

# APPENDICIES

## APPENDIX ONE: TEACHER QUESTIONNAIRE ONE

WILF MALCOLM INSTITUTE OF  
EDUCATIONAL RESEARCH (WMIER)

TE PŪTAHI RANGAHAU MĀTAURANGA A WILF  
MALCOLM



THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

### Physical Activity Initiative: Evaluating the impact of professional learning

#### Your details

1. Your name \_\_\_\_\_
2. Your email address \_\_\_\_\_
3. The name of your school \_\_\_\_\_
4. Your current position (*Please tick ONE box*)  
Teaching Principal   
Teaching DP/AP   
Syndicate leader/senior teacher   
Classroom teacher   
Other  Please specify: \_\_\_\_\_
5. Gender  
Female  Male
6. Age  
<25  26-35  36-45  46-55  56+
7. How many years teaching experience do you have? (*Please tick ONE box*)  
0-5 years  6-10 years  11-15 years  15+ years
8. Please indicate the year levels you currently teach (*Please tick as many as you need*)  
Year 1  Year 2  Year 3  Year 4   
Year 5  Year 6  Year 7  Year 8

9. What formal qualifications do you hold? *(Please tick the highest box)*

- Masters degree or higher  *(please specify)* \_\_\_\_\_
- Bachelors degree  *(please specify)* \_\_\_\_\_
- Diploma of teaching
- Diploma  *(please specify)* \_\_\_\_\_
- University Bursary/University Entrance
- School certificate
- I have no formal qualifications
- Other  *(please specify)* \_\_\_\_\_

10. How long was your teacher education programme?

- 1 year                       2 years                       3 years                       4 years

11. During this pre-service teacher education training, how much time did you spend learning about physical activity/physical education?

- Hardly any (less than 40 hrs)
- A reasonable amount (more than 40 hours, but less than 75 hrs)
- Quite a bit (more than 75 hrs, but less than 100 hrs)
- A substantial amount (more than 100 hrs)

12. What were the key things about physical activity/physical education that you learnt during your preservice teacher education?

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### Physical activity at your school

13. You will notice that we use the term **Physical Activity** in the following section. We would like to know more about what you understand the term **Physical Activity** to mean. *(Briefly outline what you think it means)*

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14. In what ways are you involved in co-curricula physical activities in your school? (*You may choose more than one*)

- Not involved
- As a classroom teacher
- As a coach of a school sports team
- As a manager of a school sports team
- As a co-coordinator of teams (e.g. co-ordinate inter-school teams etc.)
- Event Organiser (e.g. swimming sports etc.)
- Other (*please specify*) \_\_\_\_\_

15. How would you rate your school's physical activity culture? (*Please tick ONE box*)

- Successfully promotes** health enhancing physical activity behaviours through whole school community, policies and programmes
- Attempts to promote** health enhancing physical activity behaviours through whole school community, policies and programmes
- Makes little effort to promote** health enhancing physical activity behaviours through whole school community, policies and programmes.

16. How is physical activity delivered in your school? (*You may choose more than one*)

- In physical education time
- As a co-curricula activity  
(before and after school, during intervals and lunch times)
- During whole school sport time
- Integrated across key learning areas

Please indicate in which key learning areas you might integrate physical activity

- Health and physical education
- Language and languages
- Mathematics
- Science
- Technology
- Social sciences
- The Arts
- Not sure

17. In your school, is physical activity offered **more often** in curriculum settings or through co-curricula opportunities? (Please tick **ONE** box)

Curriculum

Co-curricula

18. How is it determined when students will engage in physical activity? (Please tick **ONE** box)

Timetabled for the whole school

Individual teachers choose when to fit it into the week

Other (please specify)

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19. Please indicate what individuals and interest groups currently support physical activity in your school. (You may tick more than one)

Principal  Deputy/Assistant/Associate principal

Board of Trustees  Curriculum/syndicate leader

Classroom teacher  Students

Parents  Caretaker/Grounds staff

Regional Sports Trust

Wider community organisations (e.g. DHB, Sports Clubs)

(please specify) \_\_\_\_\_

Not Sure

20. How important do you think it is that physical activity is included during class time your students are physically active **during the school day**?

Yes  No  Maybe

21. If yes, why is it **important** to you that your students are physically active?

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22. How would you rate **your ability** to deliver **physical activity** opportunities to your class?  
(Please tick **ONE** box)

Expert

Intermediate

Beginner

23. Please explain your selection

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24. If you wanted to get someone in to support the delivery of physical activity in your school, what qualities, attributes, skills would you be looking for in that person?

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### Physical education in your classes

Please note we are now talking about **curriculum physical education**.

25. Do you have any responsibility for Physical Education in your school?

Yes

No

26. If yes, please specify your responsibilities

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27. To you, what is physical education?

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28. Please **rank** the following as to what has been **most influential** in the development of your understanding of PE and how to teach PE? (*1 being most influential – 7 being least influential*)

- Your own experiences of PE while a school student
- Your own experiences of being physically active
- The HPE curriculum statement
- Your preservice training
- Other teachers in your school
- Teachers from other schools
- Professional development you have received since your pre-service training (including professional reading, courses, conferences etc.)

29. Having identified what has been most influential (*Your number 1 choice*) please explain why you made this choice.

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30. How is physical education taught in your class? (*Please tick ONE box*)

- Taught in blocks (length of blocks \_\_\_\_\_)
- Taught throughout the year
- Other (*please specify*) \_\_\_\_\_

31. In your long term plan (one year) what topics/content do you cover as part of your physical education programme?

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32. How frequently do you teach physical education to your class? (*Please tick ONE box*)

- Once a day     3-4 times a week     1-2 times a week     rarely

33. On average how long do your physical education classes last? (*Please tick ONE box*)

- <20 mins     20 - 40 mins     40 – 60 mins     >60 mins

34. List the **most** common elements of your physical education lessons?

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35. When monitoring individual student achievement in physical education, what do you record?  
(You may tick more than one)

- |   |                          |
|---|--------------------------|
| Motor skill levels (e.g. throwing ability etc.)                       | <input type="checkbox"/> |
| Fitness levels (e.g. endurance, flexibility)                          | <input type="checkbox"/> |
| Social skills (e.g. communication, respect for others, teamwork etc.) | <input type="checkbox"/> |
| Effort  | <input type="checkbox"/> |
| Participation   | <input type="checkbox"/> |
| Other (please specify) _____  | <input type="checkbox"/> |
| Not sure  | <input type="checkbox"/> |

36. How would you rate **your ability to teach physical education**? (Please tick **ONE** box)

- expert                       intermediate                       beginner

37. Please explain your selection

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38. What makes you feel more or less confident delivering physical education?

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39. Please indicate what individuals and interest groups currently support you in **delivering physical education** to your students?

- |                          |                          |                                      |                          |
|--------------------------|--------------------------|--------------------------------------|--------------------------|
| Principal                | <input type="checkbox"/> | Deputy/Assistant/Associate principal | <input type="checkbox"/> |
| Board of Trustees        | <input type="checkbox"/> | Curriculum/syndicate leader          | <input type="checkbox"/> |
| Other classroom teachers | <input type="checkbox"/> | Students                             | <input type="checkbox"/> |
| Parents                  | <input type="checkbox"/> | Caretaker/Grounds staff              | <input type="checkbox"/> |
| Regional Sports Trust    | <input type="checkbox"/> |                                      |                          |

Wider community organisations (e.g. DHB, Sports Clubs)

(please specify) \_\_\_\_\_

Not Sure

### Your life-time experiences in physical education and physical activity

40. Thinking about **your own** experiences of physical education when you were at school, how would you describe them? (Please tick **ONE** box)

- Predominately negative
- Predominately positive
- A mix of positive and negative

41. Please briefly explain your selection.

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42. Describe your most memorable (either positive or negative) experience of physical education from when you were at school.

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43. The following table looks at your level and type of participation in physical activity over the course of your life. Please list up to five activities you participate/d in, select the main type of participation and indicate how often you participated in this activity. **Complete the table up to, and including, your current age range.**

Age Range	Physical Activity (Please list up to 5)	Type of Participation				Frequency				
		Competitive	Social	Fitness	Enjoyment	More than once a week	Once a week	Once a fort-night	Once a month	1-4 times per year
5 - 15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 - 25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 - 35		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 - 45		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 - 55		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55+		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. What factors have influenced your participation in physical activity during the last 12 months?  
(*barriers and enablers*)

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45. What excites you about participating in physical activity?

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46. What turns you off participating in physical activity?

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47. Please indicate how you feel about the importance of physical activity in relation to each of the statements below.

<b>Physical activity:</b>	Strongl y agree	agree	Neither one or the other	disagre e	Strongl y disagre e
Is important for physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is important for maintaining or improving body shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a way to prevent obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a means to lower the risk of heart disease, diabetes etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is important for mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is important for stress reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is important as a means for socialising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhances academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Would you like to comment further on question 48:

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## Professional development

49. Have you had any physical activity focused professional development during your time working in schools (curricula or co-curricula)?

Yes  No

50. If yes, what has been the focus of the professional development have you had? (*You may tick more than one*)

- Planning for and teaching physical education as a classroom teacher
- Lead teacher of physical activity/physical education
- Learning how to organise school wide physical activity opportunities
- Personal physical skill development
- Other (Please specify) \_\_\_\_\_

51. Please describe what you found **useful** about any physical activity professional development you have received.

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52. Of the physical activity professional development you have received to date, what have you found to be of less relevance?

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53. What are the most important **structural/organisational** things you need that would help **you** develop effective physical activity opportunities for your students? *(You may tick more than one)*

- |   |                          |
|---|--------------------------|
| Facilities, spaces to teach                         | <input type="checkbox"/> |
| Opportunities to observe other teachers             | <input type="checkbox"/> |
| Being observed teaching and then receiving feedback | <input type="checkbox"/> |
| Resources, equipment                                | <input type="checkbox"/> |
| Time  | <input type="checkbox"/> |
| Other (please specify)                              | <input type="checkbox"/> |

54. What other professional development **content** relating to physical activity would you appreciate?

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55. Finally, please feel free to make any additional/overall comments in relations to any part of this survey:

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Thanks you for taking the time to complete the questionnaire, we appreciate your contribution to this national project.

Please return your completed questionnaire to your school contact person as indicated on the front of the questionnaire.

## APPENDIX TWO: TEACHER QUESTIONNAIRE TWO

WILF MALCOLM INSTITUTE OF EDUCATIONAL  
RESEARCH (WMIER)  
TE PŪTAHI RANGAHAU MĀTAURANGA A WILF MALCOLM



### Physical Activity Initiative: Evaluating the impact of professional learning

#### Your details

1. Your name \_\_\_\_\_
2. The name of your school \_\_\_\_\_

#### Professional development in 2006

3. During 2006 what professional development opportunities have you been involved in that related to physical activity (*You may tick more than one*)  
Workshops out of school (with other schools)   
Staff meetings in school   
Adviser working with you individually and/or your class   
Other (Please specify) \_\_\_\_\_
4. Who have you received most of your professional development from this year? (*Please ONE box*)  
A School Support services adviser   
Someone from your Regional Sports Trust   
Other (Please specify) \_\_\_\_\_
5. What do you think has been the dominant focus of the professional development you have received this year? (*Please tick ONE box*)  
Planning for and teaching physical education as a classroom teacher   
Learning how to organise/run school-wide physical activity opportunities   
Personal physical skill development   
Other (Please specify) \_\_\_\_\_

6. Please describe what you have found **most valuable** about the physical activity professional development you have received this year.

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7. Please describe what you have found **least relevant** about the physical activity professional development you have received this year.

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8. What support would you like in 2007 and beyond to allow you to continue to develop physical activity/physical education in your teaching/school?

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### Physical education in your classes

9. Do you feel more confident **teaching physical education** as a result of the professional development you have received this year? *(Please tick **ONE** box)*

Yes

No

10. If 'yes' what has changed that has made you feel more confident? *(You may tick more than one)*

I have a better understanding of the HPE curriculum

I have developed a wider range of teaching strategies

I have more resources to support my teaching

I know a much wider range of activities to meet my learning intentions

I have better support from other teachers

There is more equipment/resources I can use with my class

I have received feedback and encouragement that have helped me learn

Other *(please specify)* \_\_\_\_\_

11. Is physical education timetabled for your class? (Please tick **ONE** box)

Yes

No

12. How frequently do you teach physical education to your class? (Please tick **ONE** box)

Once a day

3-4 times a week

1-2 times a week

rarely

13. On average, how long do your physical education classes last? (Please tick **ONE** box)

<20 mins

20 - 40 mins

40 – 60 mins

>60 mins

14. How has your teaching of physical education changed as a result of the professional development you have received this year. In relation to:

Topics covered, curriculum coverage

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And in terms of the structure/elements of your lessons

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15. What evidence have you been gathering during the year to help you monitor improvement in students' motor skills?

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16. What other information do your record when monitoring students in physical education classes? (You may tick more than one)

- Social skills (e.g. communication, respect for others, teamwork etc.)
- Fitness levels (e.g. endurance, flexibility)
- Critical thinking/problem-solving skills
- Effort
- Participation
- Other (please specify) \_\_\_\_\_
- Not sure

17. Please indicate what individuals and interest groups currently support you in **delivering physical education** to your students?

- |  |                          |                                      |                          |
|--|--------------------------|--------------------------------------|--------------------------|
| Principal  | <input type="checkbox"/> | Deputy/Assistant/Associate principal | <input type="checkbox"/> |
| Board of Trustees                                      | <input type="checkbox"/> | Curriculum/syndicate leader          | <input type="checkbox"/> |
| Other classroom teachers                               | <input type="checkbox"/> | Students                             | <input type="checkbox"/> |
| Parents  | <input type="checkbox"/> | Caretaker/Grounds staff              | <input type="checkbox"/> |
| School Support Services Advisers                       |                          |                                      | <input type="checkbox"/> |
| Regional Sports Trust                                  |                          |                                      | <input type="checkbox"/> |
| Wider community organisations (e.g. DHB, Sports Clubs) |                          |                                      | <input type="checkbox"/> |
| (please specify)                                       | _____                    |                                      |                          |
| Not sure   |                          |                                      | <input type="checkbox"/> |

## Physical activity at your school

18. What co-curricular activities are available to your students at break times (before/after school, morning tea, and lunch)? (You may tick more than one)

- Sports team practices
- Playground equipment (Bars, court markings etc)
- Equipment Issued (Balls, hula hoops, skipping ropes etc.)
- Wet weather physical activity equipment available (knuckle bones, elastics etc)
- Other (please specify) \_\_\_\_\_



19. Have the opportunities for students to participate in physical activities been **enhanced** as a result of the focus on physical activity this year? (Please tick **ONE** box)

Yes  (complete question 19)    No  (complete question 20)

20. If 'yes' to question 18, in what ways have they been enhanced? (You may tick more than one)

- Timetabled allocation to co-curricular physical activities during the school day
- More co-curricular physical activities offered at break times
- Better/more resources
- Staff with improved skills for delivering physical activities
- Increased staff involvement
- Increased use of community resources (e.g. pools, fields, rec centres, equipment)
- Increased community involvement (e.g. parents/sports associations)
- School policy changes (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

21. If 'no' to question 18, what has prevented physical activity opportunities from being enhanced?

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22. How is physical activity **now** delivered in your school? (You may choose more than one)

- In physical education time
- During whole school sport time
- In a dedicated fitness time
- Before and after school, during intervals and lunch times
- Integrated across key learning areas (Please indicate which ones below )
- Health and physical education
- Language and languages
- Mathematics
- Science
- Technology
- Social sciences
- The Arts

23. Please indicate which individuals and interest groups support physical activity in your school. (You may tick more than one)

Principal	<input type="checkbox"/>	Deputy/Assistant/Associate principal	<input type="checkbox"/>
Board of Trustees	<input type="checkbox"/>	Curriculum/syndicate leader	<input type="checkbox"/>
Classroom teacher	<input type="checkbox"/>	Students	<input type="checkbox"/>
Parents	<input type="checkbox"/>	Caretaker/Grounds staff	<input type="checkbox"/>
Regional Sports Trust			<input type="checkbox"/>
Wider community organisations (e.g. DHB, Sports Clubs)			<input type="checkbox"/>
(please specify)	_____		
Not Sure			<input type="checkbox"/>

24. Has **your involvement** in co-curricular physical activities at school changed during this year? (Please tick ONE box)

Yes  No

25. If 'yes', in what ways has your involvement changed? (You may tick more than one)

Now involved in coaching/managing teams	<input type="checkbox"/>
Now organising school/syndicate physical activities	<input type="checkbox"/>
Liaise with community to facilitate physical activity opportunities	<input type="checkbox"/>
Involvement in a school physical activity committee (or equivalent)	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>

26. Do you feel more motivated and confident delivering **co-curricular physical activity** opportunities to your students as a result of the professional development this year? (Please tick ONE box)

Yes  No

Please explain your selection

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27. Thinking back on the professional development you have had this year, how would describe the relationship/difference between physical activity and physical education?

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## Impact on Students

28. Overall, have you noticed any changes in your **students' attitudes** toward physical activity this year? (Please tick **ONE** box)

Yes

No

Please explain your selection

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29. Overall, have you noticed an improvement in **student participation** in physical activities this year? (Please tick **ONE** box)

Yes

No

Please explain your selection

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30. Do you think there has been an improvement in students' physical abilities/motor skills as a result of changes in physical activity opportunities (both curricula and co-curricula) offered this year? (Please tick **ONE** box)

Yes

No

31. If yes, can you describe what has been the **key factor** in this improvement?

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32. Finally, please feel free to make any additional/overall comments.

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Thank you for taking the time to complete the questionnaire, we appreciate your contribution to this national project. Please return your completed questionnaire to your **school contact person** as indicated on the front of the questionnaire.

## APPENDIX THREE: PARENT QUESTIONNAIRE

WILF MALCOLM INSTITUTE OF EDUCATIONAL  
RESEARCH (WMIER)  
TE PŪTAHI RANGAHAU MĀTAURANGA A WILF MALCOLM



THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

### Physical activity at your child's school

In this section we are talking about **physical activity** that occurs in both in classroom and in the playground.

1. How good is your child's school at encouraging students to be physically active (*Please tick **ONE** box*)

Excellent       Good       Fair       Poor

2. How often during **classroom time** do you think your child get opportunities to be physically active? (*Please tick **ONE** box*)

Often       Seldom       Never

3. How often during **break times** (before/after school, morning tea or lunch) do you think your child get opportunities to be physically active? (*Please tick **ONE** box*)

Often       Seldom       Never

4. What physical activity opportunities are you aware of, that your child's school provide (*You may choose more than one*)

Physical education (PE during class time)

School sport (during the school day e.g. Friday afternoon sport)

After school sport (teams that play at the weekend)

Playground equipment (e.g. climbing frames, marked courts, balls, ropes etc)

After school care programmes (e.g. OSCAR)

Other (*please specify*) \_\_\_\_\_

5. Are you aware of any changes at your child's school this year, which have encouraged students to be more physically active?

Yes  (*please complete questions 5a and b*)

No  (*go to question 6*)

5a. If 'yes' to question 5, how have YOU found out about what the school has been doing in relation to physical activity this year? (You may choose more than one)

- From what your child tells you
- From other parents
- At parent/teacher meetings
- Through a newsletter/handout
- During a parent information night
- Other (please specify) \_\_\_\_\_

5b. If 'yes' to question 5, what changes are you aware of?

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### Your child and physical activity

6. Has your child's **participation** in physical activities changed this year?

Increased  Hasn't changed  Decreased

7. Has your child's **attitude** toward in physical activity changed this year?

Improved  Hasn't changed  Is more negative

8. What sort of change have you seen in your child's physical skills (*running, throwing, jumping, catching, kicking, climbing, game play etc*) during 2006?

Improvement  No changed  Declined

What do you think the reasons for this are?

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9. What do you think your child has been **doing** in physical education [PE] recently?

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10. What do you think your child has **learnt** in physical education [PE] recently?

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11. Finally please feel free to make any other comments

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Thank you for taking the time to complete this questionnaire.

**PLEASE RETURN IT TO YOUR CHILD'S TEACHER, IN THE ENVELOPE PROVIDED**