

Sachem Central School District at Holbrook

Mr. James J. Nolan Superintendent of Schools Peter Blieberg, Athletic Director Office of Health and Physical Education, Health Services and Athletics 51 School Street, Lake Ronkonkoma, NY 11779 (631) 471-1335, fax (631) 471-8976

Physical Activity Project Consent Form Grades 5-12

Dear Parent/Guardian:

Our school district has received an incredible and rare opportunity for the Physical Education Program: a Carol M. White PEP Grant from the Federal Department of Education's Office of Safe and Drug-Free Schools. This grant's funding is focused on reorganizing our Physical Education Program to be aligned with state standards. The funding offered through the three year grant is used to provide curriculum, software, equipment, staff training and program infrastructure development. This reorganization will help prepare our students to lead active and healthy lives. To meet this goal, there will be an emphasis on helping students increase their health and fitness knowledge and form healthy habits. The PEP grant will provide the resources to develop a quality, standards-based program which could not be accomplished through district resources alone.

As part of this grant there is required data that must be collected on physical activity, nutrition and physical fitness. Your child's participation is voluntary, but it will enhance his/her health and understanding of living a healthy and active life. Data will be collected in and out of the school day. The data collected in this project will take place in five one-week windows this school year. During each data collection window your child will complete three pieces of data outside of the school day including: a seven day pedometer log, a three day activity log and a short nutrition survey. Another data collection tool will be completed in your son/daughter's physical education class is a Pacer Test to measure his/her cardiovascular fitness.

Data that describe the results of this project will not use your child's name or other personal information. Only general group averages will be described in the project's report. This consent form allows your child to be considered for randomized sampling of the district's student population and possibly being chosen for one or more of the five data collection windows. An explanation of randomized sampling is included in this packet along with sample logs and survey. If your son/daughter is selected in the project, additional information and resources will follow. To be involved in the project we must have a parent/guardian signature. Please check the appropriate box below to indicate whether or not you agree to let your son/daughter be included in the physical activity and nutrition project. Sign on the appropriate line below and return this form to your physical education teacher.

Parent/Guardian Signature	Student Name	Date	
□ I DO NOT agree to let my son/daugl	hter participate in this project		
☐ I agree to let my son/daughter partic	cipate in this project		