Re-entry Guidelines for Health and Physical Education

NYS AHPERD 2020
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Introduction

During this unprecedented time of navigating the COVID 19 pandemic, quality health and physical education instruction is crucial to the health and well-being of children and adolescents. Although the reopening of schools poses a myriad of issues for all educators, we know that instruction will not be business as usual.

As a result, the purpose of this document is to provide guidance that will facilitate the delivery of health and physical education in a new learning environment. Although the learning environment will be different, it is essential to deliver instruction that focuses on physical, cognitive and affective learning. In addition, it is important to be cognizant of equity, inclusion and accessibility issues as they pertain to instruction and student learning.

This document is divided into six main sections. The first section discusses supporting student learning through a variety of learning modalities. The second section provides instructional guidelines for health education. The third section provides instructional guidelines for physical education. The fourth section offers instructional guidelines for adapted physical education. The fifth section provides learning environment considerations for health and physical education teachers. The sixth section offers suggestions for physical activities that can be performed at a distance.

NYS AHPERD hopes this document is helpful; however, it is not intended to replace New York State Education Department (NYSED), Center for Disease Control (CDC) guidelines or school board policies regarding COVID 19. In addition, the provisions in the document should be used to support and enhance the local health and physical education curricula. Lastly, while some of the recommendations listed in this piece may appear in other sources (see references and links throughout), the intention of this document is to provide information that support and expand on these suggestions.
Acknowledgments

Re-entry Guidelines for Health and Physical Education ~ NYS AHPERD 2020
With gratitude we acknowledge and thank those who contributed time and expertise to this important document.

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Supporting Student Learning
Through a Variety of Delivery Modalities

This document offers ideas that can be used in both health and physical education in a distance learning environment, hybrid learning environment and face-to-face. As a result, terminology with examples follow.

**Synchronous** learning involves online studies through “live” text and video-based chat, group video conferencing, and real-time, collaborative sharing and review of course resources. This type of environment serves as a virtual classroom, allowing students and instructors to work together during a shared time. Rather than working alone, students associating themselves with synchronous e-learning platforms or online courses can easily interact with fellow students and their instructors during the course time.

- **EXAMPLE:** Using Zoom Video or similar video meeting software, first grade students can participate in a mirroring activity of balancing on various individual and combinations body parts.
  - NYS PE Standard 1 Demonstrates competency in a variety of motor skills and movement patterns
  - Fitness Activities 1.3.2. Demonstrates, in isolation, emerging forms of locomotor, non-locomotor, and manipulative skills.

**Asynchronous** learning involves classwork, activities, and tasks shared via online platform, and/or via web, email and online message boards. In such cases, although due dates and course expectations are articulated by the instructor, students progress through the course (i.e., review assigned readings, respond to discussion items, prompts, and assessments) at their own pace.

- **EXAMPLE:** Using Padlet, Jamboard, or a similar collaborative editing app, middle school students can post a picture of their favorite healthy snack and include a rationale for their choice in the image caption.
  - NYS Guidance Document for Health Education: Decision Making Skill & Physical Activity and Nutrition Functional Knowledge
    - Physical Activity and Nutrition PAN.I.5 Individuals can influence and support others to engage in healthy eating and physical activity.
    - Decision Making DM.I.3 Compiles and assesses available information to enhance health
    - Decision Making DM.I.8 Assumes responsibility for personal health decisions
Supporting Student Learning
Through a Variety of Delivery Modalities

• EXAMPLE: Using Seesaw or similar curation and communication hub, fourth graders will be introduced to a new skill challenge; Parkour. The parkour will offer challenge choices. Students use the Seesaw online format to log reflections of their experiences.
  ○ NYS PE Standard 5. Recognizes the value of physical activity for overall wellness, enjoyment, challenge, and/or self-expression.
    ■ Challenge 5.2.4. Describes the challenge that comes from learning a new physical activity.

• EXAMPLE: Using Microsoft Word, Google Docs, or Flipgrid, high school students can submit a personal reflection detailing a recent stressful event in their lives and the steps they took to positively manage their stress. Students can submit their responses electronically via Google Classroom, Microsoft Teams, Flipgrid, or another learning platform established by the teacher.
  ○ NYS Guidance Document for Health Education: Stress Management Skill & Other Required Health Areas Functional Knowledge
    ■ Other Required Health Areas ORH.C.2 An individual’s mental health is impacted by emotions, social relationships and physical health and has an impact on the way an individual thinks, feels and behaves.
    ■ Stress Management ST.C.4 Analyzes and evaluates personal stressful situations and current ways of dealing with them.
    ■ Stress Management ST.C.5 Selects and applies a strategy to manage stress in health-enhancing ways.

Flipped learning is “a pedagogical approach in which direct instruction moves from the group learning space to the individual learning space, and the resulting group space is transformed into a dynamic, interactive learning environment where the educator guides students as they apply concepts and engage creatively in the subject matter” (Sams, Bergmann, Daniels, Bennett, Marshal & Arfstrom, 2014). In a typical flipped environment, students are provided instructional materials, such as presentation slides, video clips, images, documents and other electronic manipulatives to peruse and consume during their own time (Bergmann & Sams, 2012). Often, this requires internet connectivity and remote access to curated course content, whether hosted on YouTube or Khan Academy (for video clips), Dropbox, Google Drive, or Microsoft OneDrive (for presentation slides, documents, or other office files), or elsewhere.
Supporting Student Learning
Through a Variety of Delivery Modalities

Through the use of these educational technologies, the flipped classroom replaces the traditional teacher-led lecture with a digitized version for students to view outside of class. While at first glance, skeptics may fear that technology replaces the human element of schools by distancing students even further from teachers, Khan (2011) contends that the flipped classroom approach does just the opposite; it humanizes the classroom. Roehl, Reddy and Shannon (2013) suggested the “time gained by removing the lecture portion from class allows for more one-on-one personal engagement between the teacher and students” (p. 47).

- EXAMPLE: Using Screencastify, Camtasia, or similar video tutorial recording app or service, a high school Health or Physical Educator can record the procedure for logging caloric intake and expenditure. Rather than playing the pre-recorded video during valuable instructional (synchronous) time, they can then share the video for students to view on their own time, ask them to set realistic goals based on content learned from the video, and then spend the next class session discussing and comparing each others’ results.

- **NYS Guidance Document for Health Education**: Planning and Goal Setting Skill & Physical Activity and Nutrition Functional Knowledge
  - Physical Activity and Nutrition PAN.C.3 To maintain a healthy weight, the intake of calories must equal the output of energy. To lose weight, the energy output must exceed the calorie intake.
  - Planning and Goal Setting PG.C.3 Develops a personal health goal and a plan to achieve it.

- **NYS PE Standard 4**: Exhibits responsible personal and social behavior that respects self and others.
  - Responsible decision making 4.3.L1 Analyzes ethical decisions made in physical activity settings.
Instructional Guidelines for Quality Health Education

Health education plays a key role in the public health response to the COVID 19 pandemic. In addition to supporting efforts to prevent the spread of infectious diseases, health education provides students with the knowledge and skills to adopt and maintain healthful behaviors and avoid or reduce risky behaviors. Although the pandemic has taught us many lessons, one key lesson is that our students need - now more than ever - a quality health education program and curriculum.

Teaching health education requires an educator to consider classroom spacing and disinfecting shared materials. In addition, all NYSED and CDC guidelines should be followed regarding physical distance, masking, handwashing and sanitation (Society of Health and Physical Educators [SHAPE] America, n.d.). The table below offers other considerations provided by SHAPE America for health educators.

<table>
<thead>
<tr>
<th>Considerations</th>
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<tbody>
<tr>
<td>Turn desks or tables to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced 6 feet or more apart.</td>
</tr>
<tr>
<td>Keep each student’s belongings in a separate, safe and clean space such as individually labeled cubbies, lockers, or areas. Consider purchasing baskets to hold individual student belongings if previously mentioned spaces are not available.</td>
</tr>
<tr>
<td>Ensure adequate supplies for all students to eliminate sharing of high-touch materials such as textbooks, instructional materials, equipment, etc. to the extent possible. Clean and disinfect supplies after student use and between class periods.</td>
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</table>

To assist health educators, this section includes a variety of educational technology apps, virtual learning platforms, and other engaging services to improve instruction both inside and outside the classroom. The figure below provides an example of technology that is aligned with specific functional knowledge or skills-based components within a health education program, as detailed in the NYS Guidance Document; however, many can be utilized elsewhere within a curriculum.
### SEXUAL HEALTH (FUNCTIONAL KNOWLEDGE)

<table>
<thead>
<tr>
<th>DISTANCE LEARNING RESOURCE FOR EDUCATORS</th>
<th>ELEMENTARY</th>
<th>SECONDARY</th>
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<tbody>
<tr>
<td>Advocates for Youth 3Rs Google Classroom</td>
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<tr>
<td>Amaze</td>
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<td>Amaze Jr</td>
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<td>FLASH Lesson plans for Special Education &amp; for General Population</td>
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<td>Puberty &amp; Growing Up on Kids Health</td>
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<td>Six Minute Sex Ed</td>
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<td>Consent Activity</td>
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### SUBSTANCE ABUSE PREVENTION (FUNCTIONAL KNOWLEDGE)

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<thead>
<tr>
<th>DISTANCE LEARNING RESOURCE FOR EDUCATORS</th>
<th>ELEMENTARY</th>
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<tbody>
<tr>
<td>Drug Free World e-Course</td>
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<td>NIDA Kahoot</td>
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<td>NIDA CSI Web Adventures</td>
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<tr>
<td>Scholastic: Heads Up Real News About Drugs</td>
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<tr>
<td>&amp; Your Body</td>
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<tr>
<td>Operation Prevention: Opioid Use</td>
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<tr>
<td>TED Talk- Everything You Know About Addiction is Wrong</td>
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<tr>
<td>Addiction Podcast</td>
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### NUTRITION & PHYSICAL ACTIVITY (FUNCTIONAL KNOWLEDGE)

<table>
<thead>
<tr>
<th>DISTANCE LEARNING RESOURCE FOR EDUCATORS</th>
<th>ELEMENTARY</th>
<th>SECONDARY</th>
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<tbody>
<tr>
<td>Teens Health: Nutrition &amp; Fitness Center</td>
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<tr>
<td>*Pebble Go (Grades K-3)</td>
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<tr>
<td>VIOLENCE PREVENTION  (FUNCTIONAL KNOWLEDGE)</td>
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<tr>
<td>DISTANCE LEARNING RESOURCE FOR EDUCATORS</td>
<td>ELEMENTARY</td>
<td>SECONDARY</td>
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<tr>
<td>Mental Health &amp; High School Curriculum Guide</td>
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<tr>
<td>BBC Mental Health &amp; Well-Being Teaching Resources</td>
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<tr>
<th>UNINTENTIONAL INJURY  (FUNCTIONAL KNOWLEDGE)</th>
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<tbody>
<tr>
<td>DISTANCE LEARNING RESOURCE FOR EDUCATORS</td>
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<tr>
<td>CDC National Action Plan for Child Injury Prevention</td>
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<table>
<thead>
<tr>
<th>OTHER REQUIRED HEALTH AREAS  (FUNCTIONAL KNOWLEDGE)</th>
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<tbody>
<tr>
<td>DISTANCE LEARNING RESOURCE FOR EDUCATORS</td>
</tr>
<tr>
<td>TED Talk- The Simple Power of Handwashing</td>
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<tr>
<td>Henry the Hand: Hand Hygiene Awareness Advocate</td>
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<tr>
<td>Rory Staunton Foundation: Sepsis Education</td>
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<tr>
<td>Global Lyme Alliance Education &amp; Resources</td>
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<tr>
<td>Be Sun MSart - Slip, Slop, Slap &amp; Wrap</td>
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<tr>
<td>Mollie’s fund Melanoma Awareness &amp; Edu</td>
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<tr>
<td>Hands Only CPR</td>
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<td>TED Talk- Make Sleep Your Superpower</td>
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<td>Sleep Activity</td>
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<table>
<thead>
<tr>
<th>SELF MANAGEMENT  (SKILLS)</th>
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<tbody>
<tr>
<td>DISTANCE LEARNING RESOURCE FOR EDUCATORS</td>
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<tr>
<td>VIA Youth Character Survey</td>
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<td>Health Triangle Activity</td>
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# Relationship Management (Skills)

**Distance Learning Resource for Educators**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Elementary</th>
<th>Secondary</th>
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<tbody>
<tr>
<td>One Love Jeopardy</td>
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<td>✔️</td>
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<tr>
<td>Love Labyrinth Video and Discussion Guide - One Love</td>
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<tr>
<td>That's Not Love Video and Discussion Guide - One Love</td>
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<td>✔️</td>
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<tr>
<td>One Love Couplets</td>
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</table>

# Planning & Goal Setting (Skills)

**Distance Learning Resource for Educators**

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<thead>
<tr>
<th>Activity</th>
<th>Elementary</th>
<th>Secondary</th>
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<tbody>
<tr>
<td>Making a Change: Your Personal Plan</td>
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<tr>
<td>Goal-Setting With Elementary Students</td>
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# Decision Making (Skills)

**Distance Learning Resource for Educators**

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<thead>
<tr>
<th>Activity</th>
<th>Elementary</th>
<th>Secondary</th>
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<tbody>
<tr>
<td>Value Clarification Activity</td>
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<tr>
<td>Decisions &amp; Careers Kahoot Game</td>
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<tr>
<td>SlowChat Health Decision Making Scenarios</td>
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<tr>
<td>Use Printable or Online Habit Trackers</td>
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# Communication (Skills)

**Distance Learning Resource for Educators**

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<th>Activity</th>
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<tr>
<td>How to Communicate Effectively</td>
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<td>Why Doesn’t People Pleasing Work</td>
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<tr>
<td>Inside Out: Empathetic Listening</td>
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<tr>
<td>Flipgrid opportunity to demonstrate these skills with a family member</td>
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### STRESS MANAGEMENT (SKILLS)

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<th>DISTANCE LEARNING RESOURCE FOR EDUCATORS</th>
<th>ELEMENTARY</th>
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<tr>
<td>Stress &amp; Our Body Video</td>
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<td>Anger Management</td>
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<td>Mindfulness for Teens</td>
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<tr>
<td>Deep Breathing Exercise</td>
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<tr>
<td>Education.com Mindfulness</td>
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<tr>
<td>What to do in Times of Stress K-12</td>
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<tr>
<td>Provide opportunities to try different strategies &amp; reflect on their effectiveness or usefulness using Google Forms</td>
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### ADVOCACY (SKILLS)

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<th>DISTANCE LEARNING RESOURCE FOR EDUCATORS</th>
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<td>Advocacy Activity</td>
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<tr>
<td>Create Petition of Support</td>
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### COVID-19 Resources
- NPR Covid-19 Comic for Kids
- CDCs The Junior Disease Detectives: Operation Outbreak Graphic Novel
- HNYP Youth Anxiety Center Webinar Series for Challenging Times
- Children’s Mental Health Campaign - Covid-19 Resources
There are several recommendations that need to be followed to ensure quality physical education during the pandemic. First, all CDC guidelines and NYSED return to school guidelines must be followed. These guidelines include four pillars that should always be observed. First, students and teachers should wear masks. The CDC recommends wearing a mask during physical activity and wearing a mask is critical when physical distancing cannot be maintained (CDC, 2019).

Face coverings are not recommended for anyone that has trouble breathing or cannot remove the covering without assistance. In addition, discuss with the nurse proper protocols for students with asthma and other conditions that may preclude them from wearing a face mask. Moreover, it may be challenging for young children to wear face masks during activity. Therefore, it is important that physical educators teach students to monitor and adjust intensity if necessary and open windows if possible when instructing indoors (SHAPE America, n.d.).

Second, physical distancing is essential. It is important to use visual markings in a concrete manner as well as to prompt students repeatedly to maintain physical distance. Additionally, routes to enter and exit the gymnasium should be marked and routines to enter and exit the physical space should be practiced. Moreover, it is important to utilize signs and posters that reinforce physical distancing. Furthermore, physical distancing can be optimized if activity can occur outside. Third, hand washing needs to be encouraged with hand sanitizer made available. Perhaps a routine could be enacted that requires students to wash their hands before entering and exiting physical education class. Fourth, cleaning protocols for equipment and the physical space need to be created, maintained and documented.

Curricular offerings are another consideration during this pandemic. Instructional units that require little to no equipment and allow for physical distancing should be prioritized. The last section of this document provides sample activities that meet these criteria. In addition, a focus on content in the cognitive domain including, but not limited to, fitness knowledge would provide rigor to the curriculum. Additionally, weaving social emotional learning throughout instruction with a focus on content in the affective domain would also support the curriculum.
Another important aspect of the curriculum is to make the connection between healthy behaviors and well-being. Healthy behaviors have a positive impact on both the physical and mental health of an individual. To support this connection, physical educators should increase communication with parents/guardians that includes an explanation of the difference between physical education and physical activity, as well as the importance of both, in promoting health and well-being in children and adolescents. Additionally, this is an opportune time to increase family involvement in healthy behaviors and reinforce a lifestyle that promotes health and physical literacy.

There are several best practices to consider given the uncertainty of the upcoming academic year. It is prudent to plan for three possible learning environments: 1) In-Person with Physical Distancing; 2) Remote/Distance Learning; and 3) Hybrid/Multi-Modal. Below are general recommendations for all three scenarios followed by specific suggestions for each possible learning environment.

**General Recommendations**

1. Align with current NYS Learning Standard(s) and SHAPE America Standard(s)
2. Meet or make progress towards Grade Level Outcome(s)
3. Create a lesson that is inclusive for ALL students
4. Provide varying progressions and challenges so all students can be engaged and have some level of success based on the student’s previous skills and knowledge (think about what prerequisite skills students need to be successful)
5. Include a variety of learning objectives in all three domains (affective, cognitive, psychomotor)
6. Provide opportunities for movement at home whether one lives in an apartment, house with a yard, with a park nearby, etc.
7. Be adaptable depending on students’ resources at home concerning access to equipment, transportation, technology equipment, wifi, space, etc.
8. Assess the additional level of risk of students based on higher risk for illness including asthma, diabetes, or other health problems
9. Recognize signs and symptoms of COVID-19
10. Have knowledge of the protocol to be utilized when someone gets sick and/or has symptoms
Instructional Guidelines for Quality Physical Education

In-Person with Physical Distancing

PreK-12th Considerations:

• Take into consideration student needs as well as equipment requirements when determining space that will be used to safely offer physical education classes
• Proper signage of physical distance and health-maintaining protocol should be posted both within and outside class spaces
• Provide and use signs/symbols to allow for safe routes to and from the gymnasium or other physical activity space
• Designate spots on the gymnasium floor to allow for safe and proper spacing
• Students should use personal water bottles instead of a water fountain
• The use of easy to clean/disinfect equipment should be utilized—“non-porous”); solid pieces (hard plastic, vinyl, rubber, synthetic) (Pennsylvania State Association for Health, Physical Education, Recreation, and Dance, n.d.)
• Follow NYSED and CDC guidance on proper physical education equipment sanitation procedures (SHAPE America, n.d.)
• Establish proper protocol/procedures/guidelines for students to follow pertaining to hand washing and sanitizing equipment
• Discourage the use of sharing equipment and/or items within the class
• Children with 504 plans and/or IEPs should be prompted ahead of time regarding changes and procedures to help them adjust to changes in the teaching-learning environment (Pennsylvania State Association for Health, Physical Education, Recreation, and Dance, n.d.)
• Create a plan for injury management while maintaining physical distance if possible
• Checklists should be developed of what needs to be done in between classes and at the end of the day to ensure safety and sanitation of equipment and facility
• Utilize TAs and/or paraprofessionals effectively

Elementary (PreK-5) Considerations:

• Students clean and sanitize hands (hand washing- soap and water, hand sanitizer) before and after physical education
• Teaching outside is recommended
• Assign a number to equipment to facilitate equipment distribution and use with children
• Allow for limited contact and physical distancing among students when participating in physical activity
Instructional Guidelines for Quality Physical Education

Secondary (6-12) Considerations:
• Use of locker room facilities should be limited and preferably avoided
• Create routine to store students' personal items when locker room is not used
• Allow for limited contact and physical distancing among students when participating in physical activity
• Consider replanning units, lessons and activities within the curriculum. The teacher must allow for limited contact between students when participating. Focus on utilizing individual tasks versus the traditional games model as well as best practices

Remote/Distance Learning

PreK- 12th Considerations:
• Provide clear directions regarding how to access learning activities, expectations for getting credit, etc.
• Identify students with limited technology/internet access and provide flexibility regarding due dates
• Allow for a variety of expression/responses from students including but not limited to pictures, video, google forms, short answer responses
• Provide students with expectations for remote learning and have students sign and return a contract for expected behaviors in a remote setting
• When using any technology platform, be sure ALL students have access and know how to use that platform. Consider recording videos; providing useful resources BEFORE any instruction/assignment/assessment is given to help all students navigate successfully
• Identify essential questions for PE given the change to a remote learning environment
• Identify social emotional learning factors that will be addressed
• Collaborate with colleagues to ensure similar rigor
• Collaborate with multiple stakeholders (guidance, administration, parents, social work, etc.) to ensure student success
• Ensure that all three domains are addressed

Hybrid Model

PreK- 12th Considerations:
• Flip classroom (see first section) and provide content online that supports content that will be taught in person
• Utilize all considerations provided in distance learning section above
• Utilize formative assessment to provide feedback regarding student progress in the hybrid model
• Provide a balance between asynchronous and synchronous learning activities
Instructional Guidelines for Quality Service Delivery in Adapted Physical Education

The purpose of this section is to share ideas and resources that address the needs of children with disabilities. The provisions listed in this section are not intended to be exhaustive, but rather address the immediate concerns teachers may have when confronting the physical education needs of children with disabilities in physical education (PE). Although there are many different models of adapted physical education (APE) service delivery across the state, the guidelines provided should serve teachers well moving forward. Moreover, since APE services vary across the state, both state and federal definitions have been provided to assist teachers when planning or creating school based guidelines regarding physical education for students with unique needs.

1. Adapted Physical Education (Defined)
   a. State/Federal Definition of APE – Adapted Physical Education (APE) is the art and science of developing, implementing, and monitoring an individually designed physical education instructional program for a learner with a disability, based on comprehensive assessment data, to give the learner the skills necessary for a lifetime of rich leisure, recreation, and sport experiences to enhance physical fitness and wellness

2. Adapted Physical Education Services and Placements
   a. APE as a service - Adapted physical education is a service to be provided to the child. It is not a placement. Adapted physical education can be delivered in a variety of placements. It is important to remember that the placement should remain the same for every child as much as possible during the COVID-19 pandemic

   b. APE Placement options
      i. Inclusion
      ii. Inclusion with supports (modifications, technology, and/or support staff
      iii. Modified physical education class (inclusive class with 12-20 students)
      iv. Combination of inclusive and self-contained
      v. Self-contained class
      vi. Specialized school
Instructional Guidelines for Quality Service Delivery in Adapted Physical Education

3. Evidence Based Practices
   a. Evidence based practices are simply an intervention based in science. We recommend that general physical education and adapted physical education teachers use evidence-based practices when selecting interventions (e.g. example Universal Design for Learning (UDL) principles).

Guidelines for Creating Safe Environment
   a. General CDC/NYSED Recommendations for cleaning, hand washing etc.
      i. Wash hands well and often (for at least 20 seconds)
      ii. Try not to touch nose, mouth, and eyes
      iii. Practice physical distancing, keeping at least twelve feet or more away from other people (NYSED, n.d.)
      iv. Wear a cloth face covering or face mask in public places. Please note that the use of masks might impact some students’ ability to interpret facial expression and emotions. See guidance regarding masks in the Instructional Guidelines for Quality Physical Education section above.

   b. Evaluating the Gym Space and Safe Habits Protocol
      i. Entrance/Exit- All students enter and exit following established and marked travel patterns
      ii. Handwashing/Sanitizer Opportunities-Students should be provided opportunities to wash and sanitize their hands before and after class. It is important that teachers and paraeducators assist in this process
      iii. Equipment Management and Cleaning
      iv. Tips to Clean Equipment
         2. CDC Guidance
      v. Be aware of student allergies to cleaning supplies

4. Physical Distancing and Physical Education for ALL
   a. Establishing New Routines
      i. Identify a location and routine for instruction that can maintain a twelve foot or more distance for instruction (NYSED, n.d.)
      ii. Practice the routine
Instructional Guidelines for Quality Service Delivery in Adapted Physical Education

iii. Class density should be decreased to adhere to NYSED guidelines of physical distancing of twelve feet or more. This may mean that classes may need to be split into a, b and c groups for instruction in the gymnasium.

iv. Use of outdoor space whenever possible

v. Emphasis on stations when indoors

vi. Doors and windows open when possible

vii. Use of visual guides on walls and floors to help maintain physical distancing

viii. Students should bring their own water bottles to class

ix. Minimize equipment use when possible; however, all equipment must be cleaned following use

b. Supporting Appropriate Behavior-
   i. Avoid proximity and touch
   ii. Use clear routines
   iii. Silent signals and cues (ASL)
   iv. Prompt students about behavior that is expected
   v. Tangible reinforcement when appropriate

5. Addressing Anxiety and other Medical Conditions
   a. CDC link regarding anxiety: Mental Health and Coping During COVID-19
   b. CDC indicates individuals at higher risk/severe illness as having underlying medical conditions that are particularly not well controlled are more at risk. Letters b-d below apply to all students, but particularly students with the following conditions:
      i. Chronic lung disease
      ii. Severe asthma
      iii. Heart conditions
      iv. Immunocompromised individuals
      v. Severe obesity
      vi. Diabetes
      vii. Kidney disease/dialysis
      viii. Liver conditions
Instructional Guidelines for Quality Service Delivery in Adapted Physical Education

c. Students should get plenty of rest, healthy well-balanced meals and regular exercise
d. Communicate regularly with parents, teachers and counselors regarding any changes noticed
e. Review, revise and monitor IEP, Crisis Management Plans and Behavior Plans regularly as a team

6. Effectively address the NYS Learning Standards when delivering adapted physical education services

7. Resources for Adapted Physical Education
   a. Face masks designed for children on the spectrum/and hearing impaired
      i. The Face Mask Challenge: How Can We Motivate Individuals With Special Needs to Wear Face masks?
      ii. How to Make An Accessible, Deaf-Friendly Face Mask

8. Utilizing Paraprofessionals to support physical education during COVID-19
   a. Paraeducators often work one to one or in small groups to support children with disabilities. Paraeducators are critical in the current environment to ensure safe and effective integration into physical education for children with disabilities.
   b. Roles and responsibilities-The roles and responsibilities of paraeducators during physical education can include all of the following: taking attendance, ensuring each child is wearing a mask if they are physically able, ensuring each child is twelve feet or more apart, ensuring the equipment is cleaned before and after class, facilitating hand washing before and after class, ensuring cones and designated markers are in place for appropriate distancing, etc. (NYSED. n.d.).
   c. Specific directives-In these times we must take unique approaches. Paraeducators all have contracts. The requirements on the contracts may need to be expanded to include coming to physical education early and leaving a bit late to ensure the proper cleansing and disinfection of equipment and surfaces. These additional roles can help ensure that every child has the opportunity for a stress free, enjoyable, and organized physical education class.

9. Additional Resources:
   a. COVID-19 Information and Disability Services Resource List
Given the impact of COVID 19, it is likely that students, their families, school staff and others in the school community have experienced varying degrees of trauma. As a result of the pandemic, individuals have suffered many hardships including: financial stress, food insecurity, distance learning and social isolation. In addition, children and adolescents may be experiencing abuse, loss of loved ones and/or homelessness that increase trauma and for students aged 0-17 are also referred to as Adverse Childhood Experiences, or ACEs.

Therefore creating trauma-informed classrooms and building strong relationships utilizing culturally responsive teaching practices as well as considering students’ social emotional needs is highly recommended to help students transition back to school. Culturally responsive practices help to maintain the authenticity of planning and delivery of health and physical education instruction while also affirming students’ identities. Additionally, these practices allow students to reflect and validate perspectives and experiences from a personal context.

Culturally Responsive Sustaining Education (CR-SE)?

According to the NYSED, “the CR-SE framework helps educators create student-centered learning environments that embrace various individual backgrounds, considers the learning needs of each student, and empowers social change (NYSED, n.d.).

Culturally responsive teaching practices enhance the effectiveness of the CR-SE framework. Culturally responsive teaching is a pedagogy that recognizes the importance of including students’ cultural references in all aspects of learning (Ladson-Billings, 1994). A combination of utilizing both the CR-SE framework and culturally responsive teaching practices is a winning approach that will enhance the teaching learning environment. The table below highlights key ideas provided by the New York City Department of Education (NYCDOE) that should be implemented to ensure that all students learn at high levels (NYCDOE, n.d.).
Learning Environment Considerations for Health and Physical Education Teachers

Key Ideas Regarding CR-SE and Culturally Responsive Teaching

- Value and affirm the varied experiences, perspectives and needs that students bring into the classroom - whether they be connected to racial/cultural background, language, disability or other - as essential assets and resources for learning
- Foster critical consciousness about historical and contemporary forms of bias and oppression
- Identify and interrupt policies and practices that center on historically advantaged social/cultural groups and lead to predictable outcomes of success or failure for historically marginalized students
- Use curricula and pedagogy that are academically challenging, honor and reflect students' diversity, connect learning to students' lives and identities, challenge students to be critical thinkers, and promote student agency to end societal inequities
- Improve classroom and institutional practice through a mindset of high expectations for all students and deep examination and knowledge of one’s personal beliefs, assumptions, experiences and identities through ongoing professional learning and support
- Build strong connections and relationships with students, which requires understanding their lives, backgrounds and identities
- Develop close partnerships with families, communities and community leaders as sources of knowledge, experience and skills that can be used in shaping school priorities and deepening learning
- Develop restorative practices in schools, including using restorative justice as a response to harm, fostering trusting relationships among students, creating emotional safe spaces that recognize and nurture students’ identities, and giving students a sense of ownership and belonging in the school
Restorative Practices (RP)

Utilizing restorative practices supports CR-SE and culturally responsive teaching practices. Restorative practices are practices that use various communicative techniques that are focused on affective statements and proactive community building activities (Riley 2017). There are several ways to utilize restorative practices in schools including but not limited to: (a) fostering trusting relationships among students, (b) creating emotional safe spaces that recognize and nurture students’ identities, and (c) giving students a sense of ownership and belonging in the school (NYSED, n.d.).

For restorative practices to be most effective the whole school should be vested in the approach and work together on implementation. If the restorative practice approach is not implemented correctly, it can create more problems than solutions. Individual teachers; however, can make a difference by practicing the following restorative principles provided by the San Francisco Unified School District (San Francisco Unified School District, n.d.).

1. Acknowledges that relationships are central to building community
2. Builds systems that address misbehavior and harm in a way that strengthens relationships
3. Focuses on the harm done rather than only on rule-breaking
4. Gives voice to the person harmed
5. Engages in collaborative problem solving
6. Empowers change and growth
7. Enhances responsibility

The restorative approach can be successfully implemented as an approach to discipline; yet it differs greatly from a traditional approach to discipline. The table below was adapted from the San Francisco United School District (San Francisco Unified School District, n.d.). The table shows the differences between the restorative approach and the traditional approach to discipline as well as how the restorative approach can be applied in health and physical education.
<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>Restorative Approach</th>
<th>Restorative Approach for HPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>School and rules are violated</td>
<td>People and relationships violated</td>
<td>Make good decisions to foster and support people and relationships in and out of classroom settings</td>
</tr>
<tr>
<td>Justice focuses on establishing guilt</td>
<td>Justice identifies needs and obligations</td>
<td>Help students process and understand why they behaved in a certain manner</td>
</tr>
<tr>
<td>Accountability = punishment</td>
<td>Accountability = understanding impact, repairing harm</td>
<td>Help students to understand that their actions can hurt others as well as how to make amends with those that are hurt</td>
</tr>
<tr>
<td>Justice directed at offender; victim ignored</td>
<td>Offender, victim and school all have direct roles in justice process</td>
<td>Allow offending and victimized students to have a voice in conflict resolution process and work with teacher to come to a positive and educative outcome for all involved</td>
</tr>
<tr>
<td>Rules and intent outweigh whether outcome is positive/negative</td>
<td>Offender is responsible for harmful behavior, repairing harm and working toward positive outcomes</td>
<td>Allow offending and victimized students to have a voice in conflict resolution process and work with teacher to come to a positive and educative outcome for all involved</td>
</tr>
<tr>
<td>No opportunity for remorse or amends</td>
<td>Opportunity given for amends and expression of remorse</td>
<td>Allow students to decide how to make amends with someone that their actions have hurt</td>
</tr>
</tbody>
</table>
Learning Environment Considerations for Health and Physical Education Teachers

Social Emotional Learning (SEL)

A focus on social emotional learning (SEL) can support the classroom environment and work in tandem with trauma informed classrooms, culturally responsive teaching and restorative practices. In addition, the revised NYS Physical Education Learning Standards reinforce the importance of SEL to help students become healthy adults. In fact, an intentional focus of SEL can facilitate the development of both physical and mental well being as well as increasing cultural responsiveness and decreasing implicit bias among students (NYSED, 2018).

There are several SEL core competencies that can be addressed in health and physical education. These SEL core competencies include: self awareness, self management, responsible decision making, relationship skills and social awareness (CASEL, n.d.)

To foster the development of students’ SEL competencies and enhance the classroom environment, educators can engage in the practices provided in the following links:

- COVID-19 Pandemic: Return to School Canadian Physical and Health Education GUIDELINES
- SEL Core Competencies  https://casel.org/core-competencies/
Sample Activities from a Physical Distance

It is important to closely scrutinize potential physical activities that can be offered in physical education. While physical distancing must remain a priority, performing activities that use minimal equipment is also recommended. In addition, routines regarding how to sanitize equipment that is used must be developed and implemented in a safe manner. Another consideration is to perform physical activities in well-ventilated spaces, and if possible, outside. In addition, routines need to be established in regard to hand washing and use of hand sanitizer before and after activity. Below are sample activities that could be utilized in physical education, while ensuring that all safety precautions and NYSED/CDC guidelines are followed.

PreK
- Movement concepts
- Exploring locomotor skills
- Exploring non locomotor skills
- Exploring creative dance

K-2
- Movement concepts
- Locomotor skills
- Non locomotor skills
- Creative dance
- Moving to rhythm in personal space/no groups
- Manipulative skills with a piece of equipment for each student
- Fitness calisthenics
- Simple yoga poses

3-5
- Creative dance
- Rhythmic dance
- Yoga
- Hiking
- Snowshoeing
- Fitness stations with one student at each station
- Stress management - meditation, mindfulness
Sample Activities from a Physical Distance

6-8
- Line dance with physical distance
- Yoga
- Snowshoeing
- Geocaching
- Orienteering
- Running track events
- Stress management- meditation, mindfulness

9-12
- Mountain biking
- Yoga
- Pilates
- Kickboxing
- Solo dances
- Frisbee golf
- Orienteering
- Geocaching
- Stress Management- meditation, mindfulness
Conclusion

While it is still unclear what the next school year will bring, or how it may start, this document seeks to provide tangible and actionable guidance for health and physical educators. During the pandemic, it is critical that children and adolescents continue to receive quality health and physical education instruction.

Health and physical education instruction provides students with the knowledge and skills that will allow them to stay healthy and thrive through the duration of the pandemic and beyond. The profession must be open to new ideas and flexible in delivering instruction that focuses on safety, student learning and well-being. The uncertainty ahead for students and K-12 health and physical education itself is concerning; however, one idea remains constant- hope. Hope is the place between the way things were and the way they are yet to be. Please continue to have hope and work with NYS AHPERD to provide support and promote quality health and physical education programs.
References

Bergmann, J., & Sams, A. (2012). Flip Your Classroom: Reach Every Student in Every Class Every Day. International Society for Technology in Education.


Useful Links


IPLC - https://www.physical-literacy.org.uk/blog/covid-19-and-physical-literacy-key-questions/


PSAHPERD Reentry Plan- https://www.psahperd.org/assets/docs/HPE%20Reentry%20Plan%2020%284%29.pdf


SHAPE America - K-12 Re-entry Considerations - https://www.shapeamerica.org/advocacy/K-12_School_Re-entry_Considerations.aspx

The University of Texas School of Public Health - How to reopen K-12 schools in the safest way possible: A Path Forward on COVID-19. https://drive.google.com/file/d/1T0ehCl02C00x_RpqBDmJt-r2xFu5BDh/view


Trauma informed practices NYS Teaches - https://nysteaches.org/topics/trauma-sensitive-strategies/