



SELF ASSESSMENT FORM

GLOBAL STANDARDS FOR PROFESSIONAL PREPARATION IN PHYSICAL EDUCATION

International Council for Health, Physical Education, Recreation, Sport, and Dance (ICHPER-SD)

PROGRAM TITLE: _____

PROGRAM DIRECTOR (include title): _____

INSTITUTION: _____

ADDRESS: _____

City

State/Province

Country

Postal Code

DURATION OF DEGREE/LICENSURE PROGRAM:

All programs must meet or exceed the standard of content; however, the standard of achievement may be modified, proportionately, as follows

(check one): _____ 4-year, 100% _____ Other, _____ % Explanation which warrants modification: _____

DATE ASSESSMENT COMPLETED: _____
Month Date Year

CONTACT PERSON(S) (print or type):

Name (title): _____

Name (title): _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

STANDARD (abbreviated)	LEVEL OF FULFILLMENT (check one)			COMMENTS
	No. of clock hours	Standard met (✓)	Standard not met (✓)	
1. DISCIPLINARY KNOWLEDGE (min. 30 clock hours for each area, 1.1 through 1.9)				
1.1 Philosophy				
1.2 History				
1.3 Human Anatomy				
1.4 Biomechanics				
1.5 Human Physiology				
1.6 Psychology				
1.7 Sociology				
1.8 Motor Development				
1.9 Motor Learning				
2. PROFESSIONAL KNOWLEDGE AND SKILLS (min. 60 clock hours, including <u>all</u> eight sub areas, 2.1 through 2.8)				
2.1 Nature of Profession				
2.2 Effects of Physical Education				
2.3 Physical Education in Schools				
2.4 Personal Philosophy				
2.5 Professional Commitment				
2.6 Cultural Aspects				
2.7 Curriculum Planning				
2.8 Program Planning				
3. PEDAGOGICAL KNOWLEDGE AND SKILLS (min. 60 clock hours, including <u>all</u> six sub areas, 3.1 through 3.6)				
3.1 Learning Theory				
3.2 Teaching Theory				
3.3 Teaching and Learning Strategies				
3.4 Lesson Planning				
3.5 Skill Analysis and Evaluation				
3.6 Class Management				

Signature: _____ Date: _____
 Program Director Month Date Year

Materials received prior to July 1, will be considered for inclusion in the Registry which appears in the subsequent fall issue of the Journal of ICHPER•SD.

Retain copy; send completed Self Assessment Form evidencing that all standards have been met, along with Registration Form to: **Commission on Physical Education at the College Level, ICHPER•SD, 1900 Association Drive, Reston, VA 20191-1598, USA, Phone: (703)476-3462, Fax: (703)476-9527, E-mail: ichper@aahperd.org.**