A COMPREHENSIVE SET OF CRITERIA FOR THE EVALUATION OF A
HEALTH AND PHYSICAL EDUCATION PROGRAM FOR A SMALL SECONDARY SCHOOL

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Chapter I
INTRODUCTION

The traditional program of physical education, has in the past few years, expanded into a program consisting of three main divisions; namely, (1) Health Service, (2) Health Education, and (3) Physical Education. The importance of health and physical education, as an integral part of the secondary school curriculum cannot be denied. In a democratic system of government pledged to an equal educational opportunity for all its citizens, physical and emotional welfare are as essential to the development of the individual as mental growth. It therefore, becomes the obligation of the state to provide for this physical, mental, and emotional well being of all its youth, through a correlated program developed in the schools. "The school program must be arranged to protect and improve the physical, mental, and emotional health of every child and to preserve that most sacred thing of every child---------his personality----------and allow him the fullest opportunity to develop his best self."

Marked changes in the progress of health and physical education have been evident in recent years, yet many of the policies and procedures still need revision. It becomes a matter of necessity that the whole program be brought into line and conform to the aims and objectives

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of a democratic philosophy of education.

Our experiences during this period shows the need of bringing health and physical education more nearly in accord with sound educational practices and theory. Today those responsible for the method of education face new demands prompted by public needs. With the growth of crime and delinquency, with greatly increased leisure, with the increase in hospitals and institutions for mental defectives, health and physical education have far reaching opportunities and potentialities for preventive service. It faces a real challenge. Under proper direction, this program should and will prevent and correct many serious mental and physical defects and the social economic loss incurred thereby. It is important, therefore, that its purposes, methods and activities be evaluated and directed critically.

A Statement of the Problem

Any sound educational program will have as its ultimate goal, attainment of desirable outcomes. Evidence, showing these outcomes are being realized, is necessary. Many of the desirable outcomes of a course in health and physical education, such as initiative, loyalty, courtesy, honesty, self-control, cooperation, leadership, etc., are of an intangible nature. Evaluation of these outcomes then becomes a difficult problem. A great many times the teacher will judge the student solely on the basis of the letter grade he may make in class. This standard of evaluation of the student is educationally unsound and some better criterion should be devised whereby the student is evaluated, not only in acquiring skills

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Physical Education Syllabus, Book IV, University of the State of New York, p. 5.
in the subject matter but also in acquiring worthwhile habits and attitudes.

It is the problem of this study then, to formulate standards by which the health and physical education program can be evaluated, not through obtaining particular skills in the subject matter alone, but through establishment of worthwhile habits and attitudes as well.

1 Ward G. Reeder says in this connection:

In the first place, the inculcation of skills in reading, arithmetic, writing, and other subjects, although such inculcation is one of the most important objectives of the school, it is not the only objective. Perhaps it is not even the chief objective. In addition the development of skills and the giving of information, the teacher has the obligation of developing wholesome habits and worthwhile attitudes. He has the obligation of teaching the child how to get along with his fellows, sources of knowledge, proper habits of work, and many personal characteristics such as honesty, ambition, and respect for the truth. The development of an integrated personality in each pupil is the supreme purpose of the school.

**Delimitations of the Problem**

The author's work in the field of health and physical education has been primarily concerned with that phase of the program which deals with boys and young men. The study will naturally reflect the writer's experience in the field, so therefore, will be limited to the construction of a set of criteria for the evaluation of a program of health and physical education for male students.

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The study will be further limited to considering small secondary schools with enrollments between five hundred and one thousand students in the upper six grades. The evaluative criteria will be as flexible as practical, but for the larger schools, it is presumed certain revisions would have to be made because of the wider scope of the program of health and physical education in those schools.

**Purpose of the Study**

The purpose of the study is to acquaint the author with the latest methods and standards in evaluating a health and physical education program. Secondly, in connection with this study, a health and physical education program will be constructed which will serve as a basis for future reference. In constructing such a program, due consideration for community differences, such as interests, needs, facilities, administrative practices, etc., must be acknowledged and examined thoroughly. The basic program cannot account for all of these community differences so it must, therefore, be flexible enough to apply to a number of different situations.

**Definition of Terms**

A number of terms will be used quite frequently throughout the thesis. To avoid misunderstanding of the terms used and to give a clearer interpretation of the study, the following definitions are given:

**Health service** refers to those "agents or agencies aiming to improve or protect the personal and environmental health
conditions of school children." 1 Health service applied to this definition administers a number of functions, chief of which are: "Clinical care and treatment; medical examination, annual and daily inspection; correction of physical defects; immunization and vaccination against communicable diseases; a healthful school plant and environment; and safety first equipment and administration." 2 A number of authorities in the health field divide health service into two distinct divisions; namely, (1) "Health supervision as primarily concerned with the hygiene and sanitation of the school building and equipment." 3 (2) "Health service aims to protect and to improve the personal health conditions of the pupil." 4 For the purpose of this study these two divisions will be considered collectively under health service.

Health education is used, throughout the study, to mean the inculcation of desirable health habits, attitudes and knowledge through school and community sources. The improvement of the health life of the individual is the ultimate aim of a worthwhile health education program.

Physical education is the growth and all around development of the individual through the use of activities employing

2 State Course of Study for Virginia Elementary Schools, Virginia State Board of Education, p. 163.
3 Ohio High School Standards, 1937, p. 163.
4 Ibid., p. 163.
psycho-motor or big muscle responses.

Other Related Studies

A number of related studies have been made on various phases of health and physical education but to the writer's knowledge no study has been made of this particular problem. A master's thesis written at Ohio State University by Sidney Boyd, "Physical Education for Fifth and Sixth Grades", in 1933, proposed a set of criteria for evaluation of physical education activities in those grades. Thomas Vernia wrote a master's thesis at Ohio State University, in 1940, "Democracy in the Administration of Interscholastic Athletics", formulating certain standards for the administration of interscholastic athletics. Procedures for evaluating a health program were given in a master's thesis written at Ohio State University, in 1936, by John Clarke, "An Experimental Program for Teaching Health in the High School Based on Student Needs".

Sources of Data

The problem of evaluating the purposes, activities, and results of a health and physical education program has been studied very seriously, the past few years, by many well known educators and physical educators. The conception that the health and physical education program must conform to certain standards advanced by the educational and social philosophies of the community has given added impetus to the study of the problem.

A thorough investigation of the best books and articles on the subject will be made. Needless to say valuable
information will be gained from a number of these, some of which have already been mentioned. From these basic readings an evaluative set of criteria will evolve which will be presented in this study. Through personal conferences with physical education teachers and by observation of health and physical education programs the writer expects to gain additional information which will supplement the readings. The study will be further augmented by the author's personal experience in the field of health and physical education acquired over a period of fourteen years of practical teaching.
Chapter II

A BRIEF HISTORY OF PHYSICAL EDUCATION

History might be stated as a yardstick for measuring progress in any given subject. Experiences and achievements of the past are valuable as they effect the present and the future. Juan Luis Vives, the Spanish scholar and author said, "history teaches us how we got this way, whence we came, where we are going and what we should do while we are on the way."

"In its simplest meaning" says James Harvey Robinson, "history includes every trace and vestige of everything man has done or thought since first he appeared on earth. It is the vague and comprehensive science of past human affairs. We are within its bounds whether we decipher a mortgage on an Assyrian title or describe the overshort pastry to which Charles V was addicted to his undoing."

If we can accept this definition of history as correct, physical education has been taught since man first appeared on earth. Williams maintains, "the first physical educator was the parent who taught his son how to throw, jump and to climb, or in company with others instructed him in the standards of the group to which he belonged."

From earliest history physical education, like education,

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1 Edgar W. Knight, Twenty Centuries of Education, p. 3.
2 Ibid., P. 3.
3 Jesse F. Williams, Principles of Physical Education, p. 3.
has reflected the economic, social, political and religious philosophies of the people. Autocratic leaders have used physical education activities as a basis for the development of a physical perfect race. This tendency has caused Schwendener to remark, "history has been replete with evidence pointing to the nationalistic uses of physical education. In this respect the contemporary era proved to be no exception for the dictators early appropriated sport and all physical education activities as ideally suited to their purpose of indoctrination and regimentation."

Investigating further, we find certain religious organizations have stifled the development of physical education. Subjugation of the body to the mind was thought desirable. Rice, in discussing the cathedral and monastery schools of the Middle Ages, has this to say, "in no school of the Middle Ages could physical education have found a place; for education, in its aim, method and content was dominated by asceticism."

It is not the purpose of this part of the study to relate the influences physical education has had on nations down through the ages. The author merely wishes to trace the evolution of physical education showing methods and procedures of organization and administration that have been used in the

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1 Norma Schwendener, A History of Physical Education in the United States, p. 219.
2 Emmett A. Rice, A Brief History of Physical Education, p. 55.
past and to picture the influence these methods and procedures have exerted on the American program. America has been a leader in the field of physical education since the turn of the century, yet a great many of our ideas on the subject have been borrowed from other countries. Williams comments, "in a broad sense, physical education in America arose out of the life of the people here. More, narrowly, physical education in America reflected the experiences of others, but the very poverty of American ideas in this field in the early years of the Nineteenth Century contributed to a rather heavy weighting of foreign programs and purposes."

**Physical Education in Greece**

Values and purposes of physical education have been emphasized, at intervals, from the earliest authentic history down to the present time. Little is known of physical education before civilization of ancient Greece, although we do know Persia instructed her youth in physical training activities for military purposes. China, India and Egypt had some physical training for their young men, just how much is difficult to determine, as information is very meager.

The Greeks were the first people to bring a high degree of civilization to the Western World. They excelled in art, literature, government and architecture. A program of physical education was also established that even today has a decided influence on modern physical education. "We go back

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to the Greeks to explain many things and particularly to understand the relationship between physical education on the skill side and education of the citizen." It is also interesting to note in this connection, that the "words gymnastic, athlete, agonistic, antagonist, hippodrome, and stadium are of Greek origin as well as the activities to which they refer."

A study of the Athenian conception of education for their youth is necessary, because of all the Greek city-states, their's more closely resembles the American educational philosophy. We must remember, first of all, that unlike our society, slavery existed at this time in Greece, thus eliminating the possibility of an education for all people. Knight offers this conclusion: "True, in Athens, education was limited to a small part of the population and did not include girls; but in training in music, the literature and the religion of the people, in physical exercises, and in responsibilities of citizenship, Athenian education represents a marked advance over anything that had preceded it."

Unlike Sparta and many of the other Greek city-states, Athenian education advocated the complete development of the individual. Emphasis was placed on the moral, civic and social training of the individual for ultimate participation

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1 Ibid., p. 3.
2 Rice, op. cit., p. 20.
3 Knight, op. cit., p. 53.
in society as a citizen. At the age of eighteen, the following oath was given to the youth of Athens which permitted his name to be inscribed on the roll of citizens:

I will never disgrace these sacred arms nor desert my companions in the ranks. I will fight for temples and public properties, both alone and with many, I will transmit my fatherland, not only not less, but greater and better, than it was transmitted to me. I will obey the magistrates who may at any time be in power. I will obey both the existing laws and those which the people may unanimously hereafter make; and if any person seek to annul the laws or set them at naught, I will do my best to prevent him and will defend them both alone and with many.

Physical training was an integral part of this education of the Athenian youth. Greek philosophers and authors in their writings reflected the prominence physical education assumed in Greek education. In Greek sculpture and art, the athlete was exemplified and still remains the wonder and admiration of all who appreciate perfection of human form. Aristotle stated, "that the education of the body must precede that of the intellect, it clearly follows that we must surrender our children in the first instance to the gymnastic and the art of the trainer."

As an outgrowth of their physical education activities the greatest national program of athletic competition yet achieved, was developed culminating in the present Olympic Games. Long before the Olympic Games were organized the various Greek city-states celebrated the festivals of the Gods through athletic

1 Knight, op. cit., p. 54.
2 Rice, op. cit., p. 39.
contests and religious ceremonies. The games were first held at Olympia in 776 B. C. They were held every fourth year from that year until 394 A. D. when they were discontinued by the Roman Emperor Theodosius. Such events as running, jumping, throwing the javelin and discus, wrestling and boxing were used. The victors were rewarded with a crown of wild olive branches which signified the highest award that could be bestowed upon the amateur athlete. The form, grace and skill demanded in these games, are still standards of successful athletic performance. The modern version of these games was organized in the year 1896 and have been held every fourth year from that time, with the exception of the war years.

It is interesting to note that in the original games, the athlete had to conform to regulations, which were made by the people charged with the administration of the contests. The athlete "must be of Greek blood, must never have committed a crime, must take an oath to compete fairly, must have been in training ten months before the games, and the last month must have been spent at Olympia." As we study the history of these games, the amazing fact is revealed that the organization and administration of these contests were conducted much the same as some of our modern athletic competitions. Delving farther into the history of the games, we discover certain definite training standards were established, and men skilled in the various events, advanced scientific theories of instruction.

\[1\] Ibid., p. 31.
Rice says, "the Athenian boy learned all the events and the proper form in the palestra. If he excelled there he continued his training in the gymnasium under scientific and skilled tutors, many of whom had been former victors in the games."

Certain aims and objectives which conform to good educational philosophy characterized the 'golden age of Greek gymnastics'. Many of our present day practices and theories have, at least in part, been taken from the Greek conception of physical education. Although, during the later years of Greek civilization, their physical education program declined because of professionalism and the loss of nationalism, Greek contributions to physical education can hardly be overestimated.

Later Physical Education Movements

From the decline of the Greek civilization until the beginning of the fifteenth century, little progress was made in physical education. The Roman Empire established a very thorough system of physical training, the ultimate goal being military proficiency. The Roman ideas of physical education more nearly resemble those of Sparta than those of Athens. Physical and moral development was stressed. As Rome became a world power, the need for schools to train statesmen and orators arose. Essentially, Roman education was copied from the Greeks, yet physical education was considered beneficial.

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1 Ibid., p. 35.
only as training for the strong soldier. Rome also developed a national system of sports and games but these later became mere spectacular exhibitions between professional athletes.

During the early Christian era and the Middle Ages, as has been already stated, physical activities were frowned upon by the churchmen. This period was characterized, however, by two diverse fields of endeavor, namely, the church and chivalry. Christianity placed emphasis upon the salvation of the soul, rather than physical development of the body. The schools were largely under the control of the church so no provision was made for physical education. The church demanded a very quiet intellectual life, usually pursued in the seclusion of a monastery. On the other hand, chivalry placed emphasis on the military and physical training of the individual. The knight was, early in life, given training that would prepare him for participation in society. We are primarily interested in this latter movement, as the responsibility of fostering and maintaining physical education fell to the lot of chivalry.

As a result of the invasions of the barbarians into Western Europe and the overthrow of the Roman Empire, a system of society developed known as feudalism, which provided for the economic, political, social and military needs of the people. The great landowners gathered around him a large following of vassals, sworn to protect him as knights. The great mass of the people were held as serfs. For the privilege of tilling
the soil and the protection the landowners offered, the serfs were compelled to give the nobles a certain part of the products of the soil. Knighthood which expanded as a vital part of this society was concerned with physical training activities, not from any ideal of the complete development of the individual, advanced by the Athenians, or the national patriotism practiced by the Romans, but for utilitarian reasons. Physical training of the knight had nothing in common with the training of the intellect. "Intellectual education was for the scholar and clergyman, and physical education for the knight."

Physical education, as practiced by the knights, served both as training for war and as an amusement. The knight was pledged to the protection of the noble and a vigorous program of physical training was necessary in order to attain military perfection. Participation in jousts and tournaments required skill in horsemanship and use of weapons, necessitating long hours of work and training. This system of physical training which developed, does not resemble our modern conception of physical education as to aims, methods or ideals. Certain values were derived from the physical training activities, however, that met a need of Middle Age society. We are indebted to chivalry for keeping alive the physical education movement and passing on to future generations the values to be derived from physical exercise. Knight says:

Chivalry placed emphasis on the so-called

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1 Ibid., p. 61.
2 Knight, op. cit., p. 110.
'seven arts of the Middle Ages': riding, archery, fencing, swimming, hunting, rhyming, and whist playing or chess playing. The 'ten commandments' of the system required that each participant in it pray, defend the church, shun sin, fight for his lady, engage in loyal war, defend orphans and widows, defend the right, travel, love God, and observe the advice of true men. Here, indeed, were materials for a medieval 'activities program'.

Vittorino da Feltre (1378-1446), one of the early humanists and a great school master, led the movement for revival of physical activities in the school curriculum. Through a thorough study of the benefit of exercise, he came to the conclusion, "that the hours spent in play and in games, served as a rest and recreation and tended to promote the learning of other lessons. He was one of the first school masters to discover that ability to learn is partially dependent on physical condition; and excepting for the Greeks, he was also the first to devise special exercise for the invalid children." Knight further says, "he insisted upon respect for the personality of the pupils and upon making pleasant the work of the school, urged attention to the physical, social, and moral needs as well as the intellectual needs, foreshadowed the doctrine of individual differences, and saw the school as a model human society." Other schools of the Renaissance period adopted the ideas of Vittorino da Feltro and some provision was usually made for physical activity in the program.

As the Humanist ideas swept across the Alps and became the

1 Rice, op. cit., p. 68.
2 Knight, op. cit. p. 160.
basis of the Reformation in Germany, religion was the main source of controversy. Martin Luther (1483-1546), one of the leaders of the new movement in Germany believed physical activity essential to the development of the child. He said, "it was well considered and arranged by the ancients that the people should practice gymnastics that they might not fall into reveling, unchastity, gluttony, intemperance and gaming. Therefore, these two exercises and pastimes please me best, namely, music and gymnastics, of which, the first drives away all care and melancholy from the heart, and the latter elasticity of the body and preserves health."  

Two other leaders of the Reformation, Johannes Bugenhagen (1485-1558), and Philip Melanchthon (1497-1560), founded the Volksschule and the Gymnasium respectively.

Germany, Sweden and England all developed programs of physical training which have influenced American physical education tremendously. John Locke (1632-1704), English philosopher and statesman emphasized a broader of intellectual, moral and physical training. Jean Jacques Rousseau (1712-1778), advocated a return to nature as a basis for his teaching philosophy. Rousseau said, "to spring from one end of the hall to the other, to estimate the bound of a ball sailing in the air, and to send it back with a strong steady hand, such sports do not befit man but they serve to train youth." Johann Heinrich Pestalozzi (1746-1827), the

1 Rice, op. cit., p. 73.
2 Ibid., p. 67.
Swiss educator maintained, "the early attention of mothers must be directed to a subject which is generally considered to require neither much thought nor experience, and therefore is generally neglected, I mean the physical education of the children." Johann Friedrich Herbart (1776-1841), and Friedrich Wilhelm August Froebel (1782-1852), disciples of Pestalozzi appreciated the benefit derived from exercise and advocated physical training as an integral part of their teaching program.

These ideas all contributed to modern physical education, yet many historians regard Johann Frederich Guts Muth (1759-1839), as the actual founder. He developed a system of gymnastics in Germany, which not only used formal exercises, but introduced stunts and games, in order to stimulate interest. Probably the greatest contribution to German physical education was made by Frederich Ludwig Jahn (1778-1852), who copied some of the ideas of Guts Muth. He introduced a program of heavy apparatus work, which has become a part of the German program. Discipline to command and group movement are characteristics of this idea. Jahn realized the importance of play instinct and introduced games and sports as a variation from his formal apparatus work. Adolph Spiess (1810-1858), contributed the marching exercise to the German system. He is also responsible for the development and organization of a German school program of physical education.

\[1\] Schwendener, op. cit., p. 32.
The Swedish program of physical education is indebted to the founder Per Henrick Ling (1776-1836), for the establishment of new methods and objectives. Ling, from his study of the human body, advanced the theory, "that the medical value of gymnastics for the weak were as important as gymnastics for the strong; that exercise must be prescribed for the individual rather than for the group." American physical education has adopted this phase of the Swedish program and today, corrective and remedial work is a very important part of our program.

England has contributed more to the American system of physical education than any other country. Because of her advantageous location and her powerful navy, the people of England did not have to subject themselves to the strict discipline and training, so necessary in other European countries. As a result of these conditions, the people of England early organized a system of sports and games, which expresses their ideas of personal liberty and individualism. It is only natural that the American people should copy these methods and procedures, since our customs and ideals conform more closely to those of England. Williams says:

It will appear therefore that the type of physical education developed in any nation reflects the customs, ideas, beliefs, attitudes and conscious needs of the people. It may be asked, then, what European nation more nearly

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1 Rice, op. cit., p. 119.
2 Williams, op. cit., p. 146.
approximates the ideas, customs, beliefs, attitudes and conscious needs of America? In addition to our ancestry (largely English), our language, our common law, it is the verdict of history that America most nearly resembles England in these fundamental qualities. This judgement will explain why the gymnastics of Sweden, Denmark and Germany and the emotional posturings of Delsarte (France) never gained any wide acceptance in the United States. Contarwise, the sports, games and athletics of England are the very heart of our physical education today.

Physical Education in the United States

A definite physical education program developed very slowly in the United States. The early colonists engaged in a variety of games and contests transplanted from several European countries, but these were strictly for recreational purposes. "The only section without games were those occupied by the Puritans of the New England colonies. The Puritan religion and social teachings made life a serious affair. The common belief was that it was neither wise, nor righteous, nor profitable to waste time in such idleness." Physical education in the school was unheard of except for a short period of formal exercise given by the school master. School in those days was a place to learn to read, write, cipher, and spell and not a place to play.

We had progressed very little toward a physical education program of national importance as late as 1830. Gradually, however, our population became urbanized and the need for leisure time activities became important. As areas became

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1 Rice, op. cit., p.146.
congested the need for playgrounds and parks for the children became evident. Out of this practical need of American society began to evolve a system of sports, games and recreational interests that has characterized American physical education.

Sports and games continued to play an important part in the lives of the American people, as they had in the colonial days, even though strong leadership or organization was lacking. The arrival of three young German political refugees in this country, during this period, was to have a tremendous effect on the organization of a system of physical education in the United States. Charles Follen (1796-1840), and Charles Beck (1798-1866), were the first of the refugees to arrive in this country. Both had been members of the Turnverein sponsored by Jahn in Germany. During the three space from (1824-1827) they established the German system of gymnastics firmly in the United States. Beck organized the first school gymnasium in the United States. Follen established the first college gymnasium at Harvard. Francis Leiber (1800-1872), later arrived from Germany and added impetus to the movement already started. "Though each of these three men ceased active participation in the field of physical education, the impetus which they had given to planned exercise continued unabated."

During this period, however, the majority of schools

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1 Schwendener, *op. cit.*, p. 49.
were still reluctant to accept physical education as a part of the school curriculum. The influence exerted by Beck, Follen and Leiber, through the introduction of the Turnverein movement into the United States, produced a noticeable change in the attitude of educators toward physical education, although very little improvement in physical education procedures in the school was accomplished until some time later.

The 1850's mark one of the most important periods in the evolution of American physical education. The Turnverein movement was becoming ever more popular, especially in the German areas; Swedish gymnastics were introduced; organized sports were being developed; intercollegiate competition was started and many universities and colleges were constructing gymnasias; the Y.M.C.A. (1851) proposed the building of gymnasias and the establishment of an athletic program in connection with their work; a great amount of literature had been written on the subject of physical education; and most important of all, the people were gradually becoming conscious of the necessity of a systematic program of physical education.

The Civil War, markedly, retarded this national awakening, although Dr. Lio Lewis (1823-1886), one of the first American physical educators, proposed his program of physical education during this period. His system, as devised, was for the benefit of the "fat man, the feeble men, young boys and females of all ages----------the classes most needing physical education."

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Rice, op. cit., p. 176.
He quarrelled very violently with the aims and objectives of the German and Swedish systems. He founded the first normal school of physical education and graduated the first class of physical educators.

The 1880's are considered by many historians as the most important decade of American physical education. The gymnastic programs, particularly the German Turnverein, the Swedish system and the Lewis program had become very popular and were used extensively by various schools and organizations throughout the country; Allen Sargeant (1849-1924), another American physical educator, advanced his ideas and theories; George Brosius (1839-1920), "successfully adapted the Turnverein program for the public schools"; the Y.M.C.A. was active in promoting recreational and playground activities; and land grant colleges were including a program of gymnastics in their military training courses. Rice in commenting on this period observes:

The Christian Associations recognized that a great value was to be obtained from that kind of work and practiced it more extensively; a large number of colleges and universities erected gymnasiums and employed trained physical educators; the turners doubled their efforts and their success in the spread of the German system of physical education; a large number of cities employed directors of physical education for the public school and placed the subject on the daily program; local gatherings and national conventions of physical educators were held to promote the movement and improve methods; the Swedish system of school gymnastics secured an important place in American education.

1 Schwendener, op. cit., p. 104.
2 Rice, op. cit., p. 227.
Physical education from this time developed quite rapidly in the United States. Sports and games which developed apart from the actual physical education program, are now considered an integral part of any well balanced program. The formal procedures so prevalent in the programs of Germany and Sweden, and which we adopted, have gradually given way to the system based on the natural play instinct. Gulick, Johnson, Lee, Wood, Curtis and Williams are outstanding physical educators who have led the way in organizing American physical education by application of this natural play instinct.

Williams makes this comparison between the two types of existing schools of thought on the subject:

Physical education is important in a democracy, or in a despotism, but the marching, the regimental drills, the formal discipline of the latter contrast sharply with the play, education for leisure, experimental method, emphasis upon initiative, leadership, and similar objectives of the former. Americans can have the kind of physical education they want.

The development of a physical education program in the small secondary school has been a slow process. Most of these schools by 1914 engaged in various interscholastic contests and this was usually the extent of the high school physical education program. Many times these contests were organized and controlled by the students or outside interests and as a result a great amount of criticism was directed toward the school and the physical education program in particular. The

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1 Williams, op. cit., p. 231.
schools have gradually assumed control of the interscholastic athletics and today each secondary school is responsible to the Commissioner of the Ohio High School Athletic Association for the organization and conduct of interschool games.

As late as 1930 a great many of the small secondary schools were without an adequate physical education program, mainly, because facilities were not available for such a program or trained teachers could not be found. Since 1930, however, tremendous progress has been made and the majority of these schools now employ a minimum of two teachers in the physical education department. Intramural programs have been added to the interscholastic competitions and now both programs are a vital part of physical education instruction. The physical training of the youngster is becoming more important in relation to health service and health instruction, and a program of health and physical education is evolving. Many weaknesses are immediately apparent in any health and physical education program, especially in the smaller schools, but great progress has been made in the past fifteen years and still more progress must be made in the years to come.
Chapter III

THE DEFINITION AND SCOPE OF THE HEALTH AND PHYSICAL EDUCATION PROGRAM

Dr. Thomas D. Wood has defined health education as, "the sum of experiences in school and elsewhere, which favorably influence habits, attitudes and knowledge relating to individual, community and racial health." If this definition is accepted as true, we immediately see that health education embraces, not only the health problems of the individual, but all his human relationships, whether they be personal, family, community or national. If we are to meet these needs a comprehensive program of health education must be adopted in the schools that will consider every available method and procedure that will contribute to better health and citizenship.

It has long been established that such a program is desirable but, in actual practice, only a few schools maintain even the minimum requirements of a worthwhile health program. The small schools have been particularly backward in this most important phase of education. The need is apparent as many surveys of school children have shown a very high rate of physical defects among children. An article published by the American Association of School Administrators says:

At least 22 per cent of the pupils in high school suffer from malnutrition, tuberculosis, eye and teeth defects, or some other

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imperfection which could be remedied or actually corrected if care were available. Of the school children examined in six selected cities, 69 to 95 per cent had defects of some seriousness; 33 per cent had diseased tonsils; 34 per cent defective vision; and 50 per cent defective teeth. When the Life Extension Institute examined 100,000 young men, three out of four were found to be physically defective. Modern youth may have inherited health, but in many cases the estate has not been settled. Does pupil personnel work take sufficient account of physical condition? Is there adequate and practical health education provided in the school curriculum? Can schools cooperate with other agencies in the question of child health? Should the school have any concern with the physically handicapped?

Modern education accepts the responsibility of the education of the whole child, yet educators neglect one of the most important aims, namely, health. Educators, however, are aware of the importance of health to the individual student and many schools are adjusting their curricula to include an adequate health program. Many revisions of our present health procedure in the schools are necessary before an accepted health program can evolve, nevertheless, emphasis is in that direction and the next few years should witness great improvement. The American Association of School Administrators go on record as saying:

The health of the nation has not reached an ideal status or even a satisfactory status; it nevertheless is no cause for despair. It is neither as good as it could be nor as bad as it might be and it is constantly improving. The opportunity for improvement constitutes

1 Health in Schools, American Association of School Administrators, p. 11.
a challenge to the schools and an obligation
to evaluate their present contributions with
a view to improvement.

Any program of health education must conform to sound
educational philosophy as to aims, procedures and results.
Broadly speaking, the aim of health education could be stated
as the development of a healthy, happy, efficient member of
society. The Joint Committee on Health Problems in Education
of the National Education Association and the American Medical
Association proposes the following aims:

To instruct children and youth so that
they may conserve and improve their own health.
To establish in them the habits and princi-
ple of living which throughout their school
life, and in later years, will assure that
abundant vigor and vitality which provides the
basis for the greatest possible happiness and
service in personal, family and community life.

To influence parents and other adults,
through health education program for children,
to better habits and attitudes, so that the
school may become an effective agency for the
promotion of the school aspects of health ed-
ucation in the family and community as well as
in the school itself.

To improve the individual and community
life of the future; to insure a better second
generation and still a better third generation;
a healthier and fitter nation and race.

To realize these health aims the school health program
must be comprehensive enough to include the entire student
body and practical enough to deal with the individual prob-
lems in accordance with needs and importance. The following
are basic areas which the administration must carefully
consider in setting up a comprehensive secondary school

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1 Health Education, Report of the Joint Committee on
Health Problems in Education, p. 7.
health program:

1. Healthful environment must be provided.
2. A health guidance program is essential.
3. Emergency health conditions demand immediate care.
4. Accurate health information should be taught.
5. Sound health habits and attitudes need to be established.
6. The exceptional child demands a modified program.

**Administration of the Health Program**

Under existing Ohio legislation two agencies are given authority to organize and control the school health program, namely, the board of education and the local board of health. Each agency has distinct advantages over the other although in the past few years "the tendency has been to place the school health work under the direction of school officials, this practice now being used several times as frequently as that of making the board of health the controlling agency." The school has a much closer contact with the home than does the board of health making it much easier for the home and school to cooperate in matters of health procedure. This obviously is one of the greatest arguments for school control of the health program.

The various school boards will ordinarily delegate this responsibility to the administrator of the schools and this is especially true in the small schools. A number of the larger city schools will employ a full time health staff.

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1 Health in Schools, American Association of School Administrators, p. 12.
2 Reeder, op. cit., p. 557.
with professionally trained personnel administering the various phases of health education. Such a program is hardly possible in most small schools making it necessary for school officials to adjust the health program to fit the finances and facilities of the school.

To administer a successful health program in the schools the administrator must be in sympathy with the aims and objectives of good health procedure. He must have a good understanding of the health problems and needs of the community. While not actively participating in all phases of the program he must lend official support to assure smooth and efficient operation. He must organize and coordinate health education in its various aspects so that it becomes an integral part of the school curriculum. To make the program go he must supply dynamic and intelligent leadership.

**Organization of the Health Program**

In planning an adequate school health program for the small schools, many different phases of health procedure must be considered and coordinated. For example, there is that division that gives medical examination to the students but without the cooperation of the classroom teachers, administrators, etc., a thorough medical examination is impossible. To make the program successful, cooperation between all agencies concerned with health in the schools is essential.

Every child is entitled to a healthful school living, adequate health service and intelligent health instruction, but as is the case in seeking educational opportunity for
all youth, actual practice lags far behind ideal procedure. Many things such as the size of the school, finances available for the health program, interest, available trained personnel, etc., will limit and determine the planning and organization of the health program in the small schools. Ideal situations can be the ultimate goal even though practical application will not permit attainment of this goal. Irwin states, "it is essential that we make every effort to approximate ideal practice in our health work because the complete education of the child is so dependent upon his health."

Briefly, it is necessary to describe a few of the more important units of the health program. These units will be considered more in detail in later chapters.

Health Service. This phase of the health program deals with the conservation, protection and improvement of the health of the individual. Professionally trained personnel is an essential part of health service. Many small schools employ part-time physicians and dentists. Most of the small schools, however, employ a school nurse. "Medical authorities and discerning school officials are agreed that when only one health employee can be afforded that first employee should be a school nurse."

Through this phase of health work the individual is given

1 Leslie W. Irwin, The Curriculum in Health and Physical Education, p. 244.
2 Reeder, op. cit., p. 558.
a medical examination as often as facilities and conditions will permit. Health guidance, which has become a very important part of the educational program, should be based on the findings of the medical examination. "Every school should have some person capable and qualified to give council to pupils regarding health."

The cooperation of the classroom teacher with the health service officials is necessary for the success of this division of the health program. Through her daily associations and observations in the classroom she will be able to detect the first sign of health disorders in the children and act as a vital force in the control of communicable diseases.

Health Instruction. "The principal aim of health instruction is the development of intelligent health conduct. By presenting teachable materials relating to health, such instruction aims to produce in each individual a behavior compatible with his own and community's best interests." Proper health instruction must be based on sound educational principles. In our instruction it is important to give reasons why health habits and attitudes should be established.

Much of the health instruction on the elementary level will be done by the classroom teacher. It is advisable to appoint a coordinator of health in order to make available the best materials in health instruction, eliminate unnecessary repetition

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1 Irwin, op. cit., p. 249.
of work and to give continuity of thought from one grade to the next. Teacher training courses should be made available to the inexperienced health teachers assuring better health teaching.

**Physical Education.** Whether physical education is organized as an integral part of the health program or whether it is considered as a separate subject in the school curriculum, physical education contributes materially to any successful health program. Activities such as games, athletic sports, exercises, outdoor recreation, rhythmic games and dances all play an important part in the development of physical, mental, moral, social and emotional health of the student.

The physical educator must strive to develop in the individual such physical qualities as strength, body coordination, endurance, agility and rhythm. Outcomes such as courage, leadership, initiative, self confidence, cooperation, loyalty, self discipline must be provided for in the use of group activities.

The program of physical education "should aim to provide skilled leadership and adequate facilities which will afford an opportunity for the individual or group to act in situations which are physically wholesome, mentally stimulating and satisfying, and socially sound."

**Special Service.** Great stress is being placed on providing adequate instruction for the special handicapped children.

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Proper facilities are not immediately available in most small schools although some boards of education have partially solved this problem by combining their efforts with nearby boards of education. At present, there is no suitable solution to the problem although, if possible, special classes should be provided for these students.

**Cooperation With Community Agencies**

In organizing a school health program the administrator must consider the various community agencies that will encourage and aid the program. The success of the program will be limited by the degree of cooperation the school receives from these agencies. The program is the responsibility of the community as well as the school and joint planning will eliminate such policies as overemphasis, incompleteness and duplication. A well directed public relations program, selling the health program to the community, is necessary for success.

**Conclusion**

1. The board of education is given authority to establish a health program in the schools.

2. The administrator, usually the superintendent, is responsible for administering the program in the small schools.

3. Special trained personnel is necessary in the health service program.

4. The classroom teacher will be responsible for a large part of the health work. She should be adequately trained in health teaching.

5. Coordination of the school health program with the
community health program is essential.

6. The success of the school health program depends upon the kind of leadership the administration gives to the program. In this connection the American Association of School Administrators has proposed the following principles in the organization and administration of a school health program:

1. A clear concept of health and its relation to the educative program.
2. A recognition of the opportunity and responsibility of the school in relation to health.
3. An understanding of the objectives of health education and of the responsibility of the school in reaching these objectives.
4. An acceptance of the school administration of this responsibility.
5. An understanding of what constitutes the comprehensive school health program and the scope and work of each component.
6. Proper placement of health education in the administrative setup of the school or the school system.
7. A proper coordination of the several components to secure the best functioning of each unit.
8. The selection of the special staff members with due consideration for adequate training and necessary qualifications of each
9. Adequate facilities and necessary allotments in school time schedule for the work.
10. A definite assignment of work and duties of each staff member.
11. An assumption by each and every member of the school staff of his or her responsibilities and duties.
12. Adequate financial support for salaries, equipment and supplies.
13. A centralized control definitely established to assure smooth running and maximum achievement in attaining the aims.

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1 Health in Schools, American Association of School Administrators, p. 25.
Table I shows the administrative organization of the school health and physical education program as suggested by the Department of Education of the State of Ohio.
Table I

<table>
<thead>
<tr>
<th>ADMINISTRATIVE RELATIONSHIPS OF HEALTH AND PHYSICAL EDUCATION IN HIGH SCHOOLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPECIAL PERSONNEL OF SCHOOL PHYSICIAN SCHOOL NURSE</strong></td>
</tr>
<tr>
<td>With actual or supervisory charge of:</td>
</tr>
<tr>
<td><strong>BOARD OF EDUCATION</strong></td>
</tr>
<tr>
<td>SUPERINTENDENT - PRINCIPAL</td>
</tr>
<tr>
<td><strong>PROGRAM OF HEALTH AND PHYSICAL EDUCATION</strong></td>
</tr>
<tr>
<td>TRAINED STAFF OF MEN AND WOMEN</td>
</tr>
<tr>
<td>Duly certificated in the field</td>
</tr>
<tr>
<td><strong>HEALTH COMMITTEE</strong></td>
</tr>
<tr>
<td>Cooperating with or directing hygiene of instruction, school lunch, sanitation of plant, correlation of health teaching with other subjects, safety, exclusion and disease control.</td>
</tr>
<tr>
<td><strong>HEALTH SERVICE</strong></td>
</tr>
<tr>
<td><strong>PHYSICAL EDUCATION</strong></td>
</tr>
<tr>
<td>For all boys and girls four (or six) years – none excused – minimum 100 minutes per week</td>
</tr>
<tr>
<td><strong>ACTIVITIES</strong></td>
</tr>
<tr>
<td>Based on age, grade, or physical fitness and assigned after examination direct to:</td>
</tr>
<tr>
<td>Restricted or individual group - C -</td>
</tr>
<tr>
<td>Classification test for determining participation in:</td>
</tr>
<tr>
<td>Modified games restricted exercise corrective or orthopedic work</td>
</tr>
<tr>
<td>Classes - C -</td>
</tr>
<tr>
<td>Elective groups - C -</td>
</tr>
<tr>
<td>Games</td>
</tr>
<tr>
<td>Stunts</td>
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<tr>
<td>Mass activities</td>
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<tr>
<td>SPORTS</td>
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<tr>
<td>Seasonal activities</td>
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<tr>
<td>Individual sports and games</td>
</tr>
<tr>
<td>Intramural sports</td>
</tr>
<tr>
<td>Interscholastic sports</td>
</tr>
</tbody>
</table>

Note: Academic credit towards graduation should be offered for successful participation in any and all parts marked - C -

Prepared by the Department of Education State of Ohio.
Chapter IV

THE SCHOOL HEALTH SERVICE PROGRAM

Health service in the schools has been receiving more attention from school administrators because of the changing attitude of the people toward the health of the individual pupil. Administrators, in the past, have been reluctant to introduce many changes in health procedure in the schools because parents have assumed the attitude that the health of the child was a matter to be administered in the home. Changing parental attitude and lack of supervision of the child in the home has tended to break down this barrier and now health service is being recognized as an integral part of a good educational program.

Purposes of the health service program have been defined in a number of different ways and vary to a great extent among authorities in the field. Irwin gives the following purposes of a complete health service program:

(1) To determine the health status of pupils and to inform the children and their parents of this status; (2) to follow up and to secure the correction of remedial defects; (3) to control the spread of communicable diseases; (4) to aid the teachers to recognize the signs of optimal health in the child and to observe any deviations from this optimum; (5) to render emergency treatment in cases of injury or sudden illness; (6) to determine pupil capacity for physical activity; and (7) to supervise the health condition of the child throughout the school.

As has previously been stated the administration of a health

\footnote{Irwin, op. cit., p. 242.}
program in the schools is the responsibility of the board of education. The board of education through the administrator must coordinate the various services offered by the school, under the supervision of a competent physician. The school physician thus appointed will have full control of the health service program.

1 Oberteuffer makes this observation:

If boards elect or employ some one physician as the school physician, then this person should have charge of all matters of exclusion (except where the local board of health exercises its rightful duties); all nursing programs; and any other functions that are purely medical in nature.

The important thing is to centralize the authority in school medical matters. A half dozen family physicians, for example, without express legal authority, handling school problems, make for confusion. Whenever difficulty has arisen, in the past, between school boards and family physicians, or boards of health, it has usually been fundamentally the fault of the school board in not naming a school physician. The school board is supreme in its right to engage this physician.

In order to have a successful worthwhile health service program within the school, the administrators must solicit the help and cooperation of all the physicians and health agencies within the community. No 'stone should be left unturned' to secure this support as the success of the program depends on professional approval. Professional cooperation will also go far toward breaking down the traditional idea that the health of the individual child is strictly a matter for the home.

1 Oberteuffer, op.cit., p. 23.
Frequently, the local board of health is given the responsibility for organizing and administering the health program in the schools but in recent years the tendency has been away from this practice. Reeder gives the following reasons for giving school officials more authority for organizing the program:

1. In order that friction may be eliminated and duplication of effort avoided, the school officials should control all educational matters. School health supervision is primarily educational in nature and should therefore be carried on by the school officials who know its needs and who are in a better position to meet these needs. When boards of health are in charge of the school health program, they tend to limit their activities to the control of contagious and infectious diseases and to neglect the educational features of health supervision; these latter are the chief features of an efficient health program, whereas the control of contagious and infectious diseases is one of less important—though admittedly necessary--features.

2. Between the school and home there is a natural liaison which makes it easy for school officials to direct the health supervision of the pupils.

3. A large portion——usually the major portion——of the responsibility for carrying out the health program devolves upon the principal and the classroom teachers, and they can do this work more naturally in cooperation with the school authorities than in cooperation with the board of health.

The following individuals and organizations will usually support any health program if their support is solicited in the proper manner:

1. Local physicians.

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Reeder, op. cit., p. 557.
2. County or city boards of health.
3. Service organizations such as the American Legion.
4. Professional organizations such as the Rotary.
5. Hospitals, clinics, etc.
6. Red Cross.
8. Parent Teacher Associations.

**Personnel of the Health Service Program**

Large schools usually employ a full staff of professional help in connection with the school health program. Most small schools will not find it practical to retain a full time professional staff and must be content with a part time staff. In most cases, the small school can justify the employment of a full time nurse and as has previously been stated, this procedure coincides with the best thought on the subject.

An ideal administration for the health service program would naturally be a full time staff of professionally qualified members but unfortunately we must be realistic in our planning. The following the author believes to be a minimum requirement of personnel for any worthwhile health service program in the small school:

I. Board of education. (Responsible by law for the program.)
   1. Administration. (Responsible to board for organizing.)
      a. Part time physician. (Direct control of health service.)
      b. Part time dentist.
c. Full time school nurse.

d. Physical education teachers.

e. Teachers.

f. Part time psychologist if available.

The physician and dentist must be professionally qualified personnel and should have an educator's point of view. They should also have a deep interest in children, coupled with a pleasing personality that will enable them to acquire and maintain the confidence of the children with whom they are dealing.

The physician will be appointed by the board of education as the school physician and it will be his duty to make any decisions pertaining to the health service program. He should be available at all times to assist or give advice to any member of the school health staff.

In the organization suggested, the school nurse must coordinate the health program in the absence of the school physician. She must not only relay vital information concerning the health of the students to the school physician, but must interpret his findings and suggestions for treatment to the other members of the health staff. The nurse stands in a very important position in relation to the success of the health program and her leadership and cooperation are necessary. A summary of the duties which the school nurse will perform are:

1. Assist the school physician with periodic health examinations.

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2. Conduct the necessary follow-up program for the correction of remedial defects found in the school children; i.e., notices sent to parents, home visitations, etc.

3. Instruct and cooperate with teachers in their duties relating to the health of the pupils.

4. Assist the physician by inspecting for symptoms of communicable diseases, referring such cases to the physician. Inspect for skin and scalp infections and assume responsibility for the correction of the same. Inspect the hygiene and sanitation of the school plant and equipment such as heating, lighting, ventilation, cleaning, water supply, seating adjustments, toilets, cafeterias, etc., and report the findings to the authorities charged with the responsibilities of these matters.

5. Assist teachers with health instruction through talks, discussions and demonstrations.

6. Discuss with groups of parents or mothers relating to the health of the children.

7. Render first aid in emergency cases and give first aid instruction to teachers and students.

8. Keep an accurate record of all defects remedied by inserting the proper notation on the examination card. These statistics may serve as basis for discussion as mentioned in 6.

9. Assist the physician with immunization programs. Where no school physician is appointed this will be the local health commissioner or his medical representative.

10. Instruct in care of the body for seventh and eight grade girls and Home Hygiene and Care of the Sick for high school students.

11. Attend teacher's meetings and institutes.

The teachers naturally, through close association with the students, play a very important role in the success of the health service program. Through daily observation he will be in a very advantageous position to notice any change in the health of the individual student. In all cases of
doubt the teacher must refer the student to the school health nurse for further diagnosis. Under no circumstance should the classroom teacher attempt to diagnose student's diseases. A suggested Teacher Daily Observation Record is found on the following page.

Teachers can assist by making such examinations as hearing tests, vision tests, weighing and measuring tests, etc., but any test of a technical nature must be given by the school nurse. In the lower grades the homeroom teacher can conduct these tests while on the secondary level the physical education teachers should give them.

Mental health, in the past few years, has become increasingly important in the administration of the health service program. Lack of trained psychologists has retarded efforts in this direction although school men and medical authorities alike realize the importance of this type of work. It must be remembered, however, that only professionally trained personnel should ever be permitted to give mental tests and examinations to the students.

Small schools are usually unfortunately located in this respect as most qualified psychologists are located in the large cities. It is very encouraging to note that the Ohio, State Department of Education is cognizant of this condition and now furnishes limited service to those schools that do not have access to trained personnel. A number of the county school systems have solved this problem, to a certain extent, by making trained personnel available to the schools of the
<table>
<thead>
<tr>
<th>SYMPTOMS OBSERVED BY TEACHER</th>
<th>CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Styes or Crusted Lids</td>
<td></td>
</tr>
<tr>
<td>Inflamed Eyes</td>
<td></td>
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<tr>
<td>Crossed Eyes</td>
<td></td>
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<tr>
<td>Frequent Headaches</td>
<td></td>
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<tr>
<td>Squinting at Book or Blackboard</td>
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<tr>
<td>Discharges from the Ear or Earache</td>
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<tr>
<td>Failure to Hear Questions</td>
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<tr>
<td>Persiant Mouth Breathing</td>
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<tr>
<td>Frequent Sore Throat</td>
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<tr>
<td>Recurrent Colds</td>
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<tr>
<td>Very Thin or Very Fat</td>
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<tr>
<td>Does Not Appear Well</td>
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<tr>
<td>Tires Easily</td>
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<tr>
<td>Poor Muscle Coordination</td>
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<tr>
<td>Bad Posture</td>
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<tr>
<td>Emotional Disturbance</td>
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<tr>
<td>Speech Defects</td>
<td></td>
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<tr>
<td>Nervousness</td>
<td></td>
</tr>
<tr>
<td>Undue Restlessness</td>
<td></td>
</tr>
<tr>
<td>Shyness</td>
<td></td>
</tr>
<tr>
<td>Excessive Use of Lavatory</td>
<td></td>
</tr>
<tr>
<td>Write Causes Below, Enter Number of Days Absent in Class Column</td>
<td></td>
</tr>
<tr>
<td>Colds etc.</td>
<td></td>
</tr>
<tr>
<td>Poor Sleep Habits</td>
<td></td>
</tr>
<tr>
<td>Poor Food Habits</td>
<td></td>
</tr>
</tbody>
</table>

Reproduced from Health in Schools, American Association of School Administrators, p. 43.
county on certain days. This procedure is limited to a certain extent, nevertheless, it is much better than neglecting the problem entirely.

The Health Examination

Discovering the health needs of the individual student is of prime importance in any health guidance program. All sources of information must be examined thoroughly in order to prescribe treatment for health defects. Sources from which health needs of the child may be discovered are as follows:

1. The family.
   a. Conferences with parents to obtain health history, including a record of medical and dental care prior to entrance into school.
   b. Information supplied by the family physician, dentist, and others during the school life of the child.

2. The teacher and the school nurse.
   a. Daily health inspection and observation.
   b. Weighing monthly and measuring height semi-annually.
   c. Observation in school activities with notations of changes in appearance, attitude and behavior.
   d. Periodic health inspection of the eyes, ears, nose, throat, teeth, skin, posture, and nutritional state.

3. Special examinations.
   a. Mental and emotional testing.
   b. Dental inspection.
   c. Medical examination.

The health examination should be an educational experience in itself. The examining physician and his staff have an excellent opportunity for giving information relative to individual health problems. These people entrusted to the examination

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1 Health in Schools, American Association of School Administrators, p. 29.
of the students should have the educator's point of view in order to make the health examination an educational experience.

In most schools, and especially in the small schools, the health examination has been sadly neglected. The health examination must be the basis for the health program, so to make this phase of the health service work assume the importance it so richly deserves, administrators must insist that it becomes an integral part of the school program.

The following are suggestions that should be established in connection with the health examination:

1. The health examination should be given at least once a year.

2. The health examination should be given as near the beginning of the school year as possible. This is done in order that treatment may be suggested for defects found.

3. Pre-school clinics should be maintained if at all possible.

4. The health examination should be thorough and not hurried. A thorough health examination every two years is better than a hurried and casual one every year.

5. Records of the findings and the treatment rendered must be maintained.

6. Conferences between the health staff and teachers are necessary for correct interpretation of the findings and treatment recommended.

7. All new students should be given the health examination immediately upon entrance into school.
8. Students participating in interscholastic or intramural athletics should have a health examination at the beginning of each sport. No student should be allowed to compete in violent physical activity after an illness without first being examined by a physician.

9. Health counseling service should be established and maintained.

10. If children being examined are young, parents should be present at the health examination if at all possible.

If conducted properly and adequate records are kept the health examination will become very valuable to the student and teacher. Study of these records will reveal many things about the individual student. Oberteuffer offers the following uses of a competent health examination:

1. A basis for academic program adjustment.
2. A basis for assignment to homogeneous groups in physical education.
3. A basis for the organization of special classes.
5. A means of apprising parents of the physical condition of their children.
6. A basis for granting work certificates.

The Cumulative Record

The American Association of School Administrators suggests the following data that should be included in the student's health record:

1. The preschool examination.

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1 Oberteuffer, op. cit., p. 32.
2 Health in Schools, American Association of School Administrators, p. 55.
2. The school health service examination. (History, findings, advice, etc.)
3. Correspondence with family.
4. Correspondence with family physician.
5. Correspondence with clinics and agencies.
6. School health service; notes; reports from teachers, special teachers, nutritionists, and psychologists; and the doctor's summary.
8. Notes of the counselors and record of the use made of these data for guidance purposes.
9. A chronological record of examinations, tests, corrections, illnesses, and observations from all sources.

If these criteria are used as a basis for compiling the health record of the individual student the material will be complete and form a much better foundation for a health guidance program. Each school must choose the record system that will best meet its needs. The record system should be flexible enough to allow for variation depending on the school. One record card would not be sufficient to compile all the data suggested here. It is therefore recommended that the jacket type record be kept in order that all pertinent data suggested may be included. The record also should be cumulative so that a long range health analysis of each student will be on file. The health record form of the Department of Education of the State of Ohio is duplicated on the following page.

Duplicate health records on each student should be maintained. One record will be retained in the administrators office as part of the permanent record of the individual. The other record should be kept in the health counselors office for study by only those people who have some constructive use.
Table III
HEALTH RECORD

<table>
<thead>
<tr>
<th>Code; o-satisfactory; oo-corrected; x-observation; xx-attention; xxx-urgent; tr-treating; r-right; l-left; t-temporary; p-permanent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of examination</td>
</tr>
<tr>
<td>Name of examiner</td>
</tr>
<tr>
<td>Weight</td>
</tr>
<tr>
<td>Height</td>
</tr>
<tr>
<td>Nutrition index</td>
</tr>
<tr>
<td>Heart</td>
</tr>
<tr>
<td>Lungs</td>
</tr>
<tr>
<td>X-Ray: lungs</td>
</tr>
<tr>
<td>Nervous diseases</td>
</tr>
<tr>
<td>Genitals</td>
</tr>
<tr>
<td>Menstruations</td>
</tr>
<tr>
<td>Cervical clads</td>
</tr>
<tr>
<td>Thyroid</td>
</tr>
<tr>
<td>Eye R</td>
</tr>
<tr>
<td>Eye L</td>
</tr>
<tr>
<td>Ear R</td>
</tr>
<tr>
<td>Ear L</td>
</tr>
<tr>
<td>Vision</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Throat</td>
</tr>
<tr>
<td>Tonsils</td>
</tr>
<tr>
<td>Nose</td>
</tr>
<tr>
<td>Adenoids</td>
</tr>
<tr>
<td>Teeth</td>
</tr>
<tr>
<td>Skin</td>
</tr>
<tr>
<td>Speech</td>
</tr>
<tr>
<td>Spine</td>
</tr>
<tr>
<td>Feet</td>
</tr>
<tr>
<td>Abdomen</td>
</tr>
<tr>
<td>Hernia</td>
</tr>
<tr>
<td>Urinalysis</td>
</tr>
</tbody>
</table>

(Continued on next page.)
<table>
<thead>
<tr>
<th>Disease</th>
<th>Date</th>
<th>Disease</th>
<th>Date</th>
<th>Immunization</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarlet fever</td>
<td></td>
<td>Diptheria</td>
<td></td>
<td>Smallpox</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td>Smallpox</td>
<td></td>
<td>Diptheria</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>Typhoid</td>
<td></td>
<td>Diptheria Schick neg.</td>
<td></td>
</tr>
<tr>
<td>Tonsilitis</td>
<td></td>
<td>Rheumatism</td>
<td></td>
<td>Diptheria Schick pos.</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td>Whooping cough</td>
<td></td>
<td>Scarlet fever</td>
<td></td>
</tr>
<tr>
<td>Coryza</td>
<td></td>
<td>Chickenpox</td>
<td></td>
<td>Scarlet fever Dick neg.</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td>Convulsions</td>
<td></td>
<td>Scarlet fever Dick pos.</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
<td></td>
<td></td>
<td>Typhoid</td>
<td></td>
</tr>
</tbody>
</table>

State of Ohio, Department of Education, Form 9
to make of it. These records must be confidential and the teachers must treat the information contained herein as such.

The **Follow Up Program**

The entire health service program will fail unless there is an adequate follow up program. In this most important phase of the health work, the school nurse will probably be the guiding force, although frequent conferences between the school physician, nurse, teachers and physical educators are necessary for a complete interpretation of the health program.

Teachers will naturally play an important part in the follow up work. Through close association with the child and parent, the teacher will be in a good position to convey to the home the results of the school health examination. Conferences between the teacher, child and parents working in cooperation with the school nurse, should be arranged in order to determine just what health defects the child has and what treatment is suggested.

In a great many cases the parent must be educated to the benefits to be derived in carrying further the findings of the school health examination. Many parents will look with disfavor on any attempt of the school to suggest medical or dental treatment for the child. The school nurse has a very important responsibility in relation to such a situation. It becomes her duty to educate these people to the necessity of having their children referred to the school or family physician for further treatment.

In commenting on the health follow up program Irwin has
The follow up program is one of the most important parts of health service. The most complete medical examination of the pupils can be rendered practically valueless if there is failure to follow up the findings properly. Although schools have not generally administered complete medical examinations for pupils on a widespread basis, the proper follow up of the results of medical examinations is even less the rule than the examination. Undoubtedly one reason that many schools fail to make the most of medical examination is that the follow up is extremely difficult, frequently leading to misunderstandings between teachers, parents, and family physicians. Also, the lack of funds for medical treatment and lack of school personnel to make the follow up are restricting factors in a large number of cases.

Parents should be given the results of the findings of medical examinations in a letter. In cases where correction is needed, it is wise to invite the parents for a conference through which confidence and understanding may be established. Often it is necessary for the teachers to visit the homes in an effort to secure cooperation in the correction of defects or in bringing about a more healthful routine for the pupils.

Sanitation and Safety

Sanitation and safety of the school plant are an integral part of the health service program. It is the responsibility of the school to furnish healthful and safe physical surroundings for the further protection of the pupils. Administrators should not neglect this phase of the work and if they are unable to make periodical inspections of the school plant,

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Irwin, op. cit., p. 247.
should delegate this duty to some competent representative. In many schools the school nurse is selected to perform these duties, such as inspection of toilets, proper adjustment of seats, correct lighting, necessary heating and ventilation, cleanliness of the school lunch room and adequate fire safety. Classroom teachers must also cooperate with the administration in making the school a safe and sanitary place for the youngsters to come.

Naturally sanitation and safety conditions will vary in different communities. In communities where old buildings are used or where buildings are located in industrial areas sanitary and safety conditions will not be as good as they are in communities where new buildings are the rule or where schools are located in residential areas. These are problems which the individual administrator in cooperation with the health staff must solve to the best of their ability. They must strive to give maximum protection and sanitation under existing conditions.
Chapter V

HEALTH INSTRUCTION

In the past administrators have not given health instruction a very prominent place in the school curriculum. This has been doubly true on the secondary level. The changing philosophy of education toward the development of the whole individual has altered this policy to a great extent and now administrators give more consideration to health instruction in the school.

In any course in health instruction the problem arises, who is to accept the responsibility for teaching the subject? Many administrators now believe that health instruction has become so important in the lives of the individual students that only a specially trained health director, health supervisor or school nurse should attempt instruction in this field. The value of these specialists is unquestioned and their advice and help should be used whenever available but the small secondary school will not have sufficient funds to employ such a staff. As stated before the school health nurse will probably be employed on a full time basis but the other duties in connection with the health work, which she will perform, will leave her little time to conduct many classes in health instruction. Most small schools do employ a full time instructor in physical education for both boys and girls. These people are usually well trained in health education and are the logical teachers of health.

In connection with health instruction all teachers must
be alert to opportunities to present proper health procedure in the daily classroom routine. Many subjects such as science, social studies, biology, etc., offer excellent opportunities for the classroom teacher to give instruction in health. Such a program must be planned and coordinated with the regular health instruction classes.

In the small school the time given to health instruction will vary, yet in most cases the time allotted will be limited. At least two class periods a week should be given to health instruction. Under ideal conditions a class in health every day would be desirable. The following advantages have been given for holding a class in health instruction every other day:

Holding such instruction only one day a week is not profitable, but if given at least twice a week it can be of value.

Advantages of teaching health and physical education on alternate day basis are to be found in (a) the administrative advantage in scheduling classes where more than one group must use the gymnasium the same hour (one group can be scheduled for the classroom while the other is in the gymnasium and then altered daily); (b) the fact that the physical education teachers are in an excellent position to know the health needs of the pupils; (c) the nature of physical education programs and the possibility of making them laboratory periods for health practice in posture, use of the feet, exercise, safety, cleanliness, training rules, and emotional habits; and (d) the fact that the sexes are naturally segregated and certain phases of body development can be more easily considered in separate groups.

The success of the health instruction program will depend

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1 Health in Schools, American Association of School Administrators, p. 74.
to a great extent on the teacher. The course of study must be well planned and meet the needs, capacities, and interests of the students on the secondary level. "A committee of the North Central Association of Colleges and Secondary Schools has recommended that the approach in health education be shifted away from the specialist's point of view to the consumer's point of view. In other words, the instruction should be designed to meet specific life situations."

**Methods of Instruction**

The methods of instruction will vary considerably with the age of the student, the time allotment to health instruction, the needs, interests, and capacities of the students, and the teacher himself. A variety of methods can and should be used in order to keep the interest of the students. To make the health instruction interesting and meaningful, it becomes necessary for the instructor to use actual every day experiences to show the need for proper health habits. Young people want to learn and if given a valid reason for learning, teaching becomes more profitable. Some of the methods which are used to convey health knowledge to the student are:

1. Textbooks.
2. Readers.
3. Workbooks.
4. Motion Picture.
5. Slides.
6. Demonstrations.
7. Plays

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8. Lectures.
10. Supplementary Reading Material.
11. Posters.
12. Newspaper Reports.
13. Periodical Reports.
15. Surveys.
17. Drawings.
18. Pictures.
19. Incidental Advice.
20. Dramatizations.
21. Field Trips.
22. Graphs.
23. Club Activities.
24. Personal Contacts.
25. Counseling.

Selection of Health Material

Selection of the proper health material is as important to the success of the health instruction program as any one single factor. Criteria for the selection of health material should be bases on the influence it has on the behavior of the child. Many schools appoint a committee composed of the health staff, physical education teachers, representative from the teaching staff and a representative of the administration to select the proper health material and correlate the health instruction with the school curriculum. If the health instruction is to permeate the entire curriculum, such a committee is a necessity. Evaluation of health material will be worthwhile if the following questions are answered:

1. Are the materials scientifically sound? Is the subject matter valid and is it presented in such a way that it will facilitate learning?

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Health in Schools, American Association of School Administrators, p. 71.
2. Do the materials make provision for individual needs and differences? Are they flexible in their application?

3. Do the materials selected provide for progression in activities and concepts? Is there opportunity for growth?

4. Are the materials related to the experiences of the children in such a way that they assume significance in their thinking and behavior?

5. Are they attractive and hygienic? Do they conserve vision?

6. Do they have real educational value and not merely entertainment appeal?

There is a great amount of good health material printed and the school should be able to make a wise selection through the health committee. Some of the better known sources from which health material may be secured are, (1) National Education Association, (2) Medical Associations, (3) Insurance Companies, and (4) State Departments of Education. Dr. Oberteuffer in the Health and Physical Education Series for the State of Ohio, Volume III, gives a complete health instruction program for grades seven through twelve. Any school conducting a health instruction program will find this book very valuable as a complete list of references are given.

Health instruction is a relatively new subject in the school curriculum and it will take time to develop a course of study that will be effective. Difficulties such as the lack of trained teachers, inadequate health material, and the limitation on the length of time given to health instruction must be overcome. Very few teachers or administrators would deny the benefits of a properly conducted course in health instruction. It therefore becomes the responsibility of the school to establish the best health instruction program possible under
existing local conditions.
Chapter VI

THE ORGANIZATION OF THE PHYSICAL EDUCATION PROGRAM

In the administration and organization of the physical education program the first consideration should be the existing state laws regarding requirements pertaining to the subject. In a number of cases minimum requirements are established by the state legislatures but usually these requirements will not meet the physical needs of the students. Boards of education and administrators, in setting up the physical education programs should keep this fact in mind and govern themselves accordingly.

Under the present system in Ohio the board of education is responsible by law for the administration and organization of the physical education program in the schools. Usually this responsibility is delegated to the superintendent of schools. In the secondary school this responsibility will be passed on to the principal of the high school. He must remain accountable to the superintendent and the board of education for the proper functioning of this department. Working under the principal and in cooperation with him will be the physical education teachers. Ordinarily, the small high school will employ two qualified instructors in physical education, one woman and one man.

An elaborate system of organization is not necessary in the small high school. However, to receive efficient coordination and cooperation, some one person should be designated as head of the department. It is suggested that this person be
the physical education instructor in charge of boys physical education. Usually he will be the coach of the athletic teams, and organizer of the intramural program besides conducting his regular physical education classes, so should have a much broader conception of the needs of the department than does the physical education instructor in charge of the girls. Regardless who is appointed head of the department, the important thing is the organization of the various phases of the physical education activities into a smooth working efficient unit.

Until recently the time requirement for physical education in the secondary schools of Ohio was 100 minutes per week. The Ohio School Code was revised in 1943 by the 94th General Assembly and now the law makes no provision for any specific length of time to be devoted to physical education. The following laws pertaining to the conduct of physical education in the schools are quoted from the Ohio School Code:

Course of Study—Physical Education. Sec. 4837. Boards of education in county, exempted villages and city school districts shall prescribe a graded course of study for all schools under their control subject to the approval of the superintendent of public instruction. In these courses of study there may be included health and physical education, including instruction on the harmful effects of narcotics and alcoholic beverages; first aid, safety, and fire prevention.

Teacher Certification. Sec. 4837-2-3-4. Certification to teach as a special teacher or as a high school teacher requires graduation from a four year course which meets the standards, regulations, and rules established by the superintendent of public instruction.

1William E. Baldwin, Ohio School Laws. (Annotated.)
Athletic Fields and Playgrounds by Appropriation. Sec. 4834-11. When necessary in the opinion of any board of education a site for athletic field or playground may be obtained by the same proceedings of appropriations of private property as are available for municipal corporations if the board of education and the owner of the needed property cannot agree on the sale and purchase of the property.

Athletic Fields May be Given by City to School. Sec. 3698-1. A municipal corporation may by ordinance transfer by deed any real property owned by the city and not needed for municipal purposes to the city board of education to be used for athletic fields, playgrounds, or for school sites.

Playgrounds May be Purchased or Leased. Sec. 4834-10. The board of education of any school district, except a county school district, may purchase or lease real estate to be used as playgrounds for children and provide the necessary apparatus and make all provisions for the schools under its control.

Objectives of the Physical Education Program

Authorities in the field of physical education offer many wide and varied objectives of physical education yet a comprehensive study of these objectives would reveal that the following, in general, are accepted by most physical educators:

1. To improve the general health.
2. To obtain good posture.
3. To make the pupil alert, accurate, vigorous, able to endure.
4. To cultivate a spirit of fair play.
5. To develop initiative and leadership.
6. To teach a love of outdoor recreation.

If we accept these objectives, it is not surprising that physical education is regarded as an integral part of the school daily program. No longer is physical education regarded as
something aside from the regular curriculum. It has been
definitely established that many educational advantages can
be obtained from a properly conducted course in physical ed-
ucation.

In discussing objectives, the American Association of
School Administrators go on record as saying:

Perhaps the outstanding development in
physical education during the past few de-
cades has been a broadening philosophy which
now centers attention on the effect of phy-
sical activities on the entire personalities
of pupils rather than solely their effect on
muscle, circulation, respiration and other
bodily functions. Whereas programs of so-
called 'physical training' prevalent in the
early 1900's, limited their objectives to
the development of strength, neuromuscular
coordination, posture, and physical endur-
ance, present day programs add to these at-
tention to recreative interests and skills
and to social values resulting from pupils
learning to play with each other, to give
and to take, to choose and respect leaders,
and obedience to rules of the game. Basic
to this changed philosophy are the concepts
that physical education is a phase of educa-
tion rather than merely an exercise period
and that physical education contributes to
many of the objectives of education. The
content of physical education in the schools
reflects this change in philosophy and gives
a prominent place to games, dances and athle-
tics.

Natural Program of Physical Education

A great part of the development of the natural program
of physical education is due to the school of applied psy-
chology. Children in most any lines of endeavor do the things
in which they are interested and the things which they can

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1 Health in Schools, American Association of School
Administrators, p. 106.
best do. Physical education is no exception to this rule and in recent years natural movements used in games, athletics, etc., have supplanted the unnatural formalized movements of the Swedish, German and Danish systems of physical training.

Wooten maintains the prominence given to play in the American physical education procedure is based on the following reasons:

1. Play is one of the strongest instinctive tendencies among normal children.
2. To the child play is serious and therefore of supreme educational importance.
3. Play means activity and activity means growth—coordination of the mind and body, grace and ease of movement, relaxation, joy, flowing aliveness.
4. The child develops co-operation, fair play, democracy, helpfulness, sympathy and leadership thoroughly with his fellows.
5. That the artificial and repressive atmosphere of the average classroom does not give the teacher a chance to reach the whole child while his play life does give him this opportunity.

The diagram on the next page prepared by Dr. J.F. Williams on page 250 in his Principles of Physical Education, suggests a natural program of physical education. The outline reveals just what constitutes the program, methods used, and results hoped for. It is interesting to note that very little formal procedure is used except in the correction of certain defects where definite exercises are demanded.

Selection of Activities

Many variations in the content of the physical education program in the different schools will be found. Some of the

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Kathleen Wooten, Health Education Procedure, p. 108.
Table IV
NATURAL PROGRAM OF PHYSICAL EDUCATION

<table>
<thead>
<tr>
<th>Individual gymnastics</th>
<th>Play Games</th>
<th>Dancing and Dramatic activities</th>
<th>Self-testing activities</th>
<th>Fundamental skills</th>
<th>Cut of door activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sports</td>
<td>Stunts</td>
<td>Combat</td>
<td>Running</td>
<td>Camping</td>
</tr>
<tr>
<td></td>
<td>Athletics</td>
<td>and self-defense</td>
<td></td>
<td>Jumping</td>
<td>activities</td>
</tr>
<tr>
<td></td>
<td>Aquatics</td>
<td></td>
<td></td>
<td>Throwing</td>
<td>Hiking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Climbing</td>
<td>Trailering</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hanging</td>
<td>Hunting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lifting</td>
<td>Fishing</td>
</tr>
</tbody>
</table>

ACCOMPLISHED

| Clinical exercises | Free play supervised play | Dance recitals Dramatics Pantomimes Festivals Gymnastic periods | Play and gymnastic period on playground and elsewhere | Play and gymnastic period on playground and elsewhere | Camping and hiking club Recreational clubs Excursions |

RESULTING IN

| Correction of defects | Organic development | Skills and attitudes for use in leisure time | Psychomotor education | Social and moral standards |

These with other influences make for wholesome living, happiness and worthy citizenship.

Reproduced from Dr. Jesse F. Williams, Principles of Physical Education, p. 250.
factors which will influence activity programs are facilities, training of the teacher, time allotted to physical education, size of classes, and interest and previous training of the students. Each school must carefully analyze these factors and formulate a physical education course of instruction which will best fit local needs.

The State of New York uses the following criteria for the selection of physical education activities:

1. Contribute to the attainment of educational objectives.
2. Conform to physiological principles, that is, (a) apparatus is treated as an obstacle to get over, (b) favor easy breathing, (c) favor good posture, (d) conform to race, sex, age, class and previous training.
3. Have physiological value in that they (a) develop good posture, (b) use large muscle groups, (c) stimulate organic systems.
4. Conform to racial movements: swimming, climbing, jumping, vaulting, running, rolling, etc.
5. Are interesting and have meaning and significance to pupils participating.
6. Are practical: (a) suited to daily life habits and situations, (b) have value for the individual concerned—are useful.
7. Are suited to develop desirable new habits, attitudes and skills (and further the development of desirable old ones) in physical activity in general and play in particular; have carry over value.
8. Favor psychological rather than logical progression.
9. Favor simple (not intensive) form.
10. Are suited to efficient management and administration. Among other things they must accomplish desired outcomes with less expenditure of money and energy than other activities that may achieve desired results. (This is a question of the relative educational values of specific physical activities and is extremely important.)

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Physical Education Syllabus, Book IV, University of the State of New York, p. 31.
The activity program must be devised so that all students have some active part in physical education. Oberteuffer maintains, "a thoroughly competent physical education teacher will be able to modify the program to meet the needs of every boy and girl no matter what their degree of physical fitness." Naturally the student's physical makeup determined by the health examination and physical classification tests will decide the kind and amount of physical activity in which he may engage.

The chart on the following page copied from the Physical Education Syllabus for Secondary Schools of the State of New York lists suitable activities for students in grades 7 to 12.

**Organization of Classes**

Assignment of the students to physical education classes in the small secondary school has always been a problem. Usually students will be assigned to class on the basis of age and grade but frequently they are assigned to class because they have a free period and the gymnasium can accommodate them. This latter practice should never be tolerated. Under ideal conditions, students should be assigned to classes on the basis of, "(a) physical fitness; (b) age and grade; (c) aptitude and degree of motor ability."

If such a system as proposed above was used as a basis for the organization of the physical education classes, special

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1 Oberteuffer, *op. cit.*, p. 52.
Table V

Physical activities suitable for grades 7 through 12. The X indicates the grades for which the activity is suitable.

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>I. Nيماتيکس</td>
<td></td>
</tr>
<tr>
<td>1. Athletic and game action</td>
<td>X</td>
</tr>
<tr>
<td>II. Rhythms and Dances</td>
<td></td>
</tr>
<tr>
<td>1. Fundamental</td>
<td>X</td>
</tr>
<tr>
<td>2. Athletic dancing</td>
<td>X</td>
</tr>
<tr>
<td>3. Folk dancing</td>
<td>X</td>
</tr>
<tr>
<td>4. Clog and tap dancing</td>
<td>X</td>
</tr>
<tr>
<td>5. Social dancing</td>
<td>X</td>
</tr>
<tr>
<td>III. Games</td>
<td></td>
</tr>
<tr>
<td>1. Group games</td>
<td>X</td>
</tr>
<tr>
<td>2. Relays</td>
<td>X</td>
</tr>
<tr>
<td>3. Elemental and athletic team games</td>
<td>X</td>
</tr>
<tr>
<td>IV. Free Exercises 1</td>
<td>X</td>
</tr>
<tr>
<td>V. Racial Activities</td>
<td></td>
</tr>
<tr>
<td>1. Running</td>
<td>X</td>
</tr>
<tr>
<td>2. Jumping</td>
<td>X</td>
</tr>
<tr>
<td>3. Throwing</td>
<td>X</td>
</tr>
<tr>
<td>4. Climbing</td>
<td>X</td>
</tr>
<tr>
<td>VI. Self-testing Stunts</td>
<td></td>
</tr>
<tr>
<td>1. Tumbling (individual group)</td>
<td>X</td>
</tr>
<tr>
<td>VII. Dual Combat</td>
<td></td>
</tr>
<tr>
<td>1. Stunts</td>
<td>X</td>
</tr>
<tr>
<td>2. Boxing</td>
<td>X</td>
</tr>
<tr>
<td>3. Wrestling</td>
<td>X</td>
</tr>
<tr>
<td>VIII. Apparatus</td>
<td></td>
</tr>
<tr>
<td>1. Hanging apparatus</td>
<td>X</td>
</tr>
<tr>
<td>2. Vaulting apparatus</td>
<td>X</td>
</tr>
<tr>
<td>IX. Swimming</td>
<td></td>
</tr>
<tr>
<td>1. Swimming and life saving</td>
<td>X</td>
</tr>
<tr>
<td>2. Water sports</td>
<td>X</td>
</tr>
<tr>
<td>X. Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>1. Winter sports</td>
<td>X</td>
</tr>
<tr>
<td>2. Projects</td>
<td></td>
</tr>
<tr>
<td>(hiking etc.)</td>
<td>X</td>
</tr>
</tbody>
</table>

1. Select those activities which have immediate physiological value.

Table reproduced from Physical Education Syllabus Book IV, of the State of New York.
classes would be held for those students who have some health defect (discovered through the health examination) and those students who could not attain a minimum score on a physical classification test. These special classes should be small as these students will demand individual attention. The remaining students in the school should be grouped according to age and grade. This will give a homogeneous grouping so far as physical status and requirements are concerned.

The success of the special class program will depend almost entirely on the instructor. He must be thoroughly trained in the field of corrective exercise and must be interested in this type of work. Records must be kept and daily progress of the students participating studied. Students with serious physical defects should participate in physical education activity only upon the advice of the school or family physician.

**Length of Classes**

Most small schools conduct physical education classes on an alternate day basis giving two periods a week or a maximum of three periods a week for physical activity. In schools that are fortunate enough to have a gymnasium and swimming pool, physical education can very easily be organized on a daily schedule. This latter plan is the ideal situation and from the author's own experience enables the physical education instructor to more nearly meet the requirements of a well rounded and diversified program of physical activity.

The needs of the students of this age for physical
activity are so great that the school cannot begin to meet the maximum requirements. It therefore becomes necessary for the child to seek other means of physical activity outside the regular school hours. An intramural program is one way in which additional physical education activity may be given to the student. Cities and villages maintain recreation programs for the children and close cooperation between school officials and miniciple agencies offers another outlet for extra physical activity.

The State of New York has the following regulations in regard to the conduct of physical education on the secondary level: "In the secondary schools a minimum of five hours (300 minutes) a week of directed physical education activity shall be provided; two hours (120 minutes) must be under the direction of school authorities, three hours (180 minutes) may be assigned by school authorities to supervision of home or outside agencies, recognized as competent to direct physical activities and secure educational results."

It is agreed by most physical educators that no less than 40 minutes should be given to the class period in physical education. Because of the loss of time in dressing for class, calling the roll, etc., the ideal class period for physical education is 50 to 55 minutes. This gives the student approximately 35 minutes of actual physical activity. Below is a suggested plan for the division of the time allotted to

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Physical Education Syllabus, Book IV, University of the State of New York, p. 31.
physical education. Any such proposal must be flexible enough to allow for local adjustments.

1. **Dressing for class.**
   a. Ten per cent of the time

2. **Assembly and warm up period.**
   a. Five per cent of the time.

3. **Regular class activity.**
   a. Sixty per cent of the time.

4. **Dismissal and shower.**
   a. Twenty per cent of the time.

In cases where physical education activity is administered by the project method or individual participation time adjustments must be planned by the teacher of physical education and the individual student. Time adjustments for students in special classes must be made to fit individual participation.

**Equipment and Facilities**

It is the school's responsibility to furnish adequate play-grounds, gymnasiums, and locker rooms for the student. As a rule, the schools have far too little indoor space to carry on a complete physical education program. The amount and kind of equipment will be determined largely by the kind of program, the activities offered in the course of study and the number of students participating. As is the case in teaching all subjects, the teacher regardless of the equipment will have a decided influence on the success of the program, yet no successful physical education program can be conducted unless minimum standards of equipment are available. For example, it would be
useless to try and teach the fundamentals of passing a basketball to a class of fifty boys if only one basketball was available. Many members of the class would have nothing to do a great part of the time, consequently, the values obtained from the instruction would be limited.

Before making any purchase, the members of the physical education department should formulate a set of criteria on which to base the selection of any equipment for the playground or gymnasium. Local financial conditions will determine to a great extent the amount and kind of equipment the school will be able to purchase, nevertheless, it should conform to certain standards. After a careful study of the problem these criteria are suggested in buying new equipment:

1. Does it allow for the capacities, interests and needs of the students who will use the equipment? Does it give the proper exercise?

2. Is it dangerous to the participant?

3. Can large numbers of students use the equipment?

4. Cost of the equipment?

5. Kind of construction? Lasting qualities?

6. Can it be easily installed?

A list of playground and gymnasium equipment necessary for conducting a well coordinated physical education program in the small schools is as follows:

**Playground**

<table>
<thead>
<tr>
<th>Softball diamond</th>
<th>Softballs, bats, Etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football field</td>
<td>Footballs</td>
</tr>
</tbody>
</table>
Tennis courts
Outdoor basketball courts
Horseshoe courts
Jumping pits
Whistle
First aid kit
Tape measure
Volleyball courts

Gymnasium

Gymnasium mats
Whistle
First aid kit
Ball inflator
Climbing ropes
Vaulting buck
Horizontal bars
Parallel bars
Stall bars
Rings

Tennis rackets and balls
Outdoor basketball
Horseshoes
Jumping standards
Shot
Soccer balls
Hurdles
Volleyballs

Batons
Jumping ropes
Softballs and bats
Basketballs
Soccer balls
Volleyballs and net
Medicine balls
Boxing equipment
Jumping standards
Ladders

An ideal size gymnasium for the small school would be one that is "90 feet long, 60 feet wide and 22 feet from the floor to the beam." Physical educators, however, must adjust their physical education program to the facilities that are available in the community in which he is working. Gymnasium facilities vary throughout the State of Ohio as to size,  

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Oberteuffer, op. cit., p. 110.
condition and upkeep. The physical education teacher with very little effort or expense can keep the playing surfaces and courts properly marked. Periodic inspection of the playground surfaces and equipment is necessary to guarantee maximum standards of safety. Any defective equipment should be immediately repaired or replaced.

Play areas will also vary from one school to another although it has been established that one hundred square feet of space should be provided for each student for computing the size of the playground. The State of New York recommends 5 to 7 acres of play space for the schools enrolling 500 to 1000 students while the State of California recommends 7 to 9 acres for the same size school.

Most secondary schools will not have access to swimming facilities but for the ones that do the following administrative principles are recommended:

1. The physical and medical condition of all pupils receiving swimming privileges should be a matter of record.
2. Every reasonable measure should be taken to keep the poolroom and water safe and sanitary.
3. Swimming suits (if used) and towels should be supplied by the school and provisions made for disinfection and drying.
4. Classes should be limited in number for reasons of enjoyment and safety.
5. Swimming teachers who have passed the American Red Cross life-guard tests should be in charge.
6. Every user of the pool should be required to take a cleansing shower bath, in the nude, to use soap and to rinse off thoroughly before entering the pool.

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Footnote:

1 Physical Education Syllabus, Book IV, University of the State of New York, p. 36.
7. No person having sore or inflamed eyes, mouth, nose or ear discharges, infected feet or any communicable disease, should be allowed to use the pool.

8. Every user of the pool should be examined by the swimming teacher before entering the pool.

9. Persons not dressed for bathing should not be allowed on the walks immediately adjacent to the pool, and bathers should not be allowed in places provided for spectators.

**Intramural Program**

Intramural athletics in recent years have become an essential part of the physical education program. As has been suggested before, not enough time can be spent in school hours to care for the physical needs of the students of high school age. A well conducted intramural program will enable the school to more nearly meet these needs. The program should be the outgrowth of the regular physical education classes whereby skills and fundamentals learned could be applied in vigorous competition.

In the well organized intramural program an opportunity should be given for every boy in the secondary school to compete in some form of competitive athletics, if he so desires. Basically an intramural program will provide competition for the inexpert athlete where skills and abilities are not so much in demand as they are in the interscholastic competitions. The program should be well coordinated with the municipal recreation program so that games and skills learned as part of the school program, will have value and significance in leisure time activities.

Many problems arise in the administration of an intramural
program in the small secondary school. One has to do with the teaching personnel. The physical education instructor is the logical person to organize the intramural program but his duties as athletic coach will allow him little time to devote to anything else. Frequently, the interested classroom teacher will be asked to supervise the organization of the intramural program. This always raises the question of extra work. Some schools offer extra pay for extra work while other schools reduce the school-time assignment of the teacher. Whatever policy is adopted the local board of education will have the final authority to make the decision.

In the administration of this type of program the teachers too often overlook the possibility of student help. In the small school, one teacher, if he properly uses the student help, can administer a very worthwhile intramural program. In the changing conception of education the student is given a more vital part in the organization of school affairs and the intramural program offers an excellent opportunity for this student participation. Students can be used as members of the board of control, managers, officials, scorers, timers, etc. In fact, the most successful program would be the one in which the students not only actively participated but were also permitted to organize and administer with as little help from the teacher as possible.

Rules and regulations must be maintained for the conduct of the program. These can be formulated by a board of control composed of elected representatives from each class. A teacher
should also be appointed to the board to act in an advisory capacity. He should have authority to veto any rule or regulation passed by the board if, in his opinion, it is not for the best interest of the program and school. Competitions by class can be arranged and in the small school, this is probably the best procedure. Every boy in the school should be allowed to compete, regardless of his scholastic standing.

A point system of computing the winning team or class should be established. Certain number of points may be given for individual participation, team participation, individual winners and runner-up, team winners and runner-up, sportsmanship, etc. The point system adopted will depend to a great extent on the instructor in the local school and the system of control set up for the conduct of the intramural program. To increase interest in the program a class or team award may be given to be passed on the next year.

The table on the next page suggests games and contests that can be used in an intramural program. Each school should select those activities that are best suited to their facilities, personnel, and local conditions.

**Interscholastic Athletics**

Interscholastic athletics grew up separate and apart from the regular curriculum and even today they are referred to as extracurricular. This conception must be changed and interscholastic athletics must be recognized as essential in the educational program of the secondary school. It is admitted by educators that great values can be derived from a properly
### Table VI

A complete program of intramural competition.

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grade VII</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touch football</td>
<td>Winter sports</td>
<td>Tennis</td>
<td></td>
</tr>
<tr>
<td>Soccer</td>
<td>Basketball</td>
<td>Softball</td>
<td></td>
</tr>
<tr>
<td>Speedball</td>
<td>Foul throwing</td>
<td>Horse shoes</td>
<td></td>
</tr>
<tr>
<td>Relays</td>
<td>Volleyball</td>
<td>Track events</td>
<td></td>
</tr>
<tr>
<td>Softball</td>
<td>Ping pong</td>
<td>Marbles</td>
<td></td>
</tr>
<tr>
<td>Tennis</td>
<td>Swimming</td>
<td>Volleyball</td>
<td></td>
</tr>
<tr>
<td>Games</td>
<td>Indoor baseball</td>
<td>Games and relays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kickball</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Games and relays</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Grade VIII** |                |                 |                 |
| Touch football | Winter sports | Tennis          |                 |
| Soccer        | Basketball     | Softball        |                 |
| Speedball     | Foul throwing  | Horse shoes     |                 |
| Relays        | Volleyball     | Track and field |                 |
| Softball      | Ping pong      | Golf            |                 |
| Tennis        | Swimming       | Marbles         |                 |
| Games         | Water polo     | Games and relays|                 |
|               | Indoor baseball| Baseball        |                 |
|               | Kickball       | Volleyball      |                 |
|               | Games and relays|                |                 |

<table>
<thead>
<tr>
<th><strong>Grades IX through XII</strong></th>
<th>Winter sports</th>
<th>Tennis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>Basketball</td>
<td>Softball</td>
</tr>
<tr>
<td>Touch football</td>
<td>Foul throwing</td>
<td>Horse shoes</td>
</tr>
<tr>
<td>Speedball</td>
<td>Volleyball</td>
<td>Baseball</td>
</tr>
<tr>
<td>Soccer</td>
<td>Ping pong</td>
<td>Track and field</td>
</tr>
<tr>
<td>Gymnastics</td>
<td>Swimming</td>
<td>Golf</td>
</tr>
<tr>
<td>Tumbling</td>
<td>Water polo</td>
<td></td>
</tr>
<tr>
<td>Softball</td>
<td>Indoor baseball</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Games and relays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bowling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boxing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wrestling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handball</td>
<td></td>
</tr>
</tbody>
</table>
conducted interscholastic program. Dr. Williams makes this observation:

The time has come when athletics in school should be organized and conducted as an educational project and not as a sideshow, extracurricular affair, or student amusement activity. The evils of professionalism, high specialization, and proselytism are only the natural results of a program that is guided by professional rather than educational aims. There is no attempt here to defend play or point out the value in athletics. That they are important and valuable for the child, youth, and adult is acknowledged today; the desire at this point is to indicate the type of organization that is required to correct the evils and lead to a program of athletic education.

The conduct of the interscholastic program offers many administrative problems which the administrator must solve. Many times the administration of the school is forced to conduct the athletic program according to the wishes of pressure groups, usually referred to as 'the down town coaches'. If the real educational values of interscholastic athletics are to be obtained, their administration and organization must be conducted by school officials. Among the criticisms most frequently listed by principals as growing out of interscholastic athletics are the following:

Too few people benefit
Tendency of the community to rate the success of the school in terms of athletic success
Conduct of spectators during contests
Pupil transportation and conduct of pupils on trips
Eligibility of participants

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Distraction from school work
Physical hazards to contestants
Encroachment upon school time
Falling off of scholarship among contestants
Inducements to high school athletes offered by private individuals, alumni, business men, or other persons interested in higher institutions
Questional moral values resulting from too strong a desire to win
Tendency of community to interfere in the administration of the interscholastic program
Salary of the coach compared to the other members of the staff
Tendency among athletic coaches to direct outstanding athletes to institutions from which they graduated
Arrangements for athletic contests placed upon a commercial basis

Because of the great emphasis placed upon interscholastic athletics in the past few years many proposals have been advanced to limit the number of contests in any one season. In this connection many schools limit the number of sports in which a person may participate. Length and frequency of practice are also sometimes limited. It is the belief of the author that to secure the maximum educational benefits from interscholastic competition and also to safeguard the health of the participant, maximum standards should be set. Dr. Oberteuffer offers these standards as a normal athletic schedule:

Football.................. 8 games
Indoor track............... 3 meets
Basketball............... 13 games
Baseball................. 15 games
Tennis..................... 8 matches
Golf....................... 8 matches
Wrestling............... 6 meets

Oberteuffer, op. cit., p. 92.
Speedball......................... 6 games
Swimming.......................... 6 meets
Cross-country...................... 4 meets
Outdoor track....................... 5 meets
Soccer............................... 6 games
Gymnastics.......................... 4 meets

The New York State Department of Education offers these recommendations for the conduct of interschool games:

1. That no post-season games or post-season tournaments other than those conducted by school authorities in accordance with approved standards be permitted.

2. That interschool athletic activity for boys be limited to competition between high school teams composed of boys in Grades IX to XII inclusive.

3. That interschool competition in football be limited to seven games.

4. That interschool competition in basketball be limited to a maximum of sixteen scheduled games a season, exclusive of sectional games.

5. That interschool competition in track be limited to a maximum of five meets a season, exclusive of sectional competition.

Protection of the health of the athlete is of prime importance in the administration of interschool athletics. Boys playing on the athletic teams are under severe mental and physical strain and unless the coach takes proper precautions for the participant, great harm may result. The adoption and publication of a policy in regard to the conduct of school athletics, by the board of education and the administration is suggested. Such a policy will obligate them to see that the boys in competition are always under proper supervision. It will also obligate them to see that proper equipment and instruction in the correct use of it are provided. They will

1 Physical Education Syllabus, Book IV, University of the State of New York, p. 123.
also be obligated to see that athletes receive instruction in fundamentals of the game as this is a factor in reducing injuries.

Many times in the past more importance has been attached to winning games than protection of the individual athlete. Such a policy has no place in any sane physical education program. It is encouraging to note that as schools accept the conduct of interscholastic athletics and the coach becomes a member of the faculty, policies such as these are eliminated. It is the recommendation of the author that a qualified physician, employed by the school, be present at all athletic contests and be given final authority to decide whether a boy is physically able to participate in competitive games.

Conclusion

Physical education must contribute to the objectives of the school if it is to become an integral part of the school curriculum. The values derived from physical activity are admittedly of great importance to the individual and must be organized in such a manner that all students benefit in some way. Brownell maintains that these values can be secured through the establishment of;"(1) valid objectives; (2) the wise selection of activities; (3) capable instruction; (4) sufficient time in the daily or weekly schedule; (5) adequate equipment and facilities."

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Brownell, op. cit., p. 60.
Chapter VII
CRITERIA FOR THE EVALUATION OF THE HEALTH AND PHYSICAL EDUCATION PROGRAM

Criteria for the evaluation of the health and physical education in the secondary schools has been sadly lacking and until some objective criteria can be established to show the public the important need of the program, this phase of education will continue to lag behind the other phases of education. Educators and physical educators alike are of the opinion that objectivity in evaluating the program is demanded, yet to date, no accurate system of evaluation has been formulated. Many of the desirable outcomes of health and physical education are difficult to evaluate, nevertheless, authorities in the field are trying to solve the problem and great progress has been made in this direction. Oberteuffer points out, "the outcomes of a completely developed program of health and physical education are many and varied. Testing devices developed to date do not permit a complete and accurate evaluation of the success of the teaching processes but as new tests are being added each year the future of this phase of the program is very hopeful."

During World War II the navy developed a physical fitness program designed primarily to test strength, endurance, stamina, and some degree of agility. The test was composed of five activities including squat-thrusts in one minute, sit-ups, push-ups,

\[\text{Oberteuffer, op. cit., p. 436.}\]
squat-jumps and pull ups. The test was given during the first week of basic training and as possible every thirty days. A point system of grading was used allowing so many points for proficiency in each activity. Cumulative records of the tests were kept and monthly progress of the men in training could be determined. Purposes of the tests were as follows:

1. To determine the physical fitness of the men when they arrive for training.
2. To provide information that will help in adapting the physical fitness to the man's need.
3. To motivate the men toward a higher degree of physical fitness.
4. To measure the progress of the men after being in the service a specific length of time.
5. To provide a means of measuring the physical fitness of Navy personnel in one activity in comparison with the personnel of other activities.
6. To determine whether or not the physical fitness program is accomplishing its desired results.

The Navy physical fitness program is mentioned in this connection merely to show what has been done in making physical education tests objective. The author would not propose that a program such as the Navy used be included in the physical education program of the secondary schools. The objectives, aims and purposes of these two programs are entirely different in scope and use. Health and physical education in the secondary school has a much wider range of purpose than does the Navy physical fitness program. However, it is desirable and beneficial to the schools to study extensively all

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1 Physical Fitness Manual for the U. S. Navy, Bureau of Naval Personnel, p. 17.
systems of evaluation in order to formulate a plan by which the evaluation of their own program can be made.

Another study that has done much in this direction is the one made by the committee on the Cooperative Study of Secondary School Standards. The committee presented a plan known as the "Evaluative Criteria" that suggested procedures for evaluating various aspects of the secondary school. The study is divided into a number of different phases of the total school program including the educational program, the school staff, the school plant, the school administration, individual evaluation of the teaching staff, and basic philosophy of the school. The total summary of these different evaluations is made giving the school a definite rating on their total program. This system of evaluation has been used quite extensively in Ohio and many schools find that the constructive criticism that follows the evaluation is very helpful to the entire school staff in organizing a better educational program.

A statement of the guiding principles in relation to the evaluation of the educational program is well worth repeating:

In the educational program of a good secondary school major concern should be given to attaining desirable outcomes and to various kinds of evidence indicating that these outcomes are being realized. It may be necessary to test some outcomes by departments or class groups. This, however, should not be construed as limiting the responsibilities of all phases of

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the educational program, including the instructional activities of teachers, pupil activity program, guidance service, library service, school plant, and school administration for the attainment of desirable outcomes. There should be evidence that teachers and pupils are happily and harmoniously cooperating in the stimulation of a wholesome curiosity about themselves and their environment. Evidence should be sought to show that pupils are securing knowledge and developing worthwhile skills, attitudes, tastes, appreciations, and habits. There should be evidence that pupils are able to make desirable choices or to exercise good judgment in the selection of friends, vocations, leisure activities, goods and services, and in other important matters which confront youth today. Evaluation of such activities involves more than determining the amount of knowledge possessed, measuring the degree of skill, and testing the scope of understanding, important and necessary as all these are. Among others, intangible qualities such as cooperativeness, tolerance, open-mindedness, reverence, respect for law, and self-reliance are highly desirable outcomes. Evaluation of such outcomes is by no means easy; for most of them there is no standard measure and therefore evaluation of them necessarily will be largely a matter of judgment. The difficulty of the task is no reason for avoiding it, and the importance and universality of the problems involved make it imperative that attention should be directed to the attainment of such outcomes and to their proper evaluation.

The section devoted to health and physical education gives ten check list items to be used as a guide to the person making the evaluation. These items listed are desirable characteristics of a good health and physical education program. All of these characteristics will not be found in every secondary school. However, a school may have other desirable characteristics that will compensate for the lack of some of those listed. These items are listed as desirable in
the health and physical education program:

There is definite evidence that pupils are developing or have attained desirable skills, habits, knowledge, understandings, abilities, tastes and appreciations in such respects as the following:

1. Appreciating the value and advantage of good health and health habits.
2. Understanding the human organism and its function and the function of its unit.
3. Having periodic health and medical examinations.
4. Following recommended medical treatments and health rules.
5. Taking proper care of the eyes, ears, teeth, gums, skin, hair, scalp, feet, hands and nails.
6. Sleeping and resting sufficiently.
7. Eating and dressing properly, so as to promote health.
8. Developing and maintaining good mental health—heathful attitudes and emotional life.
9. Engaging regularly in physical activities adapted to the needs of the individual.
10. Developing leisure recreations, including out-of-door activities.

* Evaluations
  How well do the boys practice desirable health habits?
  How satisfactorily are skills necessary for participating in life-long physical activities being developed?
  To what extent are remedial defects, both medical and orthopedic, being recognized and corrective procedures carried out?

Criteria for Evaluation

Equal educational opportunity including proper equipment and facilities, adequate teaching staffs, etc., would eliminate many of the problems of evaluating a good health and physical education program. These qualities, however, have a tremendous

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effect on the values the student receives from a secondary education so must be considered a part of the evaluation.

After a careful study and investigation of the problem the following criteria are offered by the author, for the evaluation of the health and physical education program in the small secondary school:

I. The health and physical education program must be evaluated in terms of the contributions made to the educational philosophy of the school.

II. It must be evaluated in terms of the contributions made to the physical and emotional health of the individual.
   a. Development of the proper emotional habits and attitudes.
   b. Development of skill in physical activity.
   c. Health of the individual.

III. It must be evaluated in terms of the contributions made to the social development of the individual.
   a. Desirable habits and attitudes for democratic living.
   b. Training for citizenship.

IV. It must be evaluated in terms of the contributions made to the intellectual development of the individual.
   a. Knowledge of healthful living.
   b. Appreciation of sports.

V. It must be evaluated in terms of training for leisure time.
   a. Cooperation with community health and recreation
agencies.
b. Carry over value of the activities learned.

VI. It must be evaluated in terms of teaching personnel.
a. The administration.
b. Health staff.
c. Health and physical education instructors.

VII. It must be evaluated in terms of the proper use of the facilities and equipment.

Contributions to the Educational Philosophy of the School

Because of the changing social, economic, political, and religious conditions in the world today, education has assumed a place of greater importance than ever before. Totalitarian forms of government are competing with the democracies for ultimate survival. Educational aims, purposes and functions are constantly being revised to meet this challenge as education is the essence of the democratic form of government. Bode says, "a democratic program of education must necessarily rest on the perception that democracy is a challenge to all forms of absolutism, that it has its own standards, ideals and values and that they must pervade the entire program from end to end."

Philosophies of the various schools will differ somewhat depending on the location of the school, the school administration, the type of industry in the community and the attitude of the people toward education, nevertheless,

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1 Boyd H. Bode, Progressive Education at the Crossroads, p. 39.
the basic principles should be the same. In any true democratic society "the worth of the individual, or respect for personality, and the importance of superseding habits of competition with habits of cooperation" must be stressed.

Much of the friction and criticism in the administration of the secondary school can be eliminated if the administrator will construct a broad democratic philosophy of education. The teacher in this situation will feel that his efforts are being directed toward common aims and objectives. Happiness, efficiency and cooperation will result, thereby, assuring the community of a well balanced program of education.

Each phase of the educational program must work toward attaining the aims and objectives of the basic philosophy of the school in cooperation with all other phases of the program. Health and physical education can contribute many worthwhile habits, skills and attitudes to any defensible democratic philosophy of education. The author is of the firm opinion that the first step in the evaluation of the health and physical education program which ultimately will lead to the complete development of the student.

**Physical and Emotional Development of the Student**

Evaluation of the physical progress and emotional stability of the students must be considered essential in judging the success of any educational program. Physical and emotional health is as much a part of the school program today as

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Ibid., p. 3.
intellectual proficiency. The new concept of education or the total development of the whole child gives added emphasis to these divisions of child welfare.

One of the primary functions of the health and physical education department is the development of the physical and emotional health of the individual student. Participation in team games offer excellent opportunities for the student to display emotional control under strained conditions. Success of this part of the program must be judged solely on the attitude the child shows toward such desirable traits as self-control, cooperation, leadership, etc.

Physical development can be measured much more objectively and where at all possible, objective tests should be given. The value of physical education activities must not be based entirely on skill in physical attainment but must also consider the progress of the student. To determine progress it is necessary to repeat the original test after a sufficient amount of time has elapsed. These objective tests can be used for, "arranging programs to meet individual needs, for measure of progress and determination of teacher and program efficiency, for teaching devices and for purposes of prognosis." 1

Physical educators must consider the fundamental requirements of a good test when they make their selection. There are now a great many very good physical classification tests on the market, and physical educators must establish standards

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1 Physical Education Syllabus, Book IV, University of the State of New York, p. 184.
by which to judge the value of these tests in their particular situation. The following standards are offered as a guide in the selection of tests pertaining to physical education:

Validity: A valid test is one which accurately measures what it purports to measure.

Reliability: By reliability is meant that the measurer should be capable of repeating the test on the same group and achieve approximately the same results; or, in other words, when the test is given to the same group more than once, the test results are consistent.

Objectivity: Objectivity is the degree to which the test may be measured to the same group by different individuals and obtain the same results.

Simplicity: Other things being equal the simpler the test the more useful it will be. Simplicity in this case must be taken to mean at least the following things:

2. Cost.
3. Ease of understanding.

Standardization of Procedure: As suggested above, the procedure for administering the test should be rigidly standardized in order that results may be both reliable and objective.

Duplicate Forms: Where possible, tests which depend upon immediate learning for their validity should be provided with duplicate forms. The first time these tests are administered, too much learning takes place, and the test becomes relatively useless for a second administration. The use of duplicate forms which do not use the same test elements will avoid this weakness.

Above all, tests must be meaningful and worth doing; the test results must be capable of interpretation so that they may be utilized immediately for the improvement of the program.

Health measurement of the student can be determined very accurately by a careful analysis of the health record. If health records are not kept, evaluation of the health progress

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of the student becomes very difficult. The success of a good health guidance program will depend on these records and the evaluation should be made on that basis. Other phases of the health program that must be evaluated include, health examination, follow-up program, sanitation of the school and the school surroundings in relation to creating a healthful atmosphere, and safety control.

**Social Development of the Individual**

'Character training' of the individual is rapidly becoming one of the major aspects of the health and physical education program. Because of the nature of physical activities desirable traits such as initiative, perseverance, courage, self-control, self-reliance, cooperation, leadership, loyalty, responsibility, honesty, courtesy and fair play can be cultivated. Evaluation of the health and physical education program in relation to the development of these desirable traits in the individual is particularly difficult as these traits are not easily evaluated. However, physical educators and psychologists are aware of the difficulty of evaluation of these traits and a number of rating scales have been presented in the past few years. On the following page is found Blanchards' Behavior Rating Scale taken from page 206 of H. H. Clarkes', "The Application of Tests and Measurements to Health and Physical Education", which can be used very effectively in the evaluation of the various behavior traits of the individual.

Physical education like all other subjects should have
Table VIII
MEASUREMENT OF SOCIAL EFFICIENCY

Name..........., Grade.......Age....... Date.......School.......Name of Rater..............

<table>
<thead>
<tr>
<th>Behavior Rating Scale</th>
<th>Frequency of Observation</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Leadership
1. Popular with classmates.......  
2. Seeks responsibility in classroom.................  
3. Shows intellectual leadership

Positive Active Qualities
4. Quits on task....................  
5. Exhibits aggressiveness in his relationship with others.......  
6. Shows initiative in assuming responsibility
7. Is alert to opportunities...

Positive Mental Qualities
8. Shows keenness of mind.......  
9. Volunteers ideas.................  

Self-Control
10. Grumbles over decisions.......  
11. Takes a justified criticism by teacher or classmate without showing anger or pouting.......  

Co-operation
12. Is loyal to group...............  
13. Discharges group responsibility.................  

Social Action Standards
15. Makes loud criticisms...........  
16. Respects rights of others...

Ethical Social Qualities
17. Cheats............................  
18. Is truthful........................  

Qualities of Efficiency
19. Seems satisfied to get by.......  
20. Dependable and trustworthy....  
21. Has good study habits.........  

Sociability
22. Is liked by others.............  
23. Makes friendly approach.......  
24. Is friendly.......................  

Blanchard's Behavior Rating Scale
as an ultimate aim, training for citizenship. As has been
stated respect for personality and cooperative living are
essential in a democratic system of government. The desir-
able traits listed above all are conducive to good citizen-
ship, so therefore, it is imperative that the health and
physical education program be organized with this in mind.

**Intellectual Development of the Individual**

The success of the health instruction program will de-
pend to a great extent upon the amount of healthful know-
ledge the student attains and the resultant health behavior
of the student as an outcome of this knowledge. Tests and
measurements can be given to estimate the amount of good
healthful knowledge the student has acquired. Only through
daily observation of the individual, will it be possible to
determine the value of this health knowledge, in relation
to habits of good healthful living.

The contributions of the health and physical education
program toward appreciation of sports is very important, yet
many secondary schools make no provision for intelligent un-
derstanding of the American sport program. Each year millions
of Americans, of all ages, attend various sporting events, in-
cluding football, baseball, basketball, track, tennis, golf,
boxing, wrestling and many others too numerous to mention. It
is the author's opinion that physical education instruction
has not taken full advantage of this field of information.

Many people never participate actively in sports after
they leave the secondary school, yet they do find relaxation
from the strain of modern living by watching others perform. Courses in physical education should include instruction in the fundamentals and rules of the more popular sports in order that these people who do not participate will receive more enjoyment and pleasure through a thorough understanding of the game.

In discussing this problem Irwin comments as follows:

Teachers in health and physical education are concerned with the intellectual development of youth in at least three ways. That is, they have a responsibility, first, to impart sufficient knowledge of healthful living so that pupils will be equipped to make the best possible adjustment in adult life so far as health knowledge is needed; second, to impart knowledge of the fundamentals, rules and strategy of sports; and third, to assist in providing a medium for the most efficient and effective intellectual development of each boy and girl not only in the physical education program but also in the academic field.

Training for Leisure

The health and physical education program should be adapted to the fulfillment of the immediate physical needs of the child and also to the promotion of physical activities that will have value in adult life. All too often the physical educator emphasize the vigorous sports such as football, basketball, baseball and track which have little carry over value for adult participation. Many studies have been made on the subject and it has been found that swimming, tennis, golf, hiking, riding, social dancing, bowling, horseshoes, fishing, skating (ice or roller), camping, and baseball

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1 Irwin, op. cit., p. 50.
(hard or playground) are the physical activities most frequently used by adults. A comparison between the activities used in the health and physical education program in the secondary school and the activities used in adult life reveal little correlation. Very few educators will question the educational values derived from football, basketball, baseball and track, yet the health and physical education program should be adjusted to include activities that will be valuable in adult life.

It must be remembered that the child will receive much of his needed physical activity in out of school hours so it becomes the responsibility of the school to teach him activities that he can use on the community playgrounds, at home or wherever he may engage in play. It is encouraging to note that many small communities are organizing recreation programs with the help and cooperation of the school authorities. To have a completely successful recreation program the school and community must work as a unit in constructing the program on sound educational principles.

The school and community have a great responsibility in providing sufficient recreation programs for the children. The American Association of School Administrators suggests the following procedure in conducting recreation programs:

The development of an all-round, all year, recreation program for citizens of all ages is a community responsibility. The

1 Health in Schools, American Association of School Administrators, p. 132.
schools have a big share of the responsibility because, as outlined previously, the entire school curriculum and many school facilities contribute to it. Schools may, in fact, give leadership and provide personnel and administration for the entire community program.

Where outside groups such as park departments or recreation commissions share responsibility for administering the recreation program, there is need for some way to facilitate cooperative action. This plan may be a recreation commission with representatives of various groups interested in or concerned with recreation. The superintendent may well take the lead in developing such commissions in the community in which they seem desirable or necessary.

Teaching Personnel

It is obvious that unless the administration of any particular school has a real interest in the health and physical education program the success of the program will be impaired tremendously. Administrators are beginning to realize more and more the importance of a sound integrated health and physical education program in relation to child needs and are now demanding that their school give as much help, in this direction, as their finances and facilities will permit.

As has been previously stated, the health staff will administer the health needs of the students. Naturally, the size of the health staff will determine what health measures can be undertaken and just how valuable the program will be to the student. Evaluation of the professional proficiency of the health staff should be considered in any accurate appraisal of this department.
Evaluation of the teaching staff in the health and physical education program is also necessary, as teachers will be the guiding force in shaping procedures and policies of the department. The success of the program will depend to a great extent on the cooperative efforts of each individual staff member working toward a common purpose. Individual staff members should possess personal qualifications such as teaching ability, personality, health and character, in order to make the teaching program interesting and worthwhile from the students point of view. The nature of physical education activities bring the student and teacher into much closer contact, than do most of the other subjects of the curriculum, so the qualities mentioned above become much more important in this respect.

Use of Facilities and Equipment

The program in health and physical education can be impeded or it may be considerably accelerated, depending on the use made of the facilities and equipment of the school. Proper program adjustment must be made where facilities and equipment are limited. To carry on a highly successful health and physical education program minimum standards of facilities and equipment are essential, yet no two teachers will make the same use of them. Evaluation of the health and physical education program as to maximum use made of available facilities and equipment is more important than a strict evaluation of minimum or maximum standards necessary for a good program.

Conclusion
Administrators and physical educators must work together in seeking new and better methods of appraising the school health and physical education program. The growth and change in the movement since the turn of the century has been very rapid, making evaluation of the program even more difficult. This is no reason to avoid the issue as boards of education and the people must learn the value of the program to the students before any progress can be made toward giving health and physical education its rightful place in the school curriculum.

It was emphasized at the beginning of the chapter that desirable outcomes of the program are intangible in nature and do not readily lend themselves to objective measurement. This means that the evaluation of the program will be based to a great extent on subjective judgment, yet this in no way, should reflect on the value of the subject. Measurement of the program must be made in terms of pupil results, not only in acquiring useful knowledge, but also in the application of this useful knowledge to real life situations.

Throughout the study desirable outcomes in the form of habits, skills and attitudes have been stressed. A summary of these desirable outcomes that can be expected from a good health and physical education program are as follows:

1. Minimum necessity for disciplinary measures.
2. Satisfactory student adjustment in physical education.

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1 Irwin, op. cit., pp. 303-304.
3. Satisfactory student adjustment in all phases of school life including the academic work.
4. Satisfactory school spirit.
5. A high percentage of participation in the optional physical education work, such as the intramural program.
6. Satisfactory social relationships between pupils.
7. Evidence of emotional control.
8. Evidence of good sportsmanship.
9. Minimum time lost on a comparative basis due to illness.
10. Participation in a variety of recreational activities.
11. Evidence of high standards of conduct in the personal and group life.
12. Evidence that health knowledge is used for the good of the individual and the group.
13. Evidence of sufficient skill and ability in two or more sports to insure continued participation.
14. Correction of remedial physical defects.
15. Happy adjustment of students to the school life in general.
Bibliography


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Bibliography (con't.)


