**Ohio Physical Education Assessments**

**Standard 3**

Participates regularly in physical activity.

**Grade Bands: 9-12**

**Benchmark B**

**Benchmark B:** Create and monitor a personal plan for physical activity.

**Task:** Physical Activity Plan

Based on the data collected from Benchmark A, for Benchmark B students will develop and implement a one-week plan to address their physical activity goals.

The plan will include details of:

* Physical activity goals;
* Specific daily physical activities to accomplish the goals;
* Written evaluation of two community fitness/recreational opportunities for accessibility, affordability, quality of facilities and staffing;
* Written evaluation of how well the plan helped meet the physical activity goals.

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| **Physical Activity Goals: I will be physically active for 60 minutes per day by participating in moderate to vigorous physical activities in each of the categories:** | | |
| Everyday Activity Goals: | | |
| Current Activities: | Possible Activities: | My Plan: |
| Recreational Activity Goals: | | |
| Current Activities: | Possible Activities: | My Plan: |
| Aerobic Exercise Goals: | | |
| Current Activities: | Possible Activities: | My Plan: |

|  |  |  |
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| Strength and Flexibility Goals: | | |
| Current Activities: | Possible Activities: | My Plan: |
| Leisure and Playtime Goals: | | |
| Current Activities: | Possible Activities: | My Plan: |

**Evaluation of Community Physical Activity Opportunities**

**Task:** Select two community physical activity resources and/or facilities that are included in the plan and evaluate the potential for this resource to be used in your plan. Evaluate the community resource (parks, trails) or facility (fitness centers, gyms) based on their accessibility, affordability, staffing and/or quality.

**Directions:** Complete the schedule to accumulate 60 minutes of physical activity each day. Use the information from My Plan and Possible Activities section of the previous table.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **What Activities?** |  |  |  |  |  |  |  |
| **Where?** |  |  |  |  |  |  |  |
| **Start Time** |  |  |  |  |  |  |  |
| **End Time** |  |  |  |  |  |  |  |
| **Total Minutes** |  |  |  |  |  |  |  |

**Evaluation of Plan:**

1. What was successful about your plan? What helped you achieve your physical activity goals?
2. What was challenging about meeting your physical activity goals or implementing your plan?
3. What would you change about your plan?

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| **Level** | **Criteria** |
| Advanced | The physical activity plan contains realistic and measureable goals, appropriate activities to accomplish the goals, and a realistic schedule.  Provides specific and detailed evaluation of the successes and challenges associated with implementing the plan. Provides appropriate modifications to the plan. Community physical activity resources and/or facilities are included in the plan based on their accessibility, affordability, quality and staffing. |
| Proficient | The physical activity plan contains goals, activities to accomplish the goals and an evaluation of how the activity plan helped. Community facilities are evaluated for accessibility, affordability, quality and staffing. |
| Limited | The physical activity plan does not contain goals, activities to accomplish the goals or an evaluation of how the activity plan helped. Community facilities are not evaluated for accessibility, affordability, quality and staffing. |

**See excel sheets for data collection.**