

## RM 6–PA: Sample Cover Letter for Physical Activity Practicum

Date \_\_\_\_\_

Dear Parent/Guardian:

The health of our students is a responsibility that our school and Physical Education/Health Education Department take very seriously. Taking part in physical education/health education and being physically active can have a positive impact on students' health and well-being. To this end, our department's goal is to empower your son/daughter to adopt an active healthy lifestyle by providing the tools he/she needs to succeed.

### Grade 12 Active Healthy Lifestyles Course

The goal of this physical education/health education course is to have parents, students, and schools work together to help youth

- take greater ownership for their physical fitness
- promote the discovery of activities suited to their own individual interests
- encourage active healthy lifestyles that persist into their futures

As part of this course, your son/daughter will be involved in learning activities in the following core areas:

- fitness management
- nutrition
- personal and social development
- healthy relationships

Your son/daughter will also be required to plan, implement, and record his/her participation in the OUT-of-class physical activity practicum for a minimum of 55 hours. The details are contained within the attached physical activity plan.

Based on the physical activities your son/daughter has chosen for the OUT-of-class component of this course, safety guidelines have been provided, as part of the attached plan, to inform you and your son/daughter of the safety concerns and/or standards to consider when selecting and participating in the physical activities. The intent is not to restrict your son's/daughter's physical activity participation, but rather to assist in the process of identifying inherent or potential risks and recommending strategies/safest practices to manage these risks and to minimize the possibility of injury during participation.

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The suggested risk-management strategies are considered minimum standards for physical activity in an organized or formal setting. However, some of these strategies may not apply to all situations (e.g., home-based, recreational, or modified physical activities). Many variables will need to be taken into consideration when determining what level of instruction or supervision is appropriate for your son's/daughter's participation in selected physical activities, as well as determining appropriate safety practices related to the facilities/environment, the equipment, and the clothing/footwear used for the activities. Examples of personal and other variables include level of risk, medical/physical condition, skill level, experience, accessibility, intensity, and type of pursuit (e.g., competitive/recreational, individual/group).

Your involvement is important!

Your son's/daughter's success in the Grade 12 Active Healthy Lifestyles course will require coordinated and supportive communication between you and your son/daughter, as well as with me, as the teacher of this course. The first step is to review the attached physical activity plan with your son/daughter. Then, once you approve of the specified intentions, please sign the attached Parent Declaration and Consent Form. Your son/daughter also needs to sign the Student Declaration Form. Once these forms have been signed, the plan and forms are to be returned to me promptly.

Throughout the duration of the course I will be meeting at predetermined times with your son/daughter. The nature of these individual meetings will be to check on the progress of your son's/daughter's OUT-of-class physical activity practicum, as well as review his/her understanding of related topics discussed in class.

I encourage you to engage your son/daughter in conversation about his/her progress and to encourage him/her in pursuing personal physical activity goals and interests. If at any time you have questions/concerns, please feel free to contact me by telephone (\_\_\_-\_\_\_\_) or by email at \_\_\_\_\_.

Actively yours,

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Teacher Signature