

STUDENT HEALTHY WEIGHT PROGRAM

PE Teacher Progress Report

To be completed by Physical Education Teacher and given to School Nurse each Quarter

School: _____ Grade _____ Date: _____

Student Name or Initials: _____ Age: _____

Physical Education Teacher: _____

Physical Education Teacher General Comments:

Physical Education Quarterly Report

_____ Physical Education Discussion Topics Reviewed

(Check all those that apply during this quarter)

- _____ My Health Profile Pre-Survey
- _____ Discuss the Benefits of a Healthy Lifestyle
- _____ Discuss the 5-2-1-Almost None Wellness Plan Components
- _____ Discuss Physical Activity and Physical Activity Choices
- _____ Introduce and Review Physical Activity Logs
- _____ Set Goals for Physical Activity for Future Logs
- _____ Discuss Family Physical Activity Choices
- _____ Review Family Physical Activity Log
- _____ Discuss Physical Activity Resources in the Community and Home
- _____ Discuss Screen Time Habits
- _____ Introduce Screen Time Logs
- _____ Review Screen Time Log and Set Screen Time Goal
- _____ My Health Profile Post-Survey
- _____ Other Topics for Discussion based on Student Needs or Interest

_____ **FitnessGram Assessment completed if appropriate**

_____ **Physical Fitness plan developed based on FitnessGram Assessment if appropriate**

_____ **Participation in an extended physical activity program offered in school if provided**

ADDITIONAL OBSERVATIONS OR CONCERNS:

Please give Quarterly Report to School Nurse to Email or Fax to Referring Health Care Provider

Please provide Quarterly Report to Parent by Email or Hardcopy

THANK YOU FOR YOUR PARTICIPATION IN THIS PROGRAM