

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</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Staff</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Parents</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pupils</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Others</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><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"/>
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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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<p>8a. How well does your programme help pupils to understand the impact of exercise on their body?</p> <p>Please give examples.</p> <p>8b. How well does your programme help pupils understand the impact of exercise on their general health and well being?</p> <p>Please give examples.</p> <p>8c. What health and safety factors are put in place to ensure safe and effective practices are taught?</p> <p>Warm ups</p> <p>Cool down</p> <p>Health needs (eg disabilities)</p> <p>Other (please state).....</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>
<p>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?</p>	<p>Huff and Puff</p> <p>Heart line</p> <p>Playground games</p> <p>Jump Rope</p> <p>Others (give examples)</p>	<p>Yes</p>	<p>No</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

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

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<p>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)</p>	Extensive	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
	Low	<input type="checkbox"/>	None	<input type="checkbox"/>
<p>12b. How is this monitored?</p>				
<p>12c. Who monitors this contribution?</p>				
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"/>
<p>13. What training is offered to adult helpers and parents? (please attach details on a separate sheet)</p> <p>Please attach your code of practice for adult helpers working in school.</p>				
<p>14. How is Health Related Exercise monitored and reviewed? (Please give details e.g. within PE policy).</p>				