

ATTACHMENTS >

Physical Development Skill Assessment

Infants & Toddlers

LOCOMOTOR SKILLS	Not Observed or Cannot Do	Occasionally Does	Consistently Does
Infants			
Hold head erect and steady			
Lifts head and shoulders, full forearm in prone position			
Rolls over (back to front)			
Crawls/pulls to stand			
Walks independently			
Toddlers			
Cruises while holding on to furniture			
Walks across room, starting and stopping			
Walks up and down stairs, with support			
Walks independently			
Moves body in new ways, such as tumbling			
Walks sideways and backwards			
Walks to a ball and kicks it			
Running alone			
Runs with increasing speed			
Jumps in place			
Jumps over objects or off a step/box			

BALANCING SKILLS	Not Observed or Cannot Do	Occasionally Does	Consistently Does
Infants			
Sits alone momentarily			
Stands momentarily without support			
Can prop sit (placed in position with support)			
Rocks back and forth on hands and knees			
Toddlers			
Squats to pick up toys			
Stands on tiptoes to reach something			
Gets in and out of adult chair			
Kneels while playing			
Straddles across beam or sandbox edge			
Tries to stand on a flat board			
MANIPULATIVE SKILLS	Not Observed or Cannot Do	Occasionally Does	Consistently Does
Infants			
Opens hand to release toy			
Unilateral reaching			
Bats at rattle that is held near			
Reaches for toy with whole hand			
Toddlers			
Carries a large ball while moving			
Flings a beanbag			
Throws a ball or other object by pushing it with both hands			
Catches a large, bounced ball against body with straight arms			
Kicks a stationary ball			
Holds object in one hand and bangs spoon with other hand			
Dumps pail with one hand and retrieves shovel that fell out with other hand			
Throws ball intentionally			
Throws ball overhand, using both arms, while standing			

Sources:

Pica, R. and Gardzina, R. (1990). *Toddlers Moving and Learning* (2nd ed.). Champaign, Illinois: Human Kinetics.
The Wisconsin Model Early Learning Standards Steering Committee. (2008). *Wisconsin Model Early Learning Standards* (2nd Ed.).

Physical Development Skill Assessment

Preschoolers

LOCOMOTOR SKILLS	Not Observed or Cannot Do	Occasionally Does	Consistently Does
Two to Three Year Olds			
Walks across room			
Uses a hurried walk			
Walks backwards			
Pushes a riding toy with feet while steering			
Uses a walker to get to the table			
Marches around room			
Walks up and down stairs alternating feet, holding the handrail or with help			
Jumps in place, two feet together			
Three to Four Year Olds			
Runs			
Avoids obstacles and people while moving			
Starts and stops using wheelchair			
Walks up and down stairs alternating feet			
Climbs at least two rungs of a jungle gym			
Climbs up and down on playground equipment			
Rides tricycle using feet to push forward			
Rides tricycle using pedals			
Gallops, but not smoothly			
Jumps over objects or off a step/box			
Four to Five Year Olds			
Runs smoothly, quickly, changes directions, stops/starts quickly			
Steers wheelchair into small playground spaces			
Jumps and spins			
Marches			
Moves through obstacle course			
Gallops and skips with ease			
Plays "Follow the Leader" using a variety of traveling movements			
Plays games that require jumping or kicking the ball			

BALANCING SKILLS	Not Observed or Cannot Do	Occasionally Does	Consistently Does
Two to Three Year Olds			
Squats to pick up toys			
Stands on tiptoes to reach something			
Gets in and out of adult chair			
Kneels while playing			
Straddles a taped line on the floor			
Sidesteps across beam or sandbox edge			
Three to Four Year Olds			
Walks forward along sandbox edge, watching feet			
Jumps off low step, landing on two feet			
Jumps over small objects			
Holds body upright while moving wheelchair forward			
Four to Five Year Olds			
Hops across the playground			
Hops on one foot then the other			
Walks across beam or sandbox edge forward and backwards			
Attempts to jump rope			
Hops, skips or twirls around and stops without falling			

MANIPULATIVE SKILLS	Not Observed or Cannot Do	Occasionally Does	Consistently Does
Two to Three Year Olds			
Carries a large ball while moving			
Flings a beanbag			
Throws a ball or other object by pushing it with both hands			
Catches a large, bounced ball against body with straight arms			
Kicks a stationary ball			
Three to Four Year Olds			
Throws a ball or other object			
Traps thrown ball against body			
Strikes a balloon with a large paddle			
Kicks ball forward by stepping or running up to it			
Four to Five Year Olds			
Steps forward to throw ball and follows through			
Catches a thrown ball with both hands			
Throws a hand-sized ball			
Dribbles a ball			
Strikes a stationary ball			
Bounces and catches ball			
Kicks moving ball while running			
Pounds with, shakes, twists or swings an arm or a leg			

Sources:

Pica, R. and Gardzina, R. (1990). Toddlers Moving and Learning (2nd ed.). Champaign, Illinois: Human Kinetics.
Pica, R. and Gardzina, R. (1990). Preschoolers Moving and Learning (2nd ed.). Champaign, Illinois: Human Kinetics.

Lesson Planning: Including Physical Activity

Weekly Planning and Observation Form

<p>The Week of:</p> <p>Teachers:</p> <p>Observation Focus:</p>	<p>Individual Goals for Each Child:</p>	<p>Group Goals:</p>
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Planning for Interactions and Routines:

	Monday	Tuesday	Wednesday	Thursday	Friday
Large Group Time					
Special Small Group Activities					
Physical Activity					
Self-care & Other Daily Routines					

Planning for the Environment:

Dramatic Play	Sensory Table	Library/Writing/Listening	Table Toys/Math	Science
Music & Movement	Art	Blocks	Cooking	Outdoors

Lesson Planning: Including Physical Activity

Dramatic Play

Blocks

Library

Sensory Table

Cooking

Outdoors

Table Toys

Physical Activity

Theme

Music & Movement

Routines and Self-Help Skills

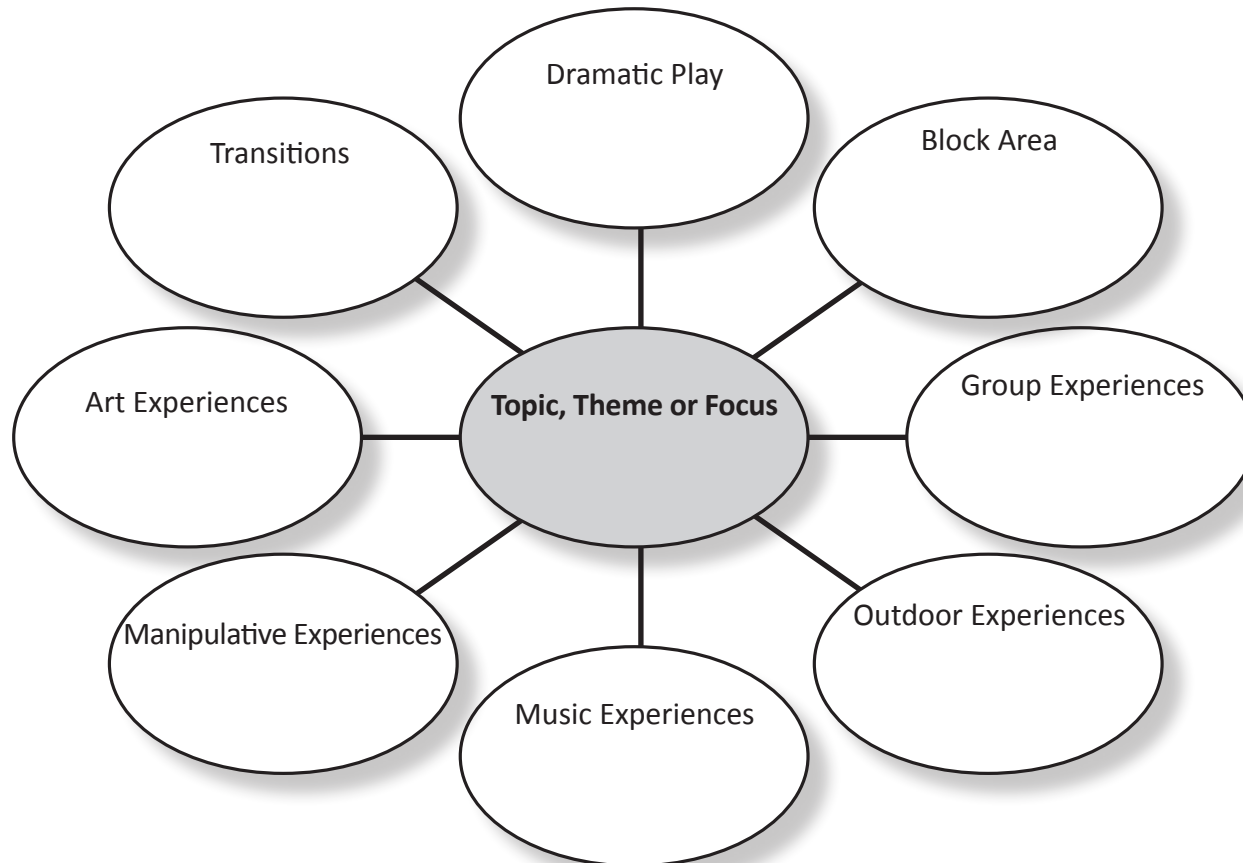
Art

Sand & Water

Group Times (Small & Large)

Lesson Planning: Including Physical Activity

Theme or Topic:	Week of:
Goals & Objectives: <ul style="list-style-type: none">•••••	Field Trip Ideas:
	Physical Activity Experiences:
	Cooking Experiences:



Infant and Toddler Plan

Planning Changes to the Environment

Name: _____

Date: _____

Manipulative Items and Experiences	Art Experiences (12+ Months)
Pretend Items and Experiences	Stacking Materials and Experiences
Large Muscle and Outdoor Activities	Sensory Experiences

Language Enrichment Experiences:

Additional Focus Points:

Physical Activity Space and Equipment Checklist

Think about how your program's space and equipment promote physical activity and movement. Consider both indoors and outdoors. Rate your program's space and equipment on a scale from 1 to 3. Make comments for yourself, so you know what is working and what may need improvement.

1 = not at all

2 = partially or some

3 = meaning definitely or fully

Space for Movement Opportunities

Item	1	2	3	Comments
Traveling Skills				
Is there space for children to walk?				
Is there space for children to skip?				
Is there space for children to hop?				
Is there space for children to jump?				
Is there space for children to climb?				
Is there space for children to crawl?				
Is there space for children to slide?				
Is there space for children to march?				
Is there space for children to gallop?				
Is there space for children to run, both around and in place?				
Is there space for children to leap?				
Manipulative Skills				
Is there space for children to throw objects?				
Is there space for children to catch objects?				
Is there space for children to bounce objects?				
Is there space for children to toss objects?				
Is there space for children to roll objects?				
Is there space for children to kick objects?				
Is there space for children to trap objects?				
Is there space for children to open objects?				
Is there space for children to close objects?				
Is there space for children to strike objects?				
Is there space for children to lift objects?				

Item	1	2	3	Comments
Stabilizing Skills				
Is there space for children to turn?				
Is there space for children to twist?				
Is there space for children to squat?				
Is there space for children to swing?				
Is there space for children to sway?				
Is there space for children to push objects?				
Is there space for children to pull objects?				
Is there space for children to stretch?				
Is there space for children to bend?				
Is there space for children to shake?				
Is there space for children to dodge objects or obstacles?				
Is there space for children to land from a jump?				
Is there space for children to balance?				
Other Skills				
Is there space for children to rock?				
Is there space for children to roll?				
Is there space for children to step?				
Is there space for children to tumble?				
Is there space for children to hang?				
Is there space for children to pedal?				
Is there space for children to chase?				
Is there space for children to move up?				
Is there space for children to move down?				
Is there space for children to move to the right and left?				
Is there space for children to move forward?				
Is there space for children to move backward?				
Is there space for children to move sideways?				
Is there space for children to move at low, medium and high levels?				

Natural Features

Item	1	2	3	Comments
Are there large trees?				
Are there small trees?				
Are there trees that children can climb?				
Are there shrubs?				
Are there flowering plants?				
Is there variation in the ground, like hills or mounds?				
Is there a grassy area?				
Are there rocks that are large enough to climb?				
Are there hills for rolling down or climbing up?				
Is there a shaded area with room for most children?				
Is there a fruit, herb, vegetable or flower garden?				
Is there space for children to move at low, medium and high levels?				

Structured Features

Item	1	2	3	Comments
Are there balancing surfaces, like balance beams and boards?				
Is there a basketball hoop?				
Are there climbing structures that can't be moved, like a jungle gym or ladder?				
Is there a merry-go-round?				
Is there a sandbox that is large enough for children to sit in?				
Is there a water play area?				
Is there a see-saw or teeter-totter?				
Is there a slide that cannot be moved?				

Is there swinging equipment, like swings or ropes?				
Is there a tricycle track or paved area?				
Are there tunnels that cannot be moved?				
Are there benches?				
Are there picnic tables?				
Is there a small stage or raised deck?				
Is there a play house?				

Equipment

Item	1	2	3	Comments
Are there climbing structures the can be moved by staff or children?				
Is there a variety of balls?				
Is there floor play equipment, like tumbling mats?				
Is their jumping play equipment, like jump ropes, or hula hoops?				
Is there a parachute?				
Are there push and pull toys, like wagons, scooters, wheelbarrows or large dump trucks?				
Are there riding toys, like tricycles, cars or scooters?				
Are there rocking or twisting toys, like a rocking horse or a sit and spin?				
Are there sand and water tables?				
Are there sand and water toys, like shovels, scoops and buckets?				
Are there slides that can be moved by staff or children?				
Is there twirling play equipment, like ribbons, scarves or batons?				
Is there a small portable pool used for swimming, splashing or other water play?				
Are there portable tunnels that can be moved by staff or children?				

Worksite Assessment Checklist

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
Infrastructure						
1	Does the program have a commitment from key stakeholders, such as staff members, administrators, directors and board members?					
2	Does the program have a worksite wellness plan in place that addresses the purpose, resources required, participants involved and expected outcomes?					
3	Does the program have staff dedicated to implement a worksite wellness program?					
Program Components						
4	Does the program offer educational opportunities for adult health?					
5	Does the program have a variety of ways to regularly communicate wellness program information to staff?					
6	Does the program promote employee self-care and provide resources for interested employees to use?					
7	Does the program provide incentives to encourage participation in worksite wellness activities?					
8	Does the program provide healthcare coverage for employees and families that include screening, prevention and rehabilitation?					
9	Does the program offer worksite wellness programming to family members of staff?					
10	Does the worksite offer an annual needs and interest survey to employees to check-in on wellness?					
Physical Activity						
11	Does the worksite support physical activity during work time?					
12	Are employees provided with breaks during working hours and are employees encouraged to be active during break time?					
13	Does the program allow for "walk & talk" staff meetings to encourage smaller amounts of activity?					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
14	Can all employees use the worksite's indoor/outdoor physical activity facilities outside of work hours?					
15	Does the program provide free, discounted or employer subsidized memberships to fitness centers?					
16	Does the program map out on-site trails or nearby walking routes or encourage employees to map their own biking or walking route to and from work?					
17	Does the program provide bike racks in safe and convenient locations and are employees made aware of where they are located?					
18	Does the program provide prompts to physical activity near each stairwell or elevator and other key locations?					
19	Does the program provide outdoor exercise areas, playing fields or walking trails for employee use?					
20	Does the program provide showers and/or changing facilities?					
21	Does the program provide an on-site exercise area?					
22	Does the program offer company sponsored fitness oriented programs or clubs for employees other than at an exercise facility?					
23	Does the program provide on-site physical activity classes, like aerobics, kick-boxing, dancing or yoga?					
24	Does the program hold long-term physical activity campaigns?					
Stress Management						
25	Does the program provide stress reduction through "quiet rooms", relaxation classes, and proper lighting and sound reduction measures?					
Assessment and Evaluation						
26	Within the past year, has the program used the information from an employee wellness interest survey and/or participant satisfaction survey to reassess program initiatives?					
27	Has the program completed a worksite wellness assessment (like this checklist) within the past year?					
28	Does the program do a yearly wellness program review and report significant results to stakeholders?					

Adapted from Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program, Wisconsin Partnership for Activity and Nutrition. (2010). Wisconsin Worksite Resource Kit to Prevent Obesity and Related Chronic Diseases.

Wellness Questions

1. Current physical activity level.

Please read the statements below. Select the number of the statement that best describes your current level of physical activity. When considering time spent being active, count any time you are active for at least 10 minutes at a time. In other words, if you have three 10 minute "bouts" of activity in a day, record that as 30 minutes in a day. "Vigorous" exercise includes activities like jogging, running, fast cycling, aerobics classes, swimming laps, singles tennis and racquetball. These types of activities make you sweat and make you feel out of breath. "Moderate" exercise includes activities such as brisk walking, gardening, slow cycling, dancing, doubles tennis or hard work around the house.

- I don't exercise or walk regularly now, and I don't plan to start in the near future.
- I don't exercise or walk regularly, but I've been thinking about starting.
- I'm doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than 5 days a week.
- I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for the last 1 to 6 months.
- I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for 7 months or longer.

2. When do you get most of your physical activity each day?

- Before work
- During work hours on break and lunch times
- After work
- None of the above, I am not physically active or am only active on weekends

3. Fruits and Vegetables.

Please read the statements below. Select the statement that best describes your current intake of 100% juices and fresh, frozen and/or dried fruits and vegetables. A serving is ½ cup or 1 medium piece of most fresh or frozen fruits and vegetables, 6 ounces of 100% juice and ¼ cup of dried fruits or vegetables.

- I don't eat fruits and vegetables regularly now, and I don't plan to start in the near future.
- I don't eat fruits and vegetables regularly, but I've been thinking about starting.
- I'm eating some fruits and vegetables a day (total of 2 servings or less)
- I've been eating fruits and vegetables every day (total of 3 or more servings), for the last 0 to 6 months.
- I've been eating 5 or more servings of fruits and vegetables every day, for more than 6 months.

4. Fat in Foods.

Please read the statement below. Select the statement that best describes your current intake of low fat foods.

- I don't worry about the fat content of the food I eat & I don't plan to in the near future.
- I eat high fat foods daily, but I've been thinking about trying to reduce my intake.
- I limit my intake of high fat foods to 1-3 times/week.
- I eat high fat foods less than once/week and have been for the past 6 months.
- I eat high fat foods less than once/week and have been for more than 6 months.

5. Whole grains.

Please read the statements below. Select the statement that best describes your current intake of whole grain foods. The serving size for whole grains is one ounce (ex. 1 slice of bread, 1 oz. of cereal, ½ cup of cooked rice or pasta).

- I don't cook, eat or purchase whole grain foods now, and I don't plan to start in the near future.
- I don't cook, eat or purchase whole grain foods regularly, but I've been thinking about starting.
- I'm cooking, eating or purchasing whole grain foods 3-4 times a week.
- I've been cooking, eating or purchasing whole grain foods every day, for the past 1 to 6 months.
- I've been cooking, eating or purchasing at least 3 servings of whole grain foods every day, for 7 months or longer.

6. Tobacco Use.

Please read the statements below. Select the statement that best describes your current tobacco use.

- I don't smoke
- I'm not thinking about quitting, at least not in the next six months.
- I'm thinking about quitting someday, but not right now.
- I want to quit within the next month or two, and I want to know more about how to do it.
- I have just quit and I am going through withdrawal. (Action)
- I have quit smoking and I want to know more about how to never smoke again.

7. Anxiety.

About how often during the past 30 days did you feel nervous or anxious: would you say all of the time, most of the time, some of the time, a little of the time or none of the time?

- | | |
|-------------------------------|--|
| <input type="checkbox"/> All | <input type="checkbox"/> A little |
| <input type="checkbox"/> Most | <input type="checkbox"/> None |
| <input type="checkbox"/> Some | <input type="checkbox"/> Don't know/not sure |

8. Depression.

About how often during the past 30 days did you feel sad, blue or depressed: would you say all of the time, most of the time, some of the time, a little of the time or none of the time?

- | | |
|-------------------------------|--|
| <input type="checkbox"/> All | <input type="checkbox"/> A little |
| <input type="checkbox"/> Most | <input type="checkbox"/> None |
| <input type="checkbox"/> Some | <input type="checkbox"/> Don't know/not sure |

Participant Interest Areas						
9. Please rate your interest in any of the following individual physical activity resources that might be available.		Very Low	Low	Neutral	High	Very High
a.	Attending regular presentations on physical activity topics					
b.	Receiving regular physical activity tips via e-mail					
c.	Having access to web resources on physical activity					
d.	Getting information on existing activities in the area					
e.	Point of decision prompts to help you be active (i.e. stair/elevator signs)					
10. What physical activity topics are you interest in learning more about?						
11. Please rate your interest in any of the following group physical activity resources that might be available.		Very Low	Low	Neutral	High	Very High
a.	Joining small groups for regular activity (walking groups, yoga class)					
b.	Forming clubs for particular physical activities					
c.	Discounted memberships at local health clubs, recreation centers					
d.	Participating in a fitness program initiative with friendly competition between groups					
12. Please rate your interest in any of the following nutrition resources that might be available.		Very Low	Low	Neutral	High	Very High
a.	Attending regular presentations on nutrition topics					
b.	Receiving regular healthy eating tips via e-mail					
c.	Having access to web resources on nutrition/healthy eating					
d.	Getting information on existing food/diet groups in the area					
e.	Recipes/healthy meal ideas					
f.	Point of decision prompts to help you eat well (i.e. strategically placed signs)					
g.	Joining small groups for regular information on diet (ex: Weight Watchers)					
13. What nutrition topics are you interested in learning more about?						

14. Please rate your support for any of the following policy or environmental worksite changes.		Very Low	Low	Neutral	High	Very High
a.	Review healthy food options for cafeteria or vending machines with healthy food options labeled.					
b.	Develop an organization recommendation on food choices for meetings or conferences					
c.	Not schedule meetings within the organization on a specific day/time to allow for open time for wellness activities					
d.	Provide preventive wellness screenings (blood pressure, body composition, blood cholesterol, diabetes)					
e.	Provide Health Risk Appraisals					
f.	Provide incentives for worksite wellness participation					
g.	Develop policies to support breastfeeding women					
15. Please rate your interest in any of the following mental health resources that might be available?		Very Low	Low	Neutral	High	Very High
a.	Attending regular presentations on mental health topics					
b.	Receiving regular mental health tips via e-mail					
c.	Having access to web resources on mental health					
d.	Getting information on existing mental health groups in the area					
e.	Joining small groups for regular stress reduction classes (relaxation or yoga classes)					
<p>16. If more opportunities were available for wellness at the worksite, when would be the best time for you? Check all that apply?</p> <p><input type="checkbox"/> Before work</p> <p><input type="checkbox"/> During the workday on break and lunch times</p> <p><input type="checkbox"/> After work</p> <p><input type="checkbox"/> None of the above. I'm not interested in any physical activity or nutrition programming at work.</p>						
17. What other things could be done in the worksite to help promote wellness? What would you like to see?						
Gender						
<input type="checkbox"/> Male <input type="checkbox"/> Female						
18. Age						
<input type="checkbox"/> <20 <input type="checkbox"/> 40-49 <input type="checkbox"/> 20-29 <input type="checkbox"/> 50-59 <input type="checkbox"/> 30-39 <input type="checkbox"/> 60+						
19. Work Role						
<input type="checkbox"/> Owner <input type="checkbox"/> Lead Staff <input type="checkbox"/> Director <input type="checkbox"/> Assistant Staff <input type="checkbox"/> Administration <input type="checkbox"/> Cook <input type="checkbox"/> Board Member <input type="checkbox"/> Driver						

Worksite Wellness Materials and Equipment List

Think about putting these materials in a break room to encourage staff to get active while at work! Have a variety of options so that staff can discover exercises that they like best. Also, don't worry if you don't have everything on the list, do what you can now and then see how it grows!

Adult Fitness at Work

Stretching Charts

Yoga Mats

Yoga Belt

Yoga Block

Stability Ball

Dumbbells of Multiple Weights

Ankle Weights

Medicine Ball

Resistance Bands

Resistance Tubes with Handles

Jump Ropes

Pedometers

Timers

Workout Log

A CD Player, Radio or iPod Dock

Adequate space!

A sturdy, hard-surface chair

A Place to store tennis shoes and extra clothes

Books and Articles on Training and Fitness, for example a book on training for a 5K or an article on women's fitness. Be sure to select evidence-based, reputable sources of materials for your staff!

Check out the Exercise Library available on the American Council on Exercise website for new ideas for workouts and exercises.