With a [recent change in legislation](http://codes.ohio.gov/orc/3313.6016), the Ohio Department of Education is seeking schools or districts that may now qualify for and be interested in participating in the Physical Activity Pilot. Participating schools that successfully meet the requirements will receive acknowledgement on their state report card under the Physical Education and Wellness section.

In order to qualify for acknowledgement, one or more schools in the district must provide all students with 30 minutes of moderate to vigorous physical activity per day or 150 minutes per week and submit the participation form.

* Moderate activity : Activity at the pace of a brisk, paced walk or faster
* Rigorous activity: Activity during which conversation is not possible

This can be achieved in a variety of ways. Schools could do this through a daily physical education class. They also could provide multiple classroom physical activity breaks; monitored active breaks in which all students walk at brisk walking pace or more; zero-hour physical activity during which there is activity for all before first period; or any other way a school can provide opportunities for ALL students to get moderate to vigorous activity throughout the day. Please provide a plan of implementation below.

**How did you provide 30 minutes per day or 150 minutes per week of moderate to vigorous physical activity to all students?** Check all that apply.

\_\_\_ Option One: **30 minutes every day**

\_\_\_ Physical Education Class minutes per day \_\_\_\_\_\_

\_\_\_ Classroom Activity Breaks minutes per day \_\_\_\_\_\_

\_\_\_ Zero Hour Physical Activity minutes per day \_\_\_\_\_\_

\_\_\_ Monitored Active Break Time minutes per day \_\_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

 **Total minutes per day**\_\_\_\_\_\_

\_\_\_Option Two: **150 minutes per week**

\_\_\_ Physical Education Class minutes per week \_\_\_\_\_\_

\_\_\_ Classroom Activity Breaks minutes per week \_\_\_\_\_\_

\_\_\_ Zero Hour Physical Activity minutes per week \_\_\_\_\_\_

\_\_\_ Monitored Active Break Time minutes per week \_\_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

 **Total minutes per week** \_\_\_\_\_\_

1. **If Other was selected,**  please explain how moderate to rigorous activity was accomplished for all students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please indicate your district and their IRN Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Please list each participating school/s and its IRN Code:**  \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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1. **Please provide a phone number and contact to direct any physical activity related questions, etc.:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_