in baseball or cricket. Scoring usually involves striking an object and running between safe areas. Scoring is stopped by catching the object in the air or getting it to a safe area before the batter, as well as by making it difficult to hit the ball.

Fitness Capacity

The capability to learn and/or to develop fitness components to reach a personal and functional level of physical, muscular condition.

Fitness Management Skills and Strategies

Identified as assessment/analysis skills, goal-setting/planning skills, monitoring skills, and active participation related to developing personal fitness.

F.I.T.T. Principle

Four variables for determining the threshold of training and fitness: frequency, intensity, time, and type of activity.

Functional Use of Skills

Promotes actual, real-world, purposeful participation. It respects individual variation and diversity in style, and/or performance. A functional approach to instruction and assessment encourages the use of basic skills in a variety of forms, to solve tasks, challenges, and problems, in a way meaningful to students and society.

Goal-Setting Process

Involves steps or procedures for achieving a goal or desired outcome. These steps may include self-awareness, goal-setting, planning and implementation, feedback and self-evaluation.

Health-Related Physical Fitness Components

Includes cardiovascular endurance, muscular strength, muscular endurance, flexibility, and body composition. (Source: Corbin, Lindsay, 1997)

Healthful Relationships

Promote self-esteem, efficacy, and health-enhancing behaviours. They are free from violence and abuse, including drug misuse and abuse.

Human Sexuality

An integral part of the personality of everyone: man, woman and child. It is a basic need and aspect of being human that cannot be separated from other aspects of life. (Source: *Canadian Guidelines for Sexual Health Education*, Health Canada, 1994)

Integration

To coordinate, blend, or bring together separate parts into a functioning, unified, and harmonious whole. The three main types of curricular integration are: within one subject alone; between two or more subjects; beyond the subjects. (*Curricular Connections: Elements of Integration in the*

Classroom, 1997, p.5)

Interpersonal Skills

Skills for building positive relationships, which include skills to: communicate verbally and non-verbally; work cooperatively/collaboratively; show respect and consideration for the rights and feelings of others; be responsible for fulfilling a commitment.

Invasion-Type Games

Include the skills of dodging or evading a player or piece of equipment, such as in soccer, hockey, or basketball. Scoring is generally achieved by getting an object into an opponent's goal while opponents try to stop scoring.

Lifestyles

Patterns of behaviour or ways an individual typically lives.

Long-Term Goals

Statements of intent to change behaviours or achieve specific outcomes in a period of months or years. (Source: Corbin, Lindsay, 1997)

Low-Organized Game

A simple or lead-up game that requires minimal time to get started.

Manipulation Skills

Movements associated with receiving, handling, controlling, or propelling an object with the hands, feet and/or an implement. They involve giving force to objects or receiving force from objects (i.e., rolling, bouncing, catching, underhand throwing, overhand throwing, striking, and kicking).

Mental-Emotional Well-Being

The condition of a person's mind and the ways that a person expresses feelings.

Movement Concepts

The concepts of body awareness, space awareness, qualities of effort, and relationships.

- **Body awareness** refers to what the body does. This includes body parts, body shape, and body actions.
 - body parts (e.g., arms, legs, elbows, knees, head)
 - body shape (e.g., stretched, curled, wide, narrow, twisted, symmetrical, asymmetrical)
 - body actions (e.g., flexion, extension, rotation, swing, push, pull)
- **Space awareness** refers to where the body moves with respect to personal and general space. It also includes location, directions, levels, pathways, and planes.
 - location (e.g., personal or general space)
 - directions (e.g., forward, backward, sideways, up, down)
 - levels (e.g., low, middle, high)
 - pathways (e.g., curved, straight, zigzag)
 - planes (e.g., frontal, horizontal, sagittal)
- **Qualities of effort** refer to how the body moves, and includes factors such as time (speed), force, and flow.
 - time (e.g., fast, slow)
 - force (e.g., strong, light)
 - flow (e.g., free, bound)
- **Relationships** in movement refers to with whom or with what (object) the body moves to show the interaction between individuals and their environment.
 - person (e.g., alone, with partner, with group, meet,

part, match, mirror, follow, lead)

- apparatus (e.g., near, far, in, out, over, under, around, through, on, off, above, below)
- other (e.g., moving in relation to music, to the environment)

Movement Sequence

A combination of movement skills performed in a certain order.

Natural Disasters

Problems related to natural phenomena in the environment, such as storms, forest fires, floods, tornadoes, lightning, etc.

Net/Wall-Type Games

Games that use a net or wall as part of the equipment, such as in volleyball, tennis, hand-ball. Scoring generally involves getting an object into the opponents' area of play more often than they can return the object.

Parental Option

Parents may choose a school-based and/or alternative delivery of potentially sensitive content that may appear in strands *Substance Use and Abuse* and *Human Sexuality*, as well as in the Personal Safety sub-strand. Parents have the right to opt for alternative delivery (e.g., home, professional counselling...) for their child where the information is in conflict with family, religious and/or cultural values.

Performance Descriptor

An example of a specific student behaviour or observable student action. It may also describe a specific, measurable characteristic or piece of work.

Personal and Social Management

The ability to understand, manage, and express the social and emotional aspects of one's life for the successful handling of life tasks. It includes skills for goal-setting, decision-making/problem-solving, developing interpersonal relationships, conflict resolution, and stress management.

Physical Activity

All forms of large-muscle movements including sports, dance, games, work, walking, and exercise for fitness and physical well-being. (Source: Corbin, Lindsay, 1997)

Physical Fitness

The ability of the body to respond or adapt to the demands and stress of physical effort, with reference to health-related and skill-related physical components. (Source: Fahey, Insel, Roth, 1997)

Physical Well-Being

The physical condition of a person's healthy body. Eating healthful meals, and getting regular exercise and sleep are examples of ways to keep the body in good condition. (Source: *Totally Awesome Health Curriculum*, Meeks/Heit, 1996)

Principles of Training

Three basic principles of training: specificity, progressive overload, and reversibility, which help individuals design training programs for changes and improvement in body functioning.

Proficiency

The capacity for successful performance that further increases the likelihood of participation. This includes performance at a

mature skill level for most skills in isolation and/or application.

Resiliency

The ability to prevent or to recover, bounce back, and learn from misfortune, change, or pressure. Resiliency, the capacity for mental health despite exposure to adversity, is innate in all human beings and is accessible. (Source: *Totally Awesome Health Curriculum*, Meeks/Heit, 1996)

Rhythmic Activities

Activities that include sequenced movements to music or other forms of stimuli for the purpose of exercise and recreational pursuit.

Rhythmic Pattern

A sequence of movement steps repeated in the same way and order.

Risk Management

Developing a thorough understanding of specific physical activities in order to eliminate or significantly reduce foreseeable risks. Minimizing risk is everyone's responsibility.

Selected Movement Skills

The variations, combinations, and/or extensions of the basic movement skills to be assessed. For example, a variation of a gallop could be a shuffle step; an extension of a kick could be a drop kick; a combination of running and jumping could be running long jump.

Short-Term Goal

A statement of commitment to change a behaviour or outcome in a period of days or weeks. (Source: Corbin, Lindsay, 1997)

Skill-Related Physical Fitness Components

Include balance, agility, power, reaction time, speed, and coordination. (Source: Corbin, Lindsay, 1997)

Skill Theme Approach

Use of the basic movements skills as the building blocks for more complex movements and specialized patterns; e.g., overhand throwing pattern modified as in throwing a football or baseball, in a overhand tennis or volleyball serve.

Social Well-Being

The condition of a person's relationship with others in many contexts: family, peers, personal, sexual, and those related to sport and work. It also includes a social and cultural environment that shapes the communication and dynamics within relationships.

Stress Management Skills

Strategies for dealing with different stressors and/or emotions in a positive manner to control or prevent further discomfort or problems. Suggested strategies include relaxation techniques, talking with others, positive thinking or self-talk, guided imagery, visualization, participation in physical activity, use of humour.

Target Heart-Rate Zones

The heart rate you must attain and maintain for 20 minutes to produce gains in cardiovascular efficiency. These ranges or thresholds of the heart rate help determine safe training zones. The zones are typically referred to as: the general health zone (50%-60%); basic fitness zone (60%-70%); aerobic zone (healthy heart zone) (70%-80%); anaerobic zone (80%-90%); red-line zone (90%-100%).

Target-Type Games

Games such as archery, or curling whose main objective is related to a target. Scoring involves getting an object closer to a target than the opponents' object.

Transport Skills

The ability to execute movements that enable students to transfer the body from one point to another (i.e., running, jumping, hopping, galloping, and skipping).

Values

Beliefs as to what should be desired, what is important or cherished, and what standards of conduct or existence are personally and socially acceptable. Values influence or guide things, behaviours, interests, attitudes, satisfaction. (Source: Stiggins, 1994)

Vision

A word picture of an ideal state reflecting what we know and wish to create. (Source: *Vision to Action*, 1997)

Well-Being

A state of being well, healthy, and content. (Source: *Concise Oxford Dictionary*, 9th edition, 1995)

Wellness

The integration of all parts of health and fitness (mental, social, emotional, spiritual, and physical) that expand one's potential to live and work effectively. The active process of becoming aware of and making choices to create a healthier lifestyle in all of life's dimensions.

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