

Teaching Health and Physical Education

3rd Edition



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Teaching Health and Physical Education

1996 Edition

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Introduction

Welcome to **Teaching Health and Physical Education**

This monograph has been designed to facilitate the professional development of student primary school teachers in Health and Physical Education. It is based on two important premises:

1. that Health and Physical Education should be an integral part of primary education, and ,
2. that **'the class teacher must assume the major responsibility for Physical Education in the primary school. As in other subjects of the curriculum, he (or she) is responsible for structuring desirable learning experiences which contribute significantly toward the total education of the child'**.(Source: Dept. of Education, 'Health and Physical Education Curriculum Guide' reprinted 1981)

There is also a hidden agenda here, which I want to expose right from the start, which is that I do not believe that Health and Physical Education has been as successful in primary schools as it might have been. While there are some good programmes to be found, these are an exception, rather than the rule and this monograph, and others like it, seek to change this situation. We see student teachers as potential change agents who will be able to introduce and implement more successful programmes in Health and Physical Education.

While this monograph has been constructed primarily for students completing **Health and Physical Education Curriculum and Pedagogy** at the Central Queensland University, it will also provide those currently involved in teaching with a good basis for reviewing and developing their current practices in this important curriculum area.

Howard Walmsley
January, 1996

Health and Physical Education: Aims, Content and Teachers

Introduction

The purpose of this first chapter is to introduce some of the underlying concepts that have influenced the development of Health and Physical Education and to indicate what we hope this monograph will achieve with regard to your professional development. As the title of this unit suggests, there are three main components to be examined:

1. to provide you with an immediate indication of what we believe are the most appropriate aims and objectives of Health and Physical Education in primary schools;
2. to introduce you to the content of Health and Physical Education in Queensland primary schools; and,
3. to examine the role of primary school generalist (classroom) and specialist teachers with regard to this subject area.

In addition to being dealt with here, these issues, as you will find, will be revisited in other sections of this monograph.

Aims and Objectives of Health and Physical Education

The statement that follows is taken from the current Health and Physical Education Curriculum Guide (Reprinted 1981, p 1.) and it provides an indication of the Department of Education's view of the aims and objectives of this curriculum area.

"Health and Physical Education

Health and physical education has a distinctive role to play in individual growth and development. It focuses on the increasing need to equip young people with the knowledge, skills and attitudes to make rational, informed decisions about their own health and the health of the community at large, and to appreciate the importance of developing lifelong patterns of physical activity. It provides opportunities for young people to learn about health, to practice desirable health behaviours, to demonstrate health care skills, and to develop responsibility for personal and social health. It also provides opportunities for them to experience different forms of physical activity, recognise the value of physical fitness in maintaining health and well being, and develop the necessary physical and social skills for

lifelong participation in physical activity.

Physical Education in Primary Schools

Physical Education, as an integral part of education, aims to assist each child attain maximum development - physically, socially, emotionally, and intellectually - according to his (or her) capabilities. The unique contribution of Physical Education is the provision of opportunities for structuring learning situations in motor experiences which favourably influence the growth and development of the child.

Physical Education is concerned with movement which is fundamental to life. The development of movement follows a sequential pattern; from general movements come specific motor skills which in turn are combined and refined to form the more complex skills of swimming, gymnastics, dance, athletics, games and sports.

At the primary school level, Physical Education assists in the development of the child at an important stage of growth. It helps refine gross motor abilities of young children, develops physical skills at a period when the child is highly receptive, and provides a means for children to express themselves non-verbally and creatively through movement and Physical skills. Social skills can be developed by participation in team and group activities which also afford another avenue for problem-solving and decision-making behaviour.

Objectives

The objectives of Health and Physical Education are:

- **To develop Physical fitness**
- **To develop proficiency in useful and satisfying Physical skills**
- **To develop body awareness and control**
- **To develop social skills**
- **To develop attitudes and practices for healthy living"**

While this document is somewhat dated (it was first printed in 1973 and it has remained unchanged since that time), it provides an appropriate starting point for considering the purpose of Health and Physical Education in primary schools in the nineteen eighties. Of particular note is the broader aims that had been set for Health and Physical Education in the previous decade (or more) which contrast sharply with the 'sports orientation approach' which dominates many primary school programmes.

A more recent Departmental publication, the 1990 'P-10 Health and Physical Education Framework' document, provides evidence that the Queensland Department of Education is intent on continuing its earlier attempts to redefine Health and Physical Education in Queensland schools:

The health and physical education has six major purposes. These purposes outline the contribution of health and physical education to a sound general education.

Health and physical education:

- enables each child to enhance his or her physical development;
- develops movement skills which enable children to perform physical activities in a range of environments, effectively, efficiently and safely;
- can make a positive contribution to each child's cognitive development;
- can enhance personal development by providing opportunities for each child to experience enjoyment and a sense of competence and accomplishment;
- assists in the development of those social skills such as communication, cooperation, sharing and interdependence, that are considered important in our society; and,
- assists each child to choose lifestyle behaviours that enhance well being, leading to improved quality of life.

(Department of Education, Queensland, 1990, pp 2-5)

From the above, we can infer that Health and Physical Education, at least from the policy writers perspective, is about more than simply developing childrens' physical prowess. It is also more than simply developing teams for intra-school or inter-school sport. It is about, contributing to the wider goals of "education" through experiences which have movement as a central theme. This monograph embraces this view of health and physical education.

Before examining the "content" of Health and Physical Education in Queensland Primary Schools, it is worth briefly addressing the issue of 'what is the relationship between Health and Physical Education?'

In some states, Health Education is a separate subject but in Queensland it is tied to Physical Education. I want to quickly examine this relationship because it has implications about the way we regard and teach health physical education.

In those states where Health Education is a separate subject to Physical Education the following Figure 1.1 represents their relationship:



Fig 1-1.

That is, "Health" and "Physical Education" are treated as two independent areas which, while they may have some common ground, do not share a close relationship. This model can be questioned on the basis that each of these areas should inform the other rather than being taught in isolation.

In many schools in Queensland the following relationship is evident:

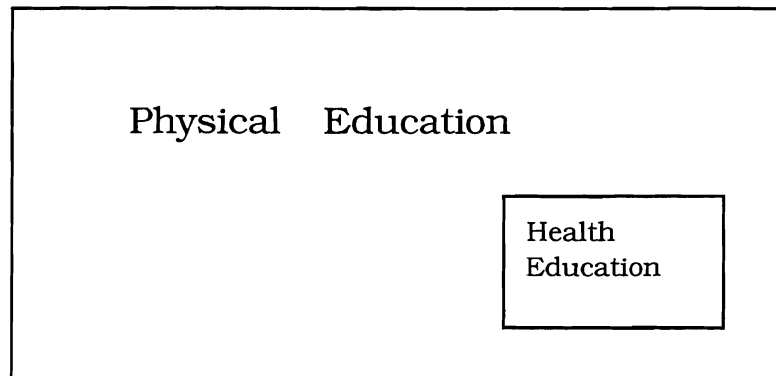


Fig 1-2.

This model suggests that "Health Education" is component or sub-set of "Physical Education" and that the work completed in "Health" contributes in some way to the aims and objectives that have been established for "Physical Education". It could be argued that the Queensland "Health and Physical Education Curriculum Guide" (1972) subscribes to this relationship as health is listed as one of ten content areas. In practice, however, when this arrangement exists, Health is too often overlooked and subsumed by physical education.

A third model, in which Health provides the major framework and in which Physical Education exists as a substantive part, has also been suggested.

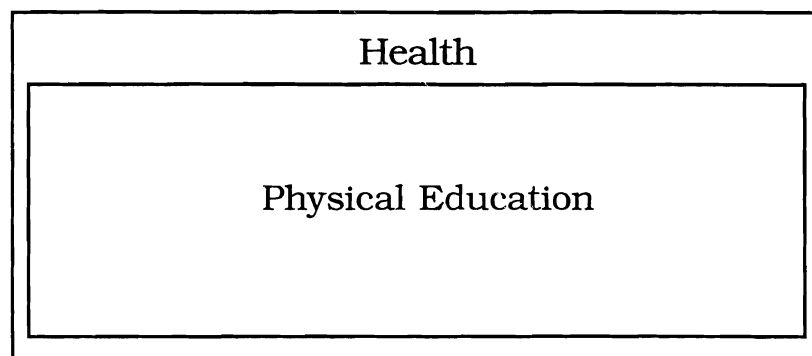


Fig 1-3.

In this third model, physical education is defined as being "health-based" or as primarily concerned with improving the health and well being of the community and the individuals within it. While this model is commendable in its development from the Figures 1 and 2, it can be argued that improving

health is but one of a number of outcomes that can be achieved from a well organised and well implemented physical education programme.

A fourth model portrays health and physical education as one subject area:



Fig 1.4

In this model, health and physical education can be defined as a subject which contributes to the overall development of all students, through developmentally appropriate movement experiences. As a consequence, students develop an interest and skill, in range of physical pursuits, in addition, to a range of other outcomes that were identified in the Department's policy documents provided earlier.

The Content of Health and Physical Education

Most of us have some idea of what the content of Health and Physical Education might be or should be, but for the record, I want to again refer to the current 'Health and Physical Education Curriculum Guide' (Department of Education, 1972). This policy document provides an indication of what the Department has deemed as appropriate content for primary schools and it lists the following activities:

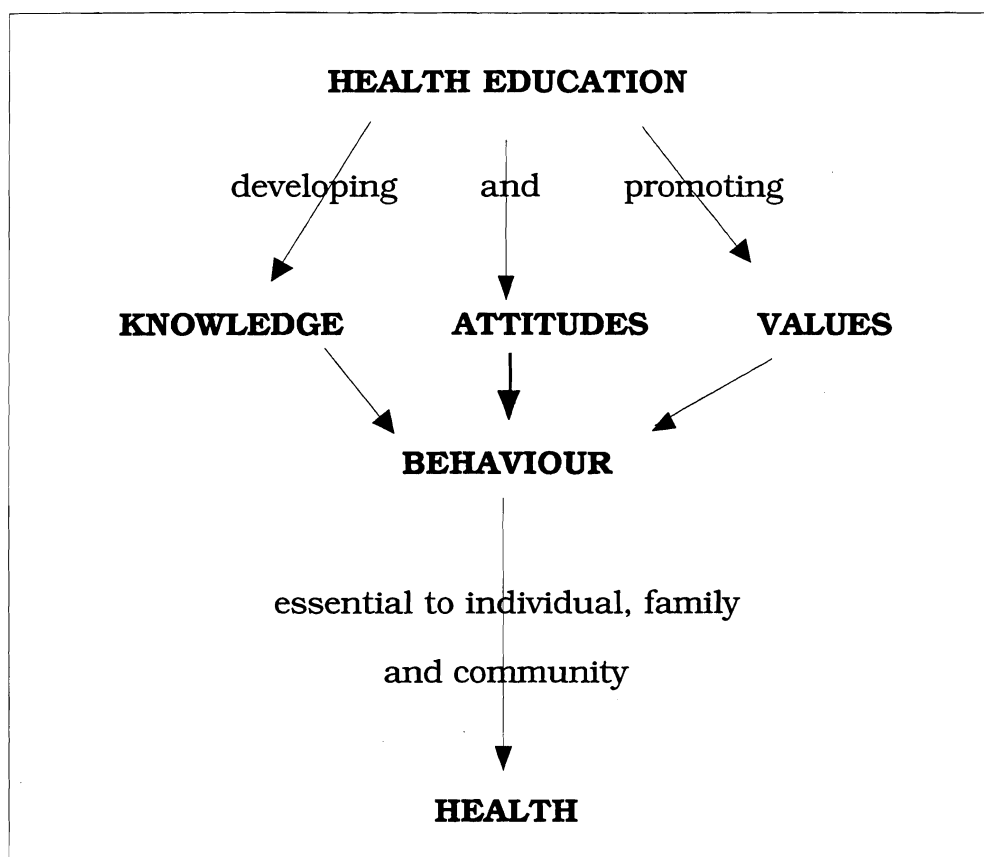
- Health Education
- Basic Skills
- Swimming
- Gymnastics
- Athletics
- Dance/Rhythmic Activities
- Fitness Activities
- Outdoor Adventure Activities
- Sports and Games
- Adaptive Physical Education

Each of these areas can be regarded as providing a particular contribution to a health and physical education programme and they should be used by teachers in the development of an overall programme. Programme development will be examined in some detail in chapter 3 and teaching strategies and approaches for the ten areas of content are provided in Part 2 of this monograph.

It noted, however, that some of these areas of content are more suitable for upper primary school rather than lower and vice versa. In addition, in

selecting content for a particular class or group we should also take into account what we now know with regard to children's motor development and skill acquisition.

In 1983, the Department of Education published its "Health Education Curriculum Guide" which was reported as complimenting the earlier "Health and Physical Education Curriculum Guide". According to this document, the main aim of health education is to bring about a behavioural change and this needs to occur at a number of levels. The intent of the "Health Education Curriculum Guide" can be summarised as follows:



Thus, according to the policy writers, Health Education is concerned with encouraging or producing behaviour that leads to good health for the individual, the family, and the community as whole. It is not necessarily about wrote learning health facts and statistics.

While we might question what this might mean with regard to the relationship of this area with physical education (it promotes the existence of two separate subjects as suggested in Fig.1.1 on page 3), the Health Curriculum Guide (1983) is very well written and it provides teachers, and others, with appropriate strategies for the development of school based health education programmes. The document contains the following five objective for Health Education (Health Education Curriculum Guide,1983, p 3):

- “1. develop knowledge that when applied promotes health;
2. recognise the relationship between behaviour and health;
3. identify desirably health behaviours;
4. identify and resolve personal health problems; and,
5. develop an awareness of community health services”.

The document also promotes the use of the following nine areas of content (referred to as nine “Main Ideas”) to achieve these objectives (based on Health Education Curriculum Guide, 1983, p 3):

1. patterns of growth and development;
2. recreation and relaxation needs;
3. nutrition;
4. health standards;
5. environmental hazards;
6. lifestyle;
7. consumer education;
8. self concept and ‘health’; and,
9. drugs.

Time Allocation for Health and Physical Education

According to the Health and Physical Education Curriculum Guide (1972) and the Department’s ‘Handbook of Information and Administration Procedures’ (1974), teachers should allocate between 120 minutes and 180 minutes of class time to Health and Physical Education each week. This should include time for fitness development, skill development, health education, and opportunities for sport and/or recreation. This could be achieved by following time distribution:

	Mon	Tues	Wed	Thurs	Fri
Fitness		15		15	
Skill	30		30		
Health		30			
Sport/Rec.					60
					(Total: 180 minutes)

In the 'skill' lessons, teachers should be implementing lesson plans that focus on the development of new skills or which reinforce previously introduced skills while the 'fitness' session represent short periods of high activity levels that are designed to develop and maintain various components of fitness. The sport or recreation period provides the opportunity for the children to utilise the skills previously developed in the skill lessons and the fitness work provides the fitness and endurance required to participate in these activities without undue stress. Health lessons should be developed on the basis of a school and class programme developed from the Department's Health Curriculum Guide discussed earlier in addition to providing an understanding and a critique of what was achieved in the other areas.

Alternatively, a weekly programme could be developed that included two skill lessons, three fitness sessions, one health and 45 minutes for sport and/or recreation. This would appear as follows;

	Mon	Tues	Wed	Thurs	Fri
Fitness	15		15		15
Skill		30		30	
Health			30		
Sport/Rec.					45
					(Total: 180 minutes)

Teachers and Health and Physical Education

In Queensland, the distribution of teaching responsibilities in government primary schools is organised on the basis of a pastoral system. That is, children are assigned to a particular grade and class, for which a teacher is appointed. This teacher is, in theory, responsible for all of the areas of curriculum for that group of children. As a result primary school teachers are seen for the most part as being 'generalist' teachers. Typically each class has its own classroom and most lessons are implemented in the confines of that area.

This is substantially different to the system used in secondary schools where teachers are employed as 'specialists' concerned with only one or two curriculum areas.

It is commonplace in primary schools to find a small number of teachers operating as 'specialists' and most schools, for example, have a teacher employed as a librarian. Specialist teachers of music and physical education are also common in state or government primary schools. However, specialists in these subject areas normally teach at a number of schools located in a small geographic area (referred to as a 'cluster'). In most

Education Regions in Queensland, the Department's current policy is for physical education specialist teachers to be appointed on the basis of one teacher per 1000 school children. In practice this means that in the larger towns (for example, Rockhampton, Mackay, Yeppoon, Sarina, Bundaberg, etc) each primary school class receives one lesson per week from the physical education specialist teacher. Any additional experiences require the involvement of the classroom teacher. In smaller two or three teacher schools, specialist teachers may visit fortnightly or monthly.

The roles adopted by both the specialist teachers and the classroom teachers with regards to Health and Physical Education varies considerably from one school to another and from one teacher to another within one school. However, the following statement is taken from the Health and Physical Education Curriculum Guide (p 15.).

THE ROLE OF THE CLASSROOM TEACHER WITH REGARD TO PHYSICAL EDUCATION

The class teacher must assume major responsibility for Physical Education in the primary school. As in other subjects of the curriculum, he (or she) is responsible for structuring desirable learning experiences which contribute significantly toward the total education of the child.

The role of advisory or itinerant teachers of Physical Education in primary schools is to assist and to work with the principal and his staff in planning, organising, and carrying out a programme of physical activities. They may provide the class teacher with instructional material or they may demonstrate or teach new or difficult aspects of the work. At all times the class teacher has the major responsibility to ensure that these Physical Education experiences are part of his (or her) overall plan.

A Physical Education teacher, attached to a school, will play a major role in the teaching of Physical Education in that school, but it is not envisaged that this teacher take all the Physical Education. He (or she) should provide assistance and guidance to enable class teachers to assume their role within the programme. As the majority of primary schools do not have a Physical Education teacher attached, it is essential that all teachers are familiar with and capable of conducting their own programme.

Thus, according to the current policy document, class teachers have the overall responsibility for Health and Physical Education and the specialist's role is that of an advisor. This role statement is also supported by another document from the Department, the Administrative Procedures Handbook', (1974, p 23) which is provided to primary school principals:

Physical Education Teachers in Primary Schools

The role of the Physical Education Teacher is to provide assistance to teachers in the compilation and implementation of progressive, continuous and comprehensive programs of physical education for their classes.

Class teachers are responsible for their own programs; the physical education teacher is responsible for the development of the resources to meet the needs of this program.

The Physical Education Teacher is required to undertake the following tasks:

(a) to assist in co-operative planning of a school program of Physical Education program suitable to the children's needs, abilities and interest.

(b) To meet with teachers at each level to develop a Physical Education program suitable to the children's needs, abilities and interest.

(c) To demonstrate the teaching of certain skills where requested; to give class teachers insights into utilisation of subject matter; and to provide an appreciation of the standards children can be expected to reach.

(d) To assist teachers in the evaluation of class physical education program.

(e) Where needed, to assist teachers in planning appropriate programs for individual children.

(f) To provide the leadership required to assist teachers to develop further teaching competencies in this subject area.

(g) To present a wide range of materials and resources which teachers may utilise to initiate new programs or to expand and develop existing programs.

Despite the clarity of these statements, very few teachers have adopted these roles and it could be argued that Health and Physical Education has not been as successful as it might have been as a result. Many classroom teachers have abrogated their responsibilities in this area and several reasons have been suggested for this. Arguably, the most significant of these reasons, is that teachers have not been prepared sufficiently well enough in the past to implement lessons in this curriculum area and this monograph seeks to improve on this. It will attempt to convince you of the need for classroom teachers to be more involved in Health and Physical Education and to provide you with the knowledge, skills and confidence necessary to be

involved in this area more successfully.

Kirchner (1988) provides a comprehensive indication of what contemporary Health and Physical Education programmes should be about. It is worth reading prior to considering the Study Questions that follow.

Reading 1: Kirchner, G (1988) **Physical Education for Elementary School Children** (7th Ed) WmC Brown, Dubuque, pp 7-10.

(The Readings that are referred to in this monograph are provided in full in Part 3)

Study Questions.

Following the completion of this module you should be able to respond to the following questions:

1. Suggest how Health and Physical Education could contribute to the development and education of primary school children?
2. Provide a brief overview of the responsibilities of teachers with regard to primary school Health and Physical Education?
3. 'Physical education should include:
Health Education
Skill Development
Fitness Activities
Opportunities for Sport and Recreation.'

Describe and discuss each of these components and suggest how a weekly programme might be developed which contains all four elements.

Developing Teaching Skills for Health and Physical Education

In preparing yourselves for your role as a teacher of health and physical education, you will need information that will enable you to address the following types of questions:

- what is the purpose of Health and Physical Education?
- what is included in Health and Physical Education?
- how do children acquire motor skills and movement competencies?
- how can physical activity contribute to childrens' physical development?
- what will be my role with regard to Health and Physical Education?
- how can I develop programmes for Health and Physical Education?
- what resources exist to assist in the development of programmes and lesson plans in Health and Physical Education?
- what teaching strategies are most appropriate for Health and Physical Education?
- what is the purpose of evaluation in Health and Physical Education?
- how can I involve children with medical or physical disabilities in PE?
- how can I integrate Health and PE with other curriculum subjects?
- what is the current status of Health and Physical Education in schools?
- how can I improve my teaching practice in Health and Physical Education?

You will not necessarily develop answers to these questions through this monograph alone. It will (I hope) provide you with a solid foundation, but it is important that you realise that you will need to look elsewhere as well. Subjects like 'Development and Disability' will provide further details regarding children's development, both physically and cognitively, and these subjects will be equally important in contributing to your knowledge about

children and how to provide them with a physical education. Other subjects will provide information about teaching and organising classes, such as 'Teaching, Learning and Planning', that will also have relevance to teaching Health and Physical Education, and your school based experiences will provide you with the opportunity to utilise some of these skills and to test your emerging theories. Rather than thinking of Health and Physical Education Curriculum as the subject where you learn about teaching Health and Physical Education, adopt the view that this will be achieved through the Bachelor of Education programme. I suggest that it is inappropriate to compartmentalise your knowledge and skill development as we have done in producing this degree programme.

Similarly, this monograph and the Health and Physical Education subject will be of benefit to you in your attempts to prepare yourself as a teacher in other curriculum areas. One of our objectives in this subject is to develop competence in teaching outside of the classroom and you will no doubt use this environment across a range of subjects not just Health and Physical Education. In addition we will also have suggestions and strategies regarding evaluation, planning, integration, etc. that will be appropriate for use in other curriculum areas as well.

The second point I want to make at this juncture, is that teaching is a highly personalised activity, and successful teaching is not necessarily achieved by replicating practices and teaching methodologies provided to you during pre-service teacher education programme. This includes fieldwork and university based experiences. Teaching requires a combination of intellectual, moral, and craft-like activity (Tom 1984) and teaching needs to be continually modified, both in content and practice, according to the needs and demands of your class. While I will be suggesting approaches that may be used in teaching particular areas of content in this monograph, you will need to judge these methodologies critically. Some you may adopt as useful techniques, others you will discard because they do not suit your approach to, or view of teaching.

Two readings have been included in this monograph which provide important reference points for beginning teachers. The first reading is sourced from the Department of Education's "Health and Physical Education Framework" (1990) document and it provides a simple yet effective overview of teachers professional responsibilities. This paper suggests that teachers have to operate at a number of levels, often simultaneously.

The second reading, which is a chapter from a text by Beverly Nichols entitled, "Moving and Learning" (1986, pp 70-79,) focuses on the teaching act specifically and it introduces different methods or teaching styles that are often used in health and physical education lessons. While 'command' style is frequently adopted by teachers, Nichols argues that other approaches may be more appropriate pedagogically. For this second reading I suggest that you read the summary on the last page first before reading the whole chapter.

Reading 2: Dept. of Education, Qld (1989) '**P-10 Teaching Framework**' Govt. Printer, Brisbane. pp 7-12

Reading 3: Nichols, B (1986) **Moving and Learning**, Mirror/Mosby, St Louis, pp 70-80

Study Questions

Following your completion of this unit you should be able to respond to the following questions:

1. Describe the four professional roles of a teacher that were suggested in the Department's Health and Physical Education Frameworks document.
2. Nichols has provided eight key principles for successful teaching. List and describe each of them.
3. Nichols suggests that there are five distinctive teaching styles. List these five teaching styles and describe the key aspects of each of them.

The Primary School Child: Patterns of Growth and Development

In this unit our focus will be on developing an awareness of the physical changes that primary school students undergo during their seven (or more years) of primary schooling. This will be a key factor to consider in planning, teaching, and evaluating any movement experiences implemented as part of a physical education programme.

Children usually commence their primary school after they have turned five years of age by which time they have achieved a number of significant milestones with regard to their physical and motor development. For example, most children have usually developed a reasonably mature style of walking and running by this age and they well on their way to developing a wide range of other basic or 'fundamental motor' skills. Of course, primary school children are changing cognitively and socially in addition to the physical changes discussed here. Indeed, children's development in the psycho-motor domain is often influenced by their cognitive and social development/opportunities.

'Physical Development' can be defined, for our purposes, as the physical changes that children experience many of which we can be directly observed. The following areas might be included in an assessment of a child's 'Physical Development':

- height
- weight
- body proportions - head size, hand size, proximodistal
- body composition - % body fat, muscle, girths
- limb length
- lung and heart size
- strength
- endurance
- flexibility
- fitness
- posture

'Motor Development', on the other hand, refers to the attainment of motor control and motor skills. This may be evidenced by advances in the following:

- balance
- coordination of body parts

accuracy of throwing and/or kicking
reaction time
eye-hand and eye-foot coordination
agility
fine motor control
rhythm
stability
transfer of weight
motor ability (ability to reproduce or copy an action)

In order to facilitate your understanding of the changes that primary school students undergo, with regard to their growth and development, it is useful to consider primary school as having three levels: lower primary, middle primary and upper primary. For each of these levels the tables that follow provides details of the typical characteristics of primary school children at these three levels with regard to their physical, mental, emotional and social characteristics. The implications of these typical characteristics is also considered.

Lower Primary (six and seven years of age)

Physical Characteristics

1. Height and weight increases slowly but steadily. On average, height increases by 5 cm and weight 2 kg per year. Boys and girls are very similar in stature and body proportions.
2. Heart and lungs are not fully developed. Both pulse and respiration rates are high. As a result children at this level have low cardiovascular endurance. Fatigue easily but recover very quickly.
3. Low muscular strength and muscular endurance.
4. Eye hand and eye foot co-ordination is poor. Poor spatial awareness.
5. Reaction time is slow.
6. Balance mechanism not well understood.

Implications for Health and Physical Education

1. Boys and girls can benefit from identical programmes. Offer a wide range of gross motor activities that will enhance bone and muscular development. Promote good posture. Check for inappropriate alignment and refer if necessary (See section titled "Class Based Health Assessment"). A daily program will produce the best result.
2. Include fitness activities of high intensity but provide regular intervals of recovery. Vary the pace of your activities during skill lessons. In games and recreational activities limit continuous activity to no more than 10 minutes.

3. Provide activities that enhance the development of muscular strength and muscular endurance.

4. Include activities that promote eye hand and eye foot coordination. Use bean bags and large balls rather than small balls and provide stationary targets for throwing. Use stationary balls for developing kicking and striking skills. Children need time for practice.

5. Provide opportunities for development of reaction time and agility.

6. Provide opportunities for learning about and developing balance.

Mental and Emotional Characteristics

1. Attention span is short but increasing gradually . Periods of restlessness.

2. Extremely creative.

3. Enjoy activities involving rhythm and music.

4. Keen desire to repeat activities they know and enjoy.

5. Ego-centric but seek adult approval

6. Adventurous and often fearless.

Implications for Health and Physical Education

1. Provide a large variety of activities within a lesson. Keep instructions simple and avoid overloading them with information. Maximise activity time.

2. Provide opportunities for creativity and individual expression.

3. Include movement to music experiences.

4. Allow children the opportunity to select games and other activities. Develop new experiences from past activities that they have had success in. Provide the opportunity to repeat previously learnt routines and skills.

5. Provide opportunities for individual work but encourage group sharing. Provide recognition for appropriate behaviour and responses.

6. Encourage risk taking behaviour but develop an appreciation for personal safety.

Social Characteristics

1. Individualistic

2. Enjoy working and playing with boys and girls.

Implications for Health and Physical Education

1. Provide opportunities for working individually. Encourage team and group work.
2. Boys and girls will benefit from working together.

Middle Primary (eight, nine and ten years of age)**Physical Characteristics**

1. Height and weight continue to increase slowly but steadily. On average height continues to increase by 5 cm per year and weight 2-3 kg per year. Boys and girls remain similar in stature and body proportions.
2. Heart and Lungs continue to develop and both resting pulse and respiration rates are slightly lower (ie, better). Cardiovascular endurance is improving.
3. Increasing muscular strength and muscular endurance.
4. Eye-hand and eye-foot co-ordination is improving. Better spatial awareness. Improved gross motor skills.

Implications for Health and Physical Education

1. Continue to provide activities that will enhance physical development. Same programme for boys and girls. Check posture and overall physical development - refer if necessary.
2. Continue to provide activities that will develop heart and lung function, including, activities of slightly longer duration.
3. Provide a wide variety of games and activities involving large muscle groups.
4. Provide a wide variety of activities involving throwing, catching, kicking and striking. Introduce activities with moving targets and smaller balls.

Mental and Emotional Characteristics

1. Increasing attention span and better understanding of tactics, rules and theory.
2. Peer approval becoming important
3. Beginning to operate effectively without close supervision. Better understanding of health and safety aspects.

Implications for Health and Physical Education

1. Introduce more complex games and activities. Utilise problem solving approaches in lesson content and teaching strategies. Challenge children

cognitively as well as physically.

2. Provide opportunities for small group and team activities. Include activities that promote self concept and self actualisation.

3. Children are becoming more able to operate in circuits and other teaching approaches that do not require immediate supervision. Capable of contributing to group safety.

Social Characteristics.

1. Boys and girls still happy to work with one another for most part. Some reluctance in activities requiring contact or direct partners.

2. Enjoy working in pairs and/or in small groups.

Implications for Health and Physical Education

1. Boys and girls can participate in same programme but allow them some choice with regard to partners.

2. Provide opportunities for working in small groups and in pairs. If possible and not disruptive allow children to select partners.

Upper Primary (11 - 12 years)

Physical Characteristics

1. Height and weight continue to increase gradually up to the onset of puberty when a dramatic change may be evident, particularly in girls. Typically girls experience puberty between 11 and 14 while boys on average experience puberty 2 or 3 years later. Puberty results in marked differences in height and weight and strength. Postural problems become increasingly noticeable.

2. Heart and lungs now approach a more appropriate capacity for their height and weight. Students are more capable of much longer periods of activity at sub-maximal levels (15-20 minutes).

3. Muscle strength continues to increase particularly for boys. Some differences between the sexes are becoming evident. Some girls will begin to decline with regard to tests of muscular strength and endurance.

4. Gross and fine motor skills are now well developed, particularly in activities that have been pursued outside of school by members of the class. Sex differences in motor skills becoming increasingly apparent.

Implications for Health and Physical Education

1. Continue to provide combined boy/girl programs but allow for segregated activities if thought advisable or necessary. Check posture and refer where necessary.

2. Continue to provide activities that enhance cardiovascular function. Extend periods of activity. Provide a rationale for activities presented.
3. Continue to provide opportunities for developing muscular strength and endurance. Develop strategies so that individuals can be involved without being closely observed or monitored by others.
4. Provide opportunities for students to utilise and build upon their increasing physical capacities. Provide opportunities for segregated and mixed learning opportunities.

Mental and Emotional Characteristics

1. Marked increase in attention span and further increases in conceptual understanding. Seek and utilises information regarding the purpose of program elements. Able to make links between health and physical activity.
2. Peer approval important but also seek independence.
3. Able to operate without close supervision. Understand and able to apply requirements regarding health and safety.

Implications for Health and Physical Education

1. Continue to challenge mentally and physically. Learn through and about movement. Provide theory in addition to practical experiences. Provide links to other curriculum areas.
2. Provide opportunities that recognise individual effort in addition to group effort. Allow for class to participate in groups of varying membership according to the activity interests and needs of the students
3. Students are able to operate in circuits and in other teaching approaches that do not require immediate supervision. Allow them to discuss and contribute to group safety.

Social Characteristics

1. Boys and girls prefer to work with students of the same sex. Antagonism based on gender is sometimes evident. Boys and girls will often have different and sometimes conflicting interests.

Implications for Health and Physical Education

1. Provide opportunities for mixed and segregated activities. Attempt to reduce sexual stereotyping. Develop an appreciation of the different forms of activity commonly enjoyed by wide variety of groups.

Study Questions

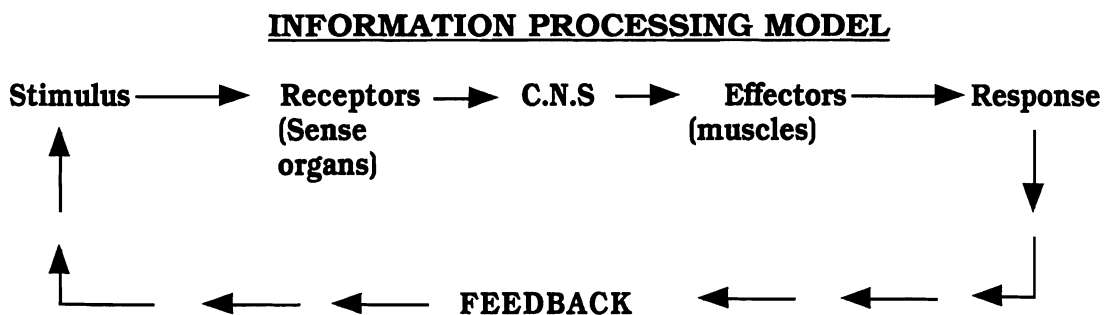
Following your completion of this unit you should be able to respond to the following questions:

1. Differentiate between physical development and motor development.
2. From the previous discussion, identify the main physical changes that primary school children experience during their primary school years.
3. What does the information presented in this unit suggest with regard to the content of physical education classes? Respond with regard to the three levels of primary schooling.

Motor Learning and Skill Acquisition

While we usually think of purposeful human movement as a physical act it is important to recognise that for this movement to occur a cognitive process has also occurred. That is, voluntary movement involves the brain (the Central Nervous System) in addition to the body's muscles. This, in order to successfully teach physical education, we need to have some knowledge of the cognitive process that make human movement possible as well as an understanding of children's physical development.

Teachers are continually faced with the task of making decisions for their class in an attempt to promote their education. For example decisions have to be made with regard to the development of the learning environment, the selection of learning experiences and activities, the provision of feedback and encouragement, and so on. But what type of settings, what type of opportunities, what type of feedback and encouragement, etc., will be the most effective with regard to motor learning and how do we acquire motor skills? To help us to examine the literature in this area we are going to use the following model:



The above model suggests that in order to learn a motor skill, and thus to produce an appropriate response, the learner must first receive information about what they are trying to achieve (i.e., they receive an input or stimulus through the sensory organs). This information is sent to the Central Nervous System (C.N.S.) where it is monitored and interpreted and then a decision is made about how to copy or perform the action required. The output (response) is the motor act which is achieved through the effector organs.

Clearly there are several crucial stages:

1. the quality of the stimulus or input;
2. the ability to process the input; and,
3. the ability to utilise and coordinate the motor units (or

muscles).

Feedback is also important because this action is also monitored by the receptors and this provides more information again to the C.N.S. for further processing.

While this model is overly simplistic (in reality we have multiple channels and the capacity to process multiple form information rather than being limited to a single channel as shown), it does identify the various components that should be considered in organising and developing lessons that focus on motor learning.

1. Stimulus and Receptors

Stimulus relates to the input that learners receive from their external environment and this includes information provided through lessons. We have all ready acknowledged that the quality of the input is crucial to achieving an appropriate response and a number of points can be made in this regard.

i. Teachers need to understand that information is received by class participants through three main sense modalities;

- visual (what we see);
- auditory (what we hear); and,
- tactile (what we feel);

and that teachers should utilise more than one sense modality. That is we are more likely to be successful as teachers if we are able to provide visual information in addition to explaining (auditory). Furthermore, if we can help children to feel or experience the movement (tactile) this will also assist in developing their understanding what is required.

ii. Learners have varying degrees of sensory capacities (ability to receive information) and we should be cognisant that one child may interpret the sensory information differently to another. How one perceives is based on previous experience, interest, and motivation.

iii. Learners will also receive information that may be unhelpful or distracting. Part of the teachers role is to filter out unnecessary stimuli so as to maintain the classes interest and motivation and there is also a need to emphasise crucial cues. For example, in a gymnastics lesson using a mini-tramp, it may be desirable to emphasise the need for a two foot take off, not to run too fast on the approach, and for the arms to be held out on landing to assist with balance.

2. The Processing of Information

Despite how it has been depicted in this diagram, the decision making process is a complex operation. As information is received and communicated to the CNS it goes through a number of processes - coding, translating, comparing, organising, etc., before a resultant action is

produced. The type or quality of input must be provided in a way that will assist the learners attempts to process the information. The following points are important;

- do not provide too much information at once,
- break the skill(s) down into digestible steps appropriate to the cognitive level of the class,
- reinforce important cues,
- do not go onto the next level until the previous one has been achieved,
- remember individual differences,
- repeat demonstrations a number of times - ideally from different angles.

3. Attention

There is clearly a need to maintain the children's interest and attention during a class because if you loose their attention there is the potential for them to miss out on important and possible crucial input. This is particularly important during the input stage.

Note that teaching outside poses more problems for maintaining attention, than working inside, because you are competing with a wide range of distractions outside.

Teachers also need to repeat and help students focus on key words or cues as students will often focus on the end product of the demonstration rather than the parts and sequence of the act itself. For example, in the case of teaching swimming, students may focus on the movement of the body from A to B but they have not appreciated the mechanics of the leg or arm actions.

4. Output/Response

From the information processing model we can observe that each response generates further information to the receptors (feedback loop). The implication here is that teachers need to offer children as many opportunities to practice (i.e. respond) as possible so as to maximise their opportunities for gaining information.

Feedback is provided in several ways:

- internal mechanisms (kinesthesia or proprioception);
- from their peers; and,
- from the teacher.

Feedback from a teacher is an important aspect of each lesson. Feedback can provide a number of functions, but most importantly, it should provide further knowledge, reinforce your teaching points and provide any additional information required.

5. Motivation and Arousal

From a teaching perspective, providing motivation is really a question of providing experiences and activities that will increase the desire of the learner to learn. As a result motivation will be intrinsic rather than extrinsic (that is, that they want to learn or to be involved).

Sometimes arousal and motivation are used synonymously and at the other end of the continuum we have anxiety. Students' best performance is usually found mid-way between these extremes as illustrated in the 'arousal curve' provided below;

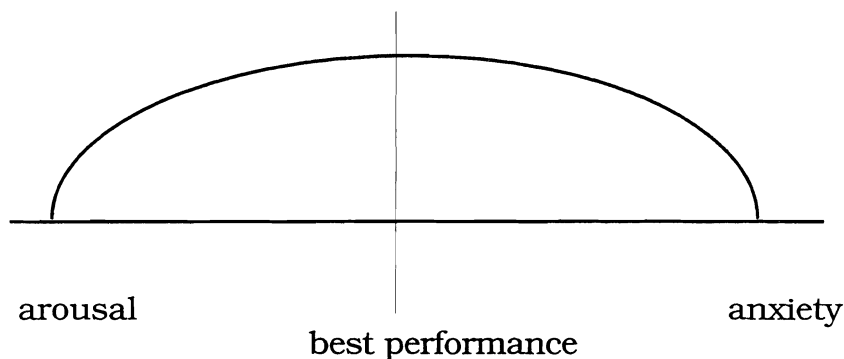


Fig. 4.1. U Shaped Arousal Curve

The implication here is that lessons should be challenging and arousing but not cross the line so as to create anxiety. Note, however, that arousal is specific to the individual and that this will vary from one individual to another. Thus teachers need to develop an understanding of the arousal characteristics of the different children in their class.

6. Transfer of Learning

As indicated earlier, during the processing of information, the C.N.S. will compare new input with old, ie., compare new information with information that was gained from previous experiences. In some activities, where new skills are similar to those previously developed, we are able to learn the new skill more easily because of this previous experience. For example, the leg action in freestyle is similar to the leg action in backstroke. This is called a 'positive transfer of learning' because the new skill is easier to learn because the previous experience helped.

Teaching steps (and physical education programmes) should be organised so as to utilise this phenomena and teachers need to help children discover the similarities between new and any previously mastered skills.

However, sometimes previously learnt skills can hinder the development of new skills. For example, students who are proficient in basketball often have difficulty accommodating the stepping rule in netball, while others will forget that they cannot bounce the ball in netball. This is called a 'negative transfer of learning' because a previously learnt skill makes it

more difficult to learn the new skill. Teachers need to be aware of when this may be occurring and to develop learning strategies to overcome it.

7. Scheduling of Lessons and the Distribution of Practice

Research has shown that information processing is facilitated if practice periods are short and frequent rather than long and infrequent. As a result, in developing numeracy and literacy in primary schools, teachers schedule short daily lessons in these areas. This principle applies equally to the development of motor skills.

Motor skills are unlikely to develop from one lesson per week and children should be involved in a programme in which they have multiple opportunities for practice and reinforcement. For example, I would recommend three half hour lessons per week for skill development. Any attempts to develop students reading skills through one lesson per week are likely to be ineffective. Equally, expecting students to learn movement competencies in one lesson per week are also likely to be ineffective.

8. `Whole or Part Learning

As far as developing motor skills is concerned, there is much evidence to suggest that children learn best when they are given an appreciation of the whole skill, followed by a learning of the parts (rather than trying to learn the `whole'), followed by a final stage where the parts are put together. This is known as the whole-part-whole method of teaching.

This can be appreciated by using the example of learning how to swim where the following steps are often used.

- | | | |
|--------|---|--|
| Step 1 | - | demonstrate the whole skill - freestyle |
| Step 2 | - | break the skill down and teach the various components
; e.g., arm action, leg action, breathing, etc. |
| Step 3 | - | put the components together - freestyle |

Similarly in teaching a specific dance, we break down the dance into a number of parts and then put them together. This assists in information processing and the coordination and utilisation of motor units.

Study Questions

Following completion of this unit you should be able to respond to the following questions:

1. Identify and discuss the three crucial stages of the Information Processing Model.
2. Develop a list of 10 principles for teaching motor skills based on the information presented here.

Development of Programmes for Health and Physical Education

Introduction

The purpose of this unit is to examine the different levels at which planning should be completed for the successful development of Health and Physical Education programmes in primary schools. While during your initial school experiences your attention may well be focused on the development of a single lesson plan for a lesson that you have been asked to implement, the intent here is to examine planning from a much wider perspective. In this wider perspective, individual lesson plans represent the final outcome of the planning process. Following an overview of the different levels of planning, each of the identified levels will be discussed in some detail. This chapter also provides examples of planning instruments appropriate to the different levels.

Levels of Planning

The starting point for the development of a school's Health and Physical Education programmes, in theory, should be the approved syllabus, or curriculum document that indicates programme objectives and content that schools should adopt. In Queensland, we have a Health and Physical Education Curriculum document (which was first printed in 1973) and a Health Education Curriculum Guide (1981). While several attempts were made in the 1980's, and again more recently, to produce a new Health and Physical Education curriculum document, the 1973 policy remains the current syllabus. However, the National Statements and Profiles for Health and Physical Education (Curriculum Corporation, 1994) are currently being considered for use in Queensland and the outcome of these deliberations may provide the catalyst for a new curriculum document in the near future.

Schools are charged with the responsibility of planning and developing their programmes so that they meet the requirements of the curriculum document (these were identified in Chapter 1). In completing this task it is possible to identify the following five levels of planning :

Overall Plan	- operates at the school level
Year Plan	- year level
Unit Plan	- class level
Lesson Plan	- class level
Weekly Plan	- class level

Planning for each of these levels is influenced by a range of factors,

including,:

- childrens' level of physical growth and development;
- childrens' level of skill development;
- our knowledge of motor learning;
- childrens' previous experience;
- climate and weather;
- school size (student numbers and the number of classes to be catered for);
- school calendar and school events (sports day, school dance, class camp or excursions);
- schools' objectives of the Health and Physical Education programme and school policy relating to other areas, such as outdoor education and sport;
- staff levels and teachers competencies;
- equipment and facilities available; and,
- childrens' interests.

How some of these factors influence planning for health and physical education will be examined in the discussion of the five levels of planning that follows.

Overall Plan

An "overall" plan, sometimes referred to as a "school plan", provides an overview of a school's Health and Physical Education programme. Overall plans for physical education and health education are sometimes developed separately depending upon the relationship that exists between these areas within a particular school. For example, in those schools that have a physical education specialist, it is not uncommon for the specialist teacher to develop a school physical education overall plan and for the classroom teachers to develop the schools' health programme.

An overall plan (or plans) would normally indicate the main areas of content that have been identified for the school programme and the scope or level of treatment of each of these areas of content for each school year. In addition to reflecting the aims and objectives for health and physical education, these plans should also reflect our understandings of childrens' growth and development and theories relating to skill acquisition. They should also build upon the childrens' previous experiences and attempt to offer a wide range of activities and experiences. Some schools use their overall plans to develop a school based "Health and Physical Education Policy" document which indicates the schools aims and objectives for Health and Physical Education, the contribution of the various areas of content, the time allocation and the roles of teachers with regard to Health and Physical Education. Overall plans are more likely to be successful when they have been developed by all teaching staff with assistance from appropriate resources or personnel.

An example of an overall plan for physical education is provided on page 35. Individual 'year' and 'class programmes' should be developed from the

schools' overall plan. The National "Statement on Health and Physical Education for Australian Schools" (Curriculum Corporation, 1994) also provides a basis for the development of an overall plan and policy .

Year Plan

A 'year plan' represents a single year (for example, Year 2) from the overall school plan but expanded to provide more detail regarding the content and scope for a particular year or grade. Objectives for a particular year/class may also be developed for this level. Year plans may be divided into terms or semesters or even 'units' and it may be developed with consideration of other class activities such as Outdoor or Environmental Education excursions, class or year camps etc.

I would argue that year plans should be developed by teachers at the class or year level (ie if there are four Year 2 classes at a school that they should develop a year plan as a group). That is that classroom teachers make decisions about *what* their class will achieve in Health and Physical Education and *when*. Classroom teachers may need some support, however in determining *how*. The latter is the purpose of Unit Plans and Lesson Plans.

Unit Plan

A 'unit plan' represents a series of lessons in one area of content and quite often this is developed around a particular theme. For example, a unit on 'Throwing and Catching' for a Year 1 class might be developed based on using bean bags. Most unit plans contain between four and eight lessons. This provides children with sufficient time for practice and reinforcement but also variety which will maintain their interest and motivation. I would argue that classroom teachers 'source' unit plans rather than accepting the responsibility for writing them. However, it is important to realise that plans obtained from 'curriculum packages' will require adjustment and modifications. For examples, of unit plans refer to the 'Daily PE Programme' developed by the Department of Education in South Australia (1981) or ACHPER's 'Physical Education: Primary' series (1995).

Lesson Plan

A lesson plan is a plan for a single lesson. Its structure will vary according to the area of content and the teaching strategies to be utilised but the planning sheet provided on page 37 contains commonly used headings. Lesson plans may also vary in length according to the lesson type and length. For example, fitness sessions which normally last for 15-20 minutes would require less details than a skill lessons which has been allocated 30-45 minutes.

A common breakdown of a skill lesson would be as follows;

- 45 minutes - 5-10 mins warm up game/activity
- 20-25 mins skill development
- 10-15 mins game or activity which incorporates the skill being developed.

Time for changing and showering may also be required depending upon the activity.

Lesson plans require a significant amount of time to prepare, and arguably, greater knowledge and experience in health and physical education than is possessed by many classroom teachers. Therefore, again it is suggested that lesson plans be provided by a physical education specialist, as was the intent of the current policy document, or alternatively sourced from a health and physical education curriculum package. Again the South Australian Department of Education's 'Daily PE Programme' (1981) or ACHPER's 'Physical Education: Primary' series (1995) are good examples of such packages.

Weekly Plan

A weekly plan indicates how the time allocated to Health and Physical Education is allocated to the various components of the curriculum area each week. This would normally be completed at a class level by the class teacher.

According to the policy documents (identified in Chapter 1), Health and Physical Education should be allocated between 120 and 180 mins per week and the following has been suggested as one example of how this time could be successfully used (numbers indicate minutes per session or lesson):

	Mon	Tues	Wed	Thurs	Fri
Fitness	15		15		15
Skill		30		30	
Health			30		
Sport/Rec.					45

Planning Instruments

On the pages that follow we have provide an indication of the detail required at each of the different levels of planning. At the school level, the starting point for panning is a school based programme (Plan A) which is based on the approved curriculum. From this, each year level is able to identify their areas of concern and develop their objectives and content.

From the year plan, a term programmes can be developed (Plan B) and subsequently unit and lesson plans (Plan C). I would argue that classroom teachers should be involved in developing School policy and overall plans for Health and Physical Education and for determining year and term plans. I believe that unit plans and lesson plans should be provided by either a Physical Education specialist or obtained from a resource such as the 'Daily Physical Education Programme'. I do not believe that teachers have the time nor the experience to write individual lesson plans. Teachers determine what should be taught and when and resources provide the *how* to achieve this. Of course teachers will need to monitor their classes response to the lesson during the lesson and modify it as required.

Example of an Overall (or School based) Programme (Plan A)

Source: South Australian Department of Education, (1982) Daily Physical Education Programme ACHPER, Adelaide. Note that "Health" was not included in the "Daily Physical Education Programme" and, that in this document, Physical Education was seen to contain five main areas of content (listed in the left hand column).

Level	R-I	2	3	4	5	6	7
Gymnastics	Exploring a wide range of basic movements: - extending awareness - improving quality. Climbing, locomotion and transferring weight using various body parts.	Exploring movements: - to find out what the body can do - how the body moves - where the body can go.	Exploring movement through the themes of flight, travel and balance.	Acquiring specific skills related to flight, travel and skills.	Acquiring specific skills, refining the quality of movement and developing the ability to build sequences in flight, travelling, balance and rhythmic gymnastics. Working from simple to more complex skills, individually, with others and with equipment.		
Games Skills	Developing a wide range of skills using small equipment and balls, emphasising: - co-ordination and control - the use of different body parts.	Refining basic ball handling skills (rolling, hitting, kicking, catching, throwing) in individual and small group practices. Applying basic skills in minor games.		Acquiring the skills used in major games through individual and small group practices, lead-up games and modified games. Developing and applying principles of games formations. Inventing games.			
Dance	Exploring basic movement themes. Moving to rhythms through action songs, nursery rhymes and simple folk dances. Developing a movement vocabulary as a basis for the imaginative use of the body in dance. Using dance as an integrating factor in language development.			The development of basic steps and formations to rhythms through a series of folk dances and social dances. Inventing movements and making dance sequences.	Progressively acquiring the more complex steps of folk, social and square dances. Socialising activities. Dance-making using movement, music and language as stimuli for performance and extension activities.		
Fitness Activities	Activities involving joint mobility exercises, health hustles, fun runs, and jogging, with an emphasis on enjoyment and vigour.		Vigorous activities involving joint mobility exercises, calisthenics, fun runs, health hustles, active games, relays and obstacle runs.		Vigorous activity periods involving joint mobility exercises, distance runs, circuits, active games, relays and health hustles.		
Swimming Water Safety and Aquatics	Developing confidence, mobility and safety in, on, under and around shallow water.		Improving mobility in water through the introduction and emphasis on the swimming strokes. Developing simple water safety and survival skills. Introducing aspects of aquatics: - buoyancy aids - masks, snorkel and flippers - buoyancy vests.		Developing efficient swimming strokes. Refining safety and survival skills. Simulating survival and rescue situations. Introducing aquatic extension activities: - rafting - small boat handling - canoeing - snorkelling		

Planning Sheet for a Term Programme (Plan B)

This can be reduced to develop an overview for a shorter period. For example, a six or four week block. Alternatively, it can be extended to develop a year programme for a particular class or year level.

Physical Education Programme

ClassTeacherStudent TeacherTerm.....

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Planning Sheet for a Unit and Lesson Plans (Plan C)

A number of these sheets would normally be required to develop a Unit plan, possibly one or more for each lesson. (Note: this sheet has been reduced to fit onto this page and that it should be used as a guide for headings and general layout)

Health and Physical Education Lesson Planning Sheet. Year Teacher			
Lesson Objectives	Lesson Content and Teaching Strategies	Resources	Evaluation

The National Statements and Profiles

The National Curriculum Project and the “Statements” and “Profiles” for Health and Physical Education were cited in this chapter on the basis that they are likely to have a major influence on Health and Physical Education in Queensland, particularly with regard to planning. Reading 4 provides an historical overview of the National Curriculum Project and the development of the Health and Physical Education materials.

Reading 4: Walmsley, H (1994) ‘Australia’s National Curriculum Project: Recent Developments in Health and Physical Education’, **Proceedings from the 36th ICHPER World Congress**, Yokohama, Japan, August 18-22, 1993.

Study Questions

Following your completion of this unit you should be able to respond to the following questions:

1. Describe the five levels of planning that have been suggested.
2. List and discuss factors that influence planning at the year or class level.
3. What are the origins of the national ‘profiles’ and ‘statements’ for Health and Physical Education and how were they intended to be used?

Evaluation in Health and Physical Education

Introduction

Evaluation is an important part of the professional activity of most teachers and it may serve a number of functions. At one level, it may serve as a process for evaluating the success or otherwise of students in a section of work, and this often provides the basis for reporting to parents and others. At another level, it provides information regarding the success, or otherwise, of the teaching of a unit of work, and this provides the basis for reviewing and improving teaching performance. Evaluation is arguably the most obvious and most common form of research completed by teachers.

Most PE teaching methodology texts will tell you that it is important to evaluate students for the following reasons:

- to determine if programme objectives have been met;
- to identify children's learning difficulties;
- to sort children into ability groups;
- to determine if children are ready for the next learning experience;
- to assess suitability of programmes
- to determine appropriateness of teaching strategies;
- to determine the needs and interests of specific groups;

The "Daily Physical Education Programme" (South Australian, Dept. of Education, 1988, Vol 4 pp 14 -16) provides some appropriate advice for teachers wishing to conduct evaluation for these purposes:

ASSESSING STUDENT PROGRESS

Fitness Testing

Attainment of a reasonable level of physical fitness is a major goal of the programme. It is important for teachers to have knowledge of each child's fitness level and to be in a position to give individual children assistance and encouragement.

Skills Testing

During physical education skills lessons the children are constantly being asked to respond to movement tasks. The challenges inherent in these tasks can often be interpreted as skills tests because they provide feedback to children as to how well they are progressing.

Day to day opportunities for children to assess how well they are performing their skills in terms of accuracy and control also provide the teacher with an indication of how effective their teaching has been.

Periodically it might be necessary to assess the performance level of the children in a more formal way. Information gathered in this way can be used to illustrate to parents and school administrators that the skill levels of the children are improving. A more formal approach to skills testing will identify those children who have co-ordination problems and need specialised assistance and those children who are highly skilled and need extra challenge and encouragement.

A wide range of specific skills tests are available in texts and from advisory personnel. Teachers can also develop their own, in accordance with the skills they wish to test. Some tests are included at various stages in the lessons.

There will be other opportunities during the year for teachers to assess the progress of the children (sports days, athletics days, swimming days ...).

Involvement in sports teams, dance or gymnastics clubs also provides information about the skill level of the children.

Attitudes to physical education

Children's general attitudes can be gauged from day to day. If children are observed to be interested, involved and keen to show what they can do, then teachers can be reasonably assured that the effect of the programme is positive.

Are the children:

- active and energetic
- responding to challenges with enthusiasm
- well and happy (no anxiety about the activity)
- enjoying physical activity
- curious, questioning
- keen to show what they can do
- avoiding any activities
- naturally playful
- learning to work together
- willing to try new challenges?

If assistance is required concerning the attitude of the children toward aspects of the programme, it is recommended that advice be sought from colleagues or advisory personnel.

There is a wide range of rating scales and attitude checklists available to assess the children's attitude toward vigorous physical activity, skills, individual and group involvement.

Knowledge of Physical Education

The programme emphasises the importance of knowledge and understanding as children advance through the primary school. During lessons (and particularly during demonstration) teachers should question children, observe and note the responses they make about their bodies and performance, pointing out correct techniques when necessary and explaining principles of movement in simple terms.

In physical fitness lessons discussion concerning reasons for vigorous activity are required at a level commensurate with the children's intellectual development. Level 6 and 7 children make logical cognitive links between their physical experiences and their

environment, while Level 4 children would base discussion on their immediate experiences.

During the upper primary years comprehension and application of knowledge become important in Physical Education as children begin to deal in a more sophisticated way with concepts like the elements and strategies of team play, dance, games - making and body functioning.

It is not expected that children be formally tested in terms of knowledge and understanding of all the concepts on a regular basis. However, there may be times during other lessons (health, science, visual art, music ...) when knowledge and understanding related to physical education can be reinforced through questioning, written exercises and discussions.

RECORDING INFORMATION

The Record of Progress provides a suggested format for recording the children's progress and could be used to compile the Report Card. Teachers should compile a Record of Progress at least twice during the year.

The example provided indicates the type of assessment opportunities which could be used in addition to day to day observations.

A daily allocation of time for physical education suggests an obligation to inform parents about the progress and involvement of their children. Because daily physical education concerns a variety of experiences and involves a significant amount of time and effort, thoughtful and sensitive reporting is required. Parents appreciate the concern shown when reporting is specific, informative, honest, encouraging and positive.

When deciding on a method of reporting children's progress to parents, care must be taken to ensure that it is compatible with the school's general method of reporting, and that it contributes to a total educational profile of the child.

Report Card

NAME.....CLASS.....CLASS TEACHER.....TERM.....

Physical growth and development

Height cm Term 1..... Term 3.....

Weight kg Term 1..... Term 3.....

Posture Rating Information gathered in conjunction with school health service.

Physical fitness profile

		General Fitness Rating								Comment
		T1	T3	T1	T3	T1	T3	T1	T3	
Score										High..... ☐
										Ave. ☐
										Assistance..... ☐
										and encouragement required
		Aerobic endurance (12 min run)		Joint Mobility (sit and reach)		Muscular endurance (flexed arm hang)		Muscular strength (speed sit ups)		

Attitude to Physical activity

Very positive and enthusiastic.....☐

Positive but spasmodic
(needs to be encouraged).....☐

Not positively inclined.....☐

Physical Skills

Skills	Level	
Ball control		1. Highly skilled, very adaptable
Minor games skills		2. All skills managed but still need to be refined
Sports skills		3. Some skills acquired but need more practice
Dance		4. Has not acquired the skills Encouragement and practice needed
Basic Control and management of body movements		
Gymnastic skills		
Water Safety, Swimming and Aquatics		

Knowledge of Physical Activity

Knowledge assessed	Level	
Water Safety		1. Thorough understanding
Methods of attaining and maintaining fitness		2. Can recall reasonably well but understanding is still not good
Games development and strategy		3. Not able to recall and poor understanding
Knowledge of Dance steps, holds and formations		Encouragement and assistance needed

Attitude and Social Awareness

☐ Perseverance	☐ Working with others	1. Consistently evident 2. Demonstrated on occasions 3. Has not been witnessed and needs encouragement
☐ Consideration for others	☐ Curious, questioning	
☐ Initiative	☐ Inventive & Expressive	
	☐ Seeks new challenges	

Comments

Signature Class Teacher/Physical Education Specialist

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Record of Progress

NAME

PROGRAMME GOALS	ASSESSMENT OPPORTUNITIES	COMMENTS
Body management and control — movement control and efficiency — co-ordination — using body parts on both sides of the body — inventing and performing simple movement sequences	Sequence building in Gymnastics Athletics 5 Star Award Scheme Swimming Ability Assessment	
Hand-eye & foot-eye co-ordination — skills of handling small equipment (balls, bats, ropes, hoops ...) — sports skills — knowledge of games/simple rules	Basic Skills Test in Games Skills Performance in modified games	
Rhythmic ability — appreciates rhythm and tempo — response on cue — knowledge of use of different basic steps, holds	Performance of folk, social and square dances	
Movement inventiveness	Games making Dance making Sequence building in gymnastics	
Physical growth and development — posture — height — weight	School Health Service	
Physical fitness — sustaining vigorous activity for long periods. — developing strength — extending joint mobility — basic knowledge of effects of exercise on the body	Fitness 4-item test Distance run times Circuit scores	
General Attitude — involvement and enthusiasm — enjoyment — initiative Specific Dance, Fitness ...	Daily class observations Attitude inventory	
Social competence and confidence — in small groups — in large groups	Observation checklist	
Safety aspects of movement — awareness and understanding of safety measures. — performs movements safely	Swimming Ability Assessment Gymnastics Record of Progress.	

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However, we need to take care in the development of evaluation strategies. When we read most physical education texts, or curriculum materials like the 'Daily Physical Education Programme, you may get the impression that teachers should evaluate their teaching simply by determining to what extent your objectives have been met. While technically this is a very clean and easy to administer it is not that simple as Tinning (1987, p 90) has indicated :

'....if an objective of a PE programme was was to get the the class fit then a series of fitness tests at the conclusion of the term might be all that is needed to evaluate your teaching effectiveness. (If you were really keen you might even start with a pretest so that you have data that can be used as a basis for making comparisons.) You could even rank the kids in your class from the most fit to the least fit and then compare the fitness of your class with the fitness levels of other children in the nation using standardised national fitness tests such as the ACHPER tests. You could send reports home to parents to let them know how how their children have performed - all in the best tradition of curriculum experts.

Lets say that you are even more progressive and can see the problems in using normative standardised tests and you decide instead to test them on their improvement over the duration of the term. To your great pleasure you find that all of them have improved over the duration of the term which substantiates your view that you are an effective teacher.

Or does it?

What if I was to tell you that in the process of achieving your objectives the kids were turned off fitness for life, avowing never to run laps or jog or do chin-ups ever again.'

This is not as far fetched as it might sound. Many children are failed by the system because teachers have been insensitive to the hidden learnings that have taken place. That is, in addition to the formal learnings that will be experienced through participating in your lesson, your classes will also be developing a whole range of hidden learnings. These hidden messages may well be more critical in the long term than the short term behavioural objectives that you may have established for a lesson.

Furthermore evaluation need not be confined to the formal evaluative techniques that have been suggested thus far. The Heath Education Curriculum Guide (Department of Education,1982) suggests the following approaches (p 41) for health which could equally apply to physical education:

EVALUATION

should not focus simply on factual recall. Although an effective health programme will increase children's knowledge, teachers should evaluate changes in attitudes that may have been influenced by teaching approaches and assess whether children have improved present skills and developed new skills

Appreciation and Attitudes

- Observation of
Dramatisation
- Sociograms
- Attitudinal Scales
- Self Assessment Cards
- Questioning
- Observation
 - tuckshop
 - playground
 - classroom
- Essays

Knowledge - Understanding

- Short Answer
- Matching
- Demonstration
- Multiple Choice
- Free Response
- True/False Questions
- Oral Questioning
- Picture Tests
- Appraisal of Children's
Projects
- Sentence Completion
- Essay Questions

Competence - Skill

- Observation check list
- Demonstration
- Performance Rating Scale

Study Questions

Following your completion of this unit you should be able to respond to the following questions:

1. Describe and discuss reasons for conducting evaluation in Health and Physical Education.
2. Discuss the different approaches that can be used in evaluation.
3. Differentiate between formal learning and hidden learning. What are implications with regard to evaluation in Health and Physical Education.

Medical Considerations and Adaptive Physical Education

Introduction

'Mainstreaming' in Queensland schools effectively means that children with disabilities ranging from partial hearing losses to cerebral palsy will be integrated into regular classes. As a result, teachers need to be aware of how they can accommodate the needs of children with a range of conditions into their class, and what information might exist to assist teachers.

The purpose of this unit is to provide some details regarding the range of medical conditions that are now likely to be encountered in schools and the implications for students with these conditions for their involvement in physical activity. Note that mainstreaming is sometimes referred to as 'integration', a term which is also used in reference to cross curricular approaches to teaching (this discussed in chapter 8).

For this topic you are referred to a reading from a publication of the Australian Sports Commission (1989) regarding "Aussie Sports" and children with disabilities. Details of a large range of medical conditions that are likely to be found in schools are covered and strategies for involving persons with these conditions in physical activity is also included. In reading the text, substitute 'physical activity' for 'Aussie Sport'.

Reading 5: Australian Sports Commission (1989) 'Aussie Sports: Activities Manual For Children With Disabilities, ASC, Canberra.

Study Questions

Following completion of this unit you should be able to respond to the following questions:

1. What are the implications for 'mainstreaming' with regard to teaching Health and Physical Education?
2. List and describe the range of medical conditions that may be found in schools.
3. What are benefits of regular physical activity for children with medical conditions?

Integration and Physical Education

Introduction

Typically, teachers tend to compartmentalise the various areas of curriculum and teach them as separate areas of concern. There are, however, teachers that attempt to combine several curriculum areas in one lesson or who develop a theme from which activities are developed across a range of curriculum areas. Both of these approaches are examples of teachers “integrating” work across the curriculum.

Educators that have frequently use integration as a teaching methodology claim that this approach is more effective because they are able to combine something that is academically worthwhile with something the class enjoys, for example monitoring heart rates in Physical Education, learning about heart function in Science, and graphing the results (heart rate response) in Maths. Teachers have also said that students respond better to Maths activities when they are using numbers that they have been involved in creating rather than simply obtaining sums from a book.

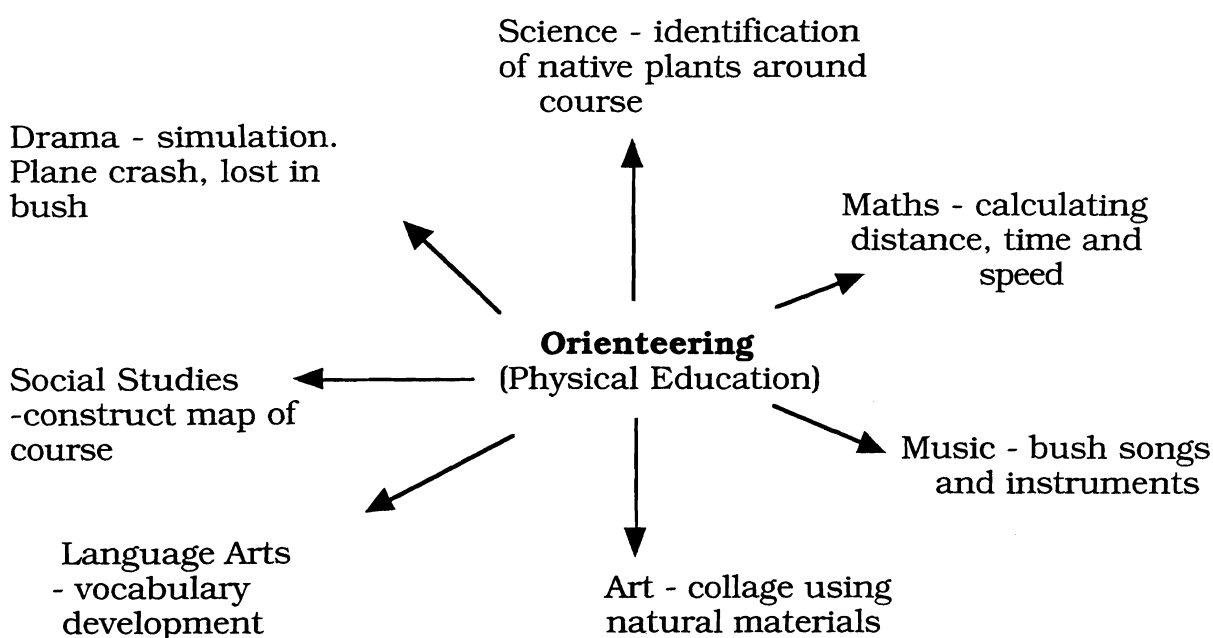
This chapter of the monograph provides an overview of an integrated lesson for an upper primary class in which a physical education activity, orienteering, is used as a starting point for a number of learning experiences. These additional experiences involve activities from a range of curriculum areas, including mathematics and art. Of course ‘physical’ activity does not need to be the starting point for integration work.

The session would commence by introducing and developing some skills in Orienteering (physical education) which will enable the class to complete a short course, either in pairs or in small groups. Prior to or/and following the completion of the orienteering course the class would be involved in a number of mathematics activities that will be developed from the initial activity. As this activity uses the outdoors as a basis, some might argue that it is an example of Outdoor Education. It could be argued that ‘Outdoor Education’ is the ultimate form of integration in schools.

While it is possible for an upper primary class to complete these learning experiences in one session (90 minutes), a year four or five primary school class might use this theme over a whole week or longer. If we were to expect a class to complete these activities in one day they would need to have had previous experience in each of the individual tasks before. For example, they would have completed some mapping work earlier in the term. This unit of work provides them with the opportunity to utilise and further develop these previously learnt skills. It also provides a concrete application of some of the skills they have been developing.

Spider Model

Spider Models provide a diagrammatic representation of the work that is to be completed in various curriculum areas within a particular theme. The model below indicates the activities that might be included as part of an extended unit using the 'Orienteering' theme. This model could perhaps provide the basis for a teachers planning for whole term.



Integration Exercise

1. Physical Education

a. Orienteering Skills

- parts and use of a compass
- how to find a bearing
- how to calculate a position of a distant object or land form
- orienteering equipment and jargon
- safety considerations

b. Complete a short Orienteering course

- 6-8 markers set out on a course 50-150m apart
- on each marker we have information regarding the location of the next marker
- record start and finish and punch score cards on route
- complete course as quickly as possible

2. Social Studies

- draw a map of the course you have, or will be, completing indicating all of the markers that were set out. Also add other map requirements, such as scale, direction, label, etc.

3. Maths

a. Measuring

- how far did you run in total from the start to the last marker?
- measure the distance directly between:
 - 2 and 5
 - 1 and 4
 - 7 and start

b. Geometry

- what is the direct bearing between the above points?

c. Calculations

- calculate the course times for these teams and rank them from the quickest (1st) to slowest (5th)

Team	Start	Finish	Time Taken	Rank
A	11 26 00	11 44 25		
B	11 32 00	11 38 34		
C	11 39 00	11 45 06		
D	11 44 30	11 54 17		
E	11 51 00	11 56 30		

d. Problem Solving

- what was the winning teams average speed around the course in k.p.h.?

4. Art and Craft

- design a certificate for people that have completed the orienteering course

5. English

- spelling and comprehension and story writing activities using words derived or used in this integration exercise.

Study Questions

Following your completion of this unit you should be able to respond to the following questions:

1. What are the benefits of integration for a) primary schools students, and b) for classroom teachers?
2. Develop a spider model for a theme of your choice that includes learning activities in six curriculum areas.

Part Two:

Teaching Approaches for Selected Areas of Content

9.	Teaching Aquatics	55.
10.	Teaching Minor Games	71.
11.	Teaching Basic Skills	75.
12.	Teaching Fitness Activities	78.
13.	Teaching Dance	83.
14.	Teaching Gymnastics	87.
15.	Teaching Modified Games	91.
16.	Teaching Health Education	97.
17	Class based Health Assessment	103.
References and Suggested Reading		113.

Teaching Aquatics

Overall Objectives

- development of physical skills with a view to preparing each child for the safe and enjoyable use of aquatic environments;
- early experiences concerned with developing personal confidence;
- later lessons concerned with developing mobility and water skills.

Style vs. Technique

- | | | |
|-----------|---|--|
| Technique | - | fundamentals of a particular stroke |
| Style | - | individuals version of that stroke influenced by |
| | - | physique |
| | - | knowledge |
| | - | previous experience |
| | - | motor ability |

As teachers we should be prepared to accept a wide range of styles.

Important Considerations

1. Parents
 - consent
 - health of child
 - money requirements - how much and what days
 - clothing requirements - what days
2. Equipment
 - pool and associated equipment
 - deep/shallow areas
 - first aid kit
 - nearest telephone
 - toilets/changing rooms
 - depth markers
 - buoyancy aids/safety ropes
3. Instructions
 - must be exact - no ambiguity
 - one of the areas where a whistle is necessary
 - 1 blast - stop, look and listen

Lesson Organisation

1. Teacher in or out of the pool? Depends upon:

- (a) School Policy - The principal may require teachers to enter the water to show their interest, etc.
- (b) Safety - large group - greater than 1:15 easier to control and supervise if you are out.
- small group - better to be in the water supporting etc.
- (c) Level of programme
 - Junior primary developing water confidence - in
 - Upper primary - out except for occasional demonstrations

2. Demonstrations

- could be done by the teacher or a pupil
- should be included in lesson format at regular intervals
- must be viewable by all children in the class

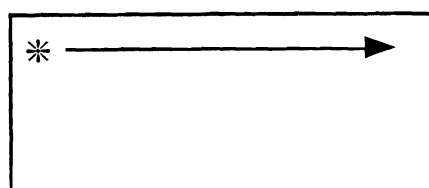
Some examples

Demonstrator *
Pupils ○

(i) Movement skill -
eg. strokes
gliding
lifesaving

use the length of the pool

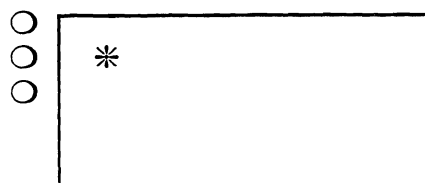
○ ○ ○ ○ ○ ○ ○ ○



(ii) Stationary Skills -
eg. treading water
surface dives
sculling

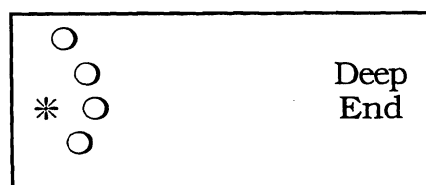
use the corner of the pool

○ ○ ○ ○



(iii) Small group activities-
eg. blowing bubbles,
floating

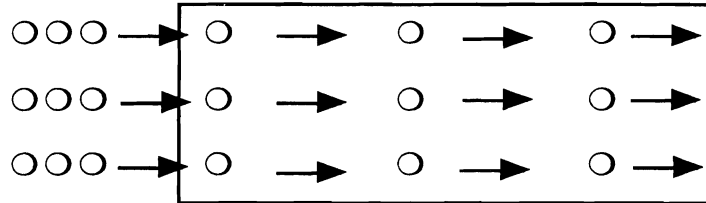
use circle or semi circle



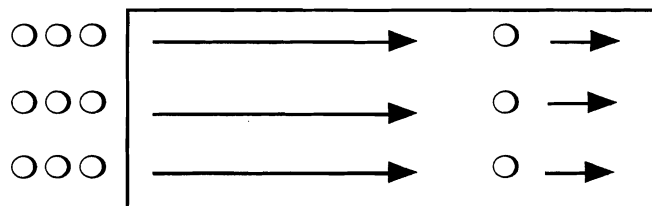
3. Practice formations

- enables you to maximise participation when time is limited

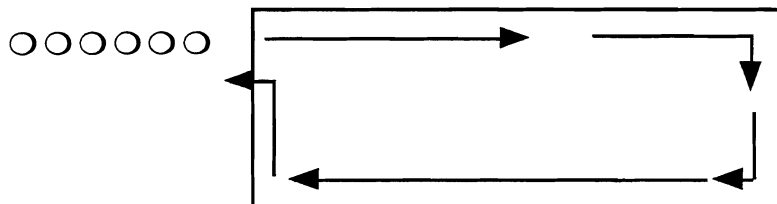
(a) Wave Formation - children in lines, move down the pool performing required tasks.



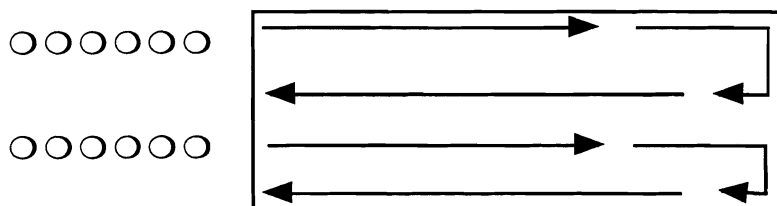
(b) Staggered Wave Formation - one group or line at a time swims through; allows for closer evaluation of each group



(c) Square Formation - children swim around the outside of the pool; provides a longer swim in small pools.



(d) Chain Formation - longer swim with less corners;



4. Safety

(a) Student:Teacher Ratio

- not clearly designated in Queensland
- 1:25 indicated in a number of the Department's documents, including, their 1982, Swimming Guide.
- the 1995 Health and Safety Modules provide a framework for assessing risk and suggests appropriate precautions
- 1987 trial materials provided a list of "Safety Considerations" which have been reprinted on page 67.

- in South Australia and Victoria
 - Lower Primary (1:10)
 - Upper Primary (1:15)
 - i.e., 30 children requires 3-4 adults. This is more appropriate

(b) Emergency Procedure

- must be established and known by staff and students
- e.g., 3 whistle blasts - all out of the pool and sit in a designated area. If more than one staff may delegate responsibilities, e.g., one telephone for ambulance, one supervise children, etc. Again this should be known by all staff prior to a lesson commencing.

5. Temperature

- water
- air
- if uncomfortable, particularly for lower grades, get them out.
- unused lesson time could be used for discussion of safety considerations, etc.

6. Frightened Child

- encourage but do not force into pool
- remember a child's early experiences will affect their later attitudes.

7. Advanced Child

- no need to organise a special lesson
- they will benefit from the activities and reinforcement provided through your normal lesson.
- they may act as a monitor or as an assistant or as a demonstrator

Pre and Post Aquatics Lesson Procedures

- most schools follow the following procedure before aquatics classes:

1. Teacher escorts class to the pool (via the toilets).
2. Line up outside the gate (check role and/or student numbers)
3. Enter pool enclosure.
4. Change and shower.
5. Line up in groups.

- following the aquatics class reverse order of the above

Lesson Format (45 minute lesson)

5-10 mins	Change and organise into groups Reinforce health and safety rule(s)
15-20 mins	Skill Development
10 mins	Concluding Activity
5 mins	Change and return to classroom

- note that in effect this is only a 30 minute lesson
- lower primary years will need assistance in changing and applying sun screen, etc.
- a modified lesson planning sheet for Aquatics has been provided following the references listed for this unit.

Junior Primary Aquatics

Introduction

The main objective of aquatics at this level is to develop water confidence. the optimum age at which children should learn to swim is now considered to be 5 to 8 years of age. Why? Because they have sufficient physical development for what is a fairly arduous task and secondly because they can understand the safety considerations. I am not saying this is the only age. It is the optimal age.

Objectives

Most schools would have six weeks of swimming per year for their lower grades depending upon pool availability. By the end of this block the children should be comfortable about:

- getting their face wet
- opening their eyes underwater
- submerging
- breathing out underwater
- moving about in the water (wading)

- entering and leaving the pool without assistance
- floating and kicking

They should also be aware of some of the rules regarding pool use and of health and safety considerations.

Activities for Lower Primary
(Predominately non swimmers)

1. Sit on side, hands on edge and slide/jump in.
2. Hands on head and walk across to other side.
3. Shoulders under water and walk across to other side.
4. Using hands and arms across the pool. (Still walking).
5. Get partner to other side e.g. piggy back.
6. (Groups of 6) Carry one child, who must not touch the water across to the other side.
7. Crows and Cranes, form 2 lines in pool centre (not always appropriate cognitively for Year 1's).
8. Form a circle while holding hands, one at a time a child submerges.
9. Play games using number and alphabet songs - children can submerge in groups (still holding hands).
10. Blow bubbles
11. Step in closer and pass the bubbles around the circle.
12. Ball in the middle of the circle. Splash ball to make it hit someone.
13. Stand in pool, hands on edge, blow bubbles.
14. Blow bubbles and then turn head on side.
15. Float, hands on edge, legs and body stretched out, face down.
16. Float as above, push away with hands.
17. Back float
18. Jelly Fish float.
19. Tuck float.
20. Torpedo glide.
21. Repeat with thumbs interlocked.
22. Glide out with kickboards.
23. Kicking action while holding onto edge of pool.
24. Combine kick and breathing at edge of pool.
25. Use kickboard and kick and breathing drill across pool.
26. Repeat above without kickboard.

Middle Primary Aquatics

Overall Objectives

- further development of confidence in the aquatic environment;
- further development of physical skills and activities;
- revision of earlier work;
- development of swimming strokes (freestyle, breaststroke, sidestroke and backstroke. Perhaps butterfly);
- development of associated skills, e.g., diving, treading water; and,
- extend safety knowledge

Activities for Middle Primary

(Assumes some water confidence and familiarity,
otherwise refer lower primary).

1. Introductory activity
 - crows and cranes
 - red rover
2. Torpedo glide followed by kicking (with kickboard)
3. As above with breathing drill.
4. Out of the pool. Discuss arm action for freestyle. Demonstrate.
5. Students practice. (Still out of the pool).
6. Return to pool - walk from one side to the other practice arm action.
7. As above but with breathing drill
8. Freestyle but with kickboard held out in front for support
 - alternate non propulsive hand holding the board
9. Freestyle (reinforce pulling and recovery action)
10. Freestyle with kickboard placed between knees.
11. Diving progression
 - sitting down dive
 - squatting dive
 - standing dive
12. Use of Diving Board
13. Treading water.
14. Learn new strokes.

Upper Primary Aquatics

Overall Objectives

- refine swimming skills in the four basic strokes.
- increase swimming endurance.
- further develop diving and associated skills.
- introduce lifesaving and aquatic activities such as snorkelling, water polo, etc.
- extend safety knowledge- introduce resuscitation techniques

Activities for Confident Swimmers in Upper Primary

(For less able swimmers refer to lower primary or middle primary activities).

1. Introductory activity
 - crows and cranes
 - red rover
2. Revision of freestyle, breaststroke, backstroke and sidestroke.
3. Introduce modified life saving versions of side stroke.
4. Development of endurance in all strokes.
5. Lifesaving activities
 - dry rescue techniques
 - assisting victim from the pool
 - tows - non contact tow
 - contact tow
6. Elementary dive
7. Shallow dive
8. Deep dive
9. Racing dive
10. Surface dives
 - feet first
 - head first
11. Snorkelling skills
12. Elementary water polo
13. Use of Personal Flotation Devices (life jackets)
14. Canoeing and kayaking

Teaching Notes for Aquatic Activities

1. Always start and end your lesson with a fun activity.
2. Begin your skill development section with something that all the children can do and enjoy.
3. Do not underestimate the fear some children will have regarding the 'deep' end.
4. The speed at which you proceed through your lesson should be determined by your group's abilities not by what you planned.
5. Maintain pool safety. Obtain a copy of the Department's most recent policies and enforce them. Ensure swimming pool rescue aids are immediately available and that you know how to use them.
7. Remember your overall objectives for Aquatics. This is not swimming training,
8. Provide appropriate UV screen and encourage use of swim shirts, hats etc. Use shade where possible.

Useful References for Teaching Aquatics

1. Royal Lifesaving Society Australia (1995) **'Swimming and Lifesaving'** (Mosby Lifeline, Sydney,).

An excellent resource for teaching swimming and lifesaving. Very comprehensive and offers a number of topics that have the capacity to be integrated with a number of other curriculum areas including, Science and Social Studies units. Includes an award system (7 levels) based on the seven primary grades.

2. Qld. Education Department (1982) **'Swimming'**
Govt. Printer, Brisbane.

Arguably the best of the resource booklets developed by the Queensland Department of Education. Very comprehensive and written for classroom teachers. Excellent diagrams make the explanations easy to follow. Available in most primary schools

3. S.A. Department of Education, (1982). **'Daily Physical Education Programme'**. Vol. 1-7. A.C.H.P.E.R., Adelaide.

An excellent resource for teaching aquatics but best used as a resource not a prescription. Lessons are organised on the basis of year levels which may prove unworkable in a class with a wide range of abilities.

Aquatics Planning/Evaluation sheet

Student Teachers Name:.....

Date:..... Time:..... Year/Grade:.....

Students Name(s):.....

.....

OBJECTIVES	RATIONALE
CONTENT	RATIONALE
EVALUATION (post lesson notes)	

Recent Departmental Initiatives in Queensland.

In the late nineteen eighties, the Department of Education in Queensland started to put together a series of source books (Department of Education, 1987) for Primary School Physical Education. While this project has been put on hold pending the development of National Curriculum Statements. In this document, Physical Education is divided into a number of 'Organising Centres' and one of these units is concerned with 'Moving with Control in Water'. The following 'scope and sequence chart' was developed for this unit:

LEVELS	1	2	3	4
PHYSICAL SKILLS				
Entry	- steps - sitting - sliding	- slide in - jump in	- step in - sitting dive	- compact jump - kneeling dive - crouch dive - exit from side in deep water
Exit	climb out unaided	exit lifting own body weight from water		
Water Exploration				
	- move through shallow water - hand over hand travel around edge	games and experimentation	games and experimentation	experimentation with balance on large floats
Buoyancy/Recovery				
	- bob breathing - submerging, eyes open - breath control - exploring shapes - assisted floats with aids, partner - float and recovery with assistance - rolls and turns	- bob breathing - submerging, recovery of object, eyes open - handstands - floats and recovery, unassisted - series of floats - rolls and turns	- swim underwater and recover - surface dive, chest deep water - recover object, chest deep water - rolls and turns in chest deep water - breathing side to side	- surface dive - swim underwater and recover object
Propulsion				
	- launching to side - push and glide to side	- sculling, front and back - gliding - kicking - swim on front, back, side (any stroke)	- sculling across pool on - front - back, head first, feet first - kicking - kicking & sculling	- Stroke Development - kicking pattern - arm stroke - breathing patterns - co-ordination of kick, pull - continuous swimming for front crawl, back crawl, breast stroke
Safety/Survival				
	- grasp stick and be pulled to edge - use of flotation device	- sculling upright - floating with aid that has been thrown - pulled through the water with rope to safety	- survival sculling - tread water, swim to side - pull partner to side with rigid object - use variety of flotation aids	- survival, rescue backstroke - sculling with rotation - throw rescue float to partner
SOCIAL SKILLS				
	- active listening - group play	- active listening - responsibility	- responsibility - interdependence	responsibility, coping with potential problems

5

6

7

-
- . stride jump (safety jump)
 - . standing dive, deep water

- . deep water entry, feet first

- . deep water entry, feet first from height
- . racing dive

- . games skills preparation for flipper ball

- . games skills preparation for flipper ball and water polo

- . body orientation, backwards and forwards somersaults preparation for synchronised swimming

- . feet first surface dive
- . swim under water for short distance

- . refine and repeat previous levels

- . refine and repeat previous levels

- . body position
- . leg, arm action
- . breathing
- . timing
- . continuous swimming over extended distance for front crawl, back crawl, breast stroke

- . efficient stroke techniques over extended distances
- . refinement of breathing

- . introduction to butterfly
- . refine and repeat previous levels

- . survival swimming
- . floating with clothing
- . egg beater kick
- . land rescue

- . swim or scull underwater on back
- . survival swimming, hand sculling submerge feet first
- . efficient egg beater kick
- . deep water entry, submerge feet first

- . swim extended distances using survival strokes
- . float, scull, tread water in a sequence.
- . fully clothed dive, swim underwater (short distance)
- . throw weighted rope, pull partner to safety
- . check Royal Lifesaving awards and complete activities where possible

- . interdependence
 - . team work
-

- . setting realistic goals
- . team work

- . responsibility
 - . independence
 - . team work
-

In addition to the scope and sequence chart the package also contained the following notes regarding safety considerations (Queensland, Department of Education, 1987, pp 13-15). Note that this document has been superseded by the 1995 Health and Safety Modules.

SAFETY CONSIDERATIONS

PRIOR TO LESSON:

1. Instruction is to be given by a registered teacher or adult who has:

- (a) a knowledge of and an ability to use appropriate teaching strategies.
- (b) a knowledge of and ability to implement safety procedures;

Either the instructor or a second adult must have an ability to effect a recovery of a student from the water at the teaching venue, and an ability to perform cardiopulmonary resuscitation.

2. Ensure that one adult in addition to the class teacher is present to assist in the supervision of a regular-sized class when at the swimming venue. Special arrangements apply to pre-school students to attend swimming classes (refer E.O.G. April 1982).

3. The medical history of students must be checked by the teacher or instructor and appropriate action taken where required. If a student suffers from a medical condition which might put that swimmer at risk in the water, written parental consent, supported by a medical certificate, must be obtained for the student to participate in swimming programs.

4. The teacher-in-charge of any swimming group must be satisfied that conditions are free from potential physical and health hazards.

5. For learn-to-swim activities.

(a) The location must allow sufficient space where learners can stand in water no more than shoulder depth.

(b) The bottom of the swimming area must allow a student to stand comfortably. The depth of water must not increase rapidly, and there must be easy access into and out of the water.

6. The principal must ensure that all personnel and school staff involved in the swimming activities program have a clear understanding of the school policy regarding all aspects of, and responsibilities for the program.

7. Ensure prior approval has been obtained from the Regional Office of Education for all students in special school classes and students in Years 1 - 7 to travel to locations away from their school.

8. Consider the age and level of ability of the students, and the degree of difficulty of the activities and modify the activities to suit the skill and fitness levels of students.

9. Ensure that at least one adult is attired in readiness to enter the water at any time to assist a student.

10. Ensure that all students and adults, especially those with fair skin are properly protected against over-exposure to the sun.
11. Orderly behaviour is essential. Running around the pool concourse, rough play in or out of the water, ducking or indiscriminate diving are not permitted. Ensure all involved are aware of these safety rules.
12. Ensure that an emergency procedure is established, rehearsed and carried out promptly and decisively. Practice must be provided in the correct use of emergency assistance equipment.
13. Ensure flotation and reaching aids are readily available at several locations within the venue e.g. light poles, ropes.
14. Ensure a well stocked first aid kit is available at the venue.
15. An appropriate communication system must be readily available so that an ambulance can be summoned without delay in an emergency.
16. Chemicals and machinery must be kept in locked areas away from student access. Teaching aids must be stored separately from chemical stores and plans rooms.
17. School pool gates must be kept locked when the pool is not in use.

DURING THE LESSON:

1. Exclude students suffering from infections, suppurating sores or suspecting contagions.
2. Ensure students remove jewellery and other ornaments before entering the water.
3. Students with long hair must have it secured to avoid interference with sight or breathing.
4. Define the boundaries of the safe swimming area e.g. a rope or floats in a pool, anchored buoys linked with ropes in non-pool locations.
5. Include suitable warm-up and stretching activities at the commencement of lessons. Skill development must be progressive and sequential.
6. Students must not enter the water until instructed by an adult in charge. Safety checks should be built in to lesson procedures, e.g. a buddy system or role checks.
7. All students at the venue must be under supervision at all times.
8. For activities requiring close supervision, limit the number of students in the water at any one time.
9. Restrict underwater swimming to short duration activities under close supervision.

10. Ensure that when learners progress to water beyond standing depth, first attempts are made one at a time with an adult ready to assist.
11. Include practice of safety skills eg. use of emergency equipment, response to emergency signal, use of distress signal, safe entries and exits, treading water etc. in lessons.
12. Never rely solely on students to effect a recovery of a swimmer in difficulty.
13. A whistle is a most effective aid if its meaning is restricted to "stop, look and listen!" Children should be trained to react to the whistle immediately. Establish an emergency procedure.
 - (a) one blast - stop, look and listen
 - (b) two blasts - move to the nearest side
 - (c) three blasts - clear the water
14. If it is necessary for a teacher to enter the water to conduct an activity, students should stand or sit on the edge of the pool. When giving special attention to an individual, the teacher should keep the rest of the class under observation. Students are best observed from the pool edge, keeping all children in clear view.
15. Children are more likely to have a positive initial experience, if the water is no deeper than their waist.
16. Do not force children to enter the water initially if they are distressed. Encourage them, and let them sit near by if they will not enter with the other children.
17. A pre-entry checklist is essential.
 - assemble procedure
 - roll marking
 - indicate boundaries for the lesson
 - indicate major safety points
 - check for illness and sores and open wounds
 - do any dry land swim practice drills before getting wet.

Teaching Minor Games

I define 'Minor Games' as those games that have simple rules, do not require particular motor skills or competencies, and are easily and quickly explained to any age group. The emphasis is usually on participation, they don't require specialist equipment. In addition they usually do not involve any formal scoring system. Most chasing games and other fun games would be placed in this category.

'Major games', on the other hand I define as games that have complex rules, use an umpire or referee, require specific skills and equipment, players may take turns to be involved, and they have a formal system of scoring. Most of the major sports such as hockey, volleyball, tennis, etc. fall into this category.

Minor Games can be introduced for a number of purposes, for example:

- to develop fitness;
- enhance growth and development;
- develop basic skills;
- socialising, ie., to break the ice and introduce people;
- reinforce classroom learning, e.g number games to reinforce maths;
- for fun/recreation

In teaching or supervising a session of minor games, remember to:

- vary the pace (speed) of your activities;
- vary the muscular requirements of your games;
- vary the structure of your game so that children are working in different group sizes;
- sequence your games so that they help you to organise the children into the group sizes you require, e.g clumps is a good game for organising class into different group sizes;
- take into account the fitness and developmental levels of your group;
- remove ambiguity from your instructions;
- be consistent in your determinations (the class will soon react if you don't);and,
- abort a game if the children are finding it too difficult.

Some examples of minor games follow;

General Games

1. Crows and Cranes

Two teams face each other about 3 metres apart, one team being the Crows and the other the Cranes. The referee calls out "Crr..r..rows or "Crr..r..ranes". The side whose name is called dashes for their own safety zone where they may not be tagged. The team whose name was not called attempts to tag their opponent. Repeat.

2. Clumps

Participants are instructed to hop, skip or run around until the referee calls out a number. Players quickly try to form clumps of that number. This can be repeated as often desired. Some teachers remove those people who are not successful in clumping from the game. This may provide motivation but it also reduces participation levels.

3. Chinese Lamp Post

A chasing game. The catchers, usually two, attempt to tag as many people as possible in a given time e.g., 3-5 minutes. If caught, participants must stand with legs apart and with their hands on their head (Chinese Lamp Post?). A participant who has not been tagged attempt to maintain their freedom and they can free those who have been caught by running between their legs. Some people know this game "Stuck in the Mud".

4. Chain Chasey

Another chasing game. Two taggers attempt to catch the whole group by simply tagging them. After being tagged players must hold hands (and thus form a chain). Chasing players may splinter off into pairs after a group of four has been developed. Game ends when one person is left untagged.

5. Lap Sit

Form a close circle. All turn to the right. Check a good circle has been formed. On a given command ("on three ready? ...one, ..two, ..three) sit on the lap of the person behind you. Extension activity: attempt to move the circle by all stepping forward together - first the inside and then the outside foot.

6. Dog and Bone

Two teams are formed and are lined up facing each other. Number the participants off from opposite ends. When a number is called out the participants race out to the centre and grab the "bone". Several variations exist. Some teachers require players to grab the bone and run with it to their team's end and points are scored if they are successful.

Earthball Games

Participants form a large circle for all of these games.

7. Circle Roll

Move the Earthball clockwise around the inside of the circle by pushing it with your hands. May require some on the inside the circle to keep the ball within reach.

8. Circle Pass

Pass the Earthball around the circle above your head. Again may require some on the inside the circle to keep the ball in control.

9. Ping Pong

Participants lie on backs, heads outside. Leader(s) rolls the Earthball along the circular track created by the participants. Needs a person on both the outside and the inside to keep the ball on the 'track'.

Parachute Games

Some of these included the Earthball

Participants form a circle evenly spread around the parachute

11. Tug-of-war

On a given signal the participants pull on the parachute as hard as they can. The parachute will become taught.

12. Mushroom

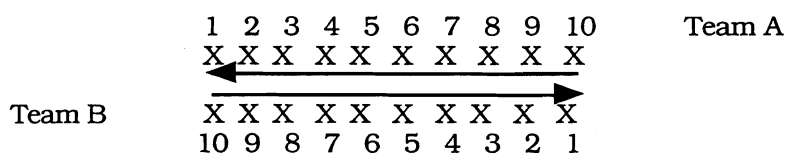
While holding the edge of the parachute participants squat and hold parachute edge to floor. On a signal, all quickly rise and throw hands up into the air (while still attached to the parachute). Parachute should form a **mushroom**.

13 Mushroom Variation

Players number off clockwise around circle in fours. When mushroom is created leader calls a number between 1 and 4. People with that number cross over under the parachute before the mushroom falls. Can substitute animals, etc. for numbers.

14. Push Game (Variation on Dog and Bone)

Form two teams in straight lines facing each other longways about 5 m apart. Number off from opposite ends. On a given number or numbers those people come out quickly and attempt to score a goal by pushing the ball to their end. Take care here. An Earthball at speed will easily knock a child over. Deflate if safer.



Combination Earthball/Parachute Games

15. Earthball Bounce

Attempt to make the Earthball bounce by alternate pulling and releasing of parachute. Allow the Earthball to bounce before pulling again.

16. Roller Coaster

Attempt to move the Earthball around the circle on the parachute resembling a roller coaster by raising your arms just after the Earthball passes. May need a helper to push the Earthball around.

Group Confidence Games

Often used with children and adults for 'team' building. Many of them are based on "Life Be In It" games.

17. Gentle People Passing

Form two lines of equal numbers standing parallel to each other (i.e. shoulder to shoulder). Select a light person. Attempt to pass them along the line from the beginning to the end at head height. Repeat

18. Conveyor Belt

Form lines so that participants face each other and hold hands and make a circular motion clockwise. Select a light person - Attempt to pass them down the line by using this action.

19. Centipede

Participants form a straight line facing one way. They need to be close together. They sit down and wrap legs around the waist of the person in front of them. Place hands on the ground close to your hips. On a signal attempt to support your weight on your hands. The whole line should be off the ground except for first and last person. I am told it is possible and that the centipede can move in forward.

Useful References for Teaching Minor Games:

1. Education Department of South Australia, (1982) '**Daily Physical Education Programme**' Vol. 1-7, ACHPER, Adelaide.

Each of the seven volumes of the 'Daily PE Programme' contains a module dealing with Fitness. Within each of his modules there is a section on Games appropriate to each year level. Good details are provided and most of them can be played anywhere and do not require equipment.

2. Life Be In It, (1990) '**More Life Be In It Games**'
Life Be In It, Victoria.

A comprehensive collection of minor games for groups of varying sizes and ages.

Chapter 11

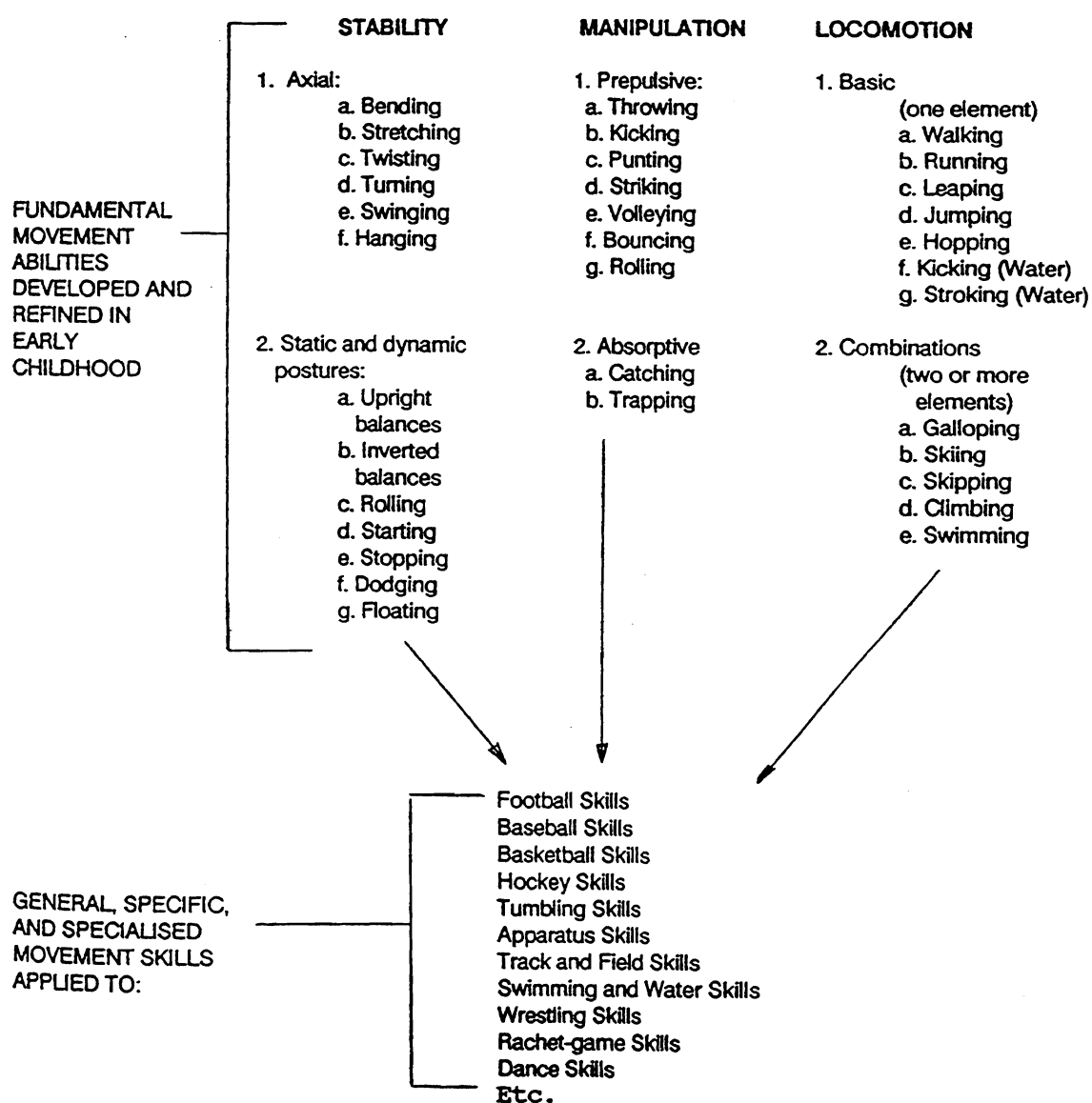
Teaching Basic Skills

In our discussion of the content of Health and Physical Education, we indicated that the following areas were listed in the 'Health and Physical Education Curriculum Guide':

Health Education
Basic Skills
Swimming
Adaptive Physical Education
Outdoor Adventure Activities

Gymnastics
Athletics
Dance and Rhythmic Activities
Fitness Activities
Sports and Games

It is important to recognise, however, that Basic Skills or Fundamental Movement Abilities have a relationship to all of the other areas that are listed, perhaps with the exception of Health Education and Fitness Activities. This relationship is clearly shown by Gallahue, Werner and Leudke (1976):



According to Gallahue et al, basic skills, which he refers to as 'fundamental movement abilities', can be divided into the following three types:

Stability here refers to ability of an individual to remain in control or 'balanced' despite changes in body shape or direction. We can differentiate between a static balance when the same body position is maintained and dynamic when the body is position or shape changes. Stability requires development of a child's kinesthetic perception and muscular control.

Manipulation refers to our ability to control an object either to receive it (catching or absorbing) or to impart a force on to it. This can be achieved directly (body is in contact with the object) or indirectly (an implement is used such as bat, racquet or lacrosse stick). This requires the development of both hand-eye and foot-eye co-ordination.

Locomotion refers to our ability to move from one point to another. This requires strength, co-ordination and, depending upon the duration of the activity, endurance.

Regrettably, many children face the prospect of attempting specialised skills in physical education classes before they have had the opportunity to develop their fundamental movement abilities. Not surprisingly, these children invariably find they are unable to participate at a level they feel comfortable with and they will often withdraw.

Basic Skills should form the basis of movement programmes for pre-school and lower primary classes and these programmes should attempt to provide opportunities to develop across all areas as indicated. Rather than being taught as a particular sport or code they should be introduced as basic skills. The specific application of these skills can be left until middle and upper primary and secondary school programmes.

In addition to producing a range of movement competencies, your Basic Skills programme should help you class to develop an understanding of their body parts and how movement is produced. It will also enhance the children's growth and development.

Teaching Considerations for Teaching Basic Skills:

1. Attempt to develop a programme that includes a wide variety of basic skills working from the very simple to the more complex. Do not assume that children have had the opportunity to develop these skills in the past.
2. Your class will not learn Basic Skills from one lesson per week. They need regular exposure and time for practice. Provide opportunities for repeating previously introduced skills.
3. Avoid combining elements of basic skills when your class has not been exposed to them as individual units.

4. In the development of ball skills, use medium and large balls before introducing activities with small balls. Bean bags are preferable for early activities.
5. Use a stationary ball in the development of striking skills (batting) initially. For striking balls off the ground use a t-ball stand or a ball hanging in a sock or stocking.
6. Provide opportunities for your class to practice their Basic Skills at recess and lunch-time in the school yard.
7. Attempt to use child-centred teaching methodologies rather than teacher directed. Children will learn Basic Skills best through exploration and discovery.

Useful References for Teaching Basic Skills:

1. Education Department of South Australia, (1982) '**Daily Physical Education**' Programme' Vol. 1-7, ACHPER, Adelaide.

The first two volumes of the 'Daily PE Programme' books focus on the development of Basic Skills, This is dealt with through all of the areas covered including Movement Exploration, Games Skills, Dance and Swimming. They are very comprehensive and written for non-specialist teachers of Physical Education

2. Nichols B, (1986) '**Moving and Learning**'
Times Mirror/Mosby, St Louis

An excellent textbook concerning primary school Physical Education which has as a major focus a concern for the development of fundamental movement skills. North American in origin.

Also refer to Part A of this monograph, particularly, the chapters concerning the 'Primary School Child: Patterns of Growth and Development' and 'Motor Development and Skill Acquisition' (pages 17-30).

Chapter 12

Teaching Fitness Activities

Introduction

While in the 1950's and 1960's, Fitness Activities and Physical Education were often synonymous ('PT', for Physical training, was a commonly used label), fitness activities these days exist, or at least should exist, as a component of the overall Health and Physical Education programme.

However, fitness activities should be given appropriate consideration as fitness is often a prerequisite for success and enjoyment in the other areas of physical education. This is not to suggest that the children need to be 'super fit' to be involved in physical education, but that they are more likely to achieve in physical activities, and be less stressed physically, if they have had the opportunity to develop their cardiovascular fitness, muscular endurance, muscular strength, and flexibility. Note that it is difficult for fitness to be developed through a physical education skill development programme because the intensity of activity required to develop fitness is seldom reached. This is because we need to slow down the pace of a skill lesson in order to develop movement competencies.

We have previously suggested the following weekly overview for Health and Physical Education based on the Department's time allocation:

	M	T	W	Th	F
Fitness	15		15		15
Skill		30		30	
Health			30		
Sport/Rec.					45

We don't suggest that this is the only arrangement, or the best, but it does have the potential to meet the goals of a contemporary Health and Physical Education programme.

In this concept Fitness Activities relates to sessions of approximately 15-20 minutes that are designed to produce a 'training effect'. That is to bring about a physiological response which results in greater efficiency of various body systems. Activities such as aerobics, circuit training, minor games, partner activities, etc. would normally be included in a range of activities completed as part of this component of physical education. There are a number of written resources available that make planning for this component reasonably straight forward which have been developed on the basis of available knowledge of children's growth and development and research into fitness development. Before examining one of these resources in some detail, the following notes are provided for consideration.

Teaching Considerations for Teaching Fitness:

1. Genetic endowment is a critical factor in fitness development. We can only improve or change performance by so much. There is a limit to how much performance can be improved.
2. Fitness development is achieved by a process of adaptation. That is, the body responds to the increased workloads it is being subjected to during the fitness activity and it adapts by increasing the efficiency of that system being worked. Three sessions per week of 20 minutes duration at a reasonably high intensity is required to produce this response. The process is also reversible.
3. There will be a wide range in fitness levels within your class. You will need to create a non-threatening environment for those less fit but at the same time provide more vigorous activities for those with higher fitness levels.
4. Fitness classes need to be physically challenging but also fun. Children need to be encouraged to exercise regularly for life. This long term goal is more important than short term goals of completing a particular exercise a number of times.
5. Continually vary your routines and activities, but avoid activities that involve detailed instruction and require time to master. The class need to be physically active for 15-20 minutes.
6. Provide opportunities for children to be involved in selecting activities and running the sessions particularly in the upper grades. Year 6 and 7 students are quite capable of developing and conducting an aerobics 'class'. They will happily obtain the music and develop an exercise routine.
7. To make full use of the 15-20 minutes have any equipment including markers set up in advance. Again, in middle and upper grades, students from your class can be rostered to do this.
8. Fitness Activities can be easily integrated with a number of other curriculum areas. For example, graphing (Maths) heart rates before during and after a Fitness Activities session.
9. Schedule your Fitness Activity early in the day before it becomes too hot, particularly in summer and spring, and where possible conduct the session in a shaded area. Note that if the Fitness Session is immediately before morning recess they can recover and obtain a drink in their own time (recess).
10. Evaluate your class's fitness levels from time to time (perhaps each term) but attempt to do this unobtrusively. Keep sight of the fact that the overall aim is for the children to be turned on to physical activity and a healthy lifestyle.

11. As in any teaching situation, use visual aids (including blackboard, whiteboard and OHT) to help you demonstrate or teach an activity.

Useful References for Teaching Fitness Activities:

1. Education Department of South Australia, (1982) **'Daily Physical Education Programme'** Vol. 1-7, ACHPER, Adelaide.

Each of the seven volumes of the 'Daily PE Programmes' books contains a section concerned with Fitness. In addition to providing information about fitness development, they provide an extensive range of activities and suggestions of how to organise a term programme. For example, each level contains the following areas:

Running	Partner Activities
Health Hustle ('Aerobics')	Games
Relays	Mobility Exercises
Obstacle Course	Wet Weather Activities

For each area there are numerous exercises or routines that can easily be organised and implemented and these activities can also be used to develop a term overview. For example, if you were conducting three Fitness sessions per week for a class at Capricorn Primary School, you might select the following;

Capricorn Primary School -Term 2- Year 5J

<i>Weeks</i>	<i>Monday</i>	<i>Wednesday</i>	<i>Friday</i>
1	<i>Obstacle Course</i>	<i>Partner Activities</i>	<i>Obstacle Course</i>
2	<i>Partner Activities</i>	<i>Aerobics</i>	<i>Partner Activities</i>
3	<i>Aerobics</i>	<i>Mobility Exercises</i>	<i>Aerobics</i>
4	<i>Mobility Exercises</i>	<i>Games</i>	<i>Mobility Exercise</i>
5	<i>Games</i>	<i>Relays</i>	<i>Games</i>
6	<i>Relays</i>	<i>Obstacle Course</i>	<i>Relays</i>
7	<i>Obstacle Course</i>	<i>Relays</i>	<i>Obstacle Course</i>
8	<i>Partner Activities</i>	<i>Aerobics</i>	<i>Partner Activities</i>
9	<i>Aerobics</i>	<i>Mobility Exercises</i>	<i>Aerobics</i>
10	<i>Mobility Exercises</i>	<i>Aerobics</i>	<i>Mobility Exercises</i>

Note that in this programme, all of the sessions of the same name are repeat classes. This reduces the amount of preparation you have to do and yet the class are still enjoying a lot of variety.

This resource also describes a four item fitness test with guidelines for fitness evaluation.

2. ACHPER (1986) **'The Australian Schools Fitness Test'**
ACHPER, Adelaide.

This resource is useful for those teachers who want to compare the fitness levels of their class with Australian norms. Very comprehensive and easy to follow but it has limited value other than as evaluative and/or 'research' tool.

3. Department of Education, P.E. Branch, (1972) **'Physical Fitness Activities'** Govt. Printer, Brisbane.

Somewhat dated, and not an overly exciting (or fun) approach to fitness development, but it can be accessed in most state primary schools. It is easy to follow and it provides some good information regarding fitness development.

Chapter 13

Teaching Dance

The objective of the Dance Component of Health and Physical Education at primary school should be more than simply learning a number of dance steps. As in other areas, children should be given the opportunity to develop the basics before they are exposed to heavily structured and complicated steps and formations.

The following overall plan for Dance is taken from the South Australian 'Daily Physical Education Programme', and it provides a useful framework for the implementation of Dance in Queensland.

<u>Year</u>	<u>Aims</u>
1, 2 and 3	- Exploring basic movement themes - Moving to rhythms through action songs, nursery rhymes and simple folk dances - Developing a movement vocabulary and using dance as an integrating factor in language development.
3 and 4	- The development of basic steps and formations to rhythms through a series of folk dances and social dances. - Socialising - Dance making using movement and music
5, 6 and 7	- further development of basic steps and formations to rhythms through a series of folk dances and social dances. - Socialising - Dance making using movement and music

Further Comments on Planning

1. Creative dance requires spontaneity. Introduce creative dance in Year 1 before children's inhibition develops. They will need some support. It requires more than simply turning the music on and waiting for a response.

2. Awareness of tempo, rhythm, beat and phrasing should be developed in the early years. In addition children should be encouraged to use whole body movements rather than respond, simply with their feet.

3. For a unit of Dance in which the children are learning structured dances introduce them in order of difficulty - i.e., the easiest first. The difficulty of a dance will depend upon the formations used, the number and types of different steps and holds, the tempo of the music, and subtlety of the cues. Include in your later lessons an opportunity for the revision of earlier dances.

4. Provide variation in content (different dance forms) and attempt to use a range of teaching strategies.

Teaching Considerations for Teaching Dance:

1. Teachers need to be enthusiastic about dance (it is not always well received, particularly in upper primary classes) and they need to create a relaxed, non-threatening and sociable atmosphere.

2. Ideally, Dance should be taught in an auditorium or a room where there are few distractions, no observers and where the quality of music can most easily be controlled.

3. Ensure that the cassette player is functional and that the music you intend to use is ready to play. Cue cards, for the teacher, should also be checked in advance.

4. Formations can be organised more efficiently by using marked reference points, e.g. basketball key circle, lines can be taped or marked in chalk on the floor.

5. Break the dance down into a number of digestible steps. I usually start by arranging the formation required then progressively introducing the skills. Children will appreciate the opportunity to walk 'through' the dance without the music. This also provides a good opportunity to make comments and to provide feedback about what your class is doing. It's far easier to communicate this information without the music blaring in the background.

6. Do not attempt to teach more than one dance in a 30 minute lesson. You will have time to teach one new one and to revise another that you have previously introduced but not time to adequately cover two new dances. Work on quality rather than quantity.

7. There is no reason for insisting in partner dances that children dance with the opposite sex. Play down gender based roles. Teach for 'left' or 'right' hand partners or for the people 'leading' or 'following'.

8. Dances which have a set formation can be modified to suit your class numbers. For example if you have a class of 30 for 'The Drongo', which normally requires groups of 9; organise three square dance formations (3 x 9 = 27) and then place an extra 'drongo' in each set.

9. If you find yourself teaching a dance which the children are finding too difficult, modify it or delete it. If you are spending more than 25% of class time trying to explain the dance it is probably cognitively too difficult for them.

10. Provide an opportunity for your class to select their own dances and activities, and also their own partners. If however, partner selection is going to create problems or is going to take too long, intervene.

11. Dance should be enjoyable for both you and the children. Relax and join in. The children will largely reflect your attitude. Verbalise only as much as you have to.

Useful References for Teaching Dance:

1. Education Department of South Australia, (1982) **'Daily Physical Education Programme'**, Vol. 1-7. (A.C.H.P.E.R., South Australia).

By far the best source of material for this area of content. Comprehensive lesson plans covering all areas of dance and movement to music. Includes music in cassette form.

2. Harris J, Pittman A, and Waller M, (1987) **'Dance a While'**, 5th Ed., Burgess, Minneapolis.

A good teacher's handbook for folk, square and social dance. Has a North American flavour. Good explanations and it provides details of the origins of some dance forms. No music.

3. Rantan Bush Band, **'Bush Dance Vol 1 and 2'** (1981).

Excellent reference for a wide range of Australian Bush Dances, Book and cassette tape.

Chapter 14

Teaching Gymnastics

Several forms of Gymnastics currently exist. At one end of the continuum is 'Formal Gymnastics' and at the other, 'Educational Gymnastics'.

Formal Gymnastics is orientated towards developing specific skills and it is sometimes referred to as Olympic Gymnastics. Classes are heavily structured and usually follow a set learning sequence. The skills achieved are then measured against establishment criteria, such as those set by the Australian Gymnastics Federation. This teaching approach is often followed by Gymnastic Clubs.

Educational Gymnastics is orientated towards developing body awareness and control through a series of movement experiences or challenges. Lessons normally follow a thematic approach and include an opportunity for children to 'solve' movement problems. This teaching approach is more suitable for use in schools as it is more in keeping with objectives of Physical Education.

A gymnastics program following the Educational Gymnastics approach, would attempt to give each child an opportunity to:

- develop body awareness and control
- develop an understanding of the concepts involved in body movement
- develop strength, flexibility and muscular endurance
- respond individually to movement tasks
- proceed at their own skill level
- develop their movement vocabulary.

Several major differences exist between children involved in Gymnastic Club classes and children involved in Gymnastics as a component of a Physical Education program. Differences in objectives between the two areas also exist.

Gymnastics Club

All volunteers

Most are slim and fit

All keen

Physical Education Class

Mixture of volunteers and conscripts

Range of body types and fitness levels

Some keen, some disinterested, some fearful

(Gymnastics Club)

Objectives - to develop specialised knowledge and skills

(Physical Education Class)

Objectives - refinement of basic skill using the themes of travelling, flight and balance and introducing specific skills related to gymnastics.

A typical Physical Education gymnastics lesson would include the following:

1. Some 'warm up' activities.
2. Introduction of the theme - may involve some structured activity.
3. Development of the theme - opportunity for further individual and/or group skill development.

Teaching Considerations for Teaching Gymnastics

1. Your class should always be given the opportunity to prepare for a gymnastics lesson through an appropriate exercise routine or activity. By appropriate I mean activities which will 'warm up' those parts of the body which are about to be stressed.
2. Teachers should adopt the appropriate safety measure for the various activities and stunts. This includes supporting or spotting. If you don't know how to spot, or do not feel able to, do not introduce the activity.
3. Ensure that the safety mats are appropriate to the activity and the size and weight of the participants.
4. Demonstrations are an important part of your lesson. Children need visual information as well as verbal. If you are not able to demonstrate select a child who can. Alternatively, manually put a child through the movement.
5. Formulate necessary rules and discuss them with the children in the first lesson, eg, taking turns, silly behaviour, seating procedure, whistle signals (if used), putting away gear, etc.
6. As for aquatics children should know of your emergency procedures.
7. Allow sufficient time for practice. Children need opportunities to repeat movement tasks in order to gain confidence. Keep time for explanations and demonstrations to an appropriate level.
8. Teach the children how to assist and support each other (Year 4 onwards). Encourage class members to contribute to group safety.

9. Allow for individual differences in competency levels. Do not let your expectations, or peer pressure, force children to attempt performances beyond their ability.

10. There is lots of scope in Gymnastics. Do not feel that you must cover every aspect. Select those areas in which you feel competent. Seek assistance from the PE specialist or gym clubs for other areas.

Useful References for Gymnastics:

- 1, S.A. Education Department, (1982) '**Daily Physical Education**'
Vols. 1-7 ,ACHPER, Adelaide.

An excellent guide to the teaching of movement exploration (Years 1-3) and Gymnastics (Years 4-7). Good explanations and diagrams. Written for classroom teachers.

2. Queensland Education Department, (1971) '**Gymnastics**'
Government Printer, Brisbane.

Skill orientated and a little dated but still useful. Like most of the curriculum materials developed by the Department, they are easily accessed in most primary schools.

3. Schembri, G (1983) '**Introductory Gymnastics**'
Australian Gymnastics Federation, Sydney.

Schembri, G (1985) '**Gym-Fun**'
Australian Gymnastics Federation, Sydney.

Two excellent resource for teaching gymnastics from the Australian Gymnsatics Federation. Very comprehensive, good explanations and excellent diagrams. These book are used as the texts for level I gymnastics courses.'Gym-fun' is very appropriate for primary schools.

Teaching Modified Games

It is now generally accepted, that children's initial involvement in sport should be in a modified version of a major game and not the adult form. It is also accepted that these opportunities should be for people in the upper primary school years (age 10-13) when the children have had the opportunity to develop their basic skills.

'Modified games' now exist in a wide range of sports and the following are commonly found in primary schools.

Major Game

Australian Rules Football
Baseball
Basketball
Cricket
Handball
Hockey
Lacrosse
Netball
Rugby League
Rugby Union
Soccer
Softball
Touch
Volley ball
Water Polo

Modified Version

Aussie Footy
TeeBall
Mini-Basketball
Kanga Cricket
Mini-Handball
Minkey Hockey
Sof-Crosse
Netta -Netball
Mini Footy and Mod League
Walla Rugby
Mini-Soccer
Teeball and Junior Softball
Mini-Touch
Newcombe
Flippa Ball

The modified version usually contains most of the elements of the adult games but it incorporates changes which reflect children's needs developmentally, physically, and psychologically. As a result the game is changed so that the following aspects are appropriate to the participants:

- playing time
- pitch, court or field dimensions
- goal size
- team size
- equipment (ball size, bat size, etc.)
- playing rules(interchange rules, contact rules, scoring rules, etc.)
- equity and social justice

In a previous discussion I have suggested the following weekly overview for Health and Physical Education:

	Mon	Tues	Wed	Thurs	Fri
Fitness	15		15		15
Skill		30		30	
Health			30		
Sport/Rec.					45

In this concept Modified Games could be organised for the Friday period allocated to Sport/Recreation and further skill development would continue in the lessons indicated. In this period the teacher has a different role to that of the other sessions. For this period they would not be teaching skills per se but providing the opportunity for the children to utilise those skills they have previously gained. That is the teacher is more likely to adopt the role of a referee or umpire or scorer (or all three!).

The Australian Sports Commission is actively supporting the implementation of sport education programmes in schools under the generic term of 'Aussie Sport'. Aussie Sport currently contains the following seven programmes:

Aussie Sport Programs	Program Characteristics
Sportstart	motor development activities for 3-12 year olds written for parents and caregivers
Sport It	fundamental motor skill development programme for primary school children. Sponsored by Pizza Hut.
Ready Set Go	re-named 'Aussie Sports' Package but targets 7-10 year olds (was labelled Sport for Kids by the ASC from 1991 to 1992). Sponsored by Kellogg.
Active Girls Campaign	national awareness and education campaign that targets adolescent girls. Strives to improve sport delivery to girls.
Sports Fun	a 12-16 week after-school sports program for primary school children. Instruction provided by secondary school students who undertake sport leadership training.
CAPS	leadership programme for 14 to 20 year olds delivered by established sporting organisations.
Sport Search	computer assisted talent/interest identification program. Currently targeting 11 to 15 year olds.

(Based on article by Shirley Willis, Aussie Sport Action, 1993)

“Aussie Sports” (refer Ready Set Go) was initially an ACHPER (Australian Council for Health, Physical Education and Recreation) initiative that was introduced in the mid-nineteen eighties. At this time, their ‘Daily Physical Education Programme’ was being well received and the Aussie Sports Package was developed as an extension of this initiative. That is, once the students developed their skills through the Daily PE programme, which contains fitness and skill development programmes, they should be provided with opportunities where they could utilise these skills. Through the Aussie Sports package, ACHPER put together a wide range of existing modified games that had become available at that time, most of them following concerns about children playing adult forms of sport.

In the Aussie Sports package, details of each modified game, including all of those listed on the previous page, are provided in some detail and suggestions are provided about how the package can best be used. The main organisational feature of the package is that it encourages children to participate in a wide range of modified games rather than becoming proficient in one of them. This is achieved through an ‘award system’ through which points are scored by children that attend a different modified game session each week. These points accumulate over the year (and over a child's primary school ‘career’) and medallions and certificates are awarded for reaching a required number of points.

The Australian Sports Commission (ASC) adopted Aussie Sports as its main intervention strategy for working in schools in the late nineteen eighties and they have appointed Aussie Sports Coordinators on a regional basis throughout Australia. While the ASC maintains that this package under their support and direction is enjoying great success, little research has been conducted by external agencies. There are indications that rather than encouraging primary school students to experience a wide range of modified games, that schools are encouraging early specialisation because they provide points for repeat attendance. Furthermore, some schools that purport to be Aussie Sport Schools are using the rules of modified games included in the package as the basis for organising inter-school competitions. Both of these trends are contrary to the initial design concept of Aussie Sport.

Of equal concern is the fact that in some schools Aussie Sport has replaced Physical Education when clearly the former should be but a component of the latter. Sport Education and Physical Education are **not** synonymous.

Teaching Considerations Teaching Modified Games:

1. Provide the opportunity for your class to warm-up before commencing a modified game, particularly in cooler weather. Children (and adults) are at risk of suffering soft tissue injuries when they suddenly become active following periods of inactivity.

2. Teachers should adopt the appropriate safety measures required for each modified games. Ensure that in batting games that players waiting for their turn are sufficiently far enough away from the batting area. Note that children will invariably move closer as the game proceeds. You need to monitor this continually. Observe Departmental requirements regarding protective clothing, etc.
3. It is inappropriate to expect children to play a modified game for which they have not had the opportunity to develop the basic skills. Examine each game and determine what are its prerequisite skills.
4. Allow for individual differences in competency levels and modify any rules as required during the game. For example in TeeBall you may require the closest fielder to move further out for a timid batter. Attempt to ensure that each child is able to achieve some success..
5. Rotate the children through various field positions so that they all have turn in the preferred positions.
6. Children perceive sport and their involvement differently to adults. Their priorities are about participation not necessarily about winning.
7. Afternoon sessions are not ideal for sport/recreation periods due to fact that UV (ultra-violet) figures are much higher at these times. Encourage schools to adopt morning time slots for these sessions. Provide sunscreen to all participants and require hats to be worn.
8. Provide regular opportunities for fluid replacement during prolonged periods of sport/recreation (over 30 minutes). Thirst is not a good indicator of water loss.
9. Provide a wide range of modified games. This can be achieved in a number of ways. For example, each teacher of a school could select modified game and conduct a session each week for the term. The children then select which activity they want to attend. Parents and sporting clubs could also take responsibility for specific games.
10. Provide an opportunity for the children attending your session to select their own teams.
11. Join in, but be a good role model.

Useful References for Teaching Modified Games:

1. Bluet B, (Ed) (1989) '**Aussie Sports Activities Manual Vol 1** '
Australian Sports Commission, Canberra.

Bluet B, (Ed) (1989) '**Aussie Sports Activities Manual Vol 2** '
Australian Sports Commission, Canberra.

By far the most comprehensive collection of modified games materials on the market. Video and other supporting resources are also available, all at a reasonable cost. Many schools now have this package and support is available from regional coordinators. However, it should be used with care.

- 2, S.A. Education Department, (1982) '**Daily Physical Education** '
Vols. 1-7 ,ACHPER, Adelaide.

An excellent guide to the teaching modified games appropriate to the various year levels. Good explanations and diagrams. Written for classroom teachers.

Teaching Health Education

Introduction.

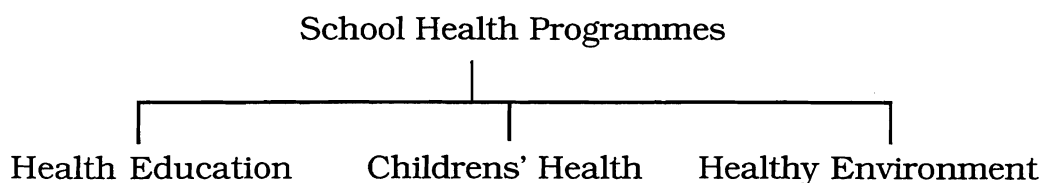
Despite our earlier discussion of the relationship between Health Education and Physical Education, the reality is that learning experiences in these two areas are usually planned independently of each other. This situation has been perpetuated by at least the following two factors:

1. the development of two separate curriculum documents, i.e., one for Physical Education and one for Health Education, and
2. by the the division of teaching responsibilities in those schools that have a visiting Physical Education specialist, where the specialist's responsibilities are usually restricted to Physical Education and class teachers deal with Health Education.

Programmes in both areas would be more effective if they were developed in tandem and strategies for this will be examined in the tutorial session. For the purposes of this topic we will be focusing on Health Programmes and the implementation of the Health Education Curriculum Guide.

Health Programmes in Primary Schools

I would argue that Health Education is not simply concerned with Health Instruction but that teachers had responsibilities in other areas also. These other areas can be summarised as follows:



While our concern here is mainly about Health Education, it is appropriate to quickly reexamine these other areas and the role of the classroom teacher in them.

Healthy Environment

The teachers role here is to develop and maintain a desirable learning and playing environment both with regard to the classroom and the playground area. Playgrounds, and the school environment generally, should be considered as potential learning areas.

In the classroom the following considerations should be examined;

- lighting;
- ventilation;
- seating;
- noise levels (both from within and from outside);
- hygiene and cleanliness
- safety (including storage of scissors, electrical appliances, glues and other chemicals); and,
- the stimulation provided by the learning environment you and your class have created.

'Childrens' Health

In this area the class teacher may have a number of roles. At the very least the class teacher will co-ordinate their classes visits to the School Dental unit and, depending upon the year, to the School Health unit. The latter is principally concerned with health checks for year one students and their immunisation programmes.

I would argue that teachers should also maintain class lists of the children with medical conditions in their class and be able to assist if necessary. This may involve the administration of medications. However, as schools' policies on medication varies from one school to another the teachers role here will also vary. Teachers may also take a more active role in monitoring the health and well being of the children in their class and in identifying emerging health problems and reference material relating to this is included in the notes that follow. The rationale for this, is that problems may emerge in middle primary school years which often go unnoticed. However, teachers can easily identify many of these problems if they have some basic knowledge (refer later section; 'Class Based Health Assessment'). Note that we are providing a screening procedure here and not a diagnosis. Children identified as at risk, and we have indicated when this is so, would then be referred on for further assessment. and diagnosis.

Health Education

Health Education or Health instruction is principally concerned with the use and implementation of the Health Curriculum Guide (1981). This has been made somewhat easier in recent years with the development of source books that reflect the content of the Health Curriculum.

The tutorial session for which this unit has been prepared will examine the use of the Health curriculum guide to develop a school-based programme and a number of teaching strategies that may be appropriate for this area of the curriculum. The use of the new Health Education source books will also be examined in this period. The reference material that follows, principally from the Health Education Curriculum Guide (1982), provides a good overview of teaching strategies that could be used in Health Education. The planning sheet on page102 has proven to be a good framework for teachers

developing a School Based programme for their school, using the procedures suggested in the Health Curriculum Guide.

TEACHING STRATEGIES/METHODS USED IN HEALTH EDUCATION

EXPERIMENTING:

Involves procedures directed towards testing of hypothesis.

Sample Topics:

- Effects of different kinds of exercise on heart (pulse) rate
- Measuring physical fitness
- Flammability of a variety of clothing materials
- Variation in lung capacity
- Effects of direct sunlight on watered and unwatered plants

CLASSIFYING:

Requires children to group items according to criteria

Sample Topics:

- How can food be grouped?
- What are some of the causes of accidents in the playground?
- According to the evidence, what are the relationships between immunisation and disease control?
- What are the differences between the work of doctors and the work of dentists?
- What do you associate with the word?

SURVEY:

Involves having children gather and process information to reach a conclusion.

Sample Topics:

- Distribution of height, mass and age of the class.
- Television advertising of food or health products.
- Use of playground facilities.
- What do children think about non sweet days at the tuckshop?

FORMULATING HYPOTHESES:

Attempts to make a generalisation about the relationships existing among a number of variables.

Sample Topics:

- What are the major factors contributing to a long and healthy life?
- What physical, social and emotional changes could occur if you were confined to bed for a long period of time?

- How can we best explain why people contract influenza during the winter months?

PROBLEM SOLVING:

Involves children in providing solutions to real or hypothetical problems.

Sample Topics:

- How can preventive measures against air pollution be introduced to improve the health of a population of a city?
- How can we ensure that children wear hats?
- What ways can we use to protect ourselves from the sun?
- How can we eliminate hazards in the school environment?
- What recreational pursuits are suitable for handicapped children?

DEMONSTRATION:

Involves someone showing how something is done or describing something with the help of models, specimens or real objects.

Sample Topics:

- Expired air methods of resuscitation.
- Applying a bandage.
- Using a stove.

DISCUSSION:

Develops an interchange of ideas among children or between children and teacher.

Sample Topics:

- All of the school safety rules you know, which one do you think is most important?
- How do you think people spend their money on health matters - maintaining or improving health?
- If world food problems were overcome other health problems would arise.

BRAINSTORMING:

Involves eliciting a number of ideas in a short period of time. The rules include: no evaluation of ideas during the brainstorming session, encourage diversity of ideas, add to other's ideas, record each idea.

Sample Topics:

- How would you tell a television commercial about health from a television news report about health?
- How can we eradicate communicable diseases?
- List some ways we could help a person give up smoking.

CONSTRUCTION ACTIVITIES:

Involve making a variety of items using such materials as paper, cardboard, glue, glass. These activities help children understand complex concepts and principles.

Sample Topics:

- Skeleton
- A model playground
- Sense organs

DRAMATISATION:

Encourages a child to express feelings and ideas through make-believe, imitation, and imagination. It provides opportunities to gain knowledge about self and others and insight into living.

Sample Topics:

- Accident scene
- Being offered something that you do not like
- Health and fitness clinic

Useful References for Teaching Health Education

1. Department of Education, (1992) **'Health Education Source Books'** Vols. 1-27, Government Printer, Brisbane.

Excellent source books for all areas of the Queensland Health Curriculum. A volume for each Main Idea (nine) are available for lower, middle and upper primary school grades. Contain a good selection of teaching approaches. Opportunities for integration with Social Studies and Science.

2. Anspaugh J, Ezell G and Goodman K, (1983) **'Teaching Today's Health'** Merrill, Ohio

Donatelle, R.J. and Davis, L.G., (1994) **'Access to Health'** (3rd Edition), Prentice Hall, New Jersey.

Two North American texts dealing with Health in primary schools and secondary. Both good reference books. Very comprehensive.

School Based Health Programme Planning Sheet

This sheet can be used by teachers in the development of an overall plan for Health Education. This will be discussed during the tutorial concerned with this topic.

School Based Health Programme Planning Sheet

Year/Main Idea	1	2	3	4	5	6	7	8	9
1									
Year 1									
Year 3									
Year 4									
Year 5									
Year 6									
Year 7									

Class Based Health Assessment

Introduction

In this state, as in others, the government, through the Department of Health, provides a school medical service. However, because of limited funds and resources, this service concentrates its efforts on children entering the school system, ie. Year 1. During this year children are examined for any medical and/or physical problems which are likely to hinder their school progress and development and referrals made when problems are identified. However, for the middle and upper grades this scheme requires that children who are thought to be experiencing problems be referred to the school health service by teachers and parents.

I believe that teachers are in the best position to make an assessment and that they should have the knowledge and skills to observe and to make an opinion regarding the status of child's health. That is when they should be referred for medical attention.

Some further comments:

1. Most of the tests suggested can be done very quickly and easily with the information contained in this chapter.
2. It does not require a formal session but children can be assessed whenever it's convenient. For example, eyesight could be assessed individually during silent reading.
3. We are not performing a diagnosis. We are simply acting as screening agents, i.e. identifying those children who are at 'risk'. The parents of children identified through our tests should be notified of the problem so that a 'proper' assessment can be arranged.
4. The earlier problem is identified and referral made, the quicker remedial treatment can be offered. In some cases this will prevent major problems later on.
5. By regular testing in the school we will be able to produce a comprehensive profile of a child's health and fitness which will facilitate the identification of emergent problems.
6. Finally a word from Ford (1) regarding the role of teachers in this area in New South Wales "Selection and referral of children by teachers with specific information about them is the principle way such children are detected" (p 167).

The purpose of this handout is to provide you with the resources to obtain specific information (i.e. test material) and to give you some guide as to when a child should be referred.

What Can We Assess

We can group our concerns into 3 areas:

- a. Growth and development characteristics - includes height and weight, posture etc.
- b. Perceptual abilities - hearing, eyesight.
- c. Functional abilities - fitness.

Growth and Development Characteristics

1. Height -this can be measured using a standard vertical ruler or alternatively a tape measure secured to a wall or door frame will be sufficient. A flat object such as a book should be placed flat on the child's head and a measurement taken in centimetres. The graph depicted in Table 1 indicates the normal distribution for boys and girls.

2. Weight - measure using a set of 'bathroom' scales. Table 1 also indicates the normal distribution for weight by age.

3. Assessment of Body Fat - a single skinfold measurement at the triceps (back of the upper arm) obtained using a pair of standardised skinfold callipers will identify those who are 'at risk' of becoming obese. Table 2 indicates the skinfold measurement at various ages at which children would be identified as a risk.

4. Posture - using the posture score sheet (Table 3) you will be able to identify problem areas. Many postural defects can be corrected through remedial exercises. Children rating 'poor' in any of the areas should be referred for attention. Your Physical Education specialist teacher may be able to offer a remedial programme.

Perceptual Abilities

We are particularly concerned with two areas - sight and hearing. Clearly these areas will effect their classroom work most.

1. Vision - Table 4 'Modified Snellen's Eye Char' can be used to test a child's vision. Children should be able to read the bottom line. Refer for further attention if the child is unable to do this. Directions for use, from Ford (1977, p.162) is provided on page 222.

2. Hearing - There is no easy way to test hearing in the school system. The only sure way is using an audiometer. The test accompanying Table 5 from Ford (1977,p.171) is useful as a screening test.

Functional Abilities

The following health related components of fitness were identified in Chapter 2 as the areas in which we should be mainly concerned:

Cardiovascular Endurance;
Muscular Endurance;
Muscular Strength; and,
Flexibility.

With Weight Control, these components are referred to as the "Health Related Components of Fitness". They are the components of fitness that we need to develop and maintain for general health. These components will deteriorate with increasing age and thus adults need to remain active to maintain our capacities in these areas.

There are a number of sources of test procedures for these items which need to be age appropriate, particularly for cardiovascular endurance. The ACHPER "Australian Schools Fitness Test" (1986) and the 'Daily Physical Education Programme' (1982), for example, both provide detailed but very understandable protocols and norms for evaluating the scores obtained by your class.

Useful References for Assessing Health/Fitness

1. Education Department of South Australia, (1982) **'Daily Physical Education Programme'** Vol. 1-7, ACHPER, Adelaide.

Each of the seven volumes of the 'Daily PE Programme' books contains a section concerned with Fitness. In addition to providing information about fitness development, the resource includes a four item fitness test with guidelines for fitness evaluation.

2. ACHPER (1986) **'The Australian Schools Fitness Test'**
ACHPER, Adelaide.

This resource is useful for those teachers who want to compare the fitness levels of their class with Australian norms. Very comprehensive and easy to follow 1.

3. Donatelle, R.J. and Davis, L.G., (1994) **'Access to Health'**
(3 rd Edition), Prentice Hall, New Jersey.

A comprehensive North American Health Education text which has an excellent section on health, personal fitness etc. Most useful as a resource text for teachers.

Table 1A: Height and Weight Graphs for Males Ages 2-18
(Source, Nichols, B 1986)

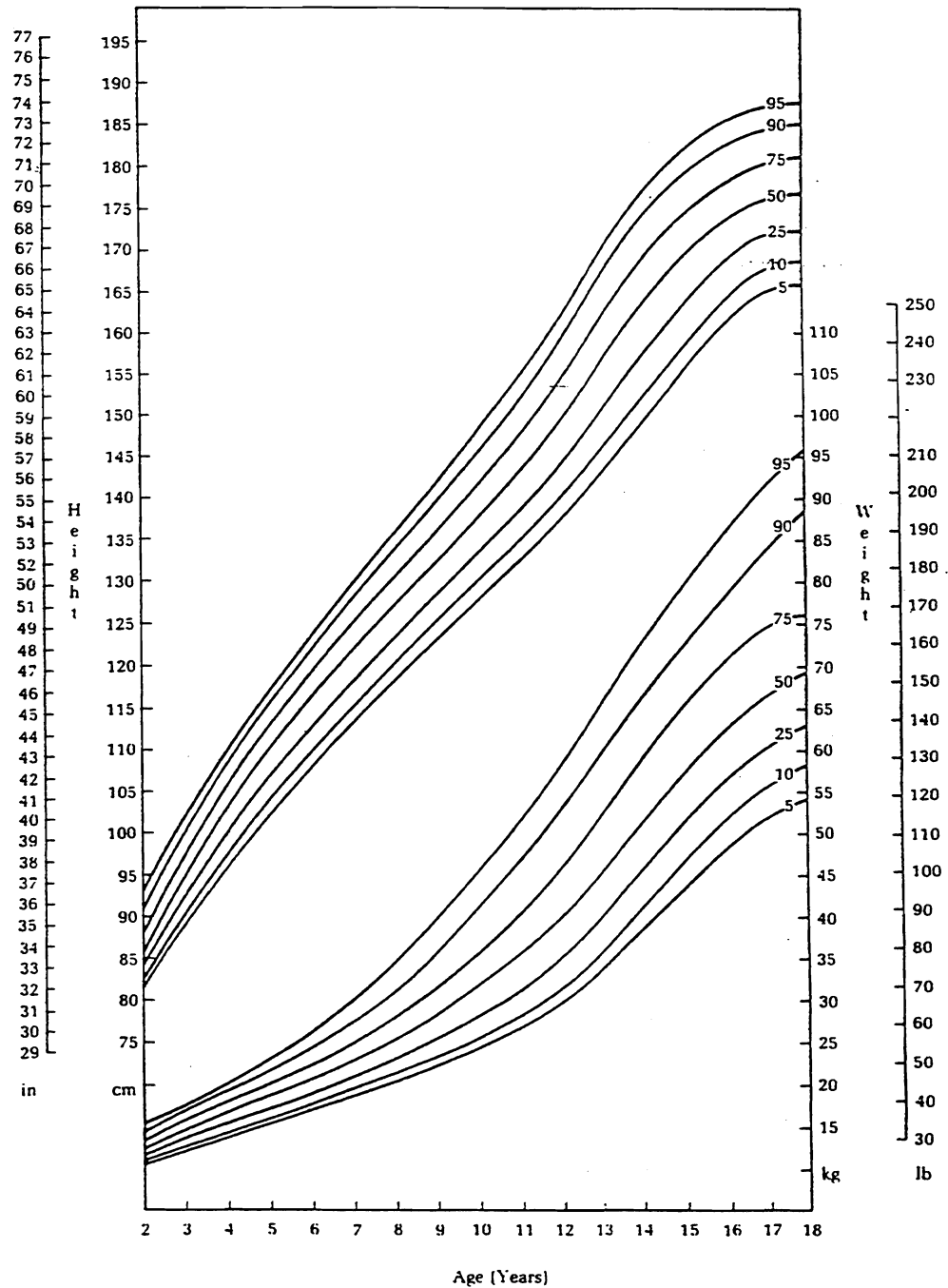


Figure 3.2. Physical growth of boys from ages 2 to 18. Adapted from National Center for Health Statistics: NCHS Growth Charts, 1976. Monthly Vital Statistics Report. Vol. 25, No. 3, Supp. (HRA) 76-1120. Health Resources Administration, Rockville, Maryland, June, 1976. Data from the National Center for Health Statistics.

Table 1B: Height and Weight Graphs for Females Ages 2-13
(Source, Nichols, B 1986)

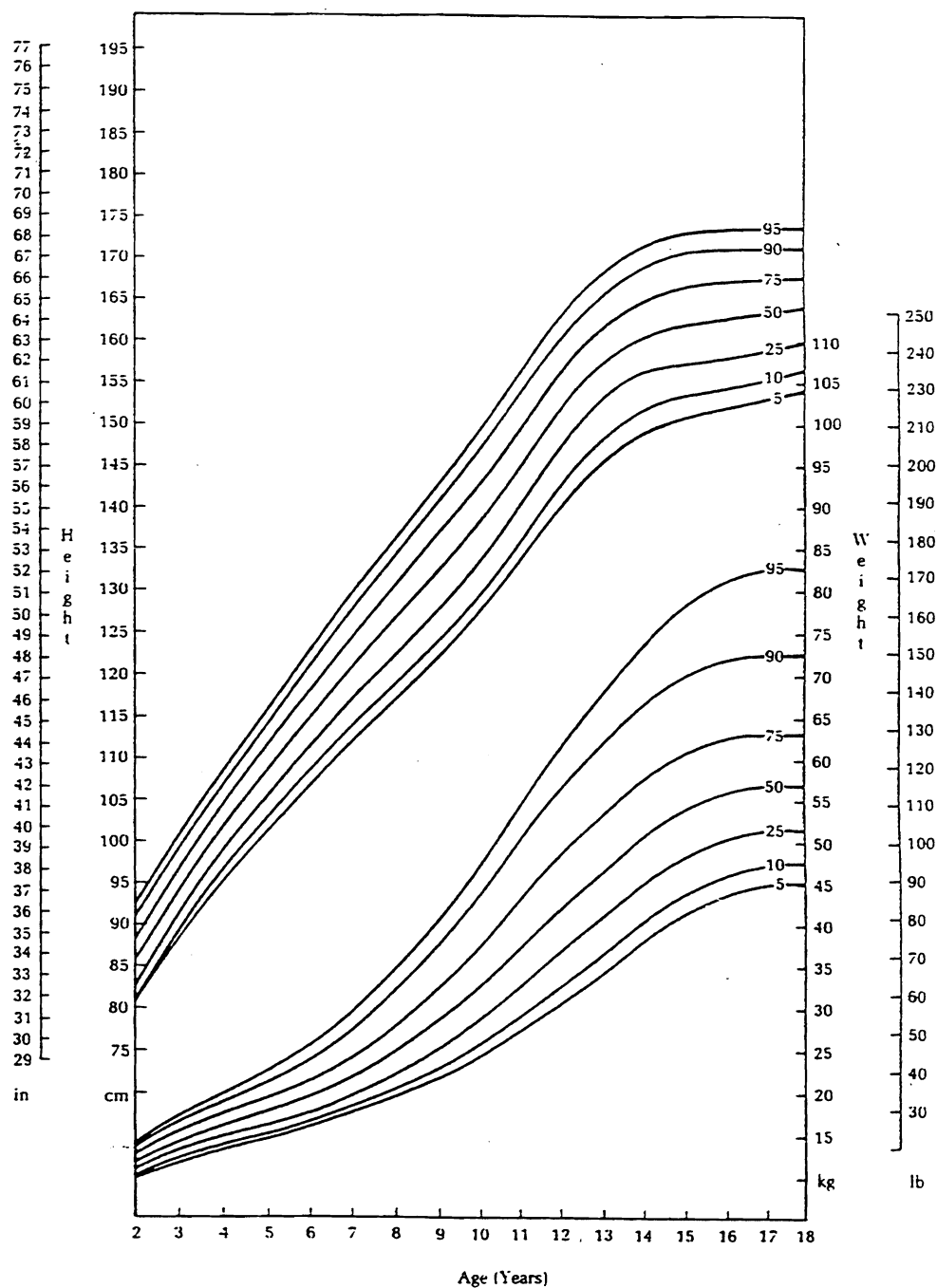


Figure 3.1. Physical growth of girls from ages 2 to 18. Adapted from National Center for Health Statistics: NCHS Growth Charts, 1976. Monthly Vital Statistics Report. Vol. 25, No. 3, Supp. (HRA) 76-1120. Health Resources Administration, Rockville, Maryland, June, 1976. Data from the National Center for Health Statistics.

Age	<u>Minimum Triceps Skin Fold Thickness indicating Obesity (mm)</u>	
	<u>Males</u>	<u>Females</u>
5	11	13
6	12	14
7	13	15
8	14	17
9	15	17
10	14	15
11	13	15
12	13	15

Table 2

Source: Walmsley, H., Carter, M.G. 'Teacher's Manual for the Correction and Identification of Obesity', (Unpublished report, November, 1979)

Rater's initials

Date of test

5		Head erect; gravity line passes directly through centre	5		Head twisted or turned to one side slightly	3		Head twisted or turned to one side markedly	1
5		Shoulders level (horizontally)	5		One shoulder slightly higher than other	3		One shoulder markedly higher than other	1
5		Spine straight	5		Spine slightly curved laterally	3		Spine markedly curved laterally	1
5		Hips level (horizontally)	5		One hip slightly higher	3		One hip markedly higher	1
5		Feet pointed straight ahead	5		Feet pointed out	3		Feet pointed out markedly; ankles sag in (pronation)	1
5		Arches high	5		Arches lower, feet slightly flat	3		Arches low, feet markedly flat	1

Total page 1

Total Page 1

5		Neck erect; chin in, head in balance directly above shoulders	5		Neck slightly forward; chin slightly out	3		Neck markedly forward; chin markedly out	1
5		Chest elevated; breastbone furthest forward part of body	5		Chest slightly depressed	3		Chest markedly depressed (flat)	1
5		Shoulders centred	5		Shoulders slightly forward	3		Shoulders markedly forward (shoulder blades protruding in rear)	1
5		Upper back normally rounded	5		Upper back slightly more rounded	3		Upper back markedly rounded	1
5		Trunk erect	5		Trunk inclined to rear slightly	3		Trunk inclined to rear markedly	1
5		Abdomen flat	5		Abdomen protruding	3		Abdomen protruding and sagging	1
5		Lower back normally curved	5		Lower back slightly hollow	3		Lower back markedly hollow	1

To obtain the total raw score:

- Determine the score for each of the 13 items as follows:
 - 5 points if description in left-hand column applies
 - 3 points if description in middle column applies
 - 1 point if description in right-hand column applies
- Add all 13 scores, and place total in the appropriate space.

Total raw score

Figure 15.20 Posture rating chart.

H									
36									
A L									
24									
T N C									
18									
C B D R									
12									
H Y O P T									
9									
P T R O A L									
7.5									
E M H N O P T									
6									
A T O M R C E N									

TABLE 4

Source: Ford, Beryl I., Health Education:
Pergamon Press, Australia, 1977.

Snellen's eye chart: directions for use

Each eye is tested separately by covering one eye with a card or the hand. The person to be tested stands at 3 metres (approx. 10 feet) from the chart, which is placed vertically in a well-lighted position. For normal acuity of vision, the line marked 6 should be read accurately.

The test usually starts with the 60 line and the subject reads the gradually smaller letters. The lowest line read accurately is the key line. The visual acuity of that eye is expressed as 6 over the number signifying the smallest letters read.

Thus if the subject can read to H, Y, O etc. with the left eye, the visual acuity in that eye will be 6/12. The subject may read to E M H N etc accurately with the right eye. The V.A. in that eye will be 6/7.5. Thus the visual acuity is expressed as R 6/7.5 L 6/12.

The chart illustrated is exactly half the size of a standard Snellen's type chart. The full-size one is placed 6 metres from the person. A person with normal vision can then read the 60 line, in our chart H, at a distance of 60 metres. In the smaller chart a person should be able to read the H at 30 metres distance with each eye, to indicate normal visual acuity.

Test for detecting impairment of hearing

This test is included in the article 'Hearing Impairment in Children' by W. Parr and B. Wyer published in *The Education Gazette*, January 1, 1963. The pictures and text are reprinted here by permission.

The test requires the child to identify the picture of an object when the name of the object is spoken very softly behind him or her. Four pictures confront the child in each sub-test, e.g. pictorial representations of a *tree*, *three*, *peas* and *keys* — and the child must point to the correct picture when each one is spoken in random order. The child's performance thus depends on his or her ability to hear consonants clearly when speech is soft. All children with a hearing impairment have difficulty with this task because the consonants are always considerably softer than the vowels or diphthongs, irrespective of the level of talking. Children with high frequency loss, moreover, have special difficulty because so many of the consonants are dominated by higher frequency sounds — that is, by sounds closer to the high end of the frequency range of sounds comprising speech.

It is important that the tester stand behind the child, so all opportunities for lip-reading are

denied. But it is necessary, before giving the test, to ensure that the child does know the correct names of the pictures, e.g. cot and not bed in one sub-test, and for this purpose it is best to ask the child to name the pictures or to identify them when they are spoken with the tester's lips in view.

The tester is required to say the words in a soft whisper about one metre directly behind the child's head. When this is to be done by a large number of different teachers, under varying conditions of background noise, it is quite impossible, without the use of a sound level meter, to standardise the level of sound that will reach the child's ears. But this does not matter very much, provided the tester tries to err on the side of saying the test words too softly. It will soon be evident, from the performance of the first few children if the teacher's whisper is too soft, and when this occurs an appropriate adjustment can be made. It is important, however, that the test should be given in a room offering the quietest conditions available.

The whole test comprises eight series of pictures; but, if the child is obviously having no trouble with the first three series then it is hardly necessary to give all eight. One mistake in the whole series is not important, but if two or three errors are made the child should be checked again later, and if errors continue to occur, that child must be regarded as suspect.

The picture illustrates the test designed by Wyer. Although developed independently, it is very similar to the 'rhyming word pictures' test designed by Michael Reed in the United Kingdom; both tests are based on the same principle. In the test illustrated here, each series of four pictures is contained on a card about 25 x 10 cm. The cards are not yet available, but it would be a simple matter for the teacher to make them. Also, provided one, but only one, series of four pictures is visible to the child at a time, the size of the cards is not important.

The test must be administered individually, but to save time three or four children might be given the preliminary directions together. In these preliminary remarks it is explained to the children what they are required to do without the real purpose of the test being revealed, although this last matter is one for the teacher's own discretion.

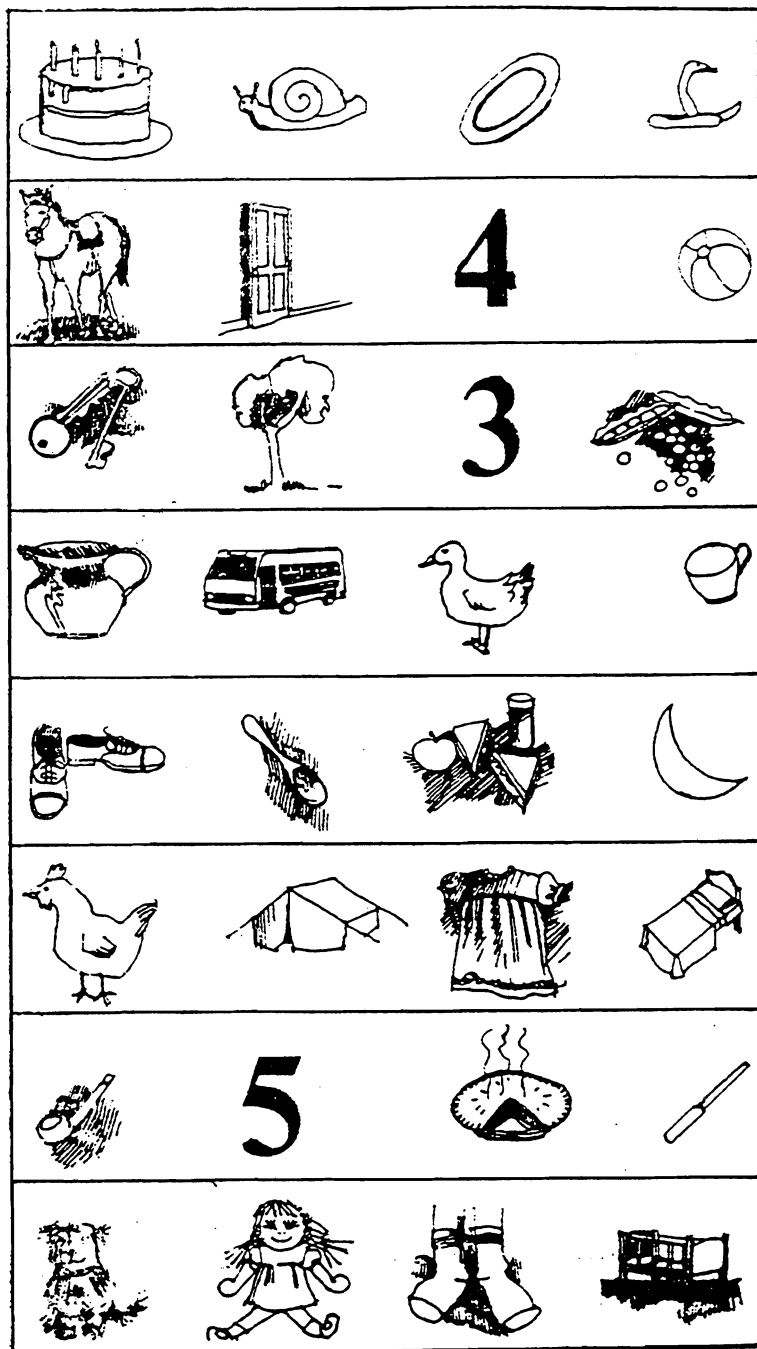
In summary form then, the test procedure is as follows:

- 1 choose the quietest location
- 2 explain the procedure to the child or children
- 3 test the child's knowledge of the words
- 4 give directions — show me *cup* etc., standing behind the child's head and speaking in a soft whisper
- 5 present one series of pictures at a time and go through three or eight series, depending on the child's performance, being careful to vary the order of presentation.

It is important that this is merely a screen test. Children whose performance in the test, or whose general classroom behaviour, gives grounds for suspicion of deafness, should be reported without delay to the School Medical Service, so that arrangements can be made for an audiometric test and examination by an otologist.

Teachers may find the test a useful one to administer to certain children. We would strongly urge, however, that this test be administered to all newly enrolled children in the Infants' Department, fairly soon after enrolment. This would be a positive step in securing early detection of the more serious of the hearing defects in schoolchildren, without imposing too great a burden on the teaching staff.

Early detection is a prerequisite to early treatment, whether it be medical, educational or both, and in problems of hearing impairment, *early* treatment is of utmost importance.



References and Suggested Reading

References

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Reading 1.

Kirchner, G (1988) **Physical Education for Elementary School Children** (7 th Edition), WmC Brown, Dubuque, pp 7-10.

General Aim and Objectives of Physical Education

The contemporary meaning of physical education includes the content and teaching strategies of the instructional program, as well as all the experiences that occur within the intramural, club, and interschool programs. An all-inclusive aim of physical education is to help each child reach his fullest intellectual, physical, social, and emotional potential through the medium of physical activities.

Objectives of Physical Education

The following objectives of physical education are based upon the previous statement of beliefs about education and teaching, the child, and physical education as a unique subject area in the elementary school curriculum. Other physical educators (Nixon and Jewett 1980; Dauer and Pangrazi 1986; Morris and Stiehl 1985; and Gallahue 1987), as well as local and national organizations, have expressed similar objectives to those that follow. They are used in this book as basic criteria for the selection and emphasis of activities, for the inclusion of numerous teaching methods and techniques, and for the blending of Laban's movement education concepts with all aspects of contemporary game, dance, and gymnastic activities.

To Enhance Physical Growth and Development

Every child is born with certain inherited characteristics that determine his approximate height, weight, and general physique. Such environmental factors as proper nutrition, amount of sleep, exposure to disease, and general parental care also affect the child's growth and development. In addition, substantial evidence has shown that normal growth and development of bone and connective and muscle tissue occur only when a child receives adequate and continuous exercise throughout his growing period. Regular exercise, for example, increases bone width and mineralization (Rarick 1973). Similarly, lack of exercise can severely limit the potential growth of other bodily systems and organs.

To Develop and Maintain Optimum Physical Fitness

Since the release of the Kraus-Hirschland report in 1953, a substantial effort has been made by the medical and physical education professions to convince the public of the importance of exercise and physical fitness to children, youth, and adults. There is now a large body of scientific evidence supporting a program that helps each child develop and maintain an optimum level of physical fitness.

We know that children who possess the optimum level of physical fitness will normally reach their maximum levels of growth and development. Physically fit children do not show undue fatigue in daily activities and have sufficient reserve to meet emergencies. Physically active children are less prone to emotional disturbances and are generally well adjusted and outgoing. Proper weight is also adequately maintained by children who are continually involved in vigorous physical activity. And finally, physical fitness is a prerequisite for satisfactory performance in sports, gymnastics, and other vigorous activities.

Factors that demonstrate the importance of physical fitness stress striving for and maintaining optimum levels of strength, cardiorespiratory endurance, and other related fitness components as a means of achieving optimum growth, better health, and maximum performance.

To Provide Enjoyment through Movement Participation

The meaning of enjoyment goes far beyond “having fun” or “being amused” in playing a game or performing a dance movement. Enjoyment, as used in this objective, relates to the intrinsic value of the activity to the child. If the child truly enjoys what he is doing, it often becomes the main reason for continuous participation in the activity, as well as the motivation for the child to seek higher levels of performance. Joy of movement may well be the key to excellence—a goal we want all learners to achieve. Therefore, this objective should be given a high priority in the physical education program.

To Develop an Understanding and Appreciation of Human Movement

The intent of this objective is to help each child understand the components of each skill he learns, and how laws and principles of gravity and motion affect his performance. Knowledge of Laban’s movement concepts and skills also expands a child’s movement vocabulary, and helps him design, perform, and appreciate a unique movement sequence. In addition, a knowledge of game skills and rules, of dance steps and patterns, and of gymnastic movements and safety skills helps all learners to execute each movement with ease, efficiency, and an appreciation of the efforts and intricacies involved in human movement.

To Develop Useful Physical Skills

All movements used in everyday activities, such as walking, dodging, and climbing, as well as those highly complex skills involved in sports, gymnastics, and dance activities, may be classified as “useful physical skills.” Other terms, such as *neuromuscular* or *motor skills*, also describe this type of physical performance.

All these skills, however, must be learned. Therefore, our task as teachers is to assist each child in developing and perfecting the wide variety of motor skills that will be used in everyday activities and in future leisure pursuits.

The values of efficient and skillful movements, particularly in sports and dance, are many. A child who demonstrates ease and grace of movement is usually physically fit and well adjusted among his peers. Furthermore, a child who displays skill in an activity such as basketball or swimming not only experiences a great deal of enjoyment through participation, but usually pursues the activity for many years. This lesson should be well understood by adults, for we generally participate in activities in which we show a reasonable degree of skill; rarely do we actively pursue or enjoy a sport that we cannot master at least in part.

To Develop in Socially Useful Ways

According to the platform statement of the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), a socially mature person works for the common good, respects his peers’ personalities, and acts in a sportsmanlike manner. Implicit in this is the fundamental principle that democratic citizens possess a deep sense of group consciousness and cooperative living. Physical education, through team games and other group activities, can foster desirable social behavior. But game situations requiring loyalty, honesty, and fair play promote desirable behavior patterns only if they are intelligently organized and directed. A physically fit and well-coordinated child is a valuable asset; however, the individual who does not possess desirable social traits cannot realize or contribute to the broader ideals of a democratic community.

To Develop Intellectual Competencies

Intellectual competency involves the cognitive skills of acquiring a vocabulary, and joining words, phrases, and sentences for expressing meaning and communicating thoughts and ideas. On the highest order, it involves the ability to understand, develop, and communicate concepts and ideas. In elementary school education, the development of intellectual competency has generally been delegated to classroom activities, with physical education seen as a way of developing fitness, motor skill, and a variety of social and emotional traits.

While physical education *should* be predominantly physical in nature, it should not be devoid of vocabulary and concepts, or of a need to exercise and nurture the child’s thinking processes. Every physical activity has a rich vocabulary. Games, dances, and gymnastic movements require the child to think, remember, and conceptualize. Developing a movement sentence in gymnastics, for example, requires the child to plan each movement in a sequential pattern, to remember, and to improve by exploring and evaluating new ideas through movement. Likewise, individual and team games provide a medium within which the young performer develops concepts relating to space, gravity, force, direction, and time.

The teacher should not view physical education as an academic discipline. It should be seen as a medium of movement within which vocabulary, concepts, and the thinking processes of each child can be developed through effective teaching strategies and the appropriate selection of physical activities.

To Develop Creative Talents

Contemporary public education stresses the development of creativity at all levels. Creativity, however, is a difficult concept to define. A work of art such as a painting, sculpture, or musical score is creative in that it is uniquely different in composition, color, or form. In physical education, creativity is defined in terms of the way in which a movement or a series of movements is performed or by the degree of inventiveness of a movement.

According to Gladys Andrews, creativity is what the individual thinks, feels, sees, and expresses in terms of himself and in his own way (Andrews, Saurborn, and Schneider 1960). Since every child has a potential

ability to be creative, the physical education program should provide numerous opportunities for each child to explore and express creativity through movement.

To Enhance a Child's Self-image

Self-image is essentially the feelings a child has about himself. Each child develops feelings about his intellectual abilities, his popularity among peers, and his ability to perform physical activities. If there is reasonable success in each of these dimensions, the child normally has positive feelings about his personal worth. A child who has positive feelings is generally eager to attempt new challenges. However, the child who constantly experiences failure in any of these areas will normally have a very low opinion of himself. This too often leads to withdrawal or other forms of undesirable behavior. Classroom teachers clearly understand the implications of such a child's problems in learning tasks and in getting along with classmates.

The physical education environment can either foster or impede the development of a child's positive self-image. If the activities are presented so that each child, regardless of physical ability, can achieve a measure of success, the child's feelings about himself are enhanced. One needs only to see a young child perform a successful roll or swim his first few strokes to observe the joy of success and the eagerness to try again. On the other hand, a child who is repeatedly required to attempt movement skills beyond his capabilities generally develops a negative attitude.

Since self-image is one of the most important factors in learning motor skills, physical education activities must be presented in such a way that every child achieves some success. New methods and techniques described in later chapters can assist teachers in providing this type of program for all children.

These objectives indicate what the physical education program *should* be. The nature and emphasis of these objectives, however, are influenced by other factors. Some of the more important of these factors are discussed in the following paragraphs.

Figure 1.4 Children who have positive feelings about their personal worth are generally eager to attempt new challenges.



Reading 2:

Dept. of Education, Qld (1989) **P-10 Teaching**,
Government Printer, Brisbane pp 7-12

UNDERSTANDING TEACHERS' ROLES

Teachers' personal qualities and professional expertise influence the ways they foster the development of children's learning capacities.

Schooling is one of the formal means of assisting children to learn and to participate confidently in our society. It is one of many influences that promote and shape children's learning, and teachers are entrusted with substantial responsibility for important aspects of this development.

Teachers' diverse range of personal values, interests and skills enable them to provide rich educational experiences for children. They integrate personal qualities with professional expertise to meet their responsibilities. In doing so, teachers collaborate with colleagues, parents, administrators and specialists within and outside the Department of Education.

Teachers' professional roles

The main responsibility of teachers is to promote children's learning.

Teachers should negotiate programs that are valued by children, their parents, other educators and society. Although their actions and behaviour are influenced by professional and public expectations, teachers interpret and fulfil their professional roles in individual ways. Successful performance in these interactive and multi-faceted roles demands flexibility in teaching. To support children's learning, teachers move in and out of combinations of these roles.

Teachers perform in four broad, interdependent, professional areas: **interpersonal, communicative, executive and professional development.**

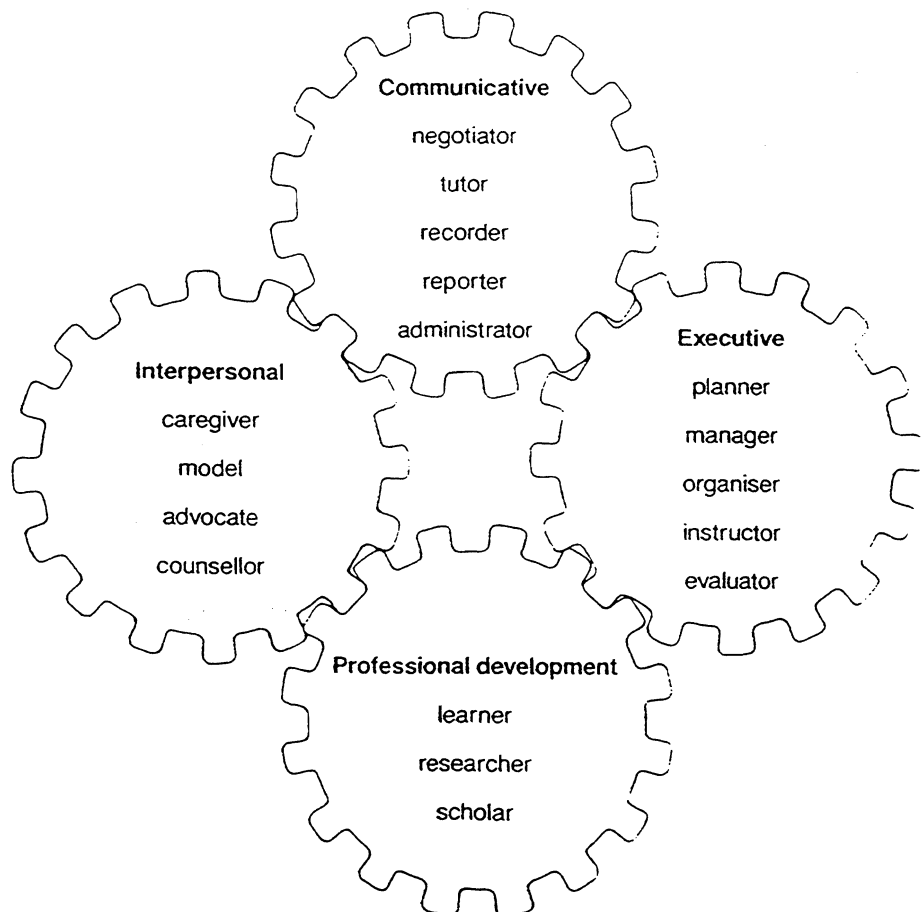


Figure 1. Areas of professional responsibility

Interpersonal area

Intrinsic to effective teaching is the acceptance of a shared responsibility for the personal well-being and development of children.

By accepting children as they are, and interacting with them in supportive ways, teachers should develop and exhibit positive feelings for children. Such behaviour generally earns children's confidence and trust, and establishes a climate for effective teaching and learning.

Teachers can adopt similar roles in their interactions with colleagues, other professionals, parents and members of the community. Through open communication involving reflective listening, advising and encouraging, teachers support children's development.

Caregiver

Teachers should interact warmly with children, communicating an acceptance of each child. Protective care offered to young children promotes their safety, nurtures their sense of security and encourages developing independence. The focus of this care increasingly changes to structured support as children venture into new socio-cultural contexts.

Model

Teachers should demonstrate verbal and non-verbal behaviour appropriate to a range of socio-cultural activities. They model ways to:

- interact positively with other people;
- use language to learn and to communicate with others;
- share interest in learning;
- seek information about the world;
- solve problems.

In particular, they demonstrate enthusiasm, patience, commitment, co-operation, assertiveness, self-control, self-respect and respect for others.

Advocate

Teachers should represent children's interests in the school context. Any event

which can exert a detrimental effect on a child warrants intervention of some kind. Intervention may entail preventing children's involvement in inappropriate or dangerous activities, or insisting on their involvement in activities which would advance their growth and development. Teachers are likely to experience various aspects of this role, such as arguing a case for a child, understanding and clarifying several perspectives in a dispute, or reporting serious concerns to relevant authorities.

Counsellor

Teachers should make themselves accessible to children in need. Supportive discussions often help children to see alternative ways of dealing with issues. These interactions may focus on personal concerns and social activities, as well as on school matters.

While children's needs are generally met in brief exchanges, they may need extended counselling from time to time. It is important that teachers recognise their limitations in sensitive areas and use specialist advice when necessary.

Communicative area

Establishing positive interactions and promoting understanding between home, school and the wider community are central to effective teaching.

Teachers perform in communicative roles when they share information and collaborate with children, colleagues, administrators and community members. Teachers informally discuss successful and unsuccessful teaching strategies and learning activities, and make suggestions about modifying or replanning programs.

As representatives of the teaching profession, teachers are sometimes expected to speak on behalf of their colleagues. In these situations, teachers need to be able to present a rational, balanced point of view on a range of educational issues. It is important, therefore, that they have a clear conception of how their own values and beliefs relate to those of others.

Negotiator

Teachers should collaborate with other teachers and administrators in planning relevant program goals. Through discussions with children, they refine these plans to develop specific curriculum objectives, an appropriate sequence of activities and a plan of action. Teachers should encourage the negotiation of common goals for a class or a group, as well as individual goals for each child.

By involving children in such planning, teachers promote their shared commitment to learning activities and an awareness of learning processes and procedures to be developed.

Tutor

Teachers should provide feedback to each child on specific aspects of learning. This feedback highlights progress children have made in particular areas, and assists them to deal constructively with any learning difficulties. Teachers can guide further learning by providing structured non-verbal and verbal support to model ways of organising and explaining new ideas. These planned and spontaneous interactions encourage teachers and children to:

- listen to each other;
- collaborate in building understanding;
- negotiate realistic learning goals;
- experience pleasure and pride in personal achievements.

Typically, teachers vary the amount of time and support they provide, according to the perceived needs and interests of individual children. Teachers can also encourage children to engage in peer tutoring with learners of varying abilities.

Recorder

Teachers should compile information that contributes to a comprehensive profile of each child's achievements and capabilities. Information is collected, organised and collated using recording

techniques such as anecdotal notes, checklists and work samples. Children's performance should be compared with the appropriate learning objectives and additional, incidental learning noted.

As experience leads children to perform in progressively more complex ways and contexts, information about their performance helps teachers identify and monitor the attitudes, thinking processes, skills and knowledge children are developing. Records should detail the conditions and contexts under which information is collected to enable teachers to discuss children's specific abilities with colleagues, as well as with the children themselves and their parents, as necessary.

Reporter

Teachers should collate relevant information about children to include in profiles of their development. These reports may be intended for the child, the parents, other teachers, specialist agencies or prospective employers. They describe children's particular achievements in specified contexts and may indicate specific areas of need. Teachers should present these reports in ways that are meaningful to the intended audience.

Administrator

Teachers should collaborate with others in designing and implementing policies and procedures to promote children's learning. Policies and procedures are sensitive to influences in the local context and take account of:

- children's needs, interests and abilities;
- facilities and resources available in the school;
- expectations and ethos of teachers and administrators;
- expectations and ethos of the local community;
- specific knowledge and skills of teachers and of members of the community;
- relevant regional and system-level policies.

Executive area

To ensure that all children learn effectively and efficiently, teachers need to negotiate decisions related to curriculum objectives and local influences.

Through co-operative planning, team teaching and sharing ideas and resources, teachers extend their abilities to provide appropriate learning opportunities for children. In planning, implementing and evaluating programs, units of work and activities, teachers use a variety of methods to enable teaching and learning to proceed smoothly.

The central function of teachers is to plan, implement and assess children's development of culturally valued attitudes, thinking processes, skills and knowledge.

Planner

Teachers should reflect upon their assessment of children's needs and upon their own personal values and beliefs about teaching. At the same time, they should consider a wide range of information about curriculum goals, the environment, the material resources available, and the relevant abilities and qualities of ancillary and community personnel. Teachers can then prepare an overview for a proposed program or unit of work. In consultation with children and other members of the school community, teachers make decisions about:

- details of forthcoming learning activities;
- learning objectives for the class, groups and individuals;
- resources to be used;
- sequences of activities to be followed;
- methods for assessing learning.

By involving children in planning, teachers can help them develop planning skills and an understanding of the value of forward planning. When children are not actively involved in planning, teachers must share and clarify the purposes of particular learning activities with them. It is essential that children perceive learning activities to be purposeful and worthwhile.

Manager

Teachers should establish and maintain supportive learning environments. In consultation with children, teachers can develop rules for harmonious interaction. Teachers and children should share responsibility for these rules which typically focus on ways of speaking, listening and acting so that everyone shows respect, care and concern. Under these circumstances, teachers tend to find that children accept the logical consequences which result from meeting or not meeting shared expectations. Within contexts of this kind, teachers can expect children to make steady progress in developing self-discipline as they work individually and co-operatively.

Organiser

Teachers and children should be involved in making decisions about the selection and organisation of human and material resources for each learning activity. These decisions are concerned with:

- grouping of children;
- involvement of teachers and other members of the school community;
- use of facilities, equipment and print and non-print resources;

- purposes of talk;
- use of space;
- choice of learning context.

Changes may occur as a result of teachers' observations or children's suggestions. Through experiencing a variety of organisational patterns, children are more able to suggest alternative learning activities and contexts.

Instructor

Teachers should guide and support children's learning by helping them build on previous understanding. Through planned or spontaneous activities, teachers focus children's attention on aspects of learning: challenging assumptions, confronting misconceptions and highlighting relationships between concepts and processes. While children sometimes initiate instructional sequences, the teaching focus generally depends on the sensitivity of teachers' ongoing observations and perceptions of each child's development, previous experiences, learning needs and current interests. Information from teachers' monitoring is used to shape activities which challenge children to discover, inquire, investigate and share personal interests. Sequences of activities vary in length according to children's interest, knowledge and concentration.

Evaluator

Teachers should make judgments about children's performance, including aspects of their developing attitudes, thinking processes, skills and knowledge. Information gained from these judgments should be considered with information gained from informal and formal procedures designed to monitor the effectiveness of teaching. These procedures are continuous, and the combined information is used to:

- guide teacher-child interactions;
- plan further activities;
- improve teaching and learning.

Teachers modify current programs as necessary, and tailor future programs to meet children's assessed needs and to enhance their interests and abilities.

With guidance, children become competent in monitoring and modifying their own learning processes and behaviour. They can also provide information about teaching and program effectiveness.

Professional development area

By valuing and pursuing professional development, teachers can strive for effective teaching that meets the changing needs of children and society.

As members of a professional team, teachers are committed to providing the best quality service to children. They should, therefore, make every effort to develop and enhance their professional attitudes, skills and knowledge.

Learner

Teachers should maintain an open mind to new ideas, seeking to augment current understanding and skills in striving for excellence in teaching.

Avenues are open to teachers to develop their professional expertise through:

- taking opportunities to be innovative and to evaluate teaching practice;
- seeking information about educational research and theory, teaching approaches and strategies, responsibilities and community expectations of teachers through books, journals and the mass media;
- gaining and sharing interpersonal and teaching strategies through professional development programs, seminars and workshops;
- preparing for syllabus and other curricular changes and related teaching strategies through in-service programs at systemic, regional and school levels;
- pursuing learning in areas of particular professional need and interest through tertiary study;
- keeping informed about relevant developments in theory and teaching practice through professional associations;
- maintaining awareness of current materials available for professional and classroom use through information and resource networks;
- building on and exchanging ideas through informal support networks;
- discovering more about relevant aspects of the school, local community and individual children through consultation with colleagues and parents.

Since perspectives on teaching and learning cover a wide spectrum, some of this information will be contradictory. Teachers need to review new information critically, and sometimes adjust their current beliefs. Accepted ideas are accommodated within each teacher's personal view of educational practice and Departmental policy.

Researcher

Teachers should gain a great deal of professional knowledge inside the classroom. They constantly construct hypotheses about teaching strategies, and test them in classroom settings. They evaluate the success of strategies by reflecting on their observations and records of children's responses. In this way, they develop and refine their understanding about children and how they learn, and about effective uses of particular teaching strategies. In some schools, groups of teachers collaborate to research issues of common interest.

Practical classroom research is useful to all members of the school community, and can be considered in subsequent school and classroom planning.

Scholar

In daily teaching activities, teachers should share their love of learning with children, and help them to discover personal fulfilment through learning. Because of the nature of their profession, teachers may be called upon by the community to provide leadership on a variety of issues. In particular, they may be called upon to contribute to debates about educational issues.

Integrating teachers' roles

Teachers need to learn how to integrate their professional roles in flexible ways.

Teachers gain greater professional expertise by experimenting with various roles. Through interacting with children and colleagues, and reflecting on outcomes, teachers critically review and refine their teaching. Over time, they learn to select effective actions and behaviours in particular teaching and learning situations. In learning to combine professional roles, teachers can progressively enhance their confidence and ability in:

- designing balanced programs;
- managing and personalising learning environments and classroom procedures;
- collaborating with children and colleagues;
- integrating theory and practice.

The demands of teaching are balanced by satisfaction derived from:

- a liking for, and positive interaction with, children;
- an enjoyment in supporting children's growth and development;
- delight in sharing children's discoveries about the natural world and the world of human endeavour;
- meeting professional challenges;
- continued learning about the world.

With experience, teachers internalise their professional roles.

Over time, teachers' professional behaviour and attitudes merge with their personal actions and beliefs, and they feel progressively more comfortable in their professional roles. Teachers become increasingly involved with the community, in school organisation and in specific aspects of curriculum development. With experience, teachers learn to share their expertise and ideas competently and confidently.

Reading 3:

Nichols, B (1986) **Moving and Learning**,
Mirror/Mosby, St Louis, pp 70-79

TEACHING STYLES

CHAPTER OBJECTIVES

- 1 To differentiate teaching styles available to the teacher of physical education regarding teacher and student decision making
- 2 To identify the situations in which each style may be used advantageously
- 3 To describe the steps to be taken in developing movement challenges

Effective teaching results from the combination of carefully planned and organized learning experiences and the teacher's ability to carry the lesson through to successful completion. The teacher must be able to determine the needs of the children in the class and select appropriate learning activities. These activities are then organized in a logical sequence into units of instruction and then into daily lessons. Following this careful planning, the teacher must be able to conduct these activities in a way that is meaningful to children, efficiently uses time, and achieves the stated objectives. The teacher must have the skill or concept objective and the process of learning desired clearly in mind. Once the content and process are known, the teacher then selects the teaching strategy to be used to accomplish the lesson objectives.

If teaching is to be effective, regardless of the style to be selected in a particular learning situation, the teacher must consider each of the following:

The teacher must be concerned with (1) the quality of the performance, (2) variety in the use of skills and knowledge, and (3) the transfer of skills and knowledge to new learning situations. The child's best efforts should be enthusiastically encouraged. The teacher must study why a student's movement is not effective and be able to take action that will result in a more successful performance. Early correction of errors is important.

This does not imply that all children's responses should be the same. In the movement lesson, many different responses may meet the objectives. Furthermore, the teacher should provide a wide variety of experiences to enhance a broader understanding and use of the skills and concepts. Finally, the teacher must help children see the relationship between new learning and previous learning experiences (in other words, must teach for transfer).

Individual differences must be recognized. Variability in skills, understanding, past experience, and rate of learning must be considered in the selection of teaching styles if all children are to benefit from the new experience. The teacher should strive to become skillful in the use of a variety of styles, since no one style is best for all children and in all situations. Several different styles may be used effectively within a single lesson.

The teacher must provide sufficient time for learning, to allow the children to grasp the material before moving on to the next part of the lesson. The teacher must develop a sensitivity about when it is time to move on, allowing adequate time for learning and maintaining the children's interest.

In presenting new material the teacher should avoid giving too much information, which may result in confusion for learners who are attempting to grasp too much too quickly. Material should be presented with attention focused on a few elements at a time. The teacher

must be able to analyze the task and to determine what information the children need initially and at what stage they need further information.

The practice of skills should be closely related to the use of skills in the specific unit and should stimulate children's thinking. Children may not see the relationship between the use of skills in the practice situation and the use of skills in the activity. Practice of skills and concepts should prepare children for their use in an activity. Interest in practice is difficult to maintain when practice is dissimilar to activity use of skills and concepts.

The teacher must be responsive to the changing needs of children as the lesson proceeds. The teacher must recognize when a change of pace is needed, when further clarification is necessary, and when a change in the practice procedures would be beneficial.

Regardless of the teaching style, the children should be involved intellectually in the learning process. Although the child-centered styles involve the children more in searching for answers on their own, each style should encourage verbalization by the students and an understanding of why we do things a certain way.

The most effective teachers are those who teach learners how to learn. The results of effective teaching should be a desire in children to continue learning and the development of skills needed to be independent learners. Teachers who help children find success and make learning fun through a variety of interesting and challenging activities enhance future learning.

TEACHING STYLES

In conducting learning experiences for children the teacher may select from a variety of *teaching styles* or teaching methods. These styles are actually strategies for organizing and presenting learning experiences to children. Teaching styles range from direct, teacher-centered approaches to those that are indirect and more student centered. Figure 6-1 places the methods to be included here on a continuum from teacher centered to child centered. At one end of the continuum is a style in which the teacher makes decisions exclusively. At the other end is a style in which the children are the prime decision makers; between the two is a gradual shift in decision making from the teacher to the children.

Generally speaking, child-centered teaching styles take more time to develop. Planning, in which the teacher must anticipate the children's possible re-

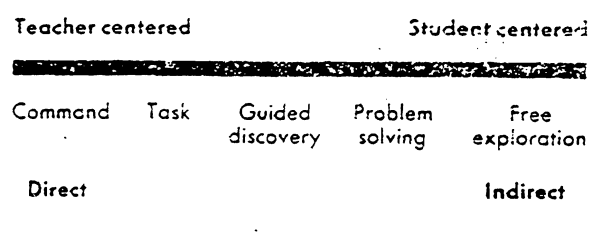


Figure 6-1

Continuum of teaching styles.

sponses, must be carefully thought out beforehand. Skill in the use of these approaches takes considerable practice by the teacher. The children also need time to develop skills in solving movement challenges and to gain confidence in their own ideas.

Command

The *command** style has been the most frequently used method in physical education in the past. This style is the most teacher-directed style of teaching. Although the word *command* connotes a dictatorial approach to learning, this is not necessarily the case. The teacher's manner in this approach is dependent on the teacher's personality more than the style itself. In the command style the teacher is the sole decision maker. The teacher decides what to do, how to do it, and the quality of the performance that is acceptable.

The command style is divided into several steps. First there is an explanation and demonstration by the teacher of the task to be accomplished. Any questions regarding the task are answered. The students then practice the task with the teacher moving among the group correcting errors and offering encouragement. At the close of the practice there may be a further evaluation or discussion with the teacher again reinforcing the main points of emphasis before moving on to the next part of the lesson.

An example of the use of the command style follows. The teacher is introducing the chest pass. The group is seated as the teacher explains the chest pass, its use, and the points of emphasis. A demonstration follows, with the teacher executing the pass a few times and again emphasizing the major points in the execution of the skill that the children are to be considering. The children are then divided into partners and begin practice. The teacher moves among the group correcting errors and giving encouragement. At the close of the practice the teacher asks the group



to verbalize the major points once again. The teacher then moves on to the next part of the lesson.

There are several advantages to the command style. It provides the most direct route to the objective. If time is short, it may be the most efficient and effective means to present motor skills. Since the teacher decides on what will be taught and what procedures will be used for practice, there is little time lost in organizing the group. Maximum practice for all can be easily accomplished.

The command style enables the students to see the objectives directly and therefore clarifies the expectations for performance. If the explanation and demonstration are well done, there can be little doubt by the students about which aspects of the performance they should focus their attention on. If a uniform response is desired, this method may be most effective. This style is also effective with large groups, since the class may be organized quickly and all the children are doing the same thing. The command style requires a less thorough knowledge of the material because the teacher alone controls the flow of information. This may be why it is often the choice of inexperienced teachers.

There are also several disadvantages to the command style. This style is insensitive to individual differences and needs. One way is presented and only one response is appropriate. Usually the presentation is geared to the so-called average students, so those who are well skilled or not yet ready for the material are given little consideration.

In addition it does not encourage creative or innovative response by the students, because the teacher tells them how to respond. If understanding and

concept development are the goals of the lesson, the command style is a poor choice because it does not encourage thinking by the students.

Task

In the *task* style the teacher determines the content but the children are allowed some decision making. The teacher designs a series of tasks leading up to the unit outcomes. These tasks are broken down into a series of activities through which the children progress to achieve the final task. These activities should begin at a level below the poorest skilled and progress to a level above the most highly skilled children. The task style may be used at three different levels, with each requiring more decision making by the student. At the lowest level the teacher presents a task, which is broken down into several levels of achievement. All the children work on the same task, but each begins at a comfortable stage in the progression of the activity.

At the second level the teacher may assign individual children tasks on which to work, depending on their level of ability. This may be most effective in gymnastics where individual differences in ability vary greatly. Each child may be given a task card in which several tasks have been developed, designed individually for that student.

At the third level more independence of action is required. The student receives a task booklet that describes all the tasks to be completed in the unit. The children decide individually which tasks they will work on and assume responsibility for working on each task within the unit time. At this level students take more responsibility for determining their needs and work accordingly in meeting unit objectives.

In the task style the teacher must provide resources to aid individual learning. The teacher is a valuable resource, but the children also should have posters, books, loop films, and other aids available to assist them in the learning process. The children must be encouraged to use a variety of resources; otherwise they often depend on the teacher as the most direct path to the information they need.

As tasks are developed for the children, the terminal objective or evaluative criterion must be carefully spelled out. The children must be able to determine when they have accomplished the task. This criterion may be qualitative or quantitative. It may be something that the child or a partner may evaluate, or it may require the teacher's evaluation. It is a good idea to include several means of signing off on tasks.

Having the teacher check each task is inefficient use of the teacher's time. Children need the opportunity to be responsible for their own evaluation as well as to assist in the evaluation of others.

Safety concerns or prerequisite skills should be clearly stated in the description of the task. If spotting is required, a spotter (either student or teacher depending on the activity) should be designated.

An example of a task developed as a part of a gymnastics unit for first grade children follows:

1. Mount the low beam. With a spotter walk forward the length of the beam. Dismount.
2. Mount the low beam. With a spotter walk backward to the end of the beam. Dismount.
3. Mount the low beam. With a spotter walk sideways the length of the beam. Dismount.
4. Mount the low beam. With a spotter walk forward to the center of the beam. Walk through the hoop and continue to the end of the beam. Dismount.
5. Mount the low beam. With a spotter walk to the center of the beam. Stand and turn. Continue walking forward to the end. Dismount.
6. Mount the low beam. With a spotter walk to the center of the beam. Turn and walk backward to the end of the beam. Dismount.
7. Mount the low beam. With a spotter walk to the center of the beam. Turn a $\frac{1}{4}$ turn and walk sideways to the end of the beam.

Similar tasks would be developed for other pieces of equipment used in the unit.

Tasks may also involve some problem solving. This may be accomplished by asking the children to experiment with different uses of the body or body parts in the execution of skills. In this manner they must find the most efficient way of moving on an individual basis.

The task style allows for individual differences in skill level and recognizes individual needs in working on particular skills. The individual children not only select the task they begin to work on but also select the level at which they begin to work on the task. In this style the teacher's ability to assist is maximized because the teacher is free to circulate among the group helping individuals as they work on various tasks. Since individual children are working on their own, success and failure are known only to the individual. All children, however, should experience success as they work at a level of performance at which they are comfortable.

The task style also permits maximum use of facilities and equipment. This style is extremely helpful



in situations in which the amount of any particular piece of equipment is limited, because it does not require each child to use the same type of equipment at the same time.

The advantage of allowing children to choose the task and to work on their own may also be this style's greatest disadvantage. This style requires increasing independence of action and assumption of personal responsibility for accomplishing the tasks. This may be difficult for some children. The teacher must be alert to the progress the children are making in achieving the tasks and help those who are not self-directed to select and complete tasks along the way.

Guided Discovery

In the *guided discovery*⁴ approach teacher-designed movement tasks are utilized but in a manner in which the children are able to make individual decisions about how to move. However, their attention is focused toward a specific movement response, so that the nature of the responses produces similar movements from the entire class. This approach is used effectively in situations in which the teacher is interested in children discovering the most suitable movement response for a given task or in the development of a new skill. In this way children are able to experiment with the use of the body in achieving the objective and developing greater understanding about why particular movements are more efficient and effective. In this style motor activity begins with a general response to a movement challenge and proceeds through a series of steps, each of which narrows the focus of the response until the ultimate movement

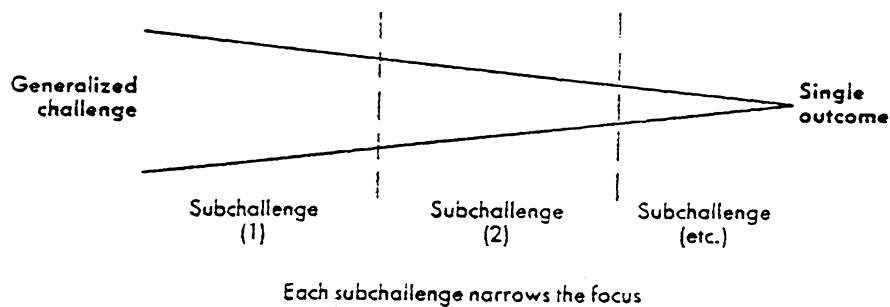


Figure 6-2

Guided discovery.

goal is achieved. Figure 6-2 demonstrates the nature of responses that are a result of this style.

As the children move, limitations are imposed that indicate the content being developed and that limit the range of movement responses. The teacher guides the student in the discovery of how to perform the movement task. The students make decisions on how they will respond.

This is the first style on the continuum that requires higher-level thought processes. Whereas in the previously described styles the teacher determined not only the content but also how it was to be achieved, in guided discovery the teacher only defines the intended outcome of the movement response. This then gives the children the opportunity to experiment with the movement, to make comparisons with other movement responses in their repertoire, and to analyze the possible motor responses.

An example of guided discovery follows. The teacher states the challenge: "Begin in a standing position and jump for distance on the mat." The children experiment with the task. Subchallenge 1 focuses their attention on the landing position: "Try landing in different positions. Land so that all body parts are as far from the starting line as possible. What position seems to be the best?" Subchallenge 2 focuses on the take-off: "How can your feet be positioned to get the best possible take-off?" Subchallenge 3 focuses on the use of the arms in aiding the take-off: "Try using your arms in different ways. Which ways help you jump the farthest?" Subchallenge 4 focuses on the body position: "Try jumping from an upright position. Now try bending your knees and leaning forward. Which position helped your jump the most?" During each subchallenge the children experiment with the use of the body parts

mentioned. Additional questions may need to be asked at each step to help the children focus on the most efficient movement. As the subchallenges are developed, the skill becomes more and more like the standing long jump. Success in this style is dependent on the teacher's ability to respond to the children's experimentation with movement and continue to focus their attention on the task. Suggestions for the development of movement challenges follows this discussion of styles. The result of this style should lead to a positive self-concept by the child since each child will find success in solving the movement challenges. The process of learning that takes place will give the students the tools to apply what has been learned to other movement situations.

A disadvantage to this style is that it takes a great deal of time—time for the children to be guided to the discovery of the movement solution and time for the teacher to think through the steps the children will need to take to get there. This style requires a great deal of patience by the teacher, as do all child-centered methods. Children often take more time than we expect to reach the solution. Teachers must allow children the time they need and not be too eager to give them the answers before they have discovered them themselves.

Problem Solving

Problem solving is similar to guided discovery in approach, but whereas one similar solution to the movement problem was the goal in guided discovery, many different solutions are the outcomes of problem solving. Figure 6-3 focuses on the motor responses obtained using this method.

In problem solving the teacher poses a movement

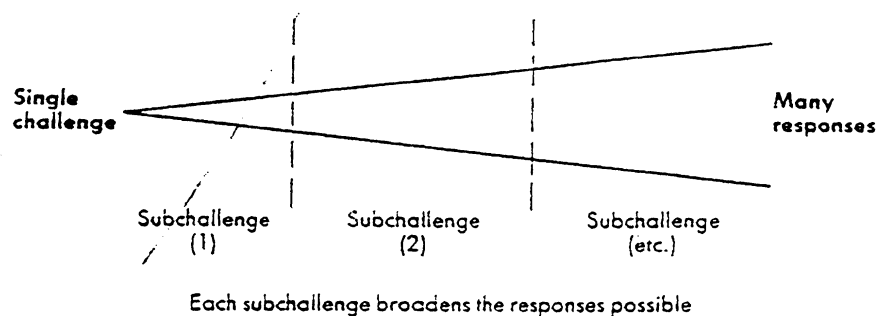


Figure 6-3

Problem solving.

challenge that has some parameters, such as the use of space, pathways, and/or locomotor movements to be used, and the children try to find as many solutions to the problem as they can. Any movement response that meets the criteria of the task is acceptable. Here again the teacher is a resource in bringing the focus of the activity to their attention as needed and in helping individuals work toward possible solutions.

An example of the development of a movement challenge using this style follows. The problem to be solved is to explore moving in a variety of ways in general space with a change of direction. The teacher poses the following questions. Each question follows a period of experimentation with the previous question. As each step is added, a new focus to the movement challenge is added, which broadens the movement responses possible.

1. Staying within the area and avoiding other peoples' self space, move in as many different locomotor movements as you can.
2. What nonlocomotor movements can you add as you move in general space?
3. Can you change direction as you move?

Additional questions may need to be asked to help the children as they experiment with movement in response to the questions stated above. In developing questions to aid the children the teacher must be careful not to let personal expectations for possible solutions interfere with the children's own solutions to the task. This style takes considerable time. Children need time to think, to interpret the challenge, and to explore possible solutions.

This style is exceptionally well suited for activities in which conceptualization is important. If the challenges are well designed, there is greater cognitive involvement than in guided discovery and greater

individualization of responses as children work to solve the movement challenge on their own.

Movement challenges may vary in complexity with the ability of the group. With younger children the challenge may be relatively simple, with only one or two elements involved. As the children develop skill in these child-centered approaches, challenges become more complex and include subchallenges to solve as well. The outcomes of these movement challenges might be the development of skills, the understanding of concepts and relationships, or variations in skills and strategies.

Exploration

Exploration is the most child-centered style on the continuum. In this style the movement task is de-

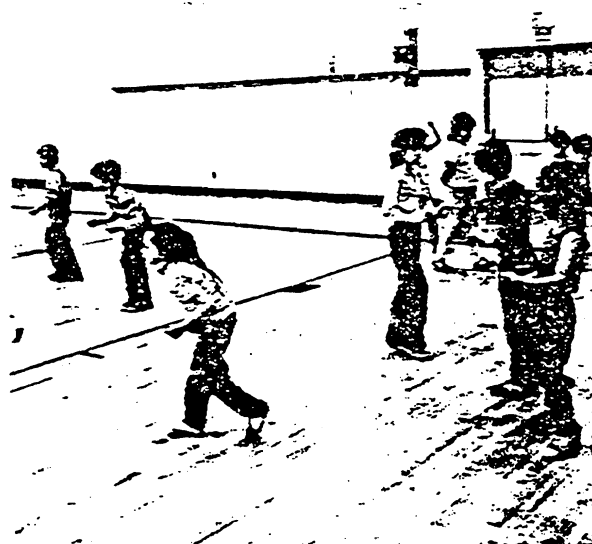


Table 6-1
Teaching styles

Method	Decision making		Advantages	Disadvantages
	Teacher	Students		
Command	Exclusively	None	Uniformity of response; most direct method to task, saves time; needs minimal preplanning and knowledge of activity	Does not individualize instruction; little thinking involved
Task				
Level 1	Develops content	Select entry level	Individualizes instruction; children determine needs; maximizes use of equipment and facilities; performance goals defined and communicated; children move on to new material when ready	Tasks all planned prior to beginning of unit; takes time to develop tasks; requires independent learning skills
Level 2	Individualizes tasks for children	Select task on which to work		
Level 3	Develops task content for the unit	Select tasks based on individual needs		
Guided discovery	Determines terminal goal	Decide movement solutions toward goal	Involves thinking; develops understanding of efficient movement	Takes time; requires careful planning; difficult with groups in which there is great variability in skill
Problem solving	Sets parameters of movement challenges and safety; raises questions to stimulate a multitude of responses	Decide how to move within parameter of movement challenge	Very good for conceptual development; enhances cognitive development; develops skills in problem-solving technique; enhances creativity	Does not teach a specific outcome
Exploration	Sets parameters of movement challenges and safety	Free movement responses	Allows children more freedom in moving; enhances creativity in movement	Is inappropriate if specific outcomes are desired

signed to enable the children to move freely as they desire, within the limits of safety. This style is similar to problem solving, but the children explore movement in a more general way with minimal teacher direction. This style may be used to introduce concepts, ideas, new equipment, and the like or to elicit original responses and ideas from the children.

This style is most effective with young children who are involved in their first physical education experience. It enables the children to work on their own and explore their own capabilities. This style is geared for everyone's immediate success and should result in greater confidence in one's ability to move and in moving.

This does not imply that the teacher puts out the equipment and allows the children to have free play.

Tasks used in this style are directed by the teacher in some way. For example, the teacher may ask "How many different ways can you move on the balance beam on two feet?" or "Pick a piece of equipment and see how many ways you can use it." It is important for the teacher to be responsive to the children's needs by suggesting new challenges when it is time to move on. It is of value to have the children share some of their movement experiences with others to increase the movement possibilities for everyone.

CHOOSING A STYLE

The style of teaching one may choose is dependent on the particular learning situation. An illustration

Table 6-2
Steps in developing movement challenges

Concept	Outcomes	Activity/instructions	Questions
Creating force	Adjusting force for distance	"With a medium-sized ball, throw to a partner. After 4 successful throws, move a step back and repeat."	"What did you do to get the ball to your partner as the distance increased?"
	Adjusting force to size of ball thrown	"Select 3 different size balls. Practice throwing each to your partner. Move back after 4 throws with each."	"How did your throws change as you used different-sized balls? What changes did you make as the balls got heavier? Lighter? Smaller? Larger?"

of the use of each style in teaching a ball skill is given on pp.78-79. Table 6-1 summarizes the use of each of the previously discussed styles. Factors that influence the style chosen include the age and experience of the children, the stage of learning, the content to be taught, the level of the task, the resources available including the amount of equipment and space, the number of students, the time available, and the personality of the teacher.

BUILDING MOVEMENT CHALLENGES

The success of indirect or child-centered styles of teaching lies in the teacher's ability to develop movement challenges with the children. Many times these challenges are unsuccessful because teachers have not formulated in their own minds what the outcomes of the experience should be. This does not mean the teacher should be looking for a specific or single outcome, but it does mean careful planning must be utilized to enable the children to meet the purpose of the activity.

The first step in planning movement challenges is to identify the movement concepts with which the children will be working and to determine the level of understanding that can be expected by the individual children in the group. Once these concepts and children's needs have been identified, the teacher must determine the outcomes to be achieved. Perhaps the outcome merely is to explore different ways of moving in space. It might be moving in space while changing pathways, speed, or locomotor movements, or it might be creating appropriate force in throwing a ball to a partner under varying conditions.

Once the outcomes have been determined, the teacher designs the activity through which the outcomes will be achieved. These activities might include individual, partner, or even small group work. At this stage the teacher must establish the framework in which the children will work. Often children are unable to meet the outcomes because the teacher is too vague in stating the challenge for them. "Move as the music tells you to move" is the type of statement that can only result in frustration for both the children and the teacher.

Planning must go one step further. It is not enough to put the children into the activity and assume they will achieve the objective. The children may enjoy the activity and really never understand what its purpose was. The teacher must anticipate the outcomes of the children's participation and develop questions that will respond to their movements and keep them on task. This is the most crucial part of planning movement challenges. Questions should encourage creative or innovative solutions to the challenge. They should encourage all to have the courage to try something new. And they should be questions in which a yes or no answer would be inappropriate. Children should be encouraged to verbalize their responses to partners, to small groups, or to the entire group. Beginning teachers may find this a difficult task. However, as the teachers gain experience in working with children, they will be able to draw on past experiences in anticipating the responses children might make. One cannot deny that "If you become a teacher, by your pupils you'll be taught," as suggested in *The King and I*.

When working with and responding to children during the movement activities, the teacher must en-

DEVELOPING THE BALL SKILL OF BOUNCING (DRIBBLING) WITH A VARIETY OF TEACHING STYLES

Objective: To dribble a ball in general space under control by pushing the ball slightly ahead with the fingertips, below waist height, looking up to avoid others and protecting the ball by keeping the body between the ball and an opponent.

COMMAND

1. The teacher gives an explanation and demonstration of the dribble, emphasizing the points above. The children are seated.
2. Each child gets a ball and practices dribbling as the children move in general space. The teacher calls out the change of hands.
3. As the children practice, the teacher offers suggestions for improvement and reinforcement of good dribbling.
4. At the close of the practice session the teacher leads a summation of the important points to remember about dribbling.

TASK

Dribbling: When you complete the unit you should be able to:

1. Execute a dribble with good control with either hand.
2. Protect the ball while dribbling.
3. Dribble into an open space.
4. Dribble around an opponent.
5. Use the dribble to draw an opponent to create space for teammates.

Execution of the skill:

1. Include a reference for them to check.
2. A description of the skill, with common errors cited.
3. Suggest the use of a loop film.

Task 1: Practice dribbling the ball with the preferred hand in the space designated.

- a. Pushes the ball with the fingertips.
- b. Controls the ball just below waist height.
- c. Dribbles the ball without watching it.

Task 2: Practice dribbling the ball with the nonpreferred hand in the space designated.

- a. Pushes the ball with the fingertips.
- b. Controls the ball just below waist height.
- c. Dribble the ball without watching it.

Task 3: Dribble around the cones 5 feet apart, changing hands so the hand farthest from the object is used for dribbling as you pass the object.

- a. Keeps the ball moving.
- b. Keeps the body between the object and the ball.

Task 4: Working with a partner, try to dribble the ball around your partner as your partner attempts to get the ball.

- a. Keeps the body between the ball and the opponent.
- b. Keeps the ball moving.
- c. Dribbles at a level that is easy to control and keep the ball from the opponent.

Task 5: In a group of eight, in the space provided, each dribbles the ball avoiding contact with the others.

- a. Dribbles without watching the ball.
- b. Keeps the ball moving.
- c. Protects the ball.

Task 6: In groups of four to six (three per team), dribble, drawing an opponent to create spaces for teammates.

- a. Keeps the ball moving.
- b. Dribbles without looking at the ball.
- c. Protects the ball against opponents.

GUIDED DISCOVERY

1. Establish a signal for listening.
2. Children are scattered in self space within the assigned boundaries.
3. Each child has a ball.
4. Problems:
 - a. Let's see how many different ways you can bounce the ball in your self space. What body parts can you use? Which parts enabled you to have the most control? (Hands) What level was it easiest? (Medium)
 - b. Now let's bounce the ball in general space. Try using different body parts, including different parts of the hand. Which enabled you to have the best control? (Fingers) Now let's try to find the level at which to bounce the ball for greatest control. Try it

DEVELOPING THE BALL SKILL OF BOUNCING (DRIBBLING) WITH A VARIETY OF TEACHING STYLES—cont'd

- high, low, and in the middle. At which level could you move the easiest? (Low)
- c. Move in general space, dribbling the ball. As you move in general space while dribbling, what do you have to do to avoid bumping into others? (Look up)
 - d. Now we are going to alternately increase and decrease the amount of space we have. How did your dribbling change as the space changed? (Bounced closer to the body, took smaller steps, controlled the height of the dribble, etc.)
5. Summarize the findings of the children regarding an effective dribble.

PROBLEM SOLVING*

- 1-3. As above.

4. Problems:

- a. How many ways can you move the ball in your self space? Another way? Now move the ball in general space. Can you move it in the same ways? Different ways?
- b. Can you change the body parts used to control the ball in self space? In general space? Did you keep the ball under control?
- c. At what levels can you control the ball in self space? In general space?

EXPLORATION

This method would not be used to develop the dribbling objective.

*This method may not result in meeting the dribbling objective, since the children are not directed toward a specific response.

courage individual children to find their own ways of moving and their own solutions to the movement tasks presented. The teacher must be careful not to pass judgments regarding their movement responses to the children, which results in limiting the possible movement responses of the children. Singling out individual children to show their movements to the group may unconsciously communicate to children that a particular type of response is desired. This is not to say that whatever movement response a child makes is appropriate. As the teacher circulates among the children, additional questions and suggestions may be needed to keep the children on task. The teacher must learn to accomplish this in a way that encourages the individual creative responses of children. Table 6-2 summarizes the steps in developing movement challenges with an example for developing the concept of creating force.

DEVELOPING CREATIVITY

Every human being can be creative. However, self-confidence is required before a child can be creative, and the environment must be one in which creative solutions to challenges are encouraged. Creativity takes time, and ample time must be provided if creative thinking is to take place.

Every physical education experience should encourage creativity. Often creativity is thought to be a part of only the dance experience. Dance does provide the opportunity for the child to express ideas through movement. However, all physical education should require creative thinking, whether it be creating a gymnastic routine, determining a group strategy in a game, or deciding how to outwit an opponent in soccer.

In developing creative ideas a person moves through several steps. The first step involves being interested in something. During this interest phase the children seek as much information as possible. What are the facts? What are the parameters? Once the information is gathered, the children experiment with possible solutions to the challenge until they find one they especially like. This solution may then be developed further. The children have then reached the stage where they wish to share their creation with others. At this point some evaluation by the group may take place, with the teacher encouraging the children to tell what they liked about the ideas expressed.

Creativity can only happen in an environment conducive to creative thinking. The teacher must be the model for such behavior by doing the following:

Encourage the children to develop their own ideas.

Demonstrate they value new ideas
 Give reassurance to children engaging in the creative process
 Have resources available that encourage the children's search for ideas

Encourage risk taking in problem solving
 Encourage nontraditional use of the body and objects
 Ask questions that require thinking
 Not leave creativity to chance

SUMMARY

A number of different teaching styles may be used in the teaching of physical education. These styles involve varying degrees of teacher and child decision making. The command style is the most teacher centered, with the teacher making the decisions of what, how, and when certain skills or concepts learned. In the task style the teacher decides how and what will be learned, but the children also have some decision making in selecting the task or the level at which they work on the learning task. Guided discovery utilizes an approach in which the teacher guides the students through a series of activities leading to their discovery of the correct solution to the movement task. Problem solving and exploration are much more child centered, as the learning allows the children to make more decisions regarding their movement responses. In problem solving the teacher imposes certain parameters such as the locomotor movements, space, and qualities of movement concepts to be used. Movement challenges in the exploration method are general, with a minimum of guidance by the teacher.

Each style has value for learning in physical education. Not all children learn best by the same style. Some material may be better taught by one style than another. The time available for learning and the desired outcomes also affect the selection of teaching style. The teacher must determine the relationship between what is to be learned and the process of learning in selecting the best teaching style for the situation.

Developing movement challenges is an important part of child-centered methods. These must be carefully planned. Steps in planning include identifying what is to be learned and what outcomes are to be sought, selecting the activities, and developing questions to help children stay on task and to clarify the movement tasks.

Creativity, the highest level of learning, should be encouraged in all aspects of physical education. Creative responses will be the result in an environment that encourages thinking and the development of one's own movement ideas.

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'Australia's National Curriculum Project: Recent Developments in Health and Physical Education'

Introduction

This paper has changed repeatedly since the abstract was first penned for this paper in March of this year (1993). At that time, the National Curriculum Project was proceeding at full steam and, despite a number of widely reported criticisms of one or two curriculum areas (see the 'The Australian, for example July 14, p 14), the federally sponsored reforms were expected to be released for adoption by the states in late July of this year and introduced in schools in 1994.

For those of you who have had access to Australia's print media in recent months, you would be aware that this project has now been abandoned following the rejection of the concept by a majority of state governments, who have the responsibility for Education under the Australian constitution. However, the Federal Government have the political will and the economic might to ensure that this project can resurface at a political opportune moment. Thus, interest in the project is likely to be sustained in the medium term for political and pedagogic reasons.

Despite the inability of all of the states to agree on the introduction of the National Curriculum, several of them have indicated that they will be using some of the materials that were developed through the National Curriculum project. This paper reports on the development of Australia's National Curriculum project and on what has occurred in Health and Physical Education Curriculum as part of this innovation.

In the beginning ...

One of the perennial education questions is 'what should schools teach?' Historically, answers to this question in Australia have been generated at the state level by a Department or Ministry of Education. While there have been some similarities in the response to this question from one state to another the states have, at a political level they operated autonomously. There has, however, been substantial copying and 'borrowing' of material at a bureaucratic level and between professional organisations. A good example of this, is the South Australian produced curriculum package 'Daily PE Program' (1982) which was championed by ACHPER.

During a meeting of the state and territory Ministers for Education in 1989, a meeting of the Australian Education Council (or AEC), it was agreed that there was a need for the development of national system of education. This agreement has become known as the 'Hobart Declaration' and the 'National Collaborative Curriculum Project' commenced. There were a number of reasons publicly proffered for this significant reform at this time, including,

the development of greater consistency and transferability of education across Australia and the development of national standards. It was also clear that this would also provide a vehicle for making comparisons between the states, thus providing greater accountability, and that it would reduce the states grip on education.

In 1990, the Ministers and their Director-Generals of Education agreed on ten national goals for schooling, and on the development of a national framework based on the following eight 'key learning areas':

The Arts	English
Health	LOTE
Mathematics	Technology
Science	Studies of Society and Environment

It was also announced that these areas would be developed across four bands of schooling;

Bands A and B - corresponding with current primary school years;

Band C - compulsory secondary school years; and,

Band D - post-compulsory secondary school years.

The Health area, it was reported, was to include physical education, sport, personal development and human relations education.

Strategies for the development of the curriculum 'statements' for each of the key learning areas were developed in 1991 and design teams were appointed to the various areas by 1992. A consultative process, based on a corporate managerial model, was put into place for the development of each area (AEC, 1992 a).

The National Statement on Health

In November 1992, a draft statement for the 'Health' area was released for general distribution (AEC, 1992b). This document contained; a rationale for the inclusion of Health in schooling, a list of outcomes that could be achieved through the Health area, and a proposed conceptual framework.

The following list of outcomes were listed in this initial statement (AEC, 1992, p.8);

"The Health curriculum provides students with learning experiences which enable them to:

- develop knowledge, skill, values and processes to care for themselves and others and to take an active role in managing life circumstances;

- develop an understanding of how people grow, develop and function effectively and an awareness of how biological, physical, cultural, political, interpersonal, economic and spiritual environments impact on well being;

- have fun and enjoy themselves through participation in physical activity, acquire knowledge about physical activity and develop confidence and competence in the acquisition of movement skills that will enhance participation in a wide variety of activities;

- extend their awareness of the implications of inequities in health status, access to care and resources and develop an understanding of the process necessary for individual and community action to redress disadvantage and inequity
- develop a sense of their own and others worth, dignity and rights as individuals and as members of various groups;
- acquire and extend the knowledge, skill and strategies necessary for effective communication, interpretation of information, appropriate action and evaluation of experiences; and
- extend their understanding and appreciation of the social, cultural and physical impacts of the use of natural resources on the well being of current and future generations.”

These objectives, according to the draft document, were to be pursued through the development and implementation of programmes based on the following three conceptual strands:

- Strand 1 - Human Functioning;
- Strand 2 - Community Environments and Health; and,
- Strand 3 - Communication, Investigation and Application.

The document indicated that Strand 3 was a ‘process’ stand which was to be developed through the other two ‘content’ strands. The content strands were then described in some detail and this discussion included suggestions regarding how the strands could be developed over each of the four bands of schooling. The content or ‘components’ of these two strands were listed as follows:

Strand 1 - Human Functioning

Patterns of growth and development

Movement and participation

People and food

States of Health

Identity

Interaction, relationships and groups

Challenge, risk and safety

Strand 2 - Community Environment and Health

Consumer and community

Environmental interaction

Community Practices

Health of populations

The Queensland Response

The AEC’s ‘National Statement on Health’ document was widely circulated and written responses actively sought. In addition, a number of meetings were scheduled in each capital city, and the various Departments or Ministries of Education coordinated a prepared a state

response.

The Queensland response was generally very supportive of the national 'Health' statement but it questioned a number of specific points. For example, it reported that there was much concern within Queensland regarding the naming of the area 'Health' and a number of alternative suggestions were made, including, "Health and Physical Education", "Health and Physical Activity" and "Health and Human Movement". In all fourteen substantive recommendations were submitted (Dept of Educ, 1992, pp 30-31).

The Senate Inquiry into Physical and Sport Education

In addition to obtaining feedback from school systems, and other interested parties, the construction of a national curriculum has been informed by a number of wider developments in Australia over the last three years. These were identified by the AEC, and no doubt drawn to the attention of the various writing teams that were assigned to reconstruct the various areas of curriculum. The Ebbeck (1990), Finn (1991) and Carmichael (1992) reports, for example, each had major implications for those contemplating the redevelopment, restructuring and management of schooling. Similarly, the competency debate that was initiated by NBEET in 1991 (National Training Board, 1991) has and will continue to have far reaching affects on the education system .

With regard to the 'Health' learning area, there have been a number of developments that have paralleled the national curriculum project, including, a Senate inquiry into Physical and Sport Education. While the group that were selected to prepare the draft 'Health' statement chose not to examine the current status of physical education in Australian schools, this was one of the major objectives of the senate inquiry. The senate inquiry's report contained a number of recommendations for the 'Health' writing team (Commonwealth of Australia, 1992, p xvi):

"Recommendation 1: That the *National Statement on Health* be renamed the *National Education Statement on Health and Physical Education* and that any subsequent documents reflect this more appropriate title.

Recommendation 2: That the *National Education Statement on Health and Physical Education* be reconsidered to ensure full recognition for physical education as a national priority by identifying it as a separate strand.

Recommendation 3: That, before the *National Education Statement on Health and Physical Education* and associated Profiles are finalised, wider and better consultation take place, and that this consultation allow sufficient time for considered response.

Recommendation 4: That the *National Education Statement on Health and Physical Education* and Profiles be written to produce structured and comprehensive physical education programmes for implementation in both primary and secondary schools.

Recommendation 15: That the Australian Education Council establish appropriate mechanisms to ensure States and Territories implement the *National Education Statement on Health and Physical Education* in a consistent and timely manner.

Recommendation 28: That a minimum weekly time allocation for physical education, particularly in primary schools, be included in the *National Education Statement on Health and Physical Education*."

The Health and Physical Education Profile

Following the release of the 'National Statements' in 1992, the next stage of the AEC's national curriculum project was the development of a 'profile' for each of the learning areas. The profiles were intended to provide an indication of what learning experiences students would typically progress through based on the previously released 'statements'.

The 'Health' profile was distributed in March 1993 and a number of changes to previously distributed 'statement' were evident, including, the renaming of the area to 'Health and Physical Education'. Essentially, the profile is divided into three main parts; 'level statements', 'overview of outcome statements' and 'outcome statements and pointers' (AEC, 1993).

Level Statements

The 'Health' statement that had been distributed in November 1992 identified two content strands. In the profile document, these two strands have also undergone a name change and they are referred to as:

Strand 1 - Human Functioning and Physical Activity' and

Strand 2 - Community Structures and Practices'

(previously 'Human Functioning' and 'Community Environment and Health'). The Level Statements provide an overview of what could be achieved in each of these two content areas. However, rather than pursue the concept of 'four bands', A,B, C and D which was contained in the initial statement) or the 12 years of schooling (current sum of primary and high school years) the authors have developed the two content strands on the basis of eight levels (1 to 8).

Overview of Outcome Statements

In addition to identifying two content strands, the initial statement also indicated a number of 'components' (areas of content) that would exist in each strand (these were listed earlier). In the profile document, these components are developed on the basis of the eight levels that were identified in the Level Statements. For each component and for each level a brief statement of purpose is provided in the form a behavioural objective. This exposes the mechanistic positivist approach that had driven the process.

Outcome Statements and Pointers

This section provides an extension of the 'Overview of Outcome Statements' by suggesting learning activities and or experiences for each of the objectives that had been identified in the previous section. The introduction to the profile stresses that these experiences are suggested examples only and that the lists were not intended to be an exhaustive nor prescriptive. Schools will need to determine this in light of their practice.

The response to the profile has been mixed. Many teachers have expressed concern about the choice of the eight levels rather than using an existing framework. However, it has been recognised that this is an advantage as it will allow schools greater flexibility as it does not impose a requirement for a particular year. Furthermore, this arrangement legitimates the reality of students working at different levels in different areas of content.

There has also been criticism that there has been insufficient consultation (see Senate Inquiry into Physical and Sport Education) in the development of the profile and that the time between

the release of the 'statement' and the 'profile' was too brief. However, it should be noted that the 'National Health and Physical Education Profile' was also distributed as a draft version and that it also is part of the consultative process. A subsequent draft will be developed by the writing team in early June (1993) based on the responses they have received about the statement and the profile document. Furthermore, the draft profile will also be subject to refinement and further modification following its trialling in schools.

A major criticism of the documents has been the apparent reduction of emphasis in physical activity and there has been a suggestion that an additional strand dealing with physical activity and human movement should be added to the current two content strands. However, this is really a question of interpretation and the comments may be saying something about the current context of physical education in schools and current teaching strategies.

Several educators (including Taggart, 1993) have been critical of this suggestion for a separate physical education or human movement strand on the basis that it perpetuates an inappropriate divide between Health and Physical Education.

Recent Developments

There were two interrelated components in the development of the national curriculum for the Health and Physical Education learning area; the development of a national statement and the preparation of a national profile. The documents discussed thus far were draft versions only. The second draft of the national statement and the national profile was completed in June this year and it was due to be circulated in July. However, the rejection of this concept by a majority of states' has interrupted this process.

A limited number of the profiles have been circulated formally and "informally" and this document contains, as was anticipated, a number of revisions. However, it is not clear which of these changes were the result of political pressures and which of these changes were logical outcomes of the consultative process.

The most obvious change to the initial profile document (AEC, 1993) has been the modifications to the areas of content and the way they have been reconstructed. The two conceptual content strands have been maintained but there are now seven areas of content which have been referred to as strands. The seven strands are as follows:

- Human development
- Human movement
- Physical activity and the community
- People and food
- Health of individuals and populations
- Safety
- Human relations

Thus far we have not received any formal indication from the various Departments of Education regarding its use of the National Curriculum material following the project's demise. However, as Queensland was one of the states which maintained its support for the project, it is believed

that they will be proceeding to implementation phase with the Health and Physical Education profile. At this point few details are available.

Analysis and Conclusion

It is clear that the development of a National Curriculum was always going to be highly contested process. This not a new phenomenon. The history of Health and Physical Education curriculum development can be characterised by a continuous centrifugal and centripetal gathering and redistribution of materials and practices. The “Daily PE Programme” that was referred to earlier, was produced by the Physical Education advisory branch of the South Australian Education Department. It borrowed in a centripetal process, from the work of educators in a number of schools. This was then adopted by the national group ACHPER and centrifugally ‘spun out’ to other states and regions. After more than a decade of use and despite criticism by some educators (see for example Tinning, 1987 or Kirk, 1990) the programme can be found in a great number of primary schools. At what level this programme has been implemented, however, is open to conjecture.

The Health and Physical Education curriculum that has been developed for the National Curriculum project in some ways mirrors ACHPER’s attempts to establish minimum national standards for content and teaching practices. Similar centrifugal and centripetal processes are being utilised. The fundamental difference between this and ACHPER’s attempts stems from the ethical values that drive the process. There is a clear distinction between the ethical approach adopted by ACHPER, which claimed its legitimacy from the free association of HPE professionals and those of the AEC.. The ethics of the AEC, as the corporate ‘miner’, relies for its legitimacy upon the political power of the state and its monopoly position in the process of schooling. The communitarian ethics of organisations like ACHPER may have provided the driving force and thereby conferred legitimacy for previous attempts at curriculum reconstruction; this was essentially, a democratic process. It remains to be seen whether the AEC product will attract the same levels of respect.

Notes

1. This paper was presented at the 36th ICHPER World Congress held in Yokohama, Japan, August 18-22, 1993. Parts of this paper draw on the work I have been completing as part of my PhD project at Deakin University. Some of this discussion was included in a paper titled ‘The National Curriculum Project: What’s happening in the Health and Physical Education area?’ which was published in ACHPER ACTION Winter, 1993.

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Postscript:

'Statements' and 'Profiles' have been developed for all of the identified key learning areas, including, Health and Physical Education. The Health and Physical Education statement and profile were finalised in 1994 and they since been distributed by the Curriculum Corporation.

At this stage (January 1996), there has been no formal response from the Queensland State Government about the status of these documents or about Queensland's intended level of compliance. However, there have been a number of schools in Queensland trialling their use (at the request of staff in the Departments Health and Physical Education policy unit. Informal reports about these trials have been very positive. I would expect that Queensland will embrace the National Profiles and Statements for Health and Physical Education and that a new curriculum document based on these documents and the trials will result.

Reading 5:

Australian Sports Commission (1989), **Aussie Sports: Activities Manual for Children with Disabilities**, ASC, Canberra, pp A7-E3

GENERAL INTRODUCTION

With planning, children with disabilities, regardless of the type and extent, successfully participate in AUSSIE SPORTS with no physical or emotional harm to themselves or others. In many cases, little change is required in the teaching approach, presentation or session content. It is important to remember that the principles of teaching and coaching remain the same, regardless of whether a child is able-bodied or disabled.

Children using aids to mobility, in particular wheelchairs, may need some help in the form of modified equipment. For example, in bat and ball games they may find that they are more successful with a larger ball and a smaller and lighter bat. This will enable them to be involved without risk of injury or embarrassment.

Also, some modification in rules may be required to take account of their natural energy but possibly limited attention span. For instance, allowing them to catch a ball after two bounces rather than one, or requiring them to 'run' for only half the distance. It may also be necessary to scale down the playing area, in order to increase the amount of activity in the time available. All of these modifications will also assist able-bodied children with coordination difficulties.

Activities that require children to be out of their wheelchairs, if they are able, or even just seated in a different position, are of great benefit. Remember that children with disabilities, like able-bodied children, will rarely attempt any activity that is likely to cause them physical harm, so be guided by them. Generally, not enough is expected — physically, emotionally or socially — of children with disabilities. Don't make unnecessary allowances or lower your standards. If in doubt about an activity, ask the child.

Remember that progression is not measured solely by the degree of difficulty of an activity but also by the improvement in a child's response, skill level, degree of participation and display of enjoyment.

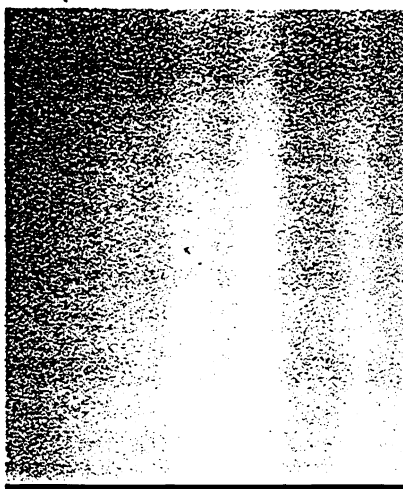
AUSSIE SPORTS — with its emphasis on participation, skill development and enjoyment in a variety of modified sports for all — lends itself readily to the process of integration.



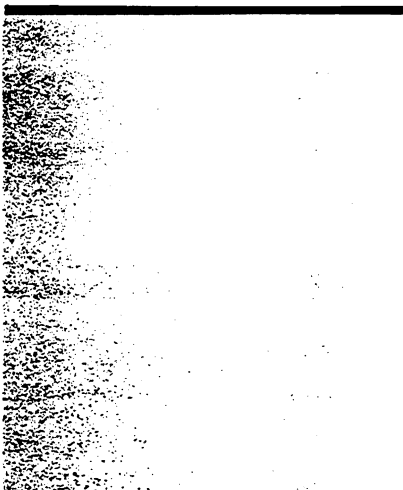
The principles of teaching and coaching remain the same, regardless of whether a child is able-bodied or disabled.

Generally, not enough is expected — physically, emotionally or socially — of children with disabilities.





It is important that children be allowed the 'dignity of risk' ...



General Considerations

Medical

A number of children with disabilities will be on regular medication. This is a normal part of their lives, and they are all monitored by their doctors and parents. Make yourself familiar with the child's medication procedure, but remember that the administration of medicine is **not** your responsibility. It is important that children be allowed the 'dignity of risk': that is, while you should be aware of a child's specific medical requirements, you should not dwell on these to the extent that levels of participation are restricted because of unrealistic fears.

Medication

Some children who exhibit a pattern of fidgety, restless and distractive behaviour, and who have been diagnosed as hyperactive, are prescribed sedatives to correct this over-activity. The desired effect of the medication is an enhancement of attention span and concentration, and a reduction in motor activity. If side-effects occur, they can result in excessive suppression of motor activity, sedation and, occasion-

ally, quite noticeable depression. Some children with an intellectual disability, brain damage and severe behaviour disorder are prescribed tranquilizers to help with self-control.

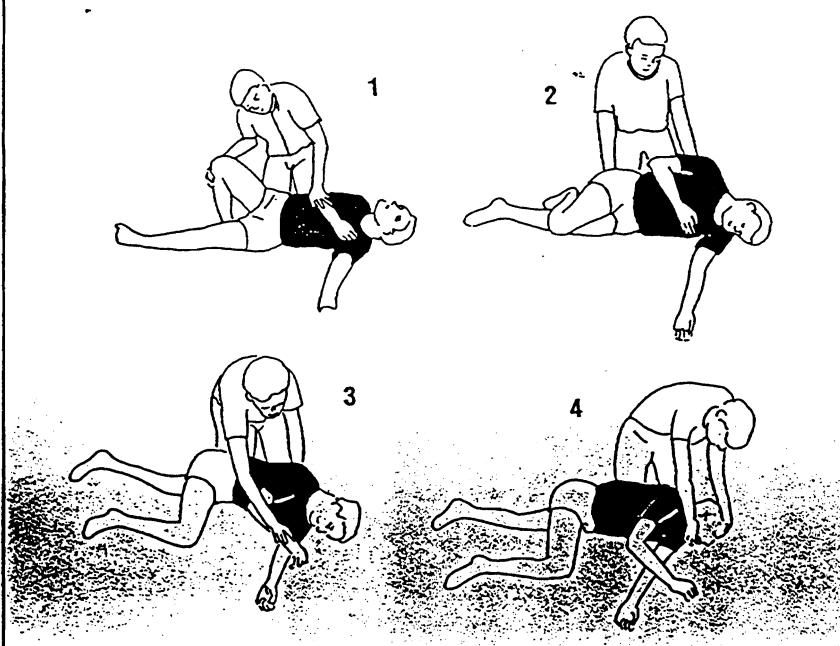
Epilepsy

Children with epilepsy can participate fully in AUSSIE SPORTS. Seizures may be a fact of life for these children even when they are under medical supervision and control (see C-6 for more information).

If a seizure occurs, the following steps should be taken:

- No restraints should be applied and the seizure should be allowed to take its course.
- At the onset of a seizure, the environment should be made safe by removal of all obstacles, thereby minimising the risk of injury.
- As soon as possible, place the child in the lateral recovery position (see box at left). This keeps the tongue out of the way, maintains an open airway and allows free drainage of secretions and vomit.
- Once the seizure has stopped, ensure that the tongue is not blocking the airway. Keep the child in the lateral recovery position until fully recovered. Make sure the child is warm and comforted, and send someone for assistance.
- If a seizure occurs in water, stand at the head of the child, ensure the child is floating on its back, give support under the armpits and rest the head in your forearms. This allows for freedom of movement yet keeps the child's head in a safe position out of the water.
- Following the seizure, the child may need to rest, as such an incident can be physically and emotionally debilitating.

Placing in the lateral recovery position



Heart

Heart conditions are the most limiting of all debilities as regards participation in sporting activities. Children with them tire readily and require frequent rest periods. Such children should be encouraged to participate at a level commensurate with their capacity. Many children with Down's Syndrome have a heart abnormality (see D-6).

Bowel and bladder

Some children have bowel and bladder control problems. This is particularly so among children with physical disabilities such as cerebral palsy (see C-5), spina bifida (see C-8), congenital deformities of the internal organs, and traumatic paraplegia or quadriplegia. Children may have colostomy and ileostomy bags and therefore require extra help, especially when changing for swimming. Devise a management plan to deal with such instances, e.g. take an adult with you who is free to assist the child with changing, and allow extra time for this purpose.

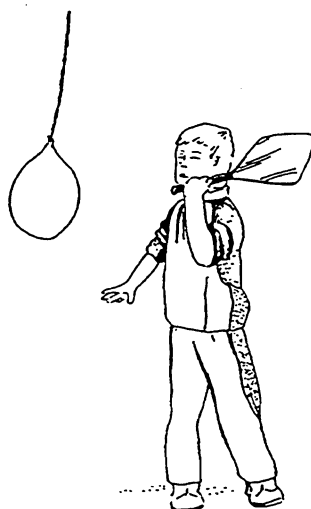
The foregoing list attempts to address the most common medical problems encountered in working with children with disabilities. It is by no means exhaustive. People working with children with disabilities should complete a first aid course.

Aids and equipment

Appropriately selected aids may provide greater independence, and increased skill efficiency and mobility. They need to be readily available and in good working order (see Section B for further details). This is of particular importance if a wheelchair is a child's means of mobility (see B-26 for more information).

Gross and fine motor control

Children with damage to the motor area of the brain may have difficulty with gross and/or fine motor control, and may also have problems with visual perception. These children find it difficult if

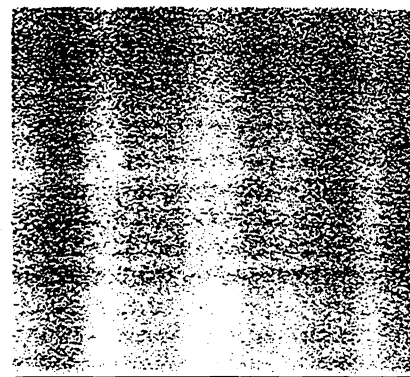


not impossible to hold or grasp objects, and this will often require you to improvise equipment (see B-24). Such children are frequently poor at any activity involving completion of a sequence of prescribed movements. These factors need to be considered when planning a program (see Section B).

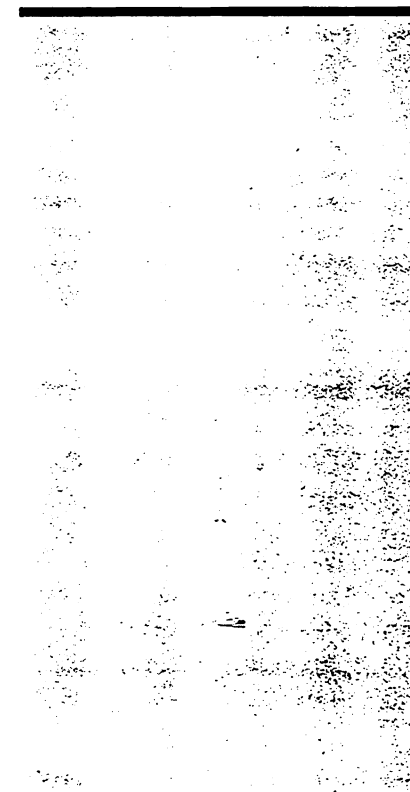
Behaviour management

Management of behaviour is basic to the curriculum. Much unacceptable behaviour is controlled if the curriculum is suitable and satisfying to the child's needs. Expectation levels are critical to the level of performance. Children with disabilities can, and do, exhibit a wide range of ineffective behaviours. Generally, it is tempting to over-protect and make allowances for children with disabilities. It is also tempting to underestimate children's abilities, by dwelling on what they cannot do, rather than on what they can do. Take the positive approach that **they can and will** accomplish the task. Keep in mind that active children are interested, happy and well-behaved.

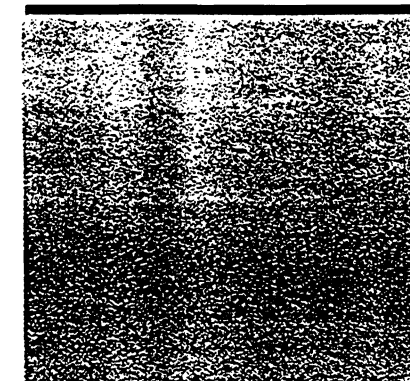
Integration is being achieved in the community, so it is important to adopt a firm, positive but realistic approach, in order to increase the number of children with a disability participating in school and club sports groups (see Section E for further information).



Take a positive approach that children can and will accomplish the task



Focus on enjoyment and on what the child with the disability can do ...



Modification of activities

For most sports represented in the *AUSSIE SPORTS Activities Manual*, modified versions appropriate for children have been developed. These are, more often than not, suitable also for children with a physical and/or intellectual disability. Also, they lend themselves to further modification. The following suggestions may be helpful:

- Scale down the playing area even further, but try to retain the proportions given.
- Whenever possible, if the equipment suggested is unsuitable, replace it with equipment modified for the specific physical capabilities of the child (see B-24).
- Reduce the number of rules where necessary, or design and introduce your own modified rules and controls.
- Allow the children to make their own modifications to the rules — they are often more in tune with their needs than are teachers or coaches.
- Reduce the playing time.
- Regularly rotate the children through various playing positions.
- Ensure the safety and control of all children at all times.
- Physically assist the child through the skill or activity.



Parent and community involvement



One of the key elements of the AUSSIE SPORTS program is the support of parents and other interested community groups. Parents have an important responsibility to encourage their children, whether disabled or able-bodied, to 'give sport a go'. Local sports clubs share this responsibility to give all children the opportunity to participate in enjoyable sport. Community organisations such as service groups can be instrumental in improving sport for children with a disability by providing financial and/or service support to schools and sports clubs.

Both the presence of spectators and the opportunity to play with more able children may have a positive effect on children with disabilities. They may improve their skills and performance through observation and copying. The presence of others can help to raise stress-tolerance levels and improve their ability to socialise.

Encourage parent and community involvement in your program.

- Teach basic skills separately to ensure positive outcomes, enjoyment and success.
- Break skills down into small manageable steps (see B-6).
- Use other students as models (see B-8).

Emphasis on ability

At all times the emphasis must be on the ability of the child. Focus on enjoyment and on what the child with the disability can do rather than on what that child cannot do. Children with a disability are entitled to be treated as individuals with personal needs, abilities and goals. The goals must be carefully set, so that they are achievable and accompanied by positive reinforcement.

The following precepts and sentiments* should be fostered:

- encouragement to learn competence
- praise to learn appreciation
- fairness to learn justice
- security to learn faith in others
- approval and acceptance to learn positive self-esteem
- friendships to learn social skills
- tolerance to learn patience.

* From: *Physical Disability: a Reference for Schools*. N.S.W. Education Department.

PHYSICAL DISABILITY

Only the most common of the many types of physical disability encountered are covered in this section. Neither are specific disabilities described in detail: such information is best obtained from the child's parents, doctor or support staff. Rather, this manual addresses particular considerations that need to be taken into account when designing an AUSSIE SPORTS program.

Children with physical disabilities may range from borderline to profound in their disability. There are children who have a minimal motor dysfunction (clumsy children) and others who are classified as paraplegic or quadraplegic. Although many of the activities suggested in this and other sections are applicable, these areas of disability are not specifically covered in this manual.

Many children with more severe physical disabilities have individual physiotherapy and occupational therapy programs. Teachers and coaches should consult with the health professionals and with parents to maximise the benefit for each child.

AMPUTEE

Depending on their amputation,

many child amputees will be able to participate in all regular activities with few, if any, modifications. Most children will be able to

tell you how activities might be modified to best suit their abilities.



Specific considerations

If a child is a recent amputee, you may find an initial reluctance to participate, due to the child's self-consciousness. You will also need to consider the 'wear and tear' on the child's stump. This particularly applies to leg amputees. In the event of constant irritations, you may need to use one of the various gel-type substances available to reduce the friction on and around the irritated area.

Be prepared to modify skills to accommodate individual strengths in relation to starting, stopping, twisting and turning by lower limb amputees. For a child with one arm, catching is best done by trapping and turning the hand, to balance the ball.

Consider the child's starting balance and transfer of weight during movement. Take care to ensure that both sides and the upper and lower parts of the body are developed in balance with one another. Ensure a 'whole body' approach, as muscle imbalance makes the child more susceptible to injury.

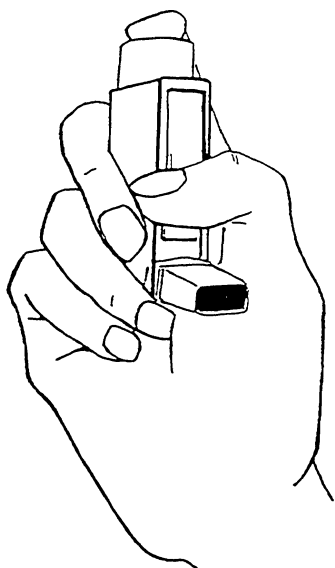
EXERCISE-INDUCED ASTHMA

An asthmatic child will, from time to time, suffer an attack of exercise-induced asthma (EIA) either during or after exercise. In such an attack, the muscle in the air passages tightens and the airways are narrowed, just as they are during other attacks of asthma. Breathing in and out becomes difficult, some air is trapped in the lungs and the oxygen level in the blood is lower than normal.

Specific considerations

EIA can often be prevented, or at least markedly reduced, if the child inhales a bronchodilator (puffer). To be effective, the inhaler (puffer) must be used before exercise begins. (About 3–5 minutes beforehand is ideal.) The child should use pre-exercise medication if exercise regularly causes asthma. Make sure the child brings a bronchodilator aerosol (puffer) to the session and is not embarrassed to use it if an attack is felt to be imminent.

If a child has an obvious wheeze, in spite of premedication, exercise will be hazardous and should be avoided. A recent cold or sore throat, or a recent asthma attack, increases the risk of EIA.



A warm-up before exercise is useful in preventing EIA. Encourage children to breathe through their noses when exercising. A 30-second sprint, 6–7 times in the half hour before starting, may enable sustained exercise to be performed without EIA. Remember that all AUSSIE SPORTS sessions should commence with a warm-up for all children (see B-12).

A warm-up before exercise is useful in preventing exercise-induced asthma

Asthma does not necessarily occur after all forms of exercise. Intermittent forms of exercise are not likely to provoke EIA. Many children can play doubles at tennis without provoking EIA, but get severe EIA when they change to singles or go onto the squash court. Rest periods need to be built into each session.

Sometimes a scarf or mask over the nose and mouth on a very dry or cold day may help prevent EIA. Exercising in cold temperatures can be a significant trigger for asthma. If a child is particularly allergic to grass pollens, it would be wise to avoid play in grassy areas.

Should a child develop asthma, stop the activity and follow the child's treatment procedure. A hot shower, in which a child can breathe moist, warm air, will help if wheezing commences. Drinking warm water has the same effect for some children. Breathing warm, moist air as occurs in swimming in a heated pool may be beneficial.

Avoid stopping any exercise abruptly; follow the usual cooling-down procedures

Swimming is a very good exercise; however, avoid having children swim in cold pools. Some children may be affected by treated water in swimming pools. Breath-holding activities, such as retrieving objects at the bottom of the pool, should be avoided.

In athletics, distance and cross-country running may be hazardous. Ball sports, gymnastics and trampolining are appropriate activities because of their intermittent nature and good social interaction.

Avoid stopping any exercise abruptly; follow the usual cooling-down procedures (see B-14).

There is no reason why a child with asthma cannot participate in most sports. As the child becomes increasingly fit, the same level of exercise may cause less asthma.

Many children with asthma view themselves negatively compared with their peers and develop low self-esteem. The ultimate goal should be integrating these children into the school AUSSIE SPORTS program.

CEREBRAL PALSY

Clinically, there are four major groups of cerebral palsy, and within each group children can be classified as having a mild, moderate or severe disability. Some children can walk, while others must use a wheelchair.

Spastic is the most common form of cerebral palsy and one in which the muscles feel stiff.

Athetoid is characterised by continuous movement of arms, legs, head, neck and tongue, as the child attempts to maintain a normal posture. Such a child may take up abnormal postures.

Ataxic is characterised by a poor sense of balance, so walking is difficult.

Mixed type cerebral palsy is a combination of the above-mentioned conditions.

Specific considerations

Depending on their degree of disability, some children with cerebral palsy require games that have slower responses. These games can be devised by using larger, deflated balls; smaller, lighter bats with thicker handles; stationary objects for striking; gross body movements and simple repetitive movements. For some, the playing area needs to be reduced in size and lighter equipment provided (see B-14).

The most important consideration is to ensure that muscle tension is neither too high nor too low. Concentrate on intense training of a skill so that it becomes unconscious and automatically done. Activities that can be performed while seated or standing with support are the most suitable.

Among children with cerebral palsy, as with all children, the thought of a difficult task and the element of competition creates body tension. It is important not to put these children under any undue pressure, such as requiring

them to perform a skill quickly or under competitive pressure, as this exacerbates the situation. Concentrate on teaching them to relax.

The most important consideration is to ensure that muscle tension is neither too high nor too low

Always allow children enough time to complete an activity. Some may need to start earlier and to

continue with the same task, while others who are in an integrated setting repeat the activity in a different way. Make effective use of praise and encouragement: it goes a long way!

Many children with cerebral palsy have additional disabilities. Many have turned eyes, a few experience a hearing loss, some have speech and language disorders, some have epilepsy, and many have visual perception problems that make motor planning difficult. These need to be taken into account when organising the activities to be taught.



EPILEPSY

The exact cause of epilepsy is not known; however, when a seizure occurs the child is unable to control body movements.

Specific considerations

With children who have epilepsy, precautions should be taken in two areas: climbing and swimming. Climbing may need to be limited or banned, while swimming should be closely supervised. Any child who has a seizure during swimming should not return to the pool on that day.

Know who is epileptic. Some children wear a helmet for safety.

Always allow an epileptic child to stop before the stage of fatigue. Pushing on through this phase can produce seizures. If seizures are going to happen they are more likely to occur during the cooling-down phase, rather than during the activity itself (see A-8 for what to do when a child is having a seizure).

Avoid rapidly changing activities and/or the environment.

During water activities, such as canoeing, the personal flotation devices used should be of a type that keeps the child's face up at all times.

If unsure, seek medical assistance immediately.



DIABETES

Diabetes mellitus is a disorder in which a lack of insulin prevents the body from burning the sugar glucose, its main fuel.

Specific considerations

A diabetic may require extra food before, during or after regular strenuous exercise. Have a supply of sugar handy at all times. Be aware that peer relationships may sometimes be affected if children need to eat lollies during a session.

Know if a child is a controlled diabetic. Exercise should not be undertaken when diabetic control is poor, as control usually deteriorates further.

Be aware that the diabetic regime is demanding and that children may be under a lot of pressure to achieve 'good' blood sugar levels. They may show frustration, anger and, in some cases, depression. Physical activity, particularly if it is competitive, may heighten these feelings.

If a child is overexerted and goes into shock or a diabetic coma, know the emergency procedures. While the child is in shock, a tablet or powder may be placed under the tongue. Any glucose will suffice. Have an emergency supply on hand.

In most instances, diabetic children will be able to tell you when they require rest to avoid overexertion. Allow them some time out in a shaded place.

Know what to do if the child goes into a diabetic coma. An unconscious child should be placed in the lateral recovery position and observed until medical assistance arrives. Do not give fluid or tablets as these may cause choking.

HEARING DISABILITY

Children who have hearing disabilities may be included in one of the following three categories:

Mild hearing loss: these children usually rely on aided hearing and gain some help from lip-reading. Sound is often distorted for them.

Moderate hearing loss: these children rely on lip reading, attentive listening and aided hearing. They may also rely on sign language as a communication medium.

Severe and profound hearing loss: these children will depend greatly on visual and non-auditory cues, manual gestures and signs, as well as lip-reading and aided residual hearing.

All children with a hearing disability may experience balance problems and skill acquisition difficulties because of communication shortcomings. With all, the slower rate of learning most often occurs due to the communication problem, NOT to a lack of ability or intelligence.

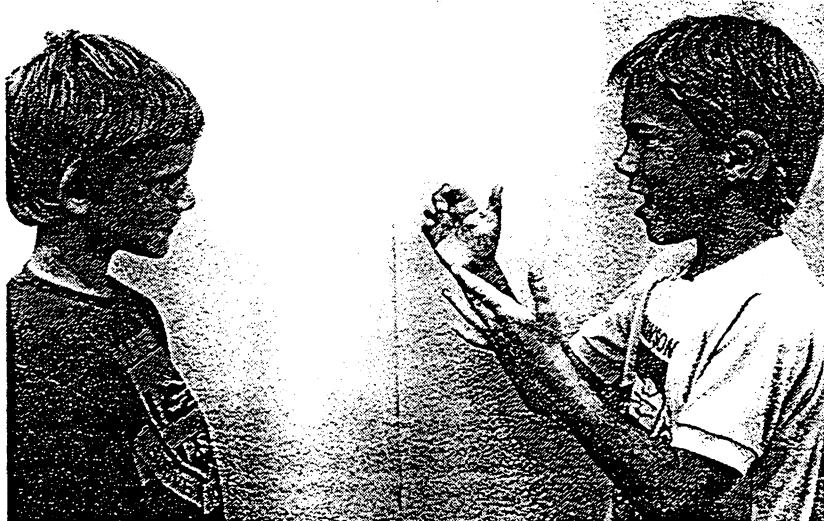
Specific considerations

Positioning is vital! Position children with a hearing disability near the front or side of the group. They should be able to see you, particularly your face, to enable them to lip-read. This means that they should not have to look into the sun.

When speaking do not raise your voice, just speak naturally and clearly. Avoid exaggerated lip movements. Hand gestures and facial expressions help make the meaning clear, but remember to always keep your hands away from your mouth.

Keep instructions short and simple. If they are not understood, rephrase them using different frequencies and words. Give all the necessary instructions before the activity has begun and, if possible, avoid background noise.

Australian Sign Language — AUSLAN



Sign language is a visual-gestural language using distinct movements called 'signs', instead of spoken or written means called words. These movements include shapes made with the hands and arms, eye and facial expressions, and head and body postures (see Appendix 4). It is supplemented by finger-spelling, i.e. spelling of words with the fingers representing letters in the alphabet. Sign language, just like any other language, oral or written, is a communication tool.

AUSLAN is the native (first) language of many people with hearing disabilities in Australia. It was developed by deaf people, over many generations of usage, from the British Sign Language and home-made signs. It has its own grammar and syntax.

AUSLAN is not universal, but deaf people are quickly able to communicate with deaf people from other countries through basic gestures and body movements. AUSLAN differs from signed English; while both share similar signs, they follow different grammatical orders.

Teach skills before applying them. Use demonstration as the most important cue. Demonstration and verbal instructions should not be given simultaneously. Be patient and give plenty of feedback.

When starting races in athletics and swimming, either stand ahead and use a flag or a drop of the arm, or stand behind to tap the child on the back.

Make effective use of the buddy system. Use your more competent students as buddies and change them regularly. Use the buddy to get attention unobtrusively. Allow time for the child with a hearing disability to get clarification from the buddy.

Use a whistle sparingly, if at all, as its sound is amplified by hearing aids. Encourage children to speak and use signs, especially if they do not understand what is required.

Teach children with a hearing disability to use their eyes and to use visual materials as aids to clarify activities and situations.

Where necessary, hearing aids should be removed for contact activities, swimming and water sports.

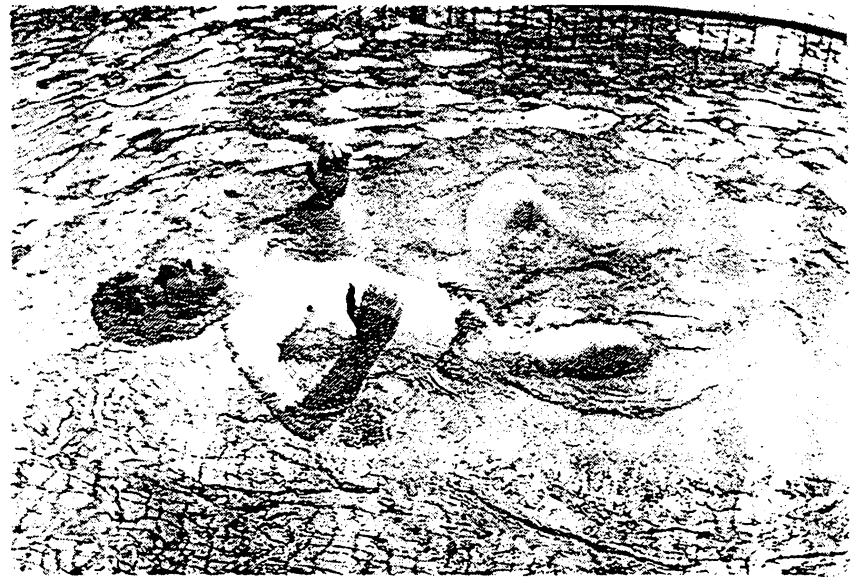
Where applicable, learn Australian Sign Language, even if only a few basic key words and cues that are used in all sessions.

MUSCULAR DYSTROPHY

The most common type of muscular dystrophy is the Duchenne type. With very rare exceptions only boys are affected. The muscles of the upper limbs and trunk exhibit a progressive distribution of weakness, and most children as they get older will deteriorate from being ambulant to being wheelchair bound. These children do not have a long life expectancy. There is some evidence of intellectual deficiency, but there is no progressive deterioration of intellectual function.

Specific considerations

Using sandbags and other equipment (consult doctors to find out about such equipment) can fix joints in the position opposite the tendency toward contracture. However, some joint contractures should not be treated as they serve to compensate for deficient



muscles. For example, a flexed elbow is more useful than a straight, stiff elbow.

A large restraining strap across the abdomen and chest is a great help to a child confined to a wheelchair as it allows the child to lean forward, and frees the arms for action. Loose-fitting clothing is also important for ease of movement.

Children with muscular dystrophy respond well to programs in water, as the body is supported and does not have to work against gravity.

For information on wheelchairs and other equipment that may assist, see B-26 and 27.

SPINA BIFIDA

Spina bifida is a developmental deficit of the spinal column resulting in poor nerve function and paralysis. The majority of children with spina bifida have three major problems:

Restricted mobility: some may need to use a wheelchair and others calipers and crutches, while a few are able to walk without aids.

Incontinence: most children have problems controlling their bowel and bladder (see A-9).

Hydrocephalus: most have problems with circulation of the fluid in the brain. Treatment usually involves the insertion of a shunt.

Children with spina bifida may also have associated disabilities, including visual problems and poor sensation in the lower limbs. A few have significant intellectual deficits. Other problems often

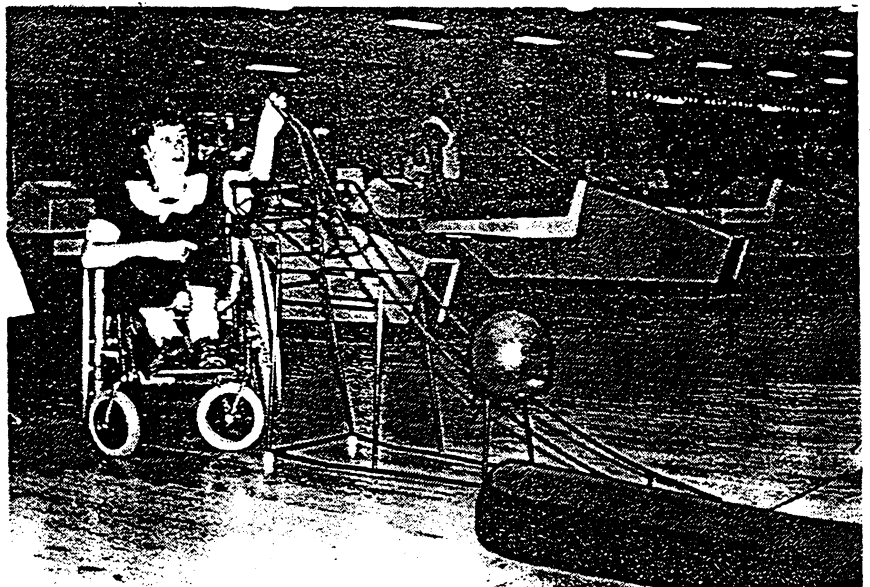
include poor fine-motor coordination, short concentration span, perceptual problems, seizures, shunt problems, and scoliosis (an S-shaped curve of the spinal column).

Specific considerations

Because of poor sensation in their lower limbs, it is important for

children with spina bifida to wear shoes and to make sure that these are put on properly, so that toes are not curled under or the socks wrinkled.

Watch for red areas on the feet and legs caused by excessive pressure from calipers. These may increase with physical activity and when the weather is hot.



Wheelchair management is the same as for children with cerebral palsy (see B-26).

Contact sport is sometimes forbidden by medical practitioners for children with a colostomy, ileostomy or urinary diversion because of the possibility of injury to the abdomen. However, these children can still be included in an AUSSIE SPORTS session. While a game is being played, these children could work on skills with a card system (see B-22).

Activities that strengthen the upper body are most important for children with spina bifida. They will still, however, need exercises and activities for the leg muscles, particularly if they are mobile.

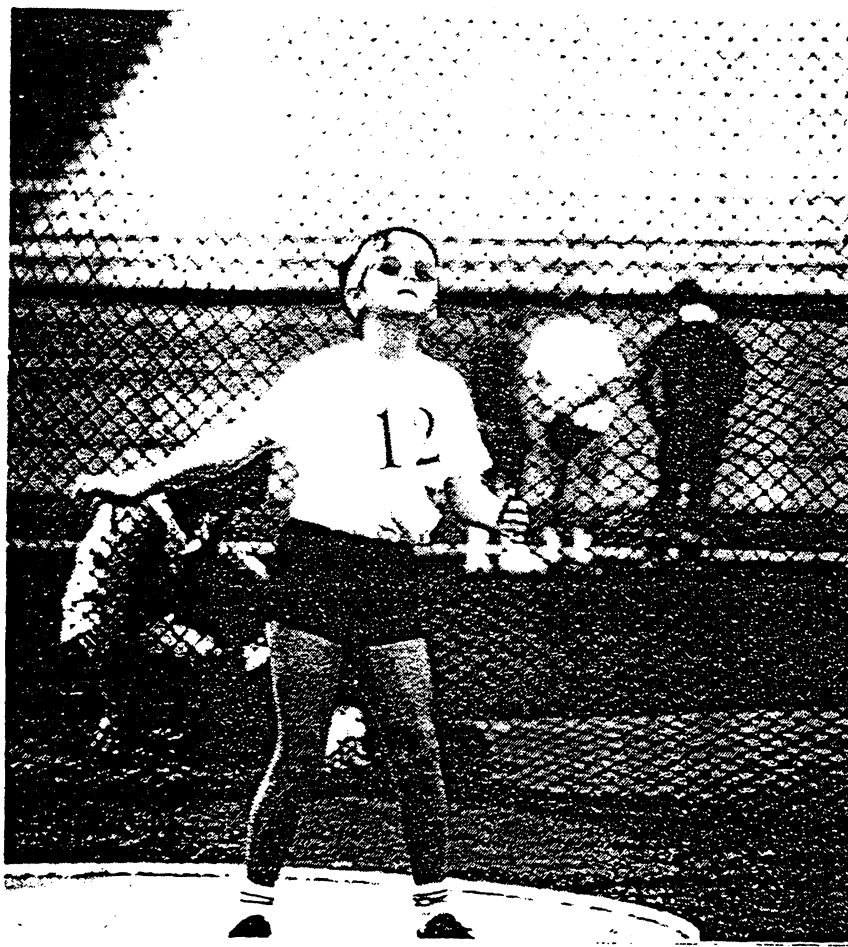
Like cerebral palsy, spina bifida affects the nervous system and may be accompanied by learning difficulties, such as memory problems, poor comprehension, poor spatial awareness, not knowing left from right and sequencing problems. Therefore, it is essential

to try a number of presentations and methods in order to discover those which most suit the individual child and group.

Activities that strengthen the upper body are most important for children with spina bifida

Be aware that children often have unrealistic expectations, that are either too high or too low. Often their energy level is not always high, due to energy being expended in moving about.

Girls with spina bifida often reach sexual maturity earlier than other girls. This will need to be considered when planning for changing and toilet arrangements, particularly when swimming. Boys with the disability often have delayed onset of puberty and physical development, and therefore find it difficult to keep apace with other boys.



VISUAL DISABILITY

Degrees of visual disability range from an impaired perception of colour, light and shadow, with some peripheral vision, to total blindness.

Specific considerations

Address children with a visual disability by name and speak directly to them, not through other children. You must let them know where you are at all times and identify yourself and all other persons. Have them near you for instructions and demonstrations. Tell them when you are leaving and where members of the group are going to be in the playing area.

Use a normal tone of voice and ensure that no one else is making a sound when you are giving instructions. Make sure that your instructions are understood.

Continued on next page.

For a child with partial sight, equipment that is painted yellow or white is helpful

When guiding a child who is blind, let the child take your arm; never lead the child. When demonstrating, allow the child to 'feel' the person demonstrating the activity or physically guide the child through the skill. It will also help to work at a slower pace, e.g. replace running with walking. Circle and line formations are effective for group organisation (see B-17).

In an integrated setting a buddy system may be helpful. Place a sighted child with a child who is visually disabled, so that the child with sight may assist and be the eyes for the other.

Methods of contact or connection can include hand to hand, ribbons or elastic tether. When running, the best method of contact for a child who has no useful vision is a looped rope.

Using balls with bells and rattles in them helps children who are visually disabled follow the balls' movements. Ensure that the colour of balls used contrasts with the environment: that is, never use a white ball on light background.

Ensure that a child with a visual disability knows where things are coming from and going to. Things

appearing and disappearing into disembodied space are confusing. Boundaries are best marked by a change in texture of the playing surface. Leading a child around the playing area before commencing a session helps the child to become oriented. Races are best run on lawn with tracks mowed into the grass.

For a child with partial sight, equipment that is painted yellow or white is helpful. Where possible, use larger equipment and balls that are soft, such as the new mini-volleyball ball. For races/relays, use guide ropes and auditory signals at the starting and finishing lines, and keep the distances short.

Children who suffer from sensitivity to light will perform best and more comfortably in shady areas that are free from glare. They will need to wear sunglasses and hats.

Call out the game's progress, which is naturally observed by children with normal vision. This will help create an exciting atmosphere for all children.

Some students may be in danger of retinal detachment. Care must be taken to ensure they do not fall or receive sharp knocks.

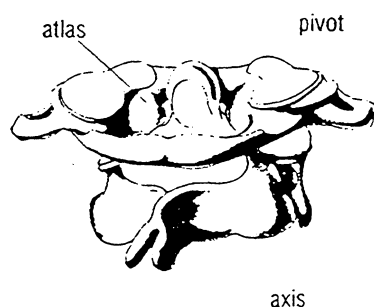
DOWN'S SYNDROME

The name 'Down's Syndrome' is derived from Langdon Down, a physician who, in 1866, identified a set of characteristics and symptoms common to a number of children. These symptoms, now termed 'Down's Syndrome', have been found to be caused by a genetic abnormality.

Ability and achievement varies greatly amongst children with Down's Syndrome. Early intervention has a significant influence on their rate and degree of development.

Specific considerations

- It is of the utmost importance that you know which children with Down's Syndrome have an atlanto-axial instability and the extent of this disability. The first bone of the neck is called the atlas bone (commonly called a collar) and supports the head. The second bone of the neck is the axis bone (commonly called the pegbone) and is the pivot on which the atlas and hence the head rotate. Any malformation in these bones can cause an instability in the neck.



Children affected in this way must not participate in activities such as diving, forward rolls and some trampoline skills. In fact, any activities that place pressure on the first two bones in the neck, especially when in a bent position, should be avoided. Only a small percentage of children with Down's Syndrome have this condition which is detected by x-ray.



- Many children with Down's Syndrome have problems with exercise because they have heart defects. These may prevent them from doing very strenuous activities. Vary the pace of activities throughout the session to allow for their limitations.
- Children with Down's Syndrome are very susceptible to infection, especially of the lungs and intestine. Be aware of this on very cold days when outdoors. Many have muscles that are more 'floppy', i.e. less toned, than those of other children. They also have a lot of flexibility of joints. These conditions can make strenuous activity difficult.
- Many researchers report a high incidence of hearing loss in children with Down's Syndrome (see C-7). Many suffer from persistent ear infection and have grommets (drainage tubes) inserted. Swimming is not recommended for such children.
- Children with Down's Syndrome suffer a relatively high incidence

of visual problems, such as squints and cataracts. Their skin is usually fine, sensitive and dry and can easily become chapped or rough, especially on the face. Considerable care should be taken to ensure that hats and suncreams are used during outdoor activities. After swimming, ensure that children dry themselves well.

- Mild to moderate obesity is not unusual amongst children with Down's Syndrome and will affect their level of participation.

Children with Down's Syndrome respond to affection, encouragement and praise. Positive attention is a good learning tool.

- The social development of children with Down's Syndrome is often two to three years ahead of their mental development. Consequently, they may appear to be more intelligent than they really are; ensure that they understand what is required.
- Stubbornness is perhaps the most unpleasant personality trait of children with Down's Syndrome. They can sometimes be extremely obstinate (this may be as a result of a hearing loss), and determined to have their own way. This calls for perseverance and firmness. It is important to establish discipline early and to make it clear who is in charge. Children with Down's Syndrome respond to affection, encouragement and praise. Positive attention is a good learning tool.

INTELLECTUAL DISABILITY

- Encourage children to improve upon their own previous performance.
- Achieving active participation by all children may be your ultimate goal, but remember that some children will need time to gain confidence. Sporadic participation must be accepted in some circumstances.
- Involve as many children as possible in the preparation and organisation of activities.
- Remember that progression is measured not only by mastery of a more difficult activity but also by improved performance, level of response, level of participation, expressions of enjoyment, and improved memory and recall.
- Encourage children to work on their own variations, and provide opportunities for them to talk things over with you.
- Ensure that distracting influences are kept to a minimum during the session.
- Ensure, whenever possible, that games and activities are appropriate to the ages of the children.
- Initially, it may be helpful to increase the amount of equipment in a play area. A play area should be enclosed and reduced in size. If a child uses any equipment appropriately, provide immediate attention and offer praise. Praise, when given for an appropriate response, often assists with learning.
- In some cases, demonstrating the use of equipment directly in front of a child will provide sufficient stimulus for the child to copy the adult. After selecting several pieces of equipment, analyse the skills required. In teaching these skills, a backward chaining method of instruction is sometimes most effective (see B-7). Physically guide the child through the skill until the final step in the sequence. At this point, encourage the child to complete the action.
- Try to establish eye contact early, and insist on it when speaking directly to the child.

AUTISM

Children with autism may range from mildly to profoundly disabled. The cause of autism is unknown. Boys are more commonly affected.

Specific considerations

- In the early stages of dealing with a child with autism, it is often helpful to let the child make physical contact with an adult, while the adult performs the exercise or skill with the child. Children with autism often prefer to have their back against an adult's chest.
- Children with autism often find skills, activities and games that have a definite rhythm or are executed to song to be more enjoyable. Teachers and coaches will also find such activities to be more effective.
- Encountering a very dependent child, such as one with a severe physical disability, will often draw children with autism out of their own isolation.
- It is important to allow self-expression. Some children with autism are talented and should be given every opportunity to achieve to their maximum ability, even if the processes that they select are out of the ordinary.
- Most children with autism respond to repetition and a set routine.
- Make all sessions fun and free from pressures of any kind.
- The program should initially be determined by the child's rate of progress. Assess the child's abilities, then work on taking the child beyond the current level of achievement.
- Cooperation will most likely be the biggest problem you encounter in dealing with children with autism; however, when you take a stand on an issue, be sure to pursue it. If you are not prepared to do this, then avoid or skirt the issue.
- As tasks become more difficult, children with autism generally respond by refusing to do them. The children also become less spontaneous.
- It is generally felt that children with autism respond well to water activities.



Specific considerations

Make all sessions fun and enjoyable, and always focus on ability rather than disability

- Make all sessions fun and enjoyable, and always focus on ability rather than disability.
- Expect children to achieve the realistic goals that you have set for them, and make sure that all children know what you want them to do at all times. Generally, not enough is expected, both physically and socially, of children with intellectual disabilities.
- Keep oral instructions short and simple. Children will learn through doing rather than listening.
- Rely predominantly on demonstration. Focus children's attention on what you want them to look at, such as the position of the feet or the path of the ball. Be prepared to repeat the demonstration and test their understanding of the teaching point made. Demonstrations may have to be done very slowly to focus attention.
- Reduce each skill to its simplest form (see B-6) so that each child can achieve some success. Allow plenty of time for children to learn one skill before progressing to the next. Repeat the skills in many different ways and situations in order to assist learning.
- Be prepared to teach basic skills such as running, throwing, catching and striking before teaching modified games and rules.
- Keep practice time on specific activities short to avoid loss of concentration and boredom. Be sure to vary your activities and skills.
- Don't assume that children will automatically know the inherent etiquette of any game, such as how the game starts, or the thanking of opponents. These should be taught and practised regularly.
- Be specific in offering praise and encouragement. For example, say 'excellent throw', not 'good boy'.
- Ensure that discipline is consistent, firm and clearly understood.
- Because children with intellectual disabilities often have little or no understanding of correct clothing, they may need to be taught such simple things as not to wear a jumper when it is hot or when they have completed a warm-up.
- As these children often express their emotions through touch, the appropriateness of when to hug and other behaviour may need to be taught.
- Introduce new activities early in practice sessions, before children become tired. Vary the tempo to reduce fatigue.

Encourage children to improve upon their own previous performance

INTELLECTUAL DISABILITY

General points

There are many causes of intellectual disability. Some children are born with intellectual disabilities such as Down's Syndrome and autism, while others suffer brain damage during birth or as a result of a medical condition or accident. (In this manual, specific considerations for working with children with Down's Syndrome and autism are outlined, as most requests for information concern these two conditions.)

Children with intellectual disabilities may range from borderline to profound in their disability; however, there are some common factors. Any one child may not display all, but will likely exhibit some, of the following characteristics to varying degrees:

- inability to think in abstract terms;
- lack of decision-making skills;
- poor short-term memory;
- learning difficulties and generally few literacy/numeracy skills;
- poor coordination and mobility skills, often due to a lack of appropriate opportunities; and
- inconsistent concentration spans.

Children with intellectual disabilities may also have physical disabilities. These physical disabilities can take many forms but often tend to be sensory and/or vascular limitations, epilepsy, obesity and/or some spasticity.

Even in cases where they have no accompanying physical disability, children with intellectual disabilities often experience a delay in physical development. Their performance of skills may be developmentally delayed so it resembles that of a child who is younger. These children may take longer to master physical skills.

Because children with intellectual disabilities often find it difficult to express anger and fear orally, their expression of these emotions sometimes takes a physical form such as clenching of fists, foot stamping, withdrawal, tears, or sitting down and refusing to get up. These kinds of behaviour should not be feared; rather, they should be channelled or diverted into appropriate actions. Without a fuss, one should quietly correct the behaviour; praise something that has been well done; ignore negative behaviour, especially when it is attention-seeking; and immediately give the child something active to do (see A-9 and E-3).

... praise things that have been well done and ignore negative behaviour, especially when it is attention-seeking

EMOTIONAL DISABILITY

General

Two very broad categories of emotional adjustment problems exist: **emotional disturbance** and **social maladjustment**. Fundamentally, children who exhibit emotionally disturbed behaviour are excessively aggressive, withdrawn or both. Those who are socially maladjusted, in contrast, exhibit behaviour which violates rules. Generally, they are children who are 'out of control' and asking for help. Children with emotional problems often possess excellent abilities and can distinguish themselves in surprising ways.

Specific considerations

An effective approach with children who are over-sensitive is to provide a variety of activities that can be begun slowly, gradually speeded up, then gradually slowed down to the pace at which they began. By doing these activities repetitively, a child is helped to subconsciously readjust the relationship between mind and body.

Children who are aggressive benefit from a wide selection of balancing, trampolining and jumping activities. Swimming and other water activities are also beneficial.

Children who are chatty and noisy require an environment that has nothing in it except the equipment that is needed for the task. Such an environment helps them to concentrate on the task, as they are not distracted by what they see and hear.

Children who have unstable mood control need lots of aggressive management activities such as hitting a ball against a wall, wrestling or any strenuous, satisfying activity entailing a sudden release of energy.

Children who become frustrated easily require activities that are well within their capabilities and are simple, calming and encouraging. If frustration continues, reduce demands and use strategies that provide instant success at each stage of the activity.

It is most important to be consistent always, especially with discipline. It is also important to be highly organised, to know what strategy management techniques you will employ and to have your 'rules' well defined and clearly understood before the start of any session.

Have well-defined consequences for children who break rules. For example, withdraw privileges, use social exclu-

Children with emotional problems often possess excellent abilities and can distinguish themselves in surprising ways

sion (time out) or ask for written or verbal apologies. Time out (no more than 5 minutes) for highly disruptive behaviour can be used successfully.

Always carry out disciplinary measures immediately after a rule is broken. Don't become involved in a verbal 'battle'.

Always be firm, fair and just. Also, at all times, try to be quiet, tolerant and supportive.

Always expect improvements in behaviour and emotional control. Reward, where possible, all positive behaviours. When 'clowning' and negative attention-seeking behaviour is replaced with quiet, positive and cooperative behaviour, reward the child.

If a child comes to a session looking upset or angry, try one of the following:

- a diversional technique before a confrontation occurs e.g. send the child on an errand or ask for help with equipment;
- interact with the child, if possible; or
- use relaxation activities.

Remember that you are the most appropriate role model of behaviour. Set the standards for dress, manner, language, posture and other behaviours.

AUSSIE SPORTS is an ideal program for children with emotional disabilities, as the sports have clearly defined sets of rules that help children stay in control.

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