

Number of days per week students have physical education 1 2 3 4 5
(circle)

If less than 5 explain _____

Number of minutes per day _____

Percent of full-time physical education teachers who are certified in the field and at the appropriate grade levels _____

Does the school have one or more physical education waivers from the state?

If so, explain and attach a copy of the approved waivers(s).

In addition to this form, any P.E. waivers and the attached roster of teachers, your application should also include:

- a \$125 check made out to IAHPERD

2 copies of:

- the schools most recent state required School Report Card
- the **completed** IAHPERD Evaluation Criteria Self Assessment Report with comments.
- your P.E. written curriculum and local assessment report (Scope and Sequence)
- letter of support by the school's executive officer, principal or superintendent
- several (6-8) photos/snapshots of students and activities related to your program
- supportive information (i.e., projects, journals, writing samples, portfolios, videotape, sample rubrics, student self assessments)

Please do not use plastic sleeves.

Due to Blue Ribbon Chair by March 1st.

****If considering submitting an application, please contact the Blue Ribbon Chair immediately.**

Mail completed forms and requested materials to:

Maureen Fournier
5114 West 100th Street
Oak Lawn, IL 60453

(708)424-3421
mofournier@comcast.net

To be considered for recognition at the IAHPERD Convention your application is due by **March 1.**

Applications received after the deadline will be considered for recognition at the following Convention.

ROSTER OF TEACHERS
IAHPERD Blue Ribbon Physical Education Program
(Form may be photocopied if additional sheets are needed)

Dr./Mr./Ms. _____

Highest degree attained _____ Certificate Type _____

Years employed at present school _____ District _____

Total years teaching _____

Current member of IAHPERD Yes No

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