APPENDICIES

APPENDIX ONE: TEACHER QUESTIONNAIRE ONE

WILF MALCOLM INSTITUTE OF EDUCATIONAL RESEARCH (WMIER)

TE PŪTAHI RANGAHAU MĀTAURANGA A WILF MALCOLM

Physical Activity Initiative: Evaluating the impact of professional learning

Your details

1. Your name ________________________________

2. Your email address ________________________________

3. The name of your school ________________________________

4. Your current position *(Please tick ONE box)*
   - Teaching Principal
   - Teaching DP/AP
   - Syndicate leader/senior teacher
   - Classroom teacher
   - Other: ____________________________________________

5. Gender
   - Female
   - Male

6. Age
   - <25
   - 26-35
   - 36-45
   - 46-55
   - 56+

7. How many years teaching experience do you have? *(Please tick ONE box)*
   - 0-5 years
   - 6-10 years
   - 11-15 years
   - 15+ years

8. Please indicate the year levels you currently teach *(Please tick as many as you need)*
   - Year 1
   - Year 2
   - Year 3
   - Year 4
   - Year 5
   - Year 6
   - Year 7
   - Year 8
9. What formal qualifications do you hold? (Please tick the highest box)

Masters degree or higher  
(Blease specify) 

Bachelors degree 
(Blease specify) 

Diploma of teaching 

Diploma  
(Blease specify) 

University Bursary/University Entrance 

School certificate 

I have no formal qualifications 

Other  
(Blease specify) 

10. How long was your teacher education programme?

1 year  
2 years  
3 years  
4 years  

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

Hardly any (less than 40 hrs) 

A reasonable amount (more than 40 hours, but less than 75 hrs) 

Quite a bit (more than 75 hrs, but less than 100 hrs) 

A substantial amount (more than 100 hrs) 

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physical activity at your school

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

____________________________________________________________________________________

____________________________________________________________________________________

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

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

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

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

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

- In physical education time
- As a co-curricula activity
  - (before and after school, during intervals and lunch times)
- During whole school sport time
- Integrated across key learning areas
  - Please indicate in which key learning areas you might integrate physical activity
    - Health and physical education
    - Language and languages
    - Mathematics
    - Science
    - Technology
    - Social sciences
    - The Arts
    - Not sure
17. In your school, is physical activity offered more often in curriculum settings or through co-curricula opportunities? (Please tick ONE box)

Curriculum  
Co-curricula  

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

Timetabled for the whole school  
Individual teachers choose when to fit it into the week  
Other (please specify)  

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

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

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

Yes  
No  
Maybe  

21. If yes, why is it important to you that your students are physically active?
22. How would you rate your ability to deliver physical activity opportunities to your class? *(Please tick ONE box)*

- Expert  
- Intermediate  
- Beginner  

23. Please explain your selection

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**Physical education in your classes**

Please note we are now talking about curriculum physical education.

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

- Yes  
- No  

26. If yes, please specify your responsibilities

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

27. To you, what is physical education?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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

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

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

________________________________________________________________________

________________________________________________________________________

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

- Taught in blocks (length of blocks ______________________)
- Taught throughout the year
- Other (please specify) ________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

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

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

- <20 mins
- 20 - 40 mins
- 40 – 60 mins
- >60 mins
34. List the **most** common elements of your physical education lessons?


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

- Motor skill levels (e.g. throwing ability etc.)
- Fitness levels (e.g. endurance, flexibility)
- Social skills (e.g. communication, respect for others, teamwork etc.)
- Effort
- Participation
- Other *(please specify)*
- Not sure

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

- expert
- intermediate
- beginner

37. Please explain your selection


38. What makes you feel more or less confident delivering physical education?
39. Please indicate what individuals and interest groups currently support you in delivering physical education to your students?

- Principal
- Deputy/Assistant/Associate principal
- Board of Trustees
- Curriculum/syndicate leader
- Other classroom teachers
- Students
- Parents
- Caretaker/Grounds staff
- Regional Sports Trust
- Wider community organisations (e.g. DHB, Sports Clubs)
  (please specify)
- Not Sure

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

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

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

41. Please briefly explain your selection.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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

_________________________________________________________________________

_________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Physical Activity <em>(Please list up to 5)</em></th>
<th>Competitive</th>
<th>Social</th>
<th>Fitness</th>
<th>Enjoyment</th>
<th>More than once a week</th>
<th>Once a week</th>
<th>Once a fortnight</th>
<th>Once a month</th>
<th>1-4 times per year</th>
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<tr>
<td>5 - 15</td>
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<td>16 - 25</td>
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</table>
44. What factors have influenced your participation in physical activity during the last 12 months?  
(barriers and enablers)

45. What excites you about participating in physical activity?

46. What turns you off participating in physical activity?

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

<table>
<thead>
<tr>
<th>Physical activity:</th>
<th>Strongly agree</th>
<th>agree</th>
<th>Neither one or the other</th>
<th>disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is important for physical health</td>
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<tr>
<td>Is important for maintaining or improving body shape</td>
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<td>Is a way to prevent obesity</td>
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<td>Is a means to lower the risk of heart disease, diabetes etc</td>
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<tr>
<td>Is important for mental health</td>
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<td>Is important for stress reduction</td>
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<td>Is important as a means for socialising</td>
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<td>Enhances academic performance</td>
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</table>
48. Would you like to comment further on question 48:

_________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________

**Professional development**

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

Yes ☐  No ☐

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

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

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

_________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________

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

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

Facilities, spaces to teach
Opportunities to observe other teachers
Being observed teaching and then receiving feedback
Resources, equipment
Time
Other (please specify)

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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

Please return your completed questionnaire to your school contact person as indicated on the front of the questionnaire.
APPENDIX TWO: TEACHER QUESTIONNAIRE TWO

WILF MALCOLM INSTITUTE OF EDUCATIONAL RESEARCH (WMIER)

TE PŪTAHI RANGAHAU MĀTAURANGA A WILF MALCOLM

Physical Activity Initiative: Evaluating the impact of professional learning

Your details

1. Your name

2. The name of your school

Professional development in 2006

3. During 2006 what professional development opportunities have you been involved in that related to physical activity (You may tick more than one)

Workshops out of school (with other schools)

Staff meetings in school

Adviser working with you individually and/or your class

Other (Please specify)

4. Who have you received most of your professional development from this year? (Please ONE box)

A School Support services adviser

Someone from your Regional Sports Trust

Other (Please specify)

5. What do you think has been the dominant focus of the professional development you have received this year? (Please tick ONE box)

Planning for and teaching physical education as a classroom teacher

Learning how to organise/run school-wide physical activity opportunities

Personal physical skill development

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Physical education in your classes**

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

   Yes [ ]            No [ ]

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

    I have a better understanding of the HPE curriculum [ ]
    I have developed a wider range of teaching strategies [ ]
    I have more resources to support my teaching [ ]
    I know a much wider range of activities to meet my learning intentions [ ]
    I have better support from other teachers [ ]
    There is more equipment/resources I can use with my class [ ]
    I have received feedback and encouragement that have helped me learn [ ]
    Other *(please specify)* ________________________________ [ ]
11. Is physical education timetabled for your class? (Please tick ONE box)
   Yes □       No □

12. How frequently do you teach physical education to your class? (Please tick ONE box)
   Once a day □  3-4 times a week □  1-2 times a week □  rarely □

13. On average, how long do your physical education classes last? (Please tick ONE box)
   <20 mins □  20 - 40 mins □  40 – 60 mins □  >60 mins □

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

   And in terms of the structure/elements of your lessons
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

15. What evidence have you been gathering during the year to help you monitor improvement in students' motor skills?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
16. What other information do your record when monitoring students in physical education classes? (You may tick more than one)

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

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

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

Physical activity at your school

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

Sports team practices
Playground equipment (Bars, court markings etc)
Equipment Issued (Balls, hula hoops, skipping ropes etc.)
Wet weather physical activity equipment available (knuckle bones, elastics etc)
Other (please specify)
19. Have the opportunities for students to participate in physical activities been **enhanced** as a result of the focus on physical activity this year? *(Please tick ONE box)*

- Yes ☐ *(complete question 19)*
- No ☐ *(complete question 20)*

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

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

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

________________________________________________________

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

- In physical education time ☐
- During whole school sport time ☐
- In a dedicated fitness time ☐
- Before and after school, during intervals and lunch times ☐
- Integrated across key learning areas *(Please indicate which ones below)* ☐
  - Health and physical education ☐
  - Language and languages ☐
  - Mathematics ☐
  - Science ☐
  - Technology ☐
  - Social sciences ☐
  - The Arts ☐
23. Please indicate which individuals and interest groups support physical activity in your school. *(You may tick more than one)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Ticked</th>
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<tbody>
<tr>
<td>Principal</td>
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<tr>
<td>Deputy/Assistant/Associate principal</td>
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<td>Board of Trustees</td>
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<td>Curriculum/syndicate leader</td>
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<td>Classroom teacher</td>
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<td>Students</td>
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<td>Parents</td>
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<tr>
<td>Caretaker/Grounds staff</td>
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<tr>
<td>Regional Sports Trust</td>
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<tr>
<td>Wider community organisations (e.g. DHB, Sports Clubs)</td>
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<td><em>(please specify)</em></td>
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<tr>
<td>Not Sure</td>
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</tbody>
</table>

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

- Yes [ ]
- No [ ]

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

- Now involved in coaching/managing teams [ ]
- Now organising school/syndicate physical activities [ ]
- Liaise with community to facilitate physical activity opportunities [ ]
- Involvement in a school physical activity committee (or equivalent) [ ]
- Other *(please specify)* [ ]

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

- Yes [ ]
- No [ ]

   Please explain your selection

   _________________________________________________________________
   _________________________________________________________________

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

   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

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Impact on Students

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

Yes □ No □
Please explain your selection

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

Yes □ No □
Please explain your selection

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

Yes □ No □

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

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

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

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

1. How good is your child’s school at encouraging students to be physically active (Please tick ONE box)
   - Excellent
   - Good
   - Fair
   - Poor

2. How often during classroom time do you think your child get opportunities to be physically active? (Please tick ONE box)
   - Often
   - Seldom
   - Never

3. How often during break times (before/after school, morning tea or lunch) do you think your child get opportunities to be physically active? (Please tick ONE box)
   - Often
   - Seldom
   - Never

4. What physical activity opportunities are you aware of, that your child’s school provide (You may choose more than one)
   - Physical education (PE during class time)
   - School sport (during the school day e.g. Friday afternoon sport)
   - After school sport (teams that play at the weekend)
   - Playground equipment (e.g. climbing frames, marked courts, balls, ropes etc)
   - After school care programmes (e.g. OSCAR)
   - Other (please specify) ________________________________

5. Are you aware of any changes at your child’s school this year, which have encouraged students to be more physically active?
   - Yes (please complete questions 5a and b)
   - No (go to question 6)
5a. If ‘yes’ to question 5, how have YOU found out about what the school has been doing in relation to physical activity this year? (You may choose more than one)

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

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

____________________________________

____________________________________

Your child and physical activity

6. Has your child’s participation in physical activities changed this year?
   Increased  □  Hasn’t changed  □  Decreased  □

7. Has your child’s attitude toward in physical activity changed this year?
   Improved  □  Hasn’t changed  □  Is more negative  □

8. What sort of change have you seen in your child’s physical skills (running, throwing, jumping, catching, kicking, climbing, game play etc) during 2006?
   Improvement  □  No changed  □  Declined  □
   What do you think the reasons for this are?
   _______________________________________
   _______________________________________

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

10. What do you think your child has learnt in physical education [PE] recently?
   _______________________________________
   _______________________________________
11. Finally please feel free to make any other comments

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Thank you for taking the time to complete this questionnaire.

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