

Health Related Exercise/Physical Activity

Promotion and support of physical activity co-ordinated across the school

Criterion Seven

School	Please indicate progress to date and/or target area to be addressed															
<p>1. How does the school promote the links between Physical Education, Health Related Exercise, and general health and well-being?</p>																
<p>2a. Is there a policy for Physical Education in line with National Curriculum Orders for Physical Education? Yes <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/></p> <p>2b. Who contributes to policy planning?</p> <table border="0"> <tr> <td>Governors</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Staff</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Parents</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Pupils</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Others</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>2c. How often is it reviewed?</p> <p style="text-align: right;">Next review date: _____</p> <p>Please attach your policy</p>		Governors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pupils	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Others	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Governors	Yes <input type="checkbox"/>	No <input type="checkbox"/>														
Staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>														
Parents	Yes <input type="checkbox"/>	No <input type="checkbox"/>														
Pupils	Yes <input type="checkbox"/>	No <input type="checkbox"/>														
Others	Yes <input type="checkbox"/>	No <input type="checkbox"/>														
<p>3. How does your school link with local and national initiatives with regard to health related exercise? (please list)</p> <p>e.g. Active Mark, Jump Rope for heart, Heartline, Huff and Puff, School Club, Sports colleges.</p>																

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<p>4. Does your school link with other schools in connection with health related exercise?</p> <p>Other schools in your phase or cluster (please give examples)</p> <p>Cross-phase work – feeder primary/secondary (please give examples)</p>	
<p>5. What action(s) have you taken in light of comments from the most recent Ofsted inspection?</p> 	
<p>6a. What other opportunities, outside of the taught programme, are there for pupils to be physically active?</p> <p>6b. Does the school run active after-school clubs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please give examples</p> <p>6c. Are these clubs promoting healthy eating? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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<p>6d. How well do you link with any Sports clubs?</p> <p>(1 – poorly; 4 – very well)</p> <p>Please give examples</p>	1	2	3	4
<p>6e. How well do you link with a leisure centre? (1-poorly; 4-very well)</p> <p>Please give examples</p>	1	2	3	4
<p>6f. Do you organise or participate in any Festivals of Sport?</p> <p>Please give examples</p>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<p>7a. How well does the school programme address the range of motivational levels? (1-poorly; 4-very well)</p> <p>Please give evidence to support your judgement.</p>	1	2	3	4
<p>7b. What systems are in place to motivate reluctant participants?</p>				
<p>7c. How are motivational levels assessed and improved? (i.e. number of participants increased)</p>				
<p>7d. Is there a named person responsible for the less motivated?</p>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

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8a. How well does your programme help pupils to understand the impact of exercise on their body?	1	2	3	4
Please give examples.				
8b. How well does your programme help pupils understand the impact of exercise on their general health and well being?	1	2	3	4
Please give examples.				
8c. What health and safety factors are put in place to ensure safe and effective practices are taught?				
Warm ups	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cool down	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Health needs (eg disabilities)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other (please state).....				
9a. Are there any other opportunities during the school day which facilitate shared and co-operative physical activity, eg playground games during break times and lunch times?				
		Yes	No	
Huff and Puff		<input type="checkbox"/>	<input type="checkbox"/>	
Heart line		<input type="checkbox"/>	<input type="checkbox"/>	
Playground games		<input type="checkbox"/>	<input type="checkbox"/>	
Jump Rope		<input type="checkbox"/>	<input type="checkbox"/>	
Others (give examples)				

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9b What resources are available to support playground activity?			
Playground markings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Qualified supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10a. What opportunities are offered to staff for Health Related Exercise?			
i) within the school day?			
ii) beyond the school day?			
10b. What training opportunities have been taken up by staff for Health Related Exercise?			
(Please give details of courses attended on a separate sheet)			
11. In what ways have the possibilities of joint activities for staff, pupils, parents and the wider community been exposed?			
Sports Day	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Family activities day	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Jump rope	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
TOP sport	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Huff & Puff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Other – please state	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>

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12a. What is the contribution of qualified coaches and instructors, adult helpers and parents in the formal and informal programme and including out of hours learning? (please tick one box)	Extensive	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
	Low	<input type="checkbox"/>	None	<input type="checkbox"/>
12b. How is this monitored?				
12c. Who monitors this contribution?				
PE co-ordinator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Governor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Teacher	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13. What training is offered to adult helpers and parents? (please attach details on a separate sheet) Please attach your code of practice for adult helpers working in school.				
14. How is Health Related Exercise monitored and reviewed? (Please give details e.g. within PE policy).				