

Health is a state of physical, mental, social, emotional and spiritual well-being, and physical education is that part of education which promotes well-being through movement. Within the school curriculum health and physical education are strongly interrelated in their purpose of developing understandings, skills, attitudes and motivation to act in ways that benefit personal health and the health of others.

This area of learning enables students to learn about and develop confidence in themselves and their abilities, and to approach learning with energy and application. It helps them to take responsibility for their own health and physical fitness and to acknowledge their part in ensuring the well-being and safety of others.

*The New Zealand Curriculum Framework*

### **Aims of New Zealand's Health and Physical Education Curriculum**

The health and physical education curriculum for New Zealand students comprises four major aims and related areas of content concerned with personal health, motor skills, relationships with others, and healthy communities. The following is taken from *Health and Physical Education in the New Zealand Curriculum*, pages 7 – 11.

#### **A. Personal Health and Physical Development**

The aim is that students *develop the knowledge, understandings, skills and attitudes needed to maintain and enhance personal health and physical development.*

The focus of learning is on personal health and physical development, and includes understandings about personal identity and self-worth. Students are expected to develop their abilities to meet their health and physical activity needs, now and in the future. They should learn about influences on their well-being and develop self-management skills that enhance their health. They are also encouraged to take increasing responsibility for the changing patterns in their life, work, relaxation and recreation.

#### **B. Movement Concepts and Motor Skills**

The aim is that students *develop motor skills through movement, acquire knowledge and understandings about movement, and develop positive attitudes towards physical activity.*

The focus is on the development of personal movement skills appropriate to a range of situations and environments. Through participating in spontaneous play, informal games, cultural activities, creative movement, dance, sport and other forms of activity, students' awareness of their personal identity is strengthened, they can experience satisfaction and develop an awareness and appreciation of the diverse nature of movement.

#### **C. Relationships with Other People**

The aim is that students *develop understandings, skills and attitudes that enhance interactions and relationships with other people.*

Effective relationships in classrooms, schools, whanau, and the wider community during play, recreation, sport, work and cultural activities are examined. Students are helped to consider how they themselves influence the well-being of other people and how the attitudes, values, actions, and needs of other people influence them. They are helped to develop skills and attitudes which enable them to interact sensitively with other people, and to evaluate the impacts that social and cultural factors have on relationships. They are also helped to know about effects of stereotyping and of discrimination against others on the basis of gender, age, ethnicity, economic background, sexual orientation, cultural beliefs, or differing abilities.



#### D. Healthy Communities and Environments

The aim is that students *participate in creating healthy communities and environments by taking responsible and critical action.*

The focus is on the interdependence of students, their communities, society, and the environment. Physical and social influences in the classroom, the school, the family, and society that promote individual, group and community well-being are identified. Students are helped to understand their responsibilities to their communities and come to recognise the benefits that they can experience from participating as community members. They are encouraged to help develop healthy communities and environments by identifying inequities, making changes, and contributing positively through individual and collective action.

#### Frameworks for national monitoring assessment

National monitoring task frameworks are developed with the project's curriculum advisory panels. These frameworks have two key purposes. They provide a valuable guideline structure for the development and selection of tasks, and they bring into focus those important dimensions of learning which are arguably the basis for valid analyses of students' skills, knowledge and understandings.

The assessment frameworks are organising tools which interrelate understandings with skills and processes. They are intended to be flexible and broad enough to encourage and allow the development of tasks that lead to meaningful descriptions of what students know and can do. They are also designed to help ensure a balanced representation of important learning outcomes.

The framework for health and physical education has a central organising theme supporting three major aspects: knowledge, skills and attitudes. The knowledge aspect is organised into three sections: personal, interactions with others, and healthy communities. The skills aspect focuses on communicating and co-operating, problem solving and decision making, and moving. The attitudes aspect identifies important features related to motivation and involvement in health and physical education learning.

The most important message emerging from the use of the framework is the pervasive interrelatedness that exists across health and physical education knowledge, skills and attitudes. To regard each as a separate section of learning, whether for teaching or assessment purposes assumes clear cut boundaries which frequently do not exist. For purposes of reporting assessment information, tasks have been grouped according to the general structure of the health and physical education curriculum. This is reflected in the choice and arrangement of chapter headings in this report.

**NEMP HEALTH AND PHYSICAL EDUCATION ASSESSMENT FRAMEWORK**

**Personal and community well-being through enhancing health practices and physical education**

**KNOWLEDGE AND UNDERSTANDINGS**

**PERSONAL**

*Knowing and understanding meanings of Health and Physical Education.*

**HUMAN DEVELOPMENT**

- Body systems – form, function.
- Maturation – growth, pubertal change, etc.
- Challenging stereotypes – gender, culture, disability, size, shape.

**STAYING HEALTHY**

- Nutrition – healthy eating.
- Body care – requirements and routines.
- Benefits of exercise – physical, mental, social, emotional, spiritual; circulatory-respiratory; cardiac.
- Benefits of rest and recreation.
- Prevention and management of illness, infection and injury.
- Personal safety – abuse, drugs.
- Environmental safety – sun, roads, water, fire, food.
- Managing feelings – anger, sadness, fear, frustration, boredom, success.
- Managing change, challenges & risks – physical challenge, grief, loss, stress.
- Identity and self worth – knowing strengths/limitations .

**MOVEMENT EDUCATION**

- Motor skills – range of movements, and movement patterns .
- Movement concepts – spatial awareness, games strategies, creative and expressive processes.

**INTERACTING WITH OTHERS**

**RELATIONSHIPS**

- Family relationships – roles, responsibilities, changes in family structure.
- Friendships – qualities, making, supporting, maintaining, moving on.
- Expression and communication – feelings, listening, assertiveness.
- Conflict management – peer pressure, mediation, bullying.

**LEADING, SUPPORTING AND VALUING**

- Leadership and teamwork – qualities, attributes, styles, benefits, inclusiveness.
- Supporting others in times of adversity and joy – team/group games, new kids on the block.
- Respecting and valuing others cultural, gender, age, ability, social & family differences.

**COMPETING AND CO-OPERATING**

- Competition – meeting challenges, striving towards goals, accepting disappointment.
- Fair play – making, & accepting rules, decisions, tolerance. co-operation and co-ordination.
- Social effects of games – making friends, peer pressure, influences, role models.

**CREATING HEALTHY COMMUNITIES**

**RULES, RESOURCES AND SERVICES**

- Knowing/accessing community resources and services – clubs, helping agencies, recreation.
- Rights and responsibilities, laws and regulations – smoke free environment, food labelling, food safety, playground rules, harassment, drugs, school policies.

**PARTICIPATION**

- Caring for and organising to look after other – family, friends, young, elderly.
- Societal influences and expectations in health – media, peers etc.
- Participation in communal events – hangi, kapa haka, sports exchanges.

**ENVIRONMENT**

- Actions to improve the physical environment – air, water.
- Creating a caring, emotionally safe environment – class, playground.
- Environmental protection – pollution: air, water, rubbish, noise.

**SKILLS**

**COMMUNICATING AND CO-OPERATING**

- Listening – seeking and valuing others' views/ideas; empathy and sympathy.
- Assertiveness – stating ideas and beliefs with conviction.
- Leadership – organising, supervising, inspiring others.
- Interpersonal – getting on with others, accepting their strengths and limitations, giving/receiving feedback.

**PROBLEM SOLVING & DECISION MAKING**

- Critical and analytic thinking.
- Goal setting.
- Negotiating and mediating.
- Identifying and responding to challenges.
- Making choices and considering consequences.
- Coping with successes and disappointments.

**MOVING**

- Motor skills – fine, gross, manipulative, locomotor, non-locomotor, co-ordinating and sequencing.
- Co-ordinated action – teamwork, ensemble.

**ATTITUDES MOTIVATION INVOLVEMENT**

- Confidence to participate.
- Valuing of self.
- Enjoyment.
- Perseverance and facing challenges.

- Respect for diversity – tolerance, open mindedness.
- Concern for others' rights and well-being.

- Involvement – for further learning.
- Involvement – in personal and community action.

## Health and physical education assessment tasks

The choice of health and physical education tasks for national monitoring is guided by a number of educational and practical considerations. Uppermost in any decision concerning the choice or administration of a task is the central consideration of validity, and the effect that a whole range of decisions can have on this prime attribute. Tasks are chosen to provide a balanced representation of important knowledge, skills and attitudes, and because they meet a number of requirements to do with their administration and presentation. These requirements are discussed in Appendix 1 (page 64).

Sixty-one health and physical education tasks were administered using four different approaches. Twenty-five were administered in one-to-one interview settings where students used materials and visual information, and responded orally. Six tasks were presented in team situations involving small groups of students working together. Ten tasks were attempted in a stations arrangement where students working independently on a series of tasks and recorded their responses on paper. The remaining twenty tasks all involved open space physical activities which were attempted by students individually.

Forty-six of the sixty-one tasks were the same or substantially the same for both year 4 and year 8. Another nine tasks followed the same procedures for some of the year 4 and year 8 versions but excluded some of the task components for year 4 students. Three tasks were attempted only by year 4 students, and seven tasks only by year 8 students. These differences are shown in the task descriptions and results which follow in this report.

### Link tasks

Thirty-nine tasks are released in full in this report. The remaining twenty-two tasks will be used again unchanged in the second cycle of assessments in the year 2002. These link tasks will provide a basis for comparison of performance over time. Although the first cycle results for link tasks are given in this report, more detailed descriptions are withheld to avoid biasing the results in 2002.

### National monitoring surveys

In addition to the assessment tasks, one third of the total sample of students completed a survey which investigated their interests, attitudes and involvement in health, and another third completed a similar survey in physical education.

### Marking methods

Individual and team responses produced by the students were assessed using specially designed marking procedures. Responses requiring high levels of professional judgement were marked by experienced teachers. The other tasks were marked by tertiary students, most of whom had graduated or were nearing graduation to become primary school teachers. Tasks that required marker judgement and were common to year 4 and year 8 were intermingled during marking sessions, with the goal of ensuring that the same scoring standards and procedures were used for both. The criteria used in the marking had been developed in advance by Project staff, but were sometimes modified as a result of issues raised during the marking.

When the marking for each task commenced, all markers gathered to be introduced to the task and the marking criteria. They then collectively marked two or three performances, discussing discrepancies between the marks awarded. In this way, the meaning of the criteria and the standards to be applied were determined collectively by the markers and project staff leading the session. Once good consistency had been achieved, the markers marked performances individually, periodically being brought back together to collectively mark a few performances and discuss any discrepancies which were revealed. This process provided both assurance and reassurance that adequately consistent marking was being achieved.

### Task by task reporting

National monitoring assessment is reported task by task so that results can be understood in relation to what the students were asked to do.