

# **Standards for the Preparation of Teachers of Health & Physical Education (MC)**



Michigan State Board of Education

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## **Introduction to the Standards for the Preparation of Teachers of Health and Physical Education**

# **Conceptual Framework for the Preparation of Teachers in Michigan**

A teacher preparation program is comprised of multiple interdependent components that prepare candidates for certification to demonstrate proficiencies defined in several aligned sets of standards.

- The Michigan Interstate Teacher Assessment and Support Consortium (MI-InTASC) Model Core Teaching Standards, adopted by the State Board of Education (SBE) in 2013, define the theoretical and practical knowledge, skills, and dispositions that all entry level teachers should possess upon completion of an approved teacher preparation program.
- The Michigan Certification Standards for the Preparation of All Elementary and Secondary Teachers in Reading Instruction specify the expected knowledge and skills in the areas of reading that all teachers at the elementary and secondary levels should possess upon entry to the profession, regardless of content area specialization.
- Michigan-specific content standards define the central concepts, tools of inquiry, and structures of the specific discipline(s) in which teacher candidates seek endorsement, as well as pedagogical applications of that disciplinary knowledge.

A recommendation for teacher certification is an assurance on the part of the teacher preparation program that a candidate demonstrates the appropriate proficiencies specified in each of these sets of standards.

## **Standards for the Preparation of Teachers of Health and Physical Education**

### **Purpose**

The purpose of the Standards for the Preparation of Teachers of Health and Physical Education (MC) is to establish a shared vision for the content and skills that entry-level teachers of health and physical education in Michigan should possess and be able to demonstrate in their teaching, regardless of whether they follow a traditional or alternate route into the profession. This section of the document provides background about the development of the standards, program requirements, and endorsement authorizations.

The health standards section provides five domains of professional preparation to teach health education, with standards for acceptable levels of performance at teachers' point of entry into the field. These domains and standards establish outcomes for graduates of teacher preparation programs in health education, and

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should be used to inform program development and continuous improvement efforts at Michigan's institutions of higher education. The standards are based upon the Society of Health and Physical Educators (SHAPE) America and the Council for the Accreditation of Educator Preparation (CAEP) Program Standards for the Preparation of Health Education Teachers.

The physical education standards section provides six domains of professional preparation to teach physical education, with standards for acceptable levels of performance at the point of entry to the field. These domains and standards establish outcomes for graduates of teacher preparation programs in physical education, and should be used to inform program development and continuous improvement efforts at Michigan's institutions of higher education. The standards are based upon the Society of Health and Physical Educators (SHAPE) America and the Council for the Accreditation of Educator Preparation (CAEP) Program Standards for the Preparation of Physical Education Teachers. Since both the health education and physical education standards incorporate the same domains and standards used by national accrediting bodies and specialty program associations for recognition and accreditation decisions, the alignment of Michigan's program to these state standards will support educator preparation accreditation activities.

### **Development of the Proposal**

Two advisory committees, composed of representatives from Michigan's public and independent teacher preparation programs, local education agencies, intermediate school districts, SHAPE Michigan, Michigan Fitness Foundation, and the MDE began discussions about updating Michigan's health and physical education teacher preparation standards in March of 2016. This action was motivated by shifts in best practice widely reflected in the profession as well as the 2016 update of the SHAPE America National Standards for Initial Health Education and Physical Education Teacher Education programs.

As Michigan's Standards for the Preparation of Health and Physical Education Teachers, adopted by the SBE in 2000, were based on the American Association for Health Education Health Education Teacher Education standards (AAHE, 1995) and the National Association for Sport and Physical Education Physical Education Teacher Education standards (NASPE, 1995), respectively, the advisory committees considered the question of whether to retain existing Michigan standards, compose new standards, or adopt the new national standards as Michigan standards.

The advisory committees met in March and April 2016. The consensus of the health committee was to adopt the SHAPE America Standards as *Michigan Standards for the Preparation of Teachers of Health Education*, with key changes that included: 1) an increased emphasis on skill development within Standard 1.3; 2) addressing the collaborative relationship between health education and other subject areas within Standards 1.6 and 2.5; and 3) an emphasis on alignment between curriculum,

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instruction, and assessment within Domain 4. The consensus of the physical education committee was to adopt the SHAPE America Standards as Michigan Standards for the Preparation of Teachers in Physical Education, with key changes that included: 1) addressing the interrelationship between physical education and other subject areas within Domain One and Standard 1.9; 2) removing aquatics from the physical education endorsement as a result of statewide safety concerns and to improve alignment with state legislation; 3) adopting a Teaching Games for Understanding (TGFU; Bunker and Thorpe, 1982) framework for Standard 2.1, to improve the breadth of content areas available within programs; and 4) adding terminology regarding cultural competency to Domains 3 and 4.

The new standards retain continuity with the previous Michigan standards with respect to health and physical education teachers' competence in delivering knowledge, skills, and concepts in both fields to K–12 learners. The fundamentals of the previous standards have been retained in the revised standards, and the foundational elements Michigan has required to earn initial teacher certification in these fields remain consistent in the new standards. For example, in the physical education portion of the standards, teacher candidates are still expected to demonstrate knowledge about motor-skill performance and personal fitness; plan, deliver, and provide accurate and appropriate critical elements; hold students accountable for learning; and collaborate and communicate in professional settings.

While the knowledge, skills, and application of foundational ideas in health and physical education remain consistent between the previous and new standards, both the health and physical education sections of the new standards synthesize elements that had been spread across multiple domains in the previous standards to reflect a more integrated approach to content delivery, planning, instruction, learner assessment, and reflection on best practice. For example, in the physical education portion of the new standards, interrelated elements from the former Domains 2 (Growth and Development), 3 (Learners and Learning) and 4 (Planning and Instruction) are now reflected in a new Domain 3 (Planning and Implementation).

While standard blending is a small part of the revisions reflected in the new standards, that is by no means the focus of the new standards. The physical education component of the new standards includes an expectation that teacher candidates demonstrate skillful motor performance (2.1) and personal health-related fitness (2.2). This reflects the expectation that physically literate professionals have the ability to demonstrate content at a basic level of competence and serve as role models of personal fitness. An important point about this new idea is the holistic nature of the personal fitness element, which enables programs to determine what fitness levels candidates are expected to demonstrate. Candidates are not expected to meet every health-related fitness component associated with their gender- and age-specific Healthy Fitness Zone levels (i.e.,

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FitnessGram®/Brockport) identified in nationally-supported assessment protocols. The Healthy Fitness Zone levels are scientifically linked to the delayed onset of chronic disease. Instead, the idea is that candidates are aware of and have the skills and dispositions to attain and maintain personal health-related fitness throughout their lifespan.

The most significant change in the updated standards is the merging of the previously separate Standards for the Preparation of Teachers of Health (MA) and of Physical Education (MB) into a single set of Standards for the Preparation of Teachers of Health and Physical Education (MC) and a single endorsement code. A recommendation for a combined endorsement was discussed by the advisory committees during their meetings to draft standards. To provide relevant information on this proposal and to understand the needs of K-12 schools and districts, the MDE surveyed a variety of stakeholders to determine whether to continue to maintain separate health and PE programs and endorsements. A majority (over 70%) of the respondents favored the health/PE combination. The Superintendent of Public Instruction strongly supports this recommendation, and the proposal is for a comprehensive endorsement that covers both disciplines.

### **Clarification and Specific Aspects of Standards**

Understanding the difference between physical education and physical activity is critical to understanding why both contribute to the development of healthy, active children. SHAPE America and the MDE believe every child in the United States deserves both quality physical education and physical activity programs. School physical education programs are the only educational experiences that provide all children the skills and knowledge necessary to establish and pursue an active lifestyle. Physical education teachers assess student knowledge and motor and social skills, and provide instruction in a safe, supportive environment. SHAPE America and the MDE recommend that schools provide 150 minutes of instructional physical education for elementary school children, and 225 minutes for middle and high school students, per week for the entire school year. The Centers for Disease Control and Prevention (CDC), Institutions of Medicine (IOM), SHAPE America, and the MDE strongly encourage regular physical activity in addition to physical education. In part this is based upon the CDC, IOM, and SHAPE America's recommendation that every child accumulate 60 minutes and up to several hours of physical activity per day while avoiding prolonged periods of inactivity. While the physical education teacher is not solely responsible for additional physical activity opportunities, s/he should be an important partner in such programs. Based on sequence of learning, physical education is distinctly independent and different from other physical activity experiences (e.g., recess, intramurals, marching band, ROTC, athletics, or other recreational endeavors).

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It is important to understand that if schools decide to include aquatics in their physical activity program, schools must adhere to Public Act 368, [R 325.2198](#), which specifies when a lifeguard must be on duty and the qualifications of that lifeguard.

1. A lifeguard must be on duty and meet all of the following requirements:
  - a. Be a capable swimmer.
  - b. Be competent in life-guarding techniques.
  - c. Hold current certifications in adult, child, *and* infant cardiopulmonary resuscitation and training in 2-person and resuscitation barriers.
  - d. These current certifications *must* be posted in the pool area while the pool is open for use.
  - e. At a minimum, has satisfactorily completed a nationally-recognized course of instruction in life guarding.
  - f. Be dressed in suitable swimming attire and prepared to enter the water at any time.
  - g. Readily identified as the lifeguard on duty.
  - h. Provide proper supervision of *all* students in the pool area.
  - i. Enforce rules pertaining to safety and sanitation.
2. If a supervising instructor, teacher, or coach does not meet the requirements of Rule R 325.2198, listed above, then a separate lifeguard who meets the requirements must be present.

### Program Requirements

Educator preparation institutions wishing to recommend candidates for the K-12 endorsement must ensure that candidates:

- complete a program of study that includes a combination of planned learning related to *Whole School, Whole Community, Whole Child* ([www.cdc.gov/healthyschools/wsc/components.htm](http://www.cdc.gov/healthyschools/wsc/components.htm), last updated 8/19/15).
- understand Michigan's K-12 health education curriculum. Instruction should address the [National Health Education Standards \(NHES\)](#) and incorporate the [characteristics of an effective health education curriculum](#).
- **instructional methods** — Methodological content and strategies for all grade levels (i.e., elementary, middle, and high school) must be provided across the health and physical education teacher education program.
- **appropriate field experiences**, including:
  - **K-12** — Structured field experiences, including but not limited to observation or directed teaching across elementary, middle, and high school levels.
  - **University Supervisor** — Field experiences prior to and inclusive of student teaching in health and physical education classes will be overseen by health and physical education professionals.
  - **K-12 Mentor** — Field experiences prior to and inclusive of student

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teaching in health and physical education classes will be supervised by certified health educators and physical education educators.

### **Endorsement Authorizations**

- Teachers possessing an elementary certificate with a health and physical education (K–12) endorsement are authorized to teach all subjects K–5, including health and physical education. They are also authorized to teach health and physical education in grades K–12.
- Teachers possessing a secondary certificate with a health and physical education (K–12) endorsement are authorized to teach health and physical education in grades K–12. They are not authorized to teach any other subjects in grades K–5 without additional elementary certification or endorsements or any other subjects in grades 6–12 without additional secondary endorsements.
- Teachers possessing an endorsement to teach health and physical education may teach comprehensive health education including sexual health. Michigan legislation also requires additional training and education associated with HIV/AIDS and sex education ([§380.1169](#)).
- These program standards do NOT prepare candidates to teach aquatics and other water-related activities (e.g., swimming, water exercises, kayaking, boating, canoeing, fishing, water polo, scuba diving) as part of the physical education endorsement. See the "[Clarifications and Aspects of Specific Standards](#)" section above.

## Health and Physical Education (MC) Content Standards

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**Health and Physical Education (MC)  
Content Standards**

## Health and Physical Education (MC) Content Standards

The standards for the health and physical education components of the combined endorsement are represented below. The intention is for teacher preparation to integrate the standards within their programs of study.

### HEALTH STANDARDS

#### H.1.0 Content Knowledge

Candidates demonstrate acquisition of functional health content and proficiency in health-related skills for the purpose of enhancing healthy behaviors in learners.

- **H.1.1** Candidates demonstrate the acquisition of functional health content, addressing child and adolescent risk and protective factors.
- **H.1.2** Candidates demonstrate the theoretical foundations of human development, and their effect on health behavior and learning.
- **H.1.3** Candidates analyze local, state, and/or National Health Education Standards and determine how they contribute to healthy behaviors in learners.
- **H.1.4** Candidates analyze local and state health education policy and legislation, and determine how they contribute to healthy behaviors in learners.
- **H.1.5** Candidates demonstrate proficiency in health literacy skills.
- **H.1.6** Candidates demonstrate the collaborative relationship between health and physical education within a school and community setting (e.g., Whole School, Whole Community, Whole Child).

#### H.2.0 Planning

Candidates plan school health education instruction and programs that meet the needs of all learners.

- **H.2.1** Candidates collect and analyze needs-assessment data to plan relevant and culturally inclusive school health instruction and programs to meet the needs of all learners and the community.
- **H.2.2** Candidates design a logical scope and sequence of meaningful, comprehensive, and challenging learning experiences for all learners.
- **H.2.3** Candidates construct measurable, developmentally appropriate, performance-based objectives aligned with local, state, and/or National Health Education Standards.
- **H.2.4** Candidates plan instruction that facilitates skill development and application of functional health content for all learners.

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- **H.2.5** Candidates design health education instruction and programs that integrate components of the [Whole School, Whole Community, Whole Child \(WSCC\)](#) model.
- **H.2.6** Candidates plan instruction that incorporates technology, media, and other appropriate resources in order to enhance student learning and engage all learners.

### H.3.0 Implementation

Candidates implement effective health education instruction that meets the needs of all learners.

- **H.3.1** Candidates use a variety of instructional strategies to facilitate health-related skill development and application of functional health content for all learners.
- **H.3.2** Candidates implement instruction that incorporates technology, media, and other appropriate resources to enhance student learning and engage all learners.
- **H.3.3** Candidates implement instructional strategies that support all learners in order to demonstrate positive personal and social behaviors within a productive, supportive learning environment.
- **H.3.4** Candidates use classroom management strategies that promote safe, inclusive, and supportive learning environments.
- **H.3.5** Candidates analyze student learning outcomes, and reflect on instructional practices, and adjust lessons to enhance all student learning.

### H.4.0 Assessment

Candidates use methods of assessment to measure students' health-related content knowledge and skill proficiency.

- **H.4.1** Candidates analyze assessment strategies and tools to determine their appropriateness for enhancing student learning.
- **H.4.2** Candidates select/create a variety of formative and summative assessments to measure student achievement of learning objectives.
- **H.4.3** Candidates implement a variety of formative and summative assessments to measure student achievement of learning objectives.
- **H.4.4** Candidates use assessment data to guide planning, adjust instruction, and provide feedback for improving student learning.

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### H.5.0 Professionalism

Candidates engage in ongoing professional learning opportunities that improve student learning and advance the profession.

- **H.5.1** Candidates work collaboratively with a variety of stakeholders to support learners and enhance school health programs.
- **H.5.2** Candidates demonstrate ethical behavior as defined by health education and/or education codes of ethics.
- **H.5.3** Candidates participate in ongoing, meaningful learning opportunities to align their professional needs with those of the learners, school, and community.
- **H.5.4** Candidates reflect on their roles as a teacher, professional, and resource.
- **H.5.5** Candidates demonstrate effective communication within the school and community.
- **H.5.6** Candidates advocate for health education as an essential component of the school and community.

## **PHYSICAL EDUCATION STANDARDS**

### **PE.1.0 Content Knowledge and Programming Knowledge**

Physical education teacher candidates demonstrate an understanding of common and specialized-content, physical education curriculum models, comprehensive school physical activity programming, and scientific foundations for the delivery of an effective physical education program that interconnects with other subject areas.

- **PE.1.1** Candidates will describe and demonstrate K–12 physical education subject matter, including motor skills, movement patterns, concepts, strategies, techniques, rules, and etiquette.
- **PE.1.2** Candidates will describe and demonstrate developmentally appropriate critical elements and/or cues, and common errors and the development of task progressions within K–12 physical education subject matter content.
- **PE.1.3** Candidates will describe physical education curriculum and instructional models for meeting student learning needs.
- **PE.1.4** Candidates will demonstrate knowledge of comprehensive physical activity programming (e.g., before, during, and after school) strategies for all students beyond physical education lessons.
- **PE.1.5** Candidates will describe and demonstrate physiological and biomechanical concepts related to skillful movement, physical activity, and fitness.
- **PE.1.6** Candidates will describe and demonstrate motor learning and behavior change principles related to skillful movement, physical activity, and fitness.
- **PE.1.7** Candidates will describe and demonstrate motor development theory and principles related to fundamental motor skills, skillful movement, physical activity, and fitness.
- **PE.1.8** Candidates will describe historical, philosophical, and social perspectives of general and adapted physical education issues and legislation.
- **PE.1.9** Candidates will demonstrate the collaborative relationship between health and physical education within a school and community setting (e.g., Whole School, Whole Community, Whole Child).

### **PE.2.0 Skillfulness and Health-Related Fitness\***

Physical education teacher candidates are physically literate individuals who can demonstrate skillful performance in physical education content areas and health-enhancing levels of fitness.

\* To prevent discrimination against those with disabilities, physical education teacher candidates with special needs are allowed and encouraged to use a variety of accommodations and/or modifications to demonstrate competent

## Health and Physical Education (MC) Content Standards

movement and performance concepts (e.g., modified/adapted equipment, augmented communication devices, multi-media devices) and fitness (e.g., weight programs, exercise logs).

- **PE.2.1** Candidates will demonstrate skillful performance in a minimum of four (4) different physical education subject content areas (e.g., net/wall, striking/fielding, target, invasion, health-related fitness, rhythmic activities, outdoor pursuits).

“Skillful” definition: A person’s ability to employ techniques, tactics, strategies, rules, and etiquette effectively in the context of the activity.

- **PE.2.2** Candidates will attain and maintain a health-enhancing level of fitness throughout the program.

### **PE.3.0 Planning and Implementation**

Physical education teacher candidates apply content and programming knowledge to plan and implement developmentally appropriate and culturally competent learning experiences aligned with K-12 state and national standards and grade-level outcomes through the effective use of resources, accommodations and/or modifications, and technology to address the diverse needs of all students.

- **PE.3.1** Candidates will plan and implement appropriate (e.g., measureable, developmentally appropriate, performance-based) short-and long-term plan objectives that are aligned with K–12 state and/or National Standards and Grade-Level Outcomes.
- **PE.3.2** Candidates will plan and implement progressive and sequential content that aligns with short- and long-term plan objectives and that addresses the diverse needs of all students.
- **PE.3.3** Candidates will plan for and manage resources to provide active, fair and equitable learning experiences.
- **PE.3.4** Candidates will plan and implement individualized instruction for diverse student needs, adding specific accommodations and/or modifications for student exceptionalities.
- **PE.3.5** Candidates will plan and implement learning experiences that require students to use technology appropriately in meeting one or more short- and long-term plan objective(s).

### **PE.4.0 Instructional Delivery and Management**

Physical education teacher candidates engage students in meaningful learning experiences through effective use of culturally competent pedagogical skills. They use communication, feedback, and instructional and managerial skills to enhance student learning.

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- **PE.4.1** Candidates will demonstrate verbal and non-verbal communication skills that convey respect and sensitivity across all learning experiences.
- **PE.4.2** Candidates will implement demonstrations, explanations and instructional cues that are aligned with short- and long-term plan objectives.
- **PE.4.3** Candidates will evaluate the changing dynamics of the learning environment and adjust instructional tasks based on student progress and ability.
- **PE.4.4** Candidates will implement transitions, routines and positive behavior management to create and maintain a safe, supportive, and engaging learning environment.
- **PE.4.5** Candidates will analyze motor skills and performance concepts in order to provide specific, congruent feedback to enhance student learning.

### **PE.5.0 Assessment of Student Learning**

Physical education teacher candidates select and implement appropriate assessments to monitor learners' progress, guide decision making related to instruction and learning, and engage learners in their own growth.

- **PE.5.1** Candidates will select or create authentic, formal assessments that measure student attainment of short and long-term objectives.
- **PE.5.2** Candidates will implement formative assessments that monitor student learning before and throughout the long-term plan, as well as summative assessments that evaluate student learning upon completion of the long-term plan.
- **PE.5.3** Candidates will implement the reflective cycle to guide decision making specific to candidate performance, student learning, and short- and long-term plan objectives.
- **PE.5.4** Candidates will engage students in metacognitive strategies by requiring them to analyze performance results.

### **PE.6.0 Professional Responsibility**

Physical education teacher candidates demonstrate behaviors essential to becoming effective professionals. They exhibit professional ethics and culturally competent practices, seek opportunities for continued professional development and promote the importance of physical education for developing physically literate individuals.

- **PE.6.1** Candidates will engage in continued professional growth and collaboration in schools and/or professional organizations.

## Health and Physical Education (MC) Content Standards

- **PE.6.2** Candidates will engage in behavior that reflects professional ethics, practice and cultural competence.
- **PE.6.3** Candidates will engage in the proactive promotion and advocacy of physical education and lifelong physical activity.