

# **Northeastern District for IAHPERD**

## *Highlight School Program*

### **What is the Northeastern District Highlight School Program?**

It is an opportunity to spotlight a segment of your Physical Education and/or health program.

It is an opportunity to recognize the importance of Physical Education and health.

It is an opportunity to recognize individuals who play an important role in promoting physical education, health, fitness and wellness.

It is an opportunity to share innovative programs at building and district levels, local and state, as well as build community awareness of the importance of physical education and health.

### **Who can become a Highlight School?**

Any elementary, middle and high school in the Northeastern District can apply for the Highlight School Program.

The educator(s) who are highlighting the program must be a current IAHPERD member(s).

### **What is the deadline to present a program to be considered as a Highlight School Program?**

A program MUST be submitted by May 1<sup>st</sup>. Winners will be notified by June 1<sup>st</sup>. Award winners will be invited to the NED Fall Awards Banquet in October.

## **What criteria are used to determine if the program qualifies as a Highlight School Program?**

A segment of the total program which demonstrates particular merit in one of more of the following categories:

- ⇒ Creative new ideas, techniques or teaching styles
- ⇒ Promotion of health and wellness
- ⇒ Methodology
- ⇒ Innovative assessment tools for student knowledge and performance
- ⇒ Innovative use of equipment and facility
- ⇒ A connection to student diversity and population
- ⇒ Community involvement and public relations
- ⇒ An overall excitement displayed for something new
- ⇒ A strong desire to share your expertise

Request an application, direct questions or send paperwork to Highlight Program Co-Chairs:

Laura Duffy  
[lduffy@d181.org](mailto:lduffy@d181.org)

Krissy Smiley  
[ksmiley@d181.org](mailto:ksmiley@d181.org)

Please find attached an application form to fill out. Thank you for also answering the following questions in a typed format and include your response with the attached application.

1. What are the objectives of your activity?
2. What state goals and standards are addressed within the program?
3. What national goals are addressed within the program?
4. What types of assessment tools do you use for the activity, if any?
5. Any additional information that you would like to share is welcome.

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Level (check one) \_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School

(check one) \_\_\_\_\_ Physical Education \_\_\_\_\_ Health \_\_\_\_\_ Both

Person submitting Program \_\_\_\_\_

Phone (home) \_\_\_\_\_ work \_\_\_\_\_

Email \_\_\_\_\_

Name of Highlighted Program \_\_\_\_\_

Description of the Program

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List all staff involved \_\_\_\_\_  
(PE/Health staff MUST be IAHPERD members)

Principal Name \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_