



# K-12 NEEDS ASSESSMENT

We are looking forward to sharing the SPARK Program with your staff. We ask you to complete the following survey to help SPARK gain a better understanding of your unique needs and tailor your workshop accordingly.

**Workshop location:**

**Workshop date:**

## PERSONAL:

Name:	School:	Grade(s):
Number of days/week you typically teach PE:		
Number of minutes of your typical PE class:		

## RATING YOUR CURRENT PE PROGRAM:

**How confident are you that your current PE program helps your students reach NASPE Standards of a physically educated person?**  
(Rate on a 1 to 5 scale in which **1 is NOT very confident and 5 is very confident**)

	1	2	3	4	5
Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities					
Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities					
Participates regularly in physical activity					
Achieves and maintains a health-enhancing level of physical fitness					
Exhibits responsible personal and social behavior that respects self and others in physical activity settings					
Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction					

**For Classroom Teachers only:**  
**Which of the following are barriers (real or perceived) to teaching quality PE?**  
(Rate on a 1 to 5 scale in which **1 is NOT a barrier at all, and 5 is an insurmountable barrier**)

	1	2	3	4	5
I don't have time to prep					
I don't have enough equipment					
I can't take time away from teaching core subjects					
We don't have enough space at our school					
We don't have enough time to coordinate a program					
I haven't been trained					
We don't have administrative support					
I don't feel comfortable teaching physical education					
Other:					

# K-12 NEEDS ASSESSMENTS (cont.)

WORKSHOP	
Please check the top 5 priority topics you would like to see in the SPARK workshop	
<input type="checkbox"/>	Maintaining appropriate behavior/youth management strategies
<input type="checkbox"/>	Effective teaching styles and strategies
<input type="checkbox"/>	Social skills instruction and assessment
<input type="checkbox"/>	Promoting physical activity outside of PE
<input type="checkbox"/>	Student centered learning and choice
<input type="checkbox"/>	Cooperative activities
<input type="checkbox"/>	Modifying traditional sports to increase inclusion, activity, and enjoyment
<input type="checkbox"/>	Responding to limited facilities and/or large classes
<input type="checkbox"/>	Disguising fitness and infusing FUN!
<input type="checkbox"/>	Creative tournament styles
<input type="checkbox"/>	Authentic assessment
<input type="checkbox"/>	Equipment issues
<input type="checkbox"/>	Other:

Is there anything else that you could tell us about your school that would be helpful in planning for this workshop?

PLEASE SEND TO YOUR SPARK PROJECT COORDINATOR:

EMAIL: [projectsupport@sparkpe.org](mailto:projectsupport@sparkpe.org)

FAX: 800-451-4855