MOVE MORE: NORTH CAROLINA’S

Recommended Standards For Physical Activity In School
Physical activity is an important component of good health for all persons, regardless of age or ability. It is critical that children and adolescents engage in physical activity on a regular basis to improve their health and their success in school. Yet we know that not enough children engage in regular physical activity and physical education.

To that end, North Carolina’s Consensus Panel to Recommend Standards for Physical Activity in School* was convened in January 2005. The panel consisted of 30 local, state and national experts representing public schools, public health, Cooperative Extension and health advocacy groups. The panel developed the recommendations included in Move More: North Carolina’s Recommended Standards For Physical Activity In School as a tool for educators, parents, community leaders, industry representatives and policy makers to begin to create school environments that support physical activity.

This document serves as a companion document to Eat Smart: North Carolina’s Recommended Standards For All Foods Available In School, which was released in May, 2004.1

The Move More School Standards support the recommendation from the NC Healthy Weight Initiative’s 100-member task force to “Establish state policies to ensure adequate time for physical activity in schools, including quality daily physical education, recess and after-school activities.”

This was one of six policy and environmental recommendations presented in the task force report, Moving Our Children Toward A Healthy Weight: Finding The Will and The Way.2

The Move More School Standards and the Eat Smart School Standards are two of many tools that support Eat Smart, Move More…North Carolina, a statewide partnership among organizations, communities and individuals to promote increased opportunities for healthy eating and physical activity. Both of the above mentioned documents are available at www.EatSmartMoveMoreNC.com, www.NCPublicSchools.org and www.NCHealthySchools.org.

*Panel members listed on inside back cover
Childhood overweight and adult obesity have reached epidemic proportions nationally and in North Carolina, and are increasing in all age groups, among all races and ethnicities. North Carolina children are more likely than their national peers to be overweight. Between 1995 and 2004, the prevalence of overweight in North Carolina’s children and adolescents increased 19.8 percent in 12- to 18-year-olds, 62.2 percent in 5- to 11-year-olds and 65.3 percent in 2- to 4-year-olds. In 2004, more than one in four 12- to 18-year-olds were overweight; more than one in five 5- to 11-year-olds were overweight; and one in seven 2- to 4-year-olds were overweight.

For the first time in more than 100 years, our children’s life expectancy is declining due to the increase in overweight. Centers for Disease Control and Prevention (CDC) scientists recently predicted that nearly one-third of individuals born in 2000 would develop diabetes in their lifetime.

Lack of adequate physical activity and poor eating habits are widely recognized contributors to the childhood overweight epidemic. It is recommended that children and adolescents participate in at least 60 minutes and up to several hours of age-appropriate physical activity per day. Among North Carolina middle school youth, only half report getting at least 20 minutes of vigorous physical activity, and only 25.3 percent report getting at least 30 minutes of moderate physical activity on most days. Physical education provides one way for children and adolescents to acquire a portion of the recommended amount of physical activity. However the percentage of North Carolina high school students who reported attending physical education class at least one day per week in 2003 was 47.3 percent. This is lower than the national average of 55.7 percent.

The social stigmatization and low self-esteem often associated with childhood overweight is another serious consequence not to be overlooked.

William Dietz, M.D., Director, Division of Nutrition and Physical Activity, CDC
The human and economic impacts of the obesity epidemic are staggering. Overweight and obesity increase the risk for chronic diseases such as heart disease, stroke, diabetes and some cancers, negatively affecting North Carolinians’ quality of life. A preliminary economic analysis of physical inactivity, which included specific types of medical conditions, specific types of workers’ compensation claims and lost productivity indicators revealed that the annual cost to taxpayers for North Carolina adults’ physical inactivity is approximately $9.7 billion and rising. If the current trend persists, the burden could increase to more than $13.4 billion in 2008.

If efforts to reduce the number of physically inactive adults in North Carolina were successful—even a modest five percent reduction from 62.4 percent to 57 percent—the statewide financial toll from this modifiable risk factor could be reduced by approximately $570 million per year. Physical inactivity negatively impacts our state’s current and future economic health as businesses struggle to finance the costs of an increasingly overweight, ill and aging workforce. Encouraging active lifestyles is a reasonable solution to creating a healthier, more productive North Carolina for all.

Ensuring that children and adolescents are physically active each day is one way to improve children’s physical and mental health, as well as their ability to learn. Healthy, active children are likely to become healthy, active adults. Teaching children and adolescents the benefits of an active lifestyle and giving them the skills to remain active for life should be common goals of preschools and schools, families and communities.

Next to the home, school is the setting where children and adolescents spend the largest amount of time. Schools are places of extraordinary influence on the development of lifelong behavior patterns. This influence stems not only from what children learn in the classroom, but also from environmental cues, role modeling and peer influence.

Schools cannot be expected to solve all the problems associated with physical inactivity, but they do play a significant role. They can and must be places where the urgency of childhood overweight prevention is understood and where physical activity and healthy eating opportunities, consistent messages and supportive environments are priorities. The Move More School Standards can assist schools in changing their environments and policies to increase both physical activity and physical education opportunities for students.

Both physical education and recess afford opportunities to achieve the daily physical activity goal without any evidence of compromising academic performance.
The terms “physical activity” and “physical education” are often used interchangeably. However, they differ in important ways. Understanding the difference between the two is critical to understanding why both contribute to the development of healthy, active children.

Physical Activity is a behavior. Physical Education is a curriculum (or a class) that includes physical activity. Students need both physical activity and physical education to develop lifelong, active-living habits.

What is physical activity?
Physical activity is bodily movement of any type and may include recreational activities such as jumping rope, playing soccer, lifting weights and daily activities, such as walking to the store, taking the stairs or raking leaves. Physical activity provides health benefits to people who are active at an intensity that increases heart rate and requires heavier than normal breathing. The National Association for Sport and Physical Education (NASPE) recommends children accumulate at least 60 minutes and up to several hours of physical activity per day while avoiding prolonged periods of inactivity. Children can accumulate their 60 minutes to several hours of activity in shorter bouts lasting 10 to 15 minutes each. Opportunities to accumulate physical activity include time spent in classroom-based movement, recess, walking or biking to school, physical activity time during the physical education course and recreational sport and play that occurs during, before and after school.

**THE BENEFITS OF PHYSICAL ACTIVITY**
The benefits of regular physical activity are numerous and include both immediate and long-term effects. Physical activity:
- reduces the risk for overweight, diabetes and other chronic diseases,
- is associated with improved academic performance,
- helps children feel better about themselves,
- reduces the risk for depression and the effects of stress,
- helps children prepare to be productive, healthy members of society and
- improves overall quality of life.

"A lot of kids are overweight, and sitting the whole day won’t help us get any healthier.”
—Jonah, 6th grader

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**Physically Activity and Physical Education**

**Physical Activity:**
Any bodily movement that is produced by moving muscles. Physical activity may include planned activity such as walking, running, basketball or other sports. Physical activity may also include other daily activities such as yard work, walking the dog or taking the stairs instead of the elevator.

**Exercise:**
A subset of physical activity that is planned or structured. It is done to improve or maintain one or more of the components of physical fitness—cardio-respiratory endurance (aerobic fitness), muscular strength, muscular endurance, flexibility and body composition. Examples of exercise include running, lifting weights and stretching.

**Physical Fitness:**
An outcome, generally considered an ideal subset or form of health and related to an individual’s ability to perform physical activities that require aerobic fitness, endurance, strength or flexibility.
Physical education contributes to the physical activity time that students need. Physical education, by its nature, involves some physical activity, as well as some instructional time. On average, a student taking a quality physical education class should spend approximately half the class time being physically active, using skills taught in class. For example, on days when students have physical education class, they can be expected to accumulate 20 minutes of physical activity within a 40 minute physical education class. On days when students do not have physical education class, students should accumulate physical activity minutes throughout the school day, in 10 to 15 minute increments.

**What is physical education?**
Physical education is a curriculum (or a class) taught by a qualified physical education teacher. Physical education is critical to teach students the skills they need to be physically active for life and to practice those skills under the watchful eye of a qualified physical educator. Physical educators assess student knowledge, motor and social skills, and provide instruction in a supportive environment. NASPE recommends that schools provide 150 minutes of physical education for elementary school children and 225 minutes of physical education for middle and high school students each five-day school week. Physical education is part of the NC Healthful Living Standard Course of Study, which all students should receive.

**What is Coordinated School Health?**
North Carolina embraces the CDC model of Coordinated School Health. Coordinated school health is an eight-component model that addresses health education, physical education, nutrition, school environment, mental health, community/family involvement, health services and staff wellness. Coordinated school health should be organized at the school and local education agency (LEA) level to address the health and fitness of students, teachers and staff.

**What is the NC Healthful Living Standard Course of Study?**
The NC Healthful Living Standard Course of Study supports and reinforces the goals and objectives of its two major components: physical education and health education. Just as physical education is critical to help students become and remain active for life, health education is critical to teach students the life skills and knowledge they need to make healthy choices in

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79.4 percent of North Carolina parents surveyed believe the problem of child overweight is either a serious or very serious problem in their community.

North Carolina Child Health Assessment and Monitoring Program (CHAMP) 2005 Preliminary Data

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It’s all academic

The Consensus Panel recognizes the challenges schools face in meeting student academic and health needs. Both are important, and both require time and resources. The Consensus Panel wants to ensure that no curricular area is compromised by efforts to meet the Move More School Standards, yet acknowledges the positive impact that regular physical activity and physical education can have on students’ academic success, as well as their success in life.

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North Carolina Child Health Assessment and Monitoring Program (CHAMP) 2005 Preliminary Data
all areas, including substance use and abuse, sexual behavior, nutrition and mental health. Meeting the *Move More School Standards* should not interfere with students’ opportunity to master these life skills and acquire this knowledge.

**Is there a connection between physical activity, physical education and academic achievement?**

Physical activity and physical education have positive effects on physical and mental health. Regular physical activity causes changes in the brain and brain chemistry that improve mood and cognitive functioning. Cognitive function includes brain-related abilities such as attention, concentration, memory, language, abstract reasoning and calculation. Evidence suggests that students in elementary through high school perform better academically when they are physically active.\(^\text{16}\)

A summary of research examining the academic effect of participation in physical education programs found that an increase in physical education time, even with reductions in academic instruction time, had favorable effects on students’ academic achievement.\(^\text{16}\) Finally, healthy children miss less school and are more attentive when present.

Action for Healthy Kids (AFHK), a national non-profit organization, reports it is probable that students with poor nutrition, inactivity and weight problems have a higher prevalence of illness, psychological and social problems that are frequent causes of absenteeism.\(^\text{17}\)

**The bottom line**

Children and adolescents need more physical activity and physical education. Schools, parents and communities must rise to the challenge to ensure that children of all ages have access to multiple opportunities throughout the day, at school and before and after school, to be physically active. The *Move More School Standards* provide guidance for schools to write policies that will help move children toward a healthy, active lifestyle.

**Proposed implementation**

Ideally, schools will begin to work immediately to develop and implement policies in support of the *Move More School Standards*. Such policies should consider all aspects of implementing the *Move More School Standards*, including, but not limited to, availability of funds and personnel, staff and community involvement, classroom and community education and strategies for monitoring compliance with the policy.

The *Move More School Standards* may also provide guidance to policy makers and policy advocates as they address issues related to overweight, obesity and other chronic diseases. Financial incentives tied to particular levels of performance will enhance the speed and quality of implementation as will legislation enacted by the General Assembly and policies passed by the NC Board of Education, LEA or individual school.
For example, schools can achieve the Minimum Level of the *Move More School Standards* for Time Allocation simply by implementing the revised Healthy Active Children policy passed by the NC State Board of Education in April 2005. This policy states that schools must provide a minimum of 30 minutes of physical activity for school children in kindergarten through eighth grade each school day. Schools can achieve this level of activity through a combination of physical education and movement incorporated throughout the school day, either in recess or physical activity breaks integrated into the NC Standard Course of Study.

In addition to creating opportunities for students to participate in physical education and physical activity, administrators also need to consider the elements of quality for physical education and physical activity programs. Creating quality experiences for North Carolina youth means striving to meet at least some of the *Elements of Quality Physical Education and Physical Activity* outlined on page 8. For example, quality physical activity is not only providing the recommended number of minutes of physical activity during the school day using various equipment, but also includes reporting activity time to caregivers, encouraging physical activity at home and staying current on methods for incorporating physical activity into the NC Standard Course of Study.

The *Move More School Standards* are voluntary and outline three achievement levels. The *Move More School Standards* put physical education courses on the same level as other courses taught in public schools and put achieving recommended levels of physical activity on the same level of importance as other preventive health behaviors, such as immunizations and eye exams. The *Elements of Quality Physical Education and Physical Activity* piece of the *Move More School Standards* outlines ways that schools can improve the quality of their physical education and physical activity programs. Schools can choose the starting point and the achievement level they wish to pursue:

- **Needs Improvement**: Not compliant with law or policy
- **Minimum Standard**: Compliant with existing law or policy. Reflects Consensus Panel recommendation when no law or policy exists
- **Superior Standard**: Above and beyond law or policy. Reflects Consensus Panel recommendation when no law or policy exists

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“Recess gives you a chance to stretch your legs and helps you get fit. It’s good to be able to get up and run and play.”

—Aaron, 6th grader
<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Superior Standard</th>
<th>Physical Activity (PA)</th>
<th>Physical Education (PE)</th>
<th>Physical Education (PE)</th>
</tr>
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<tbody>
<tr>
<td><strong>Time</strong></td>
<td><strong>Class Size</strong></td>
<td><strong>Facilities</strong></td>
<td><strong>Equipment/Supplies</strong></td>
<td></td>
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<td>Students</td>
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<td></td>
<td>One or more PE teachers on staff not licensed</td>
<td>One PE teacher, 1:25 teacher/student ratio in majority of PE classes</td>
<td>Insufficient equipment/supplies to facilitate learning and practice time for all students in each PE class period</td>
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<td></td>
<td>N/A</td>
<td></td>
<td>Additional PA opportunities during the school day</td>
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<td></td>
<td>N/A</td>
<td></td>
<td>Extensive variety of equipment/supplies to facilitate PA in PE classes</td>
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<td></td>
<td>N/A</td>
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**North Carolina's Recommended Standards For Physical Activity In School**

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1. Unit is defined as 130 credits hours on a block schedule and 150 credit hours on a traditional schedule.

2. Standards are shown using T0.100 for the dimensions of fields, classrooms, and other facilities.

3. Based on NASPE recommendations for 10 to 150 square feet per student for elementary schools. There are no specific recommendations for facilities.

4. Standards are not applicable to PE class periods during vacations and for other activities such as recess, dance and other curriculum-based physical activities. PA should complement, not substitute for PE in the classroom or during PA class period.
# MOVE MORE SCHOOL STANDARDS
## ELEMENTS OF QUALITY PHYSICAL EDUCATION AND PHYSICAL ACTIVITY IN SCHOOL

<table>
<thead>
<tr>
<th>Professional Development</th>
<th>Quality Physical Education</th>
<th>Quality Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical education teachers acquire 50% or more of professional development (CEUs) in Health Education and/or Physical Education over a 5-year period</td>
<td>75% or more of teachers and assistants attend a physical activity training over a 5-year period</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Professional Involvement</th>
<th></th>
<th>75% or more of all teachers are members of a professional teaching organization</th>
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<tbody>
<tr>
<td></td>
<td>100% of the physical education teachers are members of NCAAHPERD (See glossary)</td>
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<thead>
<tr>
<th>Physical Fitness Tests</th>
<th></th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Students receive individual pre and post physical fitness tests, as well as periodic evaluation(s) as part of classroom instruction to improve fitness levels</td>
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<table>
<thead>
<tr>
<th>Communication</th>
<th></th>
<th>Classroom teachers communicate with each other about ways to incorporate physical activity in the classroom setting, as well as integrate lessons with other classroom activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical education staff communicates with each other on a regular basis (e.g., weekly meetings, shared lesson plans, other collegial sharing)</td>
<td>Classroom teachers report to families on physical activities that occur at school and encourage families to include 30 minutes of physical activity at home</td>
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<tr>
<td>Parents receive written progress reports at least once a quarter and at least one other form of communication (e.g., year plan, newsletter, website)</td>
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<table>
<thead>
<tr>
<th>Program</th>
<th>Aligned Curriculum</th>
<th>LEAs provide physical activity curriculum and guidance aligned with the SCOS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At physical education teachers use the NC Healthful Living Standard Course of Study (SCOS) and LEAs provide enhanced curriculum and guidance aligned with the SCOS</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Program and Teacher Evaluation</th>
<th></th>
<th>There is regular periodic performance evaluation of teachers by the appropriate administrator to include planning of and implementation of physical activity time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical education staff actively solicit and act on student and parental feedback about the physical education program</td>
<td>Classroom teachers are supervising and interacting with students through the physical activity program or recess</td>
<td></td>
</tr>
<tr>
<td>Periodic performance evaluation of teachers by the appropriate administrator uses the DPI Physical Education Teacher Evaluation Form and includes planning, instructional practices, and use of assessments</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Health and Safety</th>
<th></th>
<th>There is a district/school/department written emergency plan for responding to and documenting injuries and other health-related incidents in physical education/activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a district/school/department written emergency plan for responding to and documenting injuries and other health-related incidents in physical education/activity</td>
<td>Teachers are provided at the beginning of the school year and updated regularly with information about students' health conditions relevant to physical education</td>
<td></td>
</tr>
<tr>
<td>Physical education teachers are provided at the beginning of the school year and updated regularly with information about students' health conditions relevant to physical education</td>
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<thead>
<tr>
<th>Physical Education Coordinator</th>
<th></th>
<th>N/A</th>
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<tbody>
<tr>
<td>There are one or more Healthful Living Coordinator(s) for the LEA</td>
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<table>
<thead>
<tr>
<th>Local Educational Agency (LEA) Support</th>
<th></th>
<th>Local Board policy to provide adequate amounts of physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is an amount of funding in a physical education budget to provide staff development and resources for a quality physical education class equal to the amount for other teachers in the school</td>
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<td></td>
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<tr>
<td>There is a Local Board policy to provide quality physical education as part of coordinated school health</td>
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<table>
<thead>
<tr>
<th>Outside School Day</th>
<th></th>
<th>Before- and after-school programs have a physical activity component</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Community Involvement</th>
<th></th>
<th>There is a policy for shared use of facilities such as gymnasiums, walking trails, tracks, community recreation facilities, etc.</th>
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</thead>
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</table>

## MOVE MORE
Including more physical activity and physical education in the school day will not happen overnight and will take the efforts of many to fully implement. School personnel, community leaders and families, as well as policy makers, bring different perspectives to this issue. However, all share the common goal of providing a healthy future for children.

**School personnel as role models**

School personnel who are committed to their own health and well-being are a valuable asset to the school, not only as role models, but as advocates. Providing wellness training for teachers and staff would increase the knowledge and commitment these groups share in supporting a healthy school environment. Training should equip teachers and staff with the skills to evaluate and improve their own physical activity habits, enhancing their ability to serve as role models.

School personnel who make healthy choices are likely to advocate for school environments that promote increased physical activity and healthy eating for students. This role as advocate can take many forms. Voicing support for more physical activity time, proper equipment and facilities, encouraging physical activity outside the school day and advocating for quality physical education may be appropriate.

**Community links**

Key community institutions such as city or county parks and recreation departments, local health departments, hospitals, civic groups and community policy makers all share an interest in increasing physical activity and improving the health of the community.

In addition to providing community opportunities for students to be physically active, these stakeholders have many opportunities to work directly with schools to complement efforts to improve student physical activity. For example, constructing accessible, well-lit, safe sidewalks and bike paths from neighborhoods to schools facilitates student walking and bicycling. The development of sports and recreation facilities near schools or the negotiation of shared use policies will also provide additional opportunities for students to become more active.

Parents and parent groups may form partnerships with schools to help provide physical activity. Volunteers assisting with structured recess activities in elementary schools or as intramural coaches in middle and high schools can help support school physical activity efforts.

In addition to offering facilities and labor, organizations such as hospitals, health departments, non-profit health agencies and educational institutions can provide schools with technical assistance in the areas of grant writing and program evaluation to support physical activity initiatives.

Whatever the need, there is likely a community partner willing to play a major role in helping the school’s efforts to increase student physical activity.

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**From paper to practice**

Adults acting as positive role models for children, is a recommendation of the NC Healthy Weight Initiative’s 100-member Task Force.²
Families as the foundation

Families are the foundation of the solution to childhood overweight and adult obesity. They provide the child’s first learning environment and have the potential to make the environment supportive of physical activity and healthy eating. Families can influence children’s physical activity practices by ensuring opportunities for daily movement and limiting the amount of time allowed for television or video games. They can influence children’s physical activity patterns by establishing regular times for the family to be active together as often as possible. They can decide, as a family, activities they can do together instead of watching television. And they can commit to “walking the talk,” balancing physical activity with healthy eating to improve their own health and provide an example for their children.

Research shows that parental influence plays a role in promoting physical activity. In adolescents, parent support and help were positively associated with physical activity. Families can also influence opportunities for children and adolescents to make good choices with respect to physical activity by being advocates for environmental and policy change to support physical activity outside the home.

Parental and community involvement through School Health Advisory Councils (SHACs), participation in school activities, parent-teacher organizations or local board of education meetings can ensure that consistent messages about the role of physical activity and healthy lifestyles in health and learning are provided and reinforced at home, school and in the community.

More than 94 percent of elementary, middle and high school parents surveyed said they believe it is important for schools to have physical activity policies that provide daily physical education for students.

Ninety-eight percent of parents surveyed said they believe it is important for schools to provide routine physical activity opportunities, in addition to physical education, throughout the school day for students of all abilities.

North Carolina Child Health Assessment and Monitoring Program (CHAMP) 2005 Preliminary Data
Move More: NC’s Recommended Standards for Physical Activity In School

represents the best thinking of the Consensus Panel on how schools can help change physical activity patterns of students in school and influence change in families and communities. However, there are important considerations outside the scope of the Move More School Standards that families, schools and communities might consider.

Preschools

Schools that offer preschool should provide opportunities for a minimum of 60 minutes and up to several hours of active play each day. While there are no standards established for physical education in preschool, preschool-age children need the opportunity to learn and practice basic motor skills, such as walking, running, jumping and hopping. In addition, preschool-age children need the opportunity to learn skills such as catching, throwing, kicking and hitting a ball. These skills do not develop spontaneously—they must be taught in an environment that stimulates their development.

Children who are exposed to a variety of physical activities and encouraged to practice skills will develop a sense of accomplishment and mastery, fostering their lifetime enjoyment of physical activity.

Outdoor physical environment

Outdoor play areas provide space where children can engage in active learning and physical activity. Play areas should provide safe places for students and teachers to interact with the natural environment. School grounds should be designed and managed to promote physical activity, physical education and healthy psychological and social development through creative play.

Recess

Providing daily recess periods for elementary and preschool students is recognized as an essential component of the total educational experience by NASPE and is one of the recommendations from the NC Healthy Weight Initiative. Children need a variety of movement experiences to develop a healthy mind and body. Recess provides students opportunities for active play during the school day, contributing to their social, physical and cognitive development.

Before- and after-school programs

Before- and after-school programs are excellent opportunities to provide physical activity for many children. Some of the guidelines for developing or enhancing these programs include giving children a choice of activities; giving children an equal opportunity to participate regardless of physical ability; giving children the opportunity to be involved in program planning; providing age-appropriate, supervised activity under the guidance of a qualified adult; and providing adequate facilities and equipment.

“I think physical activity in school is great. It’s lots of fun and it keeps you moving. Every school should have physical activity.”

—Ann, 8th grader
**Intramurals**

Intramural and other physical activity programs extend and complement physical education to ensure that all children are provided the opportunity, regardless of ability, to participate in activities that can contribute to their enjoyment of leisure time physical activity. Intramurals provide increased opportunity for physical activity and skill development and should be available to all children regardless of their previous sports involvement or skill.

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**Other considerations**

- Schools allow only temporary excuses from physical education for acceptable reasons.
- Schools require documentation and classwork requirements in lieu of missed physical education classes.
- Physical activity and physical education allow individuals with disabilities to practice movement skills/forms in meaningful ways.
- Physical activity is not used as punishment.
- Physical activity and physical education emphasize fun and the development of lifelong skills rather than competition.
- Teachers and administrators lead active recess and special physical activity events.
- Schools and communities provide physical activities that are culturally sensitive and appealing to a wide audience and range of abilities.

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**CALL TO ACTION**

North Carolina is experiencing an unprecedented obesity epidemic, affecting children and adults alike. This obesity epidemic is taking a toll on the quality of our citizens’ lives, as well as the economic strength of our state. The solution seems simple: get North Carolinians to eat smart and move more. Yet we know that many of us do not meet even minimum recommendations for physical activity and healthy eating. We have an opportunity, as a state, to change that. Creating a North Carolina where physical activity and healthy eating are the norm, rather than the exception, is the vision set out by state leaders for winning the battle against chronic disease and obesity for North Carolina. In order to be successful, we must start with our children and raise a generation of adults who grow up experiencing first-hand the benefits of an active, healthy lifestyle.

Schools have the potential to help students gain the knowledge, skills and confidence to enjoy a lifetime of physical activity, through quality physical education and physical activity incorporated throughout the school day. *Move More: NC’s Recommended Standards For Physical Activity In School* is a sound tool to guide and build support for change in schools. Equally important is the need for families and communities to complement the work of the schools by making physical activity part of community and family life. It is imperative that we seize this opportunity to make a positive impact on North Carolina’s future. Our children and their future deserve no less.
Physical activity and healthy eating go hand-in-hand for a healthy lifestyle and should be promoted together. Students, families, teachers, principals, superintendents, school board members and community leaders each play a role in making school a place that supports increased physical activity and healthy eating.

**Students:**
- **Eat smart and move more**—to look, feel and do your best.
- Get informed and get involved.
- Set goals for yourself.
- Serve as a role model to younger students.
- Eat a healthy breakfast, lunch, snacks and dinner.
- Participate in physical activity at least 60 minutes each day.

**Families:**
- **Eat smart and move more**—children are watching you.
- Advocate for healthy school meals and nutrition education.
- Learn how your school’s physical education program is financed and discuss it with others.
- Advocate for increased physical activity in schools.
- Provide healthy snacks and/or fun physical activity for parties and events.
- Monitor and limit your child’s TV time.
- Be physically active with your children.
- Take advantage of opportunities for physical activity in your community.

**Teachers/Staff:**
- **Eat smart and move more**—children are watching you.
- Teach and role model good nutrition and physical activity.
- Coordinate physical activity with physical education staff.
- Teach life skills—not just the facts.
- Include physical activity as part of celebrations, meetings and other special events.
- Move with students—support physical activity and physical education programs.
- Incorporate physical activity into your curriculum (or class).

**Principals:**
- **Eat smart and move more**—children are watching you.
- Support a healthy eating and physical activity environment and tell others about your commitment.
- Establish school policy and enforce district and state policy.
- Seek alternative sources of revenue for your school that do not send conflicting messages.
- Include physical activity breaks during meetings and school events.
- Provide continuing education opportunities for staff on nutrition and physical activity.

**School Superintendents/School Board Members:**
- **Eat smart and move more**—children are watching you.
- Support a healthy eating and physical activity environment and tell others about your commitment.
- Make funds available to support healthy eating and physical activity.
- Establish and enforce policy for physical activity in school.
- Require comprehensive quality physical education for PreK–12.

**Community Leaders:**
- **Eat smart and move more**—children are watching you.
- Support healthy school and community environments and tell others about your commitment.
- Provide community opportunities (such as facilities and manpower) for students to be physically active.
- Assist schools in resource development, including grant writing, program planning and program evaluation.
- Partner with parent groups to assist with structured recess or intramural activities at schools.


“Kids like the activity, for example, dance, soccer, sports, etc.”

—Sarah, 7th grader
**Glossary**

**After-School Programs**: Programs taking place immediately following school classes. After-school programs are designed to provide care for and educational enhancement to children in the hours immediately following school classes.

**Balanced Curriculum**: A guiding document for elementary and middle school focusing on the importance and values of delivering a well-rounded education which includes all areas of the Standard Course of Study. To download a copy of this document go to www.NCPublicSchools.org/curriculum.

**Body Mass Index (BMI)**: An index of body weight for height used to classify overweight or obesity in adults. BMI, adjusted for age and gender, is also used to identify children or obesity in adults. BMI, adjusted for age and gender, is also used to identify children and adolescents who are overweight or at-risk for overweight.

**Built Environment**: All of the buildings, spaces and products created or modified by people. For example: buildings (housing, schools and workplaces), land use (industrial or residential), public resources (parks, museums), zoning regulations, transportation systems.

**Certified Physical Education Teacher**: Teacher with a teaching certification in physical education.

**Child Health Assessment Monitoring Program (CHAMP)**: Surveillance system to monitor health and risk behaviors of children in North Carolina under 18 years of age.

**Childhood Overweight**: A gender- and age-specific Body Mass Index (BMI) at or above the 95th percentile for children and youth aged two to 20 years, based on 2000 Centers for Disease Control and Prevention (CDC) growth charts. The terms obesity and overweight are used interchangeably for children and youth and refer to children at or above the 95th percentile.

**Classroom Events**: Events occurring in a school classroom in which all students participate and enjoy.

**Chronic Disease**: An illness that is prolonged, does not resolve spontaneously, and is rarely cured completely. Chronic diseases such as heart disease, cancer and diabetes account for seven of every 10 deaths and affect the quality of life of 90 million Americans. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use can prevent or control the devastating effects of these diseases.

**Communities in Schools**: A statewide not-for-profit organization that works with local school systems to get the community more involved with supporting students and teachers.

**Community Schools**: Community schools are K–12 public schools that combine the rigorous academics associated with high quality instructional environments and a wide range of vital in-house services, supports and opportunities that promote children’s learning and development. Supports range from medical and mental health services to extended day and weekend activities, such as sports, homework assistance centers and computer enrichment clubs.

**Eat Smart Move More...North Carolina (ESMM NC)**: A statewide partnership among organizations, communities and individuals to promote increased opportunities for healthy eating and physical activity. For more information, go to www.EatSmartMoveMoreNC.com.

**Eat Smart School Standards**: The **Eat Smart: North Carolina’s Recommended Standards For All Foods Available In School** is a tool for parents, community leaders, educators, industry representatives and policy makers. The **Eat Smart School Standards** help move the conversation and stimulate change around the important role of healthy eating in schools. This document can be viewed at http://www.EatSmartMoveMoreNC.com/ESMMmaterials/SchoolFoodsStandards.pdf.

**Exercise**: A subset of physical activity that is planned or structured. It is done to improve or maintain one or more of the components of physical fitness—cardiorespiratory endurance (aerobic fitness), muscular strength, muscular endurance, flexibility and body composition. Examples of exercise include running, lifting weights or stretching.

**Extracurricular**: Outside the regular course of study but under the supervision of the school.

**Full Size Gym**: The exact size of a full size gym or multipurpose room will vary. An estimate would be 70’ x 100’, or approximately 7,000 square feet.

**Healthy Eating**: A dietary pattern consistent with the Dietary Guidelines for Americans.

**Intramural Events**: Team and dual/individual activities, tournaments, meets and/or special events, clubs, open gym days and dance activities that are limited to participants and teams from within a specific school or institutional setting.

**Instructional Day**: Time in which students are in class—typically five and a half hours per day.

**Local Education Agencies (LEAs)**: Local Education Agency is also referred to as the School District or School System.

**Medicinal Intensity Physical Activity**: Any activity performed at 50 to 69 percent of maximum heart rate. For most people, it is equivalent to sustained walking, is well within most individuals’ current physical capacity, and can be sustained comfortably for prolonged periods of time (at least 60 minutes). A person should feel some exertion but also should be able to carry on a conversation comfortably during the activity.

**Moderate Amount of Physical Activity**: Achieving a moderate amount of activity sufficient to burn approximately 150 calories of energy per day, or 1000 kilocalories per week. The duration of time it takes someone to achieve a moderate amount of activity depends on the intensity of the activities chosen.

**Moderate Disease**: A guiding document for elementary and middle school focusing on the importance and values of delivering a well-rounded education which includes all areas of the Standard Course of Study. To download a copy of this document go to www.NCPublicSchools.org/curriculum.

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Glossary, continued

**Modifiable Risk Factor:** A risk factor is a characteristic that increases a person’s chance of having a disease. A risk factor for a disease is not necessarily a cause of the disease, although at times it is. Modifiable risk factors can be changed by treatment, intervention or changes in behavior and lifestyle.

**National Association of State Boards of Education (NASBE):** A non-profit organization founded in 1958, NASBE works to strengthen state leadership in educational policymaking, promote excellence in the education of all students, advocate equality of access to educational opportunity, and assure continued citizen support for public education. For more information, go to: www.NASBE.org.

**National Association for Sport and Physical Education (NASPE):** A non-profit professional organization comprised of individuals engaged in the study of human movement and the delivery of sport and physical activity programs. Through its members as well as corporate and public partnerships, NASPE develops and supports quality sport and physical activity programs that promote healthy behaviors and individual well-being. Educating the American public about the importance of physical education for all children and youth is a primary focus. NASPE’s 20,000 members include K–12 physical educators, college and university faculty, researchers, coaches, athletic directors and trainers. For more information, go to: www.NASPEinfo.org.

**National Board Certification:** National Board Certification assessments require teachers to demonstrate teaching practice, content knowledge and educational methods—content knowledge. North Carolina continues to lead the nation in the number of teachers who earned certification by the National Board of Professional Teaching Standards, the most accepted symbol of teaching excellence in the United States. Achieving National Board Certification is a strong endorsement of teacher quality. To date, approximately 250 North Carolina physical education teachers hold National Board Certification and the number continues to increase yearly. For more information on National Board Certification, visit www.NBPTS.org.

**North Carolina Alliance for Athletics, Health, Physical Education, Recreation and Dance (NCAAHPERD):** A professional association that provides advocacy and professional development for health, physical education, recreation, dance and athletic professionals. Under the Alliance, there are six associations working with NCAAHPERD to make North Carolina a healthier and more active state. They include: The Dance Education Association of North Carolina (DANCE), North Carolina Association for Athletic Education (NCAAE), North Carolina Association for the Advancement of Health Education (NCAAHE), North Carolina Association of Intramurals and Recreation (NCAIR), Physical Education Association (PEA) and Student Majors Association (SMA). For more information, visit www.NCAAHPERD.org.

**NC Cooperative Extension Service:** An educational partnership helping people put research-based knowledge to work for economic prosperity, environmental stewardship and an improved quality of life. Their educational programs focus upon enhancing agricultural, forest and food systems; strengthening and sustaining families; developing responsible youth; building quality communities and conserving and improving the environment and natural resources.

**North Carolina Healthful Living Standard Course of Study:** The Healthful Living Education curriculum promotes behaviors that contribute to a healthful lifestyle and improved quality of life for all students. The Healthful Living Education curriculum, when fully integrated, supports and reinforces the goals and objectives of its two major components—health and physical education. When the concepts of these two areas are integrated, learning is enhanced to its maximum. To view the Healthful Living Standard Course of Study, visit www.NCPublicSchools.org/curriculum/health.

**North Carolina Healthy Schools:** The goal of North Carolina Healthy Schools is to create a working infrastructure between education and health to enable schools and communities to create a Coordinated School Health Program. A model school health program includes all eight components: Comprehensive School Health Education; School Health Services; A Safe Physical Environment; School Counseling, Psychological and Social Services; Physical Education; Nutrition Services; School-Site Health Promotion for Staff; Family and Community Involvement in Schools. For more information, visit www.NCHealthySchools.org.

**North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS):** A system that provides accurate, timely information relevant to child health indicators of nutritional status such as overweight, underweight and anemia. Local public health departments and WIC programs routinely submit data on clients to the NC Health Services Information System (HSIS). NC-NPASS is a subset of this larger HSIS database and includes height, weight, a few lab measures and limited behavioral data.

**North Carolina Standard Course of Study:** A program adopted by the State Board of Education that sets content standards and describes the curriculum which should be made available to every child in North Carolina’s public schools. It includes the subject or skills areas of arts education, English language arts, guidance, healthful living, information/computer skills, mathematics, science, second language studies, social studies and workforce development education.

**No Child Left Behind (NCLB):** The No Child Left Behind Act, signed into law in 2002, has expanded the federal role in education and set requirements in place that affect every public school in America, including those in North Carolina. At the core of No Child Left Behind are measures designed to close achievement gaps between different groups of students. The NCLB web site addresses key NCLB elements as they are implemented in North Carolina, including methods of measuring progress in students’ academic achievement, standards for teachers and ramifications for Title I schools. For more information, visit www.NCPublicSchools.org/nclb/.
NC Healthy Weight Initiative: The mission of the NC Healthy Weight Initiative is to shape the eating and physical activity patterns of North Carolina children and youth in ways that lead to healthy weight and reduce the risk for chronic disease. The NC Task Force for Healthy Weight in Children and Youth created a comprehensive state plan, Moving Our Children Toward a Healthy Weight: Finding the Will and the Way, that provides recommendations for action to address childhood overweight. For more information and the state plan, visit www.NCHealthyWeight.com.

Obesity: A Body Mass Index (BMI) of 30 or greater in adults. The terms obesity and overweight are used interchangeably for children and youth and refer to children at or above the 95th percentile.

Overweight: A Body Mass Index (BMI) between 25 and 29 for adults. The terms obesity and overweight are used interchangeably for children and youth and refer to children at or above the 95th percentile.

Physical Activity: Describes any bodily movement that is produced by moving muscles and using energy.

Physical Education: A course taught by a certified physical education teacher, that provides the environment where students learn, practice and receive assessment on developmentally appropriate motor skills, social skills and knowledge as defined in the North Carolina Healthful Living Standard Course of Study. (HSP-S-000)

Physical Fitness: An outcome, generally considered an ideal subset or form of health and related to an individual’s ability to perform physical activities that require aerobic fitness, endurance, strength or flexibility and is determined by a combination of regular activity and genetically inherited ability.

Policy: A principle plan or course of action as pursued by an organization.

Quality Physical Education: According to NASPE guidelines, a high quality physical education program includes the following components: opportunity to learn, meaningful content and appropriate instruction. It is the unique role of quality physical education programs to develop the health-related fitness, physical competence, and cognitive understanding about physical activity for all students so they can adopt healthy and physically active lifestyles. For more information visit www.AAHPERD.org/naspe.

Recess: A break during the school day set aside to allow children the time for active play. Schools vary in the number of recess periods given children each day, the length of the periods, and the environments available. Typically recess occurs outdoors and in a designated play area. During inclement weather, schools may have recess periods in a game room, gymnasium, or inside the classroom. For more information, visit the National Association of Early Childhood Specialists in State Departments of Education website at http://NAECS.crc.uiuc.edu/position/recessplay.html.

School Health Advisory Councils (SHACs): The group mandated by the NC State Board of Education to help plan, implement and monitor the State’s Healthy Active Children Policy as well as other health issues as part of a Coordinated School Health Program.

School Health Initiatives: All school health activities in the various sections of the NC Division of Public Health that contribute to the advancement of school health as one of the Division’s priorities. Leadership for School Health Initiatives is provided by the School Health Matrix and the School Health Unit.

Vigorous Intensity Physical Activity: Hard or very hard physical activity requiring sustained, rhythmic movements and performed at 70 percent or more maximum heart rate according to age. Vigorous activity is intense enough to represent a substantial physical challenge to an individual and results in significant increases in heart and respiration rate.
North Carolina State Board of Education
Policy Manual

POLICY IDENTIFICATION
Priority: High Student Performance       Category: Healthy Schools
Policy ID Number: HPS-000
Policy Title: Policy regarding physical education in the public schools
Current Policy Date: 01/09/2005—Amended 4/07/2005

Section 1. LOCAL SCHOOL HEALTH ADVISORY COUNCIL
a. Each school district shall establish and maintain a local School Health Advisory Council to help plan, implement and monitor this policy as well as other health issues as part of the coordinated school health plan.
b. The local School Health Advisory Council shall be composed of community and school representatives from the eight areas of a coordinated school health program mentioned in Section 4(a), representatives from the local health department and school administration.

Section 2. PHYSICAL EDUCATION
a. To address issues such as overweight, obesity, cardiovascular disease and Type II diabetes, students enrolled in kindergarten through eighth grade are to participate in physical activity as part of the district’s physical education curriculum. Elementary schools should consider the benefits of and move toward having 150 minutes per week with a certified physical education teacher throughout the 180-day school year. Middle schools should consider the benefits of and move toward having 225 minutes per week of Healthful Living Education with certified health and physical education teachers throughout the 180-day school year.
b. The physical education course shall be the environment in which students learn, practice and receive assessment on developmentally appropriate motor skills, social skills and knowledge as defined in the North Carolina Healthful Living Standard Course of Study and foster support and guidance for being physically active. In order to meet enhanced goals, these classes should be the same class size as other regular classes.

Section 3. RECESS AND PHYSICAL ACTIVITY
a. Structured/unstructured recess and other physical activity (such as, but not limited to, physical activity time, physical education or intramurals) shall not be taken away from students as a form of punishment. In addition, severe and/or inappropriate exercise may not be used as a form of punishment for students.
b. A minimum of 30 minutes of moderate to vigorous physical activity shall be provided by schools for all K–8 students daily. This requirement can be achieved through a regular physical education class and/or through activities such as recess, dance, classroom energizers or other curriculum based physical education activity programs. However, such use of this time should complement and not substitute for the physical education program.
c. The physical activity required by this section must involve physical exertion of at least a moderate to vigorous intensity level and for a duration sufficient to provide a significant health benefit to students.

Section 4. COORDINATED SCHOOL HEALTH PROGRAMS (CSHP)
a. The State Board of Education shall make available to each school district a coordinated school health model designed to address health issues of children. The program must provide for coordinating the following eight components:
   1. safe environment,
   2. physical education,
   3. health education,
   4. staff wellness,
   5. health services,
   6. mental and social health,
   7. nutrition services and
   8. parental/family involvement.
b. The North Carolina Department of Public Instruction shall notify each school district of the availability of professional development opportunities and provide technical assistance in implementing coordinated school health programs at the local level.

Section 5. THIS AMENDED POLICY SHALL BE FULLY IMPLEMENTED BY THE 2006–2007 SCHOOL YEAR.
a. Each local school district shall develop an action plan prepared in collaboration with the local School Health Advisory Council to assist in the implementation of the policy. This action plan shall identify steps that need to be taken each year to fully implement the policy by the 2006–2007 school year and shall include a review and appropriate modification of existing physical education and health curricula.
c. Progress reports shall be submitted to the North Carolina Department of Public Instruction by July 15, 2005 and 2006.
d. Beginning July 15, 2007, each local school district in collaboration with the local School Health Advisory Council shall prepare a report annually which will include the minutes of physical education and/or healthful living, physical activity received by students in each school within the district. Indicators that will mark successful implementation and evidences of completion shall be a part of the plan.
e. This report shall be completed by July 15th each year and remain on file for a period of 12 months to be provided upon request of the North Carolina Department of Public Instruction and local boards of education.
f. Progress reports and the annual reports shall also include any other information that may be recommended from the State Board of Education’s Ad Hoc Committee studying implementation of the physical education and Healthful Living programs in kindergarten through eighth grades.
North Carolina SBE Policy
Title 16, North Carolina Administrative Code
Subchapter 6D—Instruction,
Section .0100—Curriculum

Basic Education Program (BEP)
Policy ID Number: HSP-G-003
Policy Title: 16 NCAC 6D .0102 Policy delineating the curricular components of the Basic Education Plan.
Current Policy Date: 11/05/1998
Other Historical Information: Previous board dates: 08/07/1991
Statutory Reference: GS 115C-12(9)c.; GS 115C-81
Administrative Procedures Act (APA) Reference Number and Category: 16 NCAC 6D .0102

Graduation Requirements
Policy Identification
Priority: High Student Performance
Category: Student Accountability Standards/Graduation Requirements
Policy ID Number: HSP-N-004
Policy Title: 16 NCAC 6D .0503 State graduation requirements
Current Policy Date: 06/03/2004
Statutory Reference: GS 115C-12(9b); GS 115C-81(b) (4); NC Constitution, Article IX, Section 5
Administrative Procedures Act (APA) Reference Number and Category: 16 NCAC 6D .0503

In order to graduate high school, students shall have at least one credit in Healthful Living (health and physical education) in all of the four courses of study: career preparation, college technical preparation, college/university preparation or occupational.

Standard Course of Study for Healthful Living
Policy ID Number: HSP-F-007
Statutory Reference: GS 115C-81; Senate Bill 1, 1985 General Assembly Session

There will be a standard course of study for all children in the area of Healthful Living (health and physical education).
Waivers and Allotment Adjustments
Section 115-C-301 (g)
Local boards of education shall report exceptions to the State Board of Education as provided in GDS 115-47C (10) and shall request allotment adjustments or waivers from the standards set out above. Within 45 days of receipt of reports, the State Board of Education, within funds available, may allot additional positions or grant waivers for the excess class size or daily load.
• If the exception resulted from (i) exceptional circumstances, emergencies or acts of God, (ii) large changes in student population, (iii) organizational problems caused by remote geographic location or (iv) classes organized for a solitary curricular area and
• If the local school board cannot organizationally correct the exception.

To Regulate Extra Curricular Activities
GS 115C-47(4)
16 NCAC 6E.0202: Policy regarding interscholastic athletics
SS-D-002: Policy and regulations governing middle/junior high school athletics
Local boards of education shall make all rules and regulations necessary for the conducting of extracurricular activities in the schools under their supervision, including programs of athletics, where desired, without assuming liability therefore, provided that all interscholastic activities shall be conducted in accordance with rules and regulations prescribed by the State Board of Education.

To Adopt Rules and Policies Limiting the Non-instructional Duties of Teachers
GS 115C-47 (18a)
Local Boards of Education shall adopt rules and policies limiting the non-instructional duties assigned to teachers. A local board may temporarily suspend the rules and policies for individual schools upon a finding there is a compelling reason the rules or policies should not be implemented. These rules and policies shall ensure that:

a. Teachers with initial certification are not assigned extracurricular activities unless they request the assignments in writing and that other non-instructional duties assigned to these teachers are minimized, so these teachers have opportunity to develop into skilled professionals.
b. Teachers with 27 or more years of experience are not assigned extracurricular activities unless they request the assignments in writing and that other non-instructional duties assigned to these teachers are minimized, so these teachers have opportunity to formally share their experience and expertise with their colleagues.
c. The non-instructional duties of all teachers are limited to the extent possible given federal, State and local laws, rules and policies, and that the non-instructional duties required of teachers are distributed equitably among employees.

To Provide In Service Training for Teachers
GS 115C-47 (20) and GS 115C-300
Local boards of education are authorized to provide for the training of teachers as provided in GS 115C-300. Local boards of education are authorized to provide for the professional growth of teachers while in service and to pass rules and regulations requiring the improvement of instruction in the classroom and for promoting community improvement.

To Implement guidelines to Support and Assist Students with Diabetes
GS 115C-47 (42)
Local boards of education shall ensure that the guidelines adopted by the State Board of Education under GS 115C-12(31) are implemented in schools in which students with diabetes are enrolled. In particular, the boards shall require the implementation of the procedures set forth in those guidelines for the development and implementation of individual diabetes-care plans upon parental request. Local boards also shall make available necessary information and staff development to teachers and school personnel in order to support and assist appropriately students with diabetes in accordance with their individual diabetes-care plans.

“I believe we work a lot better after recess. So I believe we should have two recesses a day.”
—Jonah, 6th grader
### Consensus Panel Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliation</th>
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<tbody>
<tr>
<td>Kathy Andersen, MS, RD</td>
<td>NC Division of Public Health Nutrition Services Branch</td>
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<tr>
<td>Kymm Ballard, MA*</td>
<td>NC Department of Public Instruction Physical Education, Athletics, Sports Medicine</td>
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<tr>
<td>Mott P. Blair, MD</td>
<td>NC Academy of Family Physicians</td>
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<td>Charlene Burgeson, MA</td>
<td>National Association for Sport and Physical Education (NASPE)</td>
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<tr>
<td>Dorothy Caldwell, MS, RD, LDN*</td>
<td>NC Division of Public Health School Health Initiatives</td>
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<tr>
<td>Melanie Champion, MA</td>
<td>Brunswick County Schools 2001 NASPE Middle School Teacher of the Year</td>
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<tr>
<td>Carolyn Crump, PhD</td>
<td>UNC Chapel Hill School of Public Health Department of Health Behavior and Health Education</td>
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<td>Carolyn Dunn, PhD*</td>
<td>NC Cooperative Extension Service Department of Family and Consumer Sciences</td>
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<tr>
<td>Kelly Evenson, PhD</td>
<td>UNC Chapel Hill School of Public Health Department of Epidemiology</td>
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<td>David Gardner, MA, DA</td>
<td>WakeMed Health and Hospitals Corporate and Community Health NC Action For Healthy Kids</td>
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<td>Paula Hudson Collins, MHD, RHEd</td>
<td>NC Department of Public Instruction NC Healthy Schools</td>
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<td>Dennis Johnson, EdD</td>
<td>Wingate University Sport Sciences Department</td>
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<tr>
<td>Debi Kaclik, MEd, NBCT</td>
<td>Myers Park High School, Mecklenburg County 2002 NC Secondary High School Physical Education Teacher of the Year</td>
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<td>Artie Kamiya, MAT</td>
<td>Wake County Schools</td>
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<td>Alice Keene, MAEd</td>
<td>Pitt County Schools Community Schools</td>
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<td>North Ridge Elementary School, Wake County 2002 NC Elementary Physical Education Teacher of the Year</td>
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MOVING OUR CHILDREN TOWARD A HEALTHY WEIGHT

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