

# Neuqua Valley

## Physical Education Leaders Program

2017-2018

Thank you for expressing an interest in applying to the Neuqua Valley Junior PE Leaders program.

This year long course is offered to students who are interested in developing leadership skills within a Physical Education environment. Students will concentrate on skill development, game strategies, skill analysis, officiating rules and techniques, teaching progressions and methods of organizing and administering various types of activity classes. A strong emphasis is placed upon the development of responsibility for self and others, leadership skills, and peer teaching.

This course is a prerequisite for our Senior Leaders course. Students enrolled will be able to utilize their leadership qualities by assisting a Physical Education teacher. Responsibilities would include leading warm-up activities, officiating game play, helping students with skill development and being a positive role model to younger students.

The selection process will take place shortly after all applications have been received on January 25, 2017. All applications will be reviewed and discussed by the entire Physical Education Department. Each applicant will receive a letter home regarding their status in the program no later than February 10, 2017.

# Neuqua Valley High School

## Junior Leadership Application

*Please write clearly*

### **A: GENERAL INFORMATION** (4pts)

Name: \_\_\_\_\_ ID# \_\_\_\_\_ email: \_\_\_\_\_

**\*\*\*\*\* PLEASE GIVE YOUR RECOMMENDATION FORMS TO THE TWO PE/HEALTH TEACHERS WHO KNOW YOUR LEADERSHIP ABILITIES THE BEST.\*\*\*\*\***

List your Freshman Physical Education teachers

1<sup>st</sup> semester \_\_\_\_\_ 2<sup>nd</sup> semester \_\_\_\_\_

List your Sophomore Physical Education and Health teachers

Swim \_\_\_\_\_ Dance \_\_\_\_\_ Health \_\_\_\_\_

Please circle if you were in PE or Health 1<sup>st</sup> semester of this year: *PE* or *Health*

If accepted to both PE Leaders and Peer Partners, please circle your preference: *PE Leaders* or *Peer Partners*

### **B: QUESTIONS**

**In 1 page or less, please answer the following questions and attach to the application. These answers must be typed. (15 pts)**

1. Tell me about yourself. What school activities are you involved in? Why do you want to be a PE leader?
2. What qualities to do feel a person needs to poses in order to be a successful PE leader?
3. In your own words, describe what Physical Education is and explain the importance that it holds in a high school student's life?
4. Why should you be chosen for this program? What sets you apart from the other applicants?

### **C: POLICIES** (1pt)

**POLICIES OF THE STUDENT LEADER PROGRAM:** *Please initial.*

\_\_\_\_\_ I understand that if I do not uphold the standards set for the leaders program then I may be placed back in regular Physical Education.

\_\_\_\_\_ I understand that as a senior I may be assigned to a freshman, sophomore, or junior/senior class.

\_\_\_\_\_ I understand that as a senior I may be assigned to a 1st hour or 8th hour class.

PLEASE TURN THIS APPLICATION TO MRS. BANNACK IN THE PHYSICAL EDUCATION OFFICE E109 NO LATER THAN 2:30 p.m. on **January 25<sup>th</sup> 2017.**

**D: SCORE:** Filled out by **Mrs. Bannack**

Application Score: \_\_\_\_\_/20

Total Score: \_\_\_\_\_/90

Please give this sheet to either a **Physical Education or Health** teacher to fill out no later than **January 20th.**

**\*\*\*Recommendation forms from teachers other than Physical Education or Health will not be accepted\*\*\***

**Required:**

Please attach a picture of yourself in this box before handing to your teacher (3PTS)

# TEACHER RECOMMENDATION FORM

Please fill out your name and the teacher you will be giving this to. (1 pt each)

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ /5

**Teacher:** please fill out this form and return it to Mrs. Bannack by **January 25th.**

	1PT	3PTS	4PTS	5PTS
Student demonstrates confidence in speaking	<input type="checkbox"/> <b>Poor</b> needs improvement	<input type="checkbox"/> <b>Average</b> meets class standards	<input type="checkbox"/> <b>Good</b> Has occasionally stood out in class	<input type="checkbox"/> <b>Outstanding</b> Always stands out in class
Student takes initiative	<input type="checkbox"/> <b>Poor</b> needs improvement	<input type="checkbox"/> <b>Average</b> meets class standards	<input type="checkbox"/> <b>Good</b> Has occasionally stood out in class	<input type="checkbox"/> <b>Outstanding</b> Always stands out in class
Student actively tries to build positive relationships with others in class	<input type="checkbox"/> <b>Poor</b> needs improvement	<input type="checkbox"/> <b>Average</b> meets class standards	<input type="checkbox"/> <b>Good</b> Has occasionally stood out in class	<input type="checkbox"/> <b>Outstanding</b> Always stands out in class
	0 pts	3pts	4PTS	5pts
Does this person present him/herself as a positive role model in class. (productive, on task, responsible, shows leadership...)	<input type="checkbox"/> <b>No</b> , I have not seen this in class.	<input type="checkbox"/> This person has <b>occasionally</b> shown this.	<input type="checkbox"/> This person shows this <b>most of the time.</b>	<input type="checkbox"/> This person <b>consistently</b> shows this.
Would you want this student to be <b>YOUR</b> leader in class?	<input type="checkbox"/> <b>NO</b> , unfortunately I would not want him/her as my leader	<input type="checkbox"/> I am <b>indifferent</b>	<input type="checkbox"/> <b>Sure</b> , we would get along well.	<input type="checkbox"/> <b>YES</b> I would love for this person to be my PE Leader

\_\_\_\_\_/25

Please check your overall recommendation for this student:

**do not recommend** (0pts)

**recommend with reservations** (1 pt)

**strongly recommend** (3 pts)

**this person should absolutely be in this program** (5pts)

\_\_\_\_\_/5

Please list any additional comments about this student that would help me decide if he/she would be a good candidate for the PE Leaders program.

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Please give this sheet to either a **Physical Education or Health** teacher to fill out no later than **January 20th.**

**\*\*\*Recommendation forms from teachers other than Physical Education or Health will not be accepted\*\*\***

**Required:**

Please attach a picture of yourself in this box before handing to your teacher (3PTS)

# TEACHER RECOMMENDATION FORM

Please fill out your name and the teacher you will be giving this to. (1 pt each)

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ /5

**Teacher:** please fill out this form and return it to Mrs. Bannack by **January 25th.**

	1PT	3PTS	4PTS	5PTS
Student demonstrates confidence in speaking	<input type="checkbox"/> <b>Poor</b> needs improvement	<input type="checkbox"/> <b>Average</b> meets class standards	<input type="checkbox"/> <b>Good</b> Has occasionally stood out in class	<input type="checkbox"/> <b>Outstanding</b> Always stands out in class
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