



PHYSICAL HEALTH EDUCATION 12 EXPECTATIONS & EVALUATION

BASIC PHILOSOPHY

Physical Health Education 12 is an elective course that will work to expose students to a number of games, individual & dual activities, and alternative-environment recreational activities with an emphasis on how this connects to their own personal physical health. In addition, students will explore their physical health and how this connects to active living, movement, personal & social responsibility in their own lives. It is our hope that students will look to connect the knowledge, attitudes, and abilities learnt in our program to physical health throughout their life.

STUDENT EXPECTATIONS

1. Display **INITIATIVE** towards all class activities and assignments as well as assuming the necessary **RESPONSIBILITY** towards their successful completion.
2. Conduct themselves in a **RESPONSIBLE** and **MATURE MANNER** at all times.
3. Attend class **ON TIME** and **ACTIVELY PARTICIPATE**.
4. **HAVE APPROPRIATE CLASS EQUIPMENT.** Notebook and writing equipment for organizing classroom materials, wear appropriate gym strip for all weather conditions, and have a water bottle for physical education classes.
5. **PERSONAL ELECTRONICS DEVICES.** It is the student's responsibility to use personal electronic devices appropriately and **RESPECTFULLY** while in the classroom at the teachers discretion. A further review of school Code of Conduct will provide further details.

REMEMBER TO BE RESPECTFUL and HAVE FUN!

ATTENDANCE

Students must make up all **EXCUSED** absences at the teachers discretion. **UNEXCUSED** absences cannot be made up. Each absence requires parent/ guardian notification to acknowledge the absence. Notification must be given in a timely manner or on the day that the student returns to class, not days or weeks after the absence. A doctor's note must be provided for a long term medical excuse.

20 ABSENCES or 40 LATES in the course may result in an INCOMPLETE/ FAIL in the course!

FACILITIES and EQUIPMENT

Change room lockers are for class use only. Students **MUST** bring their own lock and remove that lock at the end of class. Keep gym bags and other valuables locked up. Personal belongings and valuables are the **TOTAL RESPONSIBILITY** of the student.

STAFF ARE NOT RESPONSIBLE FOR LOST OR STOLEN PROPERTY.

EVALUATION

Participation & Effort (50%)

- Based on both teacher and student evaluation according to student physical education self-assessment rubric criteria that focus on an active & health lifestyle (preparation, attendance & warm up, participation & following instructions, etiquette & respect, and leadership & empathy).

Fitness Awareness & Development (20%)

- Based on Pre, Mid, & Final Fitness assessments in the course, which look at the student's fitness development workbook and self-evaluation rubric on the Health & Skill Related Fitness Components.

Physical Literacy & Health Literacy (20%)

- Based on understanding and developing what holistically makes up their physical body & a healthy lifestyle, with the ability to learn and apply this knowledge with competence and confidence in a wide

variety of physical activities and lifestyle choices in multiple environments that benefit the healthy development of the whole person.

Leadership & Social Responsibility (10%)

- Based on displaying their understanding of the above criteria in teaching a class for a day, leading warm-up/fitness activities for a junior level PE class, and doing a short presentation to the class on a piece of technology that can be used for physical health.

FIELD TRIPS

Students may have the opportunity to participate in a number of alternative-environment recreational activities. It is my hope that field trips will be offered at a subsidized cost to students, which will be set prior to the field trip. Prior to all activities it is expected that students will provide the necessary paper work needed to participate on the field trip in a timely manner. Students will receive instructions and guidelines outlining organized activities and potential risks in participating in activities before each trip. It is expected that students will have appropriate clothing for each of the activities. As a part of their evaluation on field trips students will be expected to comply with those guidelines as outlined by his/ her teacher and field trip staff. On this basis, students understand that this field trip opportunity is a privilege and future planned outings require adherence to expectations for the benefit of all.

All students are expected to abide by NWSS School Policy Rules for the season and trips.
(See school website for details: www.nwss.ca)

Potential Field Trip Opportunities:

Canada Game Pool Fitness Centre	Gymnastics	Orienteering
Private Fitness Centre	Tennis	Archery
Swim Lessons	Lawn Bowling	Cycling
Kayaking	Pool	Snow shoeing
Canoe	Bowling	Cross country skiing
Dragon boating	Laser Tag	Hiking
Yoga/ Pilates	Ice skating	Golf
Capoeira	Curling	First Aid
Martial Arts/ Self Defense	Rock Climbing	

Should you have any questions, please feel free to contact me regarding illness, course content & evaluation, health & fitness questions, or your son/daughter's progress. **It is best to contact me via e-mail** at coatway@sd40.bc.ca. For more information on the course activities and expectation parents/ guardians can visit my website at: <http://coachoatway.com>

Please have your son/ daughter keep this page for their records and fill out the other pages and return it to their Physical Health Education teacher.

Sincerely,



Chad Oatway
Physical Education, Home Economics, & Planning Teacher
Football & Wrestling Coach
Ski & Snowboard Club Coordinator
New Westminster Secondary School
"Home of the Hyacks"



NEW WESTMINSTER SECONDARY SCHOOL

835 8th Street
New Westminster, BC
V3M 3S9

Telephone: (604) 517-6220
FAX: (604) 517-6204
Website: www.nwss.ca

Please complete the following confidential emergency contact form:

Date: _____

Students Name: _____

Parent/ Guardian Names:

Parent/ Guardian Signature:

Phone Number where you can be reached during the day in case of emergency:

_____ Alternate number: _____

E-mail: _____

Medical Concerns, Allergies, Medication, Etc:

Other Concerns:

