



Lexington Public Schools

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To: Dr. Paul Ash
Members of the Lexington School Committee

From: Eamonn Sheehan, Chair, Physical Education/Wellness Curriculum Review Committee
The Physical Education and Wellness and Wellness Curriculum Review Committee:
Deputy Superintendent, Dr. Lynne Celli, Russ Bosbach, Mike Gloor, Emmet
O'Brien, Karen Boudreau, Jennifer Wolfrum, Julie Fenn, Jason Rajotte, Nicole Rhodes-
Linehan, Katie Cook.

Re: **Executive Summary:**
Update on Year Three of the Physical Education and Wellness Curriculum Review

Date: May 19, 2009

***Health - a state of complete... well-being and not merely the
absence of disease or infirmity.***

Preamble to the Constitution of World Health Organization

The work of the Physical Education and Wellness Curriculum Review Committee continued during the 2008/2009 school year with the Year 3 of this process. The committee convened on four (4) days (9/10/08, 12/10/08, 3/4/09, and 5/13/09) during the school year.

The goals of the Year 3 curriculum review process were:

- Implement and pilot new Physical Education/Wellness curricula: (K – 5 Diversity Curriculum, Elementary Integrated Health)
- Collect data from new curricula such as FITNESSGRAM, Youth Risk Behavior Survey (YRBS), Elementary Integrated Health and the K – 5 Diversity Curriculum using benchmark outcomes and assessments around the new curricula. Data will then be used to make decisions on future adjustments to the curriculum.
- Share and discuss data based on outcomes. (K-5 Integrated Health assessments, FITNESSGRAM, K – 5 Diversity Curriculum and how it determines future curriculum decisions)

- Determine student academic growth - based on data analysis by faculty and feedback and assessments that will assess effectiveness of the new curricula.
- Continue to identify and update professional development for faculty to successfully implement the new curriculum.

In the spring of 2008, 45 elementary classroom teachers were trained in the new elementary K-5 Diversity Curriculum and the program was piloted during the 2008 - 2009 school year. A number of workshops were held in late spring and the summer of 2008 to train faculty to implement or pilot the new Physical Education/Wellness curriculum. Additionally, during summer 2008 workshops, faculty from the Physical Education/Wellness Department received training in the implementation of the FITNESSGRAM program at the K-12 level. Elementary Physical Education faculty also convened to plan lessons for the elementary integrated health classes, which would be piloted by the faculty during the 2008 – 2009 school year. (Please refer to Appendices 1, 2 and 3 for more detailed information.)

Appendices – 1 – 7 which are available in the curriculum office provide an overview of the Year 3 work of the Curriculum Review Committee. These appendices include pilot programs (K – 5 Diversity Curriculum, and Integrated Health) along with a review updating the implementation of existing curricula within the K-12 Physical Education and Wellness. It should be noted that a full implementation of the pilot curricula (K – 5 Diversity and Elementary Integrated Health) will not take place until the 2009- 2010 school year, and faculty feedback will inform minor revisions to the curricula.

K-5 Diversity Curriculum (Appendix 1)

The K-5 diversity curriculum is integrated at the elementary level through general education in the classroom and through the physical education program. On May 29, 2008, 45 elementary classroom teachers volunteered to attend a training workshop to prepare for the 2008 – 2009 pilot program implementation of the diversity curriculum.

The K-5 diversity curriculum teacher group convened during the school year to discuss and make recommendations for finalizing the pilot program curriculum documents. A further subcommittee of elementary teachers led by Jennifer Wolfrum, K – 12 Assistant Coordinator of Health was formed to discuss any modifications, revisions and updates which might be required for this curriculum. The committee also formulated a plan to train all elementary teachers who will be expected to implement the K-5 diversity curriculum that was piloted during the 2008-2009 school year. The 2009-2010 school year will be considered a full school pilot year. In order to facilitate this curriculum implementation, a three-hour workshop will be offered. The following timeline for the training workshops was agreed upon: June 25, 2009 and August 27, 2009. Teachers who do not attend the June or August workshop will be required to attend a fall workshop. The specific date which will be determined by the six elementary school principals.

The subcommittee noted the following that will require further discussion during the full school pilot year.

- Continue to reiterate that this curriculum is an “evolving curriculum” and that we will be evaluating the curriculum during the 2009 – 2010 school year. .
- Acknowledge that asking teachers to add additional lessons is problematic. If more lessons are added, it would be best to ensure that they are short, 15 - 20 minute "mini-lessons" that are connected to the K – 5 Diversity Curriculum and Open Circle.

Further, these lessons also need to be embedded and connected with social studies lessons.

- Connect K – 5 diversity lessons with the Open Circle lessons. It is important to understand that Open Circle is a vehicle for problem solving and that Open Circle lessons themselves can help to guide the inclusion of all students.
- Focus on incorporating students with differing abilities, it is important to remember that this is really about creating a "mindset" that focuses on creating a welcoming classroom for ALL students. We decided that we want to add an introduction to the K – 5 Diversity Curriculum that addresses this "mindset".

Lessons will address standards from the Massachusetts Comprehensive Health Framework:

4.3 Define sexual orientation using the correct terminology and 6.1. Describe the different types of families, addressing membership and social influences, and the function of family members.

Disability awareness in physical education is integrated into the curriculum to address physical disabilities. All physical education teachers at the elementary level implemented the disability awareness lesson during the 2008 – 2009 school year. Students were very receptive to experiencing physical activity drills such as basketball-shooting while experiencing simulated physical disabilities. Most students had some basic knowledge of what having a disability means, but didn't realize how a disabled student could take part in the physical education setting. Students enjoyed the "novelty" of being in a wheelchair, a walker or being blindfolded while rotating through basketball stations. They needed reminders of what living with a disability entails, and the challenges these individuals face on a daily basis. The intention is to incorporate this lesson into other physical education units as well as to make students aware how the adapted physical education curriculum prepares students with disabilities for mainstream physical education classes.

This lesson meets standard 1.3 in the Massachusetts Comprehensive Health Framework - Identify appropriate accommodations and aids for people with disabilities.

- Based on feedback from community members and the administration, the Physical Education and Wellness Department will convene a subcommittee with the intention of expanding the K – 5 Diversity curriculum into the middle school level in the 2009 – 2010 school year.

K-5 Wellness Integration Model (Appendix 2)

The Curriculum Review Committee examined a number of options for K-5 health integration during the review process. It was agreed by committee members and elementary Physical Education staff that a practical and successful model would to integrate health and wellness concepts into physical education classes. The proposed model includes activity-based lessons that are aligned with the Massachusetts Comprehensive Health Framework. Classroom teachers and nurses (Diversity and Human Growth & Development), librarians (Internet safety), and classroom teachers in the science classroom (sun safety) will still perform a supporting role.

During the summer of 2008, a workshop was offered for the elementary Physical Education faculty to develop this program that was to be piloted during the 2008 - 2009 school year. Lessons were created that dealt with topics such as nutrition, skeletal and muscular anatomy, disease prevention and fire safety. A total of 14 lessons were created by the elementary physical education faculty to address the K-5 elementary health strands in the following areas:

- Growth and Development.
- Physical Activity and Fitness.
- Disease Prevention & Control.
- Safety and Injury Prevention.

These lessons were piloted at the K-2 level during the 2008 – 2009 school year. Physical education teachers reported that the lessons received a positive response from the students as they were activity-based, and students demonstrated a high level of learning and understanding of the concepts taught during the lessons based on teacher assessment of the classes, along with student feedback.

The elementary physical education faculty will be making a report card entry for health at the end of the school year for K-2 parents. Modifications to the lessons are already in place for full school pilot implementation at the K-5 level for the 2009 – 2010 school year.

FITNESSGRAM (Appendix 3)

Developed by the Cooper Institute, FITNESSGRAM is based on scientific research that establishes healthy fitness zones categorized by age and gender. The program is geared to healthy goals for all students instead of focusing on performance goals geared to athlete success. The benefits of the FITNESSGRAM program are interwoven throughout the Massachusetts Comprehensive Health Framework (Physical Health, Social and Emotional Health, Safety and Prevention and Community and Public Health).

On June 20, 2008, a workshop was provided for physical education staff to support the full implementation of FITNESSGRAM. The program required the purchase of testing equipment for each school and a technology upgrade in the form of laptops, which could handle the FITNESSGRAM program, and to allow teachers to record onsite test results. Full implementation of the FITNESSGRAM program took place during the 2008 – 2009 school year in grades 3 through 12. At the high school level, it was not possible to test all students due to the scheduling format. Approximately three thousand students were tested and faculty at all levels utilized the parent report made available by FITNESSGRAM to inform parents of the students' performance following administration of the fitness assessments.

The physical education staff found that the program was effective in processing data and in helping to identify class, as well as individual student needs. During the initial year, the inputting of student information was very time consuming. Each student's full name, identification number, birthday, and gender was required. This information will not need to be entered again if the student returns to Lexington Public Schools. However, due to compatibility issues, individual school licenses had to be purchased as opposed to the planned district license which would have allowed for the transfer of student data at each level. While this will make the transfer of information at each level more difficult, it will be possible to accomplish this task.

The physical education teachers will use the fitness data to address individual and group fitness level needs based on the test results. These data will influence future curriculum decisions made by the department. Studies by the Center for Disease Control (CDC) show that for each dollar invested in preventative healthcare, yields a three-dollar saving in the treatment of potential health issues. Encouraging a healthy lifestyle at both the school and the home is a lifelong benefit, which leads to a greater quality of life for the individual and the community.

There is also peer-reviewed evidence, which shows a correlation between fitness levels and academic achievement. Recent studies conducted by the Cambridge Public Schools and the Naperville school system in Illinois found that students who scored at normal to high levels in the FITNESSGRAM tests achieved higher standardized test scores than students who had low or below normal fitness level scores. Body Mass Index (BMI) information which is recorded as part of the FITNESSGRAM program will also be shared with the nursing department to comply with the Department of Public Health mandate which will require BMI information be reported for all students in grades 1, 5, and 10 beginning in the 2009 - 2010 school year.

Human Growth and Development (Appendix 4)

The revised and updated fifth grade Human Growth and Development unit (puberty) was fully implemented during the current school year. This unit addresses standards (1.5 List the Stages in the basic growth process of living organisms), (4.1 Identify the components, functions, and processes of the reproductive system), and (4.3 Define sexual orientation using the correct terminology) in the Massachusetts Comprehensive Health Framework. The main change to the unit was the selection of a new video which all of the elementary schools agreed to pilot. Feedback from faculty was that a grade 4 puberty lesson should be considered. The faculty are in agreement that while the majority fourth grade girls are ready for this lesson, boys are not ready for such a presentation. The next step is to create a subcommittee to make recommendations for an appropriate grade 4 curriculum in Human Growth & Development.

Youth Risk Behavior Survey (Appendix 5)

On March 19, 2009, the Youth Risk Behavior Survey (YRBS) was administered to all students at the high school. The YRBS was created by the Centers for Disease Control to analyze risky youth behaviors throughout the United States. Since 1995, Lexington High School has been administering the YRBS and the questions have been customized to analyze behaviors, which were identified as being relevant to the Lexington community and to tracking statewide and national trends. Modifications to the questions on the bi-yearly survey were made based on feedback solicited from Lexington High School student focus groups, faculty and community members, and from members of the newly formed School Health Advisory Council (SHAC). The SHAC group was formed in the fall of 2008 and combined two community wellness groups, the Health Advisory Protection Council (HPAC) and the Wellness Advisory Board, into one cohesive unit, which created a voice for the community within the Physical Education and Wellness department.

Dr. Jack McDevitt and Dr. Amy Farrell from Northeastern University will compile and analyze the data over the summer and prepare a report to share with administration, faculty, students and the community during the spring of 2010. Data and results collected from the survey will guide health education faculty in making curriculum adjustments and addressing wellness issues in the schools and at the community level.

Middle School Health Curriculum (Appendix 6)

During the 2008 – 2009 school year, members of the Lexington Public Schools' middle school Physical Education/Wellness faculty convened to revise and update the grade 7 health curriculum and the grade 8 health electives. These revised and updated modules will be included as units of study in the new Physical Education/Wellness curriculum and will also form the basis for future discussions on expanding the diversity curriculum at the middle school level.

K-12 Curriculum (Appendix 7)

During the three-year review process, the curriculum review committee gathered data on the strengths and weaknesses of the Lexington Public Schools K – 12 Physical Education/Wellness curriculum and examined the level of integration of the Massachusetts Comprehensive Health Framework, among other disciplines in Grades K-12. This information was then used to create the new Physical Education/Wellness curriculum document that identifies the areas where other disciplines play a supporting role in the integration of health concepts into the curriculum. Supporting roles in the integration of health concepts are evident at minimal levels in science, math, literacy, social studies, and with nursing and librarians. Nurses assist the classroom teachers in the Human Growth and Development unit and elementary classroom teachers have the primary role in the implementation of the K-5 Diversity Curriculum. The research and data compiled by the review committee shows that the primary responsibility for the learning and mastery of the Massachusetts Comprehensive Health Framework is the responsibility of the Physical Education and Wellness department. It should also be noted that some of the health standards are not being addressed to an acceptable level due to the scope of the standards and the lack of instructional time available due to the school schedule. However, it should be noted that the essential “power standards” of the Massachusetts curriculum framework are being addressed at a high level and often exceeds the state standards.

The Physical Education/Wellness curriculum document provides a roadmap for administration, faculty and the community to view the instruction, teaching strategies and assessment that are used to deliver the curriculum and it allows the reader to compare Lexington content standards with those of the State standards. It is the review committee’s opinion that the K-12 Physical Education and Wellness curriculum will show that the level of instruction, and mastery learning embedded into this document is a reflection of the high standards and goals of the Lexington Public School system.

The Physical Education/Wellness curriculum document outlines the broad scope of learning that is associated with the program, while the units of study detail the scope of instruction and learning associated with the standards. With this in mind, Physical Education/Wellness teams from each level – elementary, middle, and high school will be updating these units of study in June to address the changes made to the new curriculum document. The Physical Education/Wellness curriculum document will address professional development that will be based on curriculum and faculty requirement for specific programs. Targeted professional development will take place around the new programs (FITNESSGRAM, K – 5 Diversity, and Elementary Integrated Health), in particular for new faculty members and those who are involved in full school pilot programs. Members of the Curriculum Review Committee are currently working on completing the K-12 curriculum document, which will be ready for presentation to administration, faculty and the community at the end of the summer.

Finally, it should be noted, that any curriculum document needs to be adaptable in order to address any future new standards. While the comprehensive review process is nearing completion, the curriculum will undergo modifications based on the needs identified from this learning process.

Next Steps

- Continue providing support and professional development for classroom teachers along with final modifications to the K – 5 Diversity Curriculum during the full school pilot year, 2009 – 2010. Professional development will be held for all elementary faculty during the June, August and Fall workshops.
- Full roll out of the K-5 Integrated Elementary Health/Physical Education curriculum, with continued modifications and adaptations based on student and faculty feedback. Elementary physical education teachers will continue to work on the integrated model as part of their Professional Learning Community (PLC) meeting times.
- Compilation and reporting of the March 2009 Youth Risk Behavior Survey.
- Presentation of the new K-12 Physical Education and Wellness curriculum document.
- Compilation and analysis of the FITNESSGRAM data to address physical fitness issues at the K-12 level and how it will shape the Physical Education/Wellness curriculum in the future
- Human Growth and Development: The creation of a subcommittee to discuss human growth and development, in grade 4, is recommended based on feedback from the nursing department and administration.
- Continue to work cooperatively with classroom teachers and department heads on an integrated model for Physical Education/Wellness.
- Continue to work with, maintain, and support the current strong community outreach programs which are currently in place such as the School Health Advisory Council (SHAC) and with the prevention programs which are coordinated by Julie Fenn, Lexington Public Schools' Prevention Specialist. Julie should be recognized for the dedicated work she has performed at the K-12 level including parent outreach presentations, student leadership programs, and drug prevention efforts.

Budget implications:

The Physical Education and Wellness curriculum review process received support from Lexington Public Schools' administration for the purchase of resources such as updating technology, purchasing equipment, and convening workshops to support the implementation of new curricula. This support allowed the department to establish the foundation for the full implementation of the revised curriculum. The Physical Education and Wellness department would like to acknowledge and thanks the Lexington Public School system for its dedicated support of our work during this three-year curriculum review process. Without this continued support, we would not have been able to make the revisions to the curriculum that, in the future, will enhance and promote student and community learning.

We anticipate that the current operating budget will be able to support the resources that are required to maintain the revised curriculum standards. Future projections of budgetary requirements may require additional funding to upgrade capital items such as technology and resources, but with proper forward planning, provisions can be made to address these needs. The Physical Education and Wellness department

also intends to pursue federal and local grant opportunities that would support and supplement the programs and curriculum.

Professional development will be monitored, and emphasis will be placed on providing proper support for teachers new to the Lexington system, particularly in providing training for the diversity curriculum, Integrated Health and FITNESSGRAM. Projections around these professional development opportunities will be dependent on staff turnover from year to year.

The new curriculum will not impact staffing levels, as the goal was to improve the level of integration of the curriculum while being cognizant of the current economic climate. It should be noted that the integration and updating of the curriculum has increased the workload of both classroom and Physical Education/Wellness teachers. However, this increased workload is manageable with good planning and support of staffing levels as they currently exist. The committee members would also like to acknowledge the continued dedication and commitment to excellence that the faculty demonstrates at Lexington Public Schools. Without their support, we would not have been able to achieve and maintain the high standard of curriculum delivery.

Footnotes

1. *Members of the Physical Education and Wellness Review Committee:*

Eamonn Sheehan, Coordinator of Physical Education and Wellness
Jennifer Wolfrum, Assistant coordinator of K – 12 Health
The Physical Education and Wellness Review Committee: Deputy Superintendent, Dr. Lynne Celli. Educators: Russ Bosbach, Mike Gloor, Emmet O'Brien, Karen Boudreau, Julie Fenn, Jason Rajotte, Katie Cook.
Parent Representative: Saana Mc Daniel

2. *Subcommittees:*

Participants on the FITNESSGRAM Subcommittee:

Nicole Rhodes-Linehan, Karen Boudreau, Clarke; Jason Rajotte, LHS and the K-12 PE staff

Participants on the K-5 Diversity subcommittee:

Administrators: Jennifer Wolfrum Assistant coordinator of K – 12 Health, Martha Batten, principal; Mary Anton-Oldenburg, principal; Dr Lynne Celli, Deputy Superintendent, Eamonn Sheehan, K - 12 Coordinator of Physical Education and Wellness Counselors: Lucia Gates, Bridge; Amy Chamberlain, Harrington; Beth Glick, Bowman; Teachers: Nancy Alloway, Hastings; Renae Stockton, Bowman; Rachel Quebec, Estabrook; Jesse Richardson, Estabrook; Specialists: Lynn Taber, nurse, Bowman; Sarah Widhu, librarian, Harrington; Jennifer Hayner Kuhn, librarian, Estabrook Parents: Scott Bokun; Bonnie Brodner; Julie Fenn; Chris Kyle; Elisabeth Sackton; Leora Tec; Deb Strod; Maryanne Stewart; Jessie Steigerwald; Rosemary Trowbridge; Rachel Cortez; Meg Soens.

Participants in the Human Growth and Development Team:

Jennifer Wolfrum, Margaret Waugh, Debra Rolfe Miller, Jane Smith, Jill Gasperini.

Participants in the K-5 Integrated Health Subcommittee:

Jennifer Wolfrum, Mike Gloor, Carrie Sheer-Bourget Russ Bosbach Katie Cook, Mandy Ciarletta, Gordon Spiller, Lynne Kirouac, Brittany MODOONO.

3. *Massachusetts Comprehensive Health Curriculum Framework, MA DOE, Malden, MA,*

www.doe.mass.edu.

4. *School Health Index, Centers for Disease Control and Prevention, Modules 1, 2, 3, 8, elementary and secondary. www.cdc.gov/health youth/CSHP*

Resources

FITNESSGRAM: Activity and fitness assessment and personal fitness activity management.
www.FITNESSGRAM.net © 2007 Human Kinetics Publishers, Inc. All Rights Reserved.

Human Growth and Development: “You Your Body and Puberty” (DVD) and accompanying worksheets. - Human Relations media www.hrmvideo.com

Adaptive Physical Education: The mission of APENS is to promote the fifteen Adapted Physical Education Standards and national certification exam.
The goal of APENS is to promote a nationally certified Adapted Physical Educator (CAPE) – the one qualified person who can make meaningful decisions for children with disabilities in physical education – within every school district in the country. www.apens.org

Youth Risk Behavior Survey: The YRBS is a CDC assessment tool that has been modified and administered at LHS for over 10 years. It is a questionnaire that is offered to all LHS students to complete every 2-3 years. The YRBS provides insight into what choices children in Lexington are making that impact their current and future health. The data is presented by Dr. Jack McDevitt and Dr. Amy Farrell of Northeastern University in conjunction with the Physical Education and Wellness Department.

K-5 PE/Health Integration Curriculum:

A curriculum model designed and implemented by the LPS elementary physical faculty.

References:

The following publications were published by
NASCO – Fort Atkinson 901 Janesville Ave
PO BOX 901 Fort Atkinson, WI 535381-800-558-9595

1. “Character Education: 43 Fitness Activities for Community Building”
2. “PE-4-ME – Teaching Lifelong Health and Fitness”
3. “How to Teach Nutrition to Kids”
4. “Food Science and Nutrition Resource Book”

“How to Survive Teaching Health”.

Published by:
HEALTH EDCO PO BOX 21207 Waco, TX 76702-1207

K-5 Diversity Curriculum.

Created by the K-5 Diversity Subcommittee and the Physical Education faculty (Disability Awareness).

K-12 Physical Education and Wellness Curriculum

Created by the PE/Wellness Curriculum Review Committee.

Lexington Public Schools Physical Education and Wellness Department

Year Three Curriculum Review
May 19, 2009

Recommendations Year 2

- Implementation of the pilot curricula – K – 5 diversity curriculum and K-5 integrated health curriculum.
- Develop appropriate benchmarks and outcomes for the K-12 Curriculum document
- Share and discuss the K-12 PE/Wellness curriculum with faculty, parents, and community
- Identify professional development requirements to successfully implement the K-12 PE/Wellness curriculum and train all faculty members involved in the process
- Identify budgetary implications for the K-12 PE/Wellness curriculum and make appropriate recommendations

Goals Year 3

- Implement and pilot new curricula – K – 5 diversity and integrated health
- Collect data using benchmark outcomes and assessments around the new curricula (K-5 diversity curriculum, K-5 integrated health, FITNESSGRAM)
- Share and discuss data based on outcomes
- Determine student academic growth based on outcomes
- Continue to identify and update professional development for faculty to successfully implement the new curriculum

Year 3 Work Accomplished to Date

- Piloted of the K-5 diversity curriculum
- Piloted of the K-5 PE/health integration curriculum
- Full Implementation of the FITNESSGRAM program K-12
- Full implementation of the human growth and Development curriculum
- Administration of the 2008 - 2009 YRBS at LHS
- Revision and update of middle school health curriculum
- Continued revision and modification of the new K-12 PE/Wellness curriculum document
- Planned workshops for curriculum pilots and implementation
- Identified and addressed budgetary needs to support and implement the new K-12 curriculum

Pilot Curricula Year 3

Development and Implementation

- K-5 Diversity Curriculum
- K-5 PE/Health Integration Curriculum

Curricula Year 3 Full Implementation

- **FITNESSGRAM**
- Human Growth and Development
- Youth Risk Behavior Survey

Budget Implications

▪Staffing Levels

Anticipated staffing levels will remain the same. Ability to deliver the new expanded curriculum with current staffing levels.

▪Resources

Additional support/resources provided during the curriculum review period. Operating budget can be adapted to support these resources going forward.

▪Professional development

Professional development will be monitored and planned according to the needs of the curriculum. Emphasis will be placed on providing support for faculty new to Lexington Public Schools for training in the K – 5 Diversity Curriculum, K-5 Integrated Health and FITNESSGRAM.

Next Steps

- Full school pilot implementation of the K-5 diversity curriculum
- Full school roll out of the K-5 PE/health integrated curriculum
- Compilation and reporting of the March 2009 YRBS
- Presentation of the K-12 PE/Wellness curriculum document for the 2009 - 2010 school year
- Compilation and analysis of the FITNESSGRAM data and how it might shape future curriculum decisions

Next Steps cont.

- Establish human growth and development subcommittee to discuss development of Grade 4 curriculum
- Continue to work cooperatively with classroom teachers and administration to integrate the PE/Wellness curriculum
- Continue to maintain and build a strong community outreach program
- Continue to support curriculum growth through focused professional development

Thank You

- ✓The PE/Wellness Curriculum Review Committee
 - ✓Dr Lynne Celli
 - ✓LPS Administration
- ✓The K-5 Diversity Subcommittees
 - ✓K-5 Integrated PE/Health Subcommittee
- ✓Human Growth and Development Subcommittee
 - ✓FITNESSGRAM Subcommittee
 - ✓The PE/Wellness department
 - ✓LPS faculty and support staff

QUESTIONS?