

# FLORIDA DEPARTMENT OF EDUCATION



**CHARLIE CRIST**  
Commissioner

BETTY COXE  
DEPUTY COMMISSIONER  
EDUCATIONAL PROGRAMS

April 12, 2002

## **CONTACT PERSON**

Name: Brandy Bartol  
Phone: (850) 413-0015  
Suncom: 293-0015  
Email: bartolb@mail.doe.state.fl.us

**DPS: 02-080**

## **MEMORANDUM**

**TO:** District School Superintendents

**FROM:** Betty Coxe

**SUBJECT: INVITATION TO THE SECONDARY PHYSICAL EDUCATION WORKSHOP**

Your district is invited to send interested physical education teachers to participate in the upcoming secondary physical education summer institute sponsored by The Department of Education, The Florida Alliance of Health, Physical Education, Recreation, Dance (FAHPERD), and The University of Central Florida (UCF). This workshop will greatly benefit middle school and high school teachers by updating them on the latest physical education topics and by helping teachers to empower students with the knowledge and skills to be physically active for a lifetime.

The topics planned for the summer institute will include:

- ❖ National Board Certification
- ❖ Climbing Walls
- ❖ Best Practices
- ❖ Go, Girls, Go! Curriculum
- ❖ Technology for Physical Education
- ❖ Assessment for Physical Education
- ❖ Flexibility and Mobility Training for Athletes
- ❖ Resources for Creating Wellness Centers
- ❖ Stability Balls and Other Movements for Developing the Muscles of the CORE
- ❖ Aerobics and Dance
- ❖ Olympic Weightlifting
- ❖ Using the Digital Camera for PE
- ❖ Coaching
- ❖ Wellness Website Development

District School Superintendents  
April 12, 2002  
Page Two

The intent of this workshop is to learn new curriculum strategies to enhance and improve existing secondary physical education programs. This will be a combination lecture and participation workshop held in the gymnasiums, classrooms, and strength training facilities at the national training center located on the UCF Lake Sumter Community College Campus in Clermont, Florida. The workshop will take place June 28-29, 2002. Hours will be 9:00 a.m. – 4:00 p.m. on June 28, and 9:00 a.m. to 3:00 p.m. on June 29. Participants can register for the workshop by filling out the attached registration form or by downloading a registration form at [www.fahperd.org](http://www.fahperd.org). Participants at the workshop will receive a certificate for their completion of the workshop and will be eligible for ten inservice points pursuant to individual district policies in the master inservice plan. The University of Central Florida will offer the course, “Children’s Wellness,” as part of the Wellness Technology track of the summer workshop. Participants may earn three hours of college credit for participation. If interested, contact Dr. Debby Mitchell at (407) 823-6598 or through email at [mitchell@mail.ucf.edu](mailto:mitchell@mail.ucf.edu). There will be an additional cost associated with receiving college credit, and participants pursuing this option will be responsible for additional assignments after the summer workshop.

**Participants will be responsible for making individual hotel reservations. For your convenience we have secured a rate of \$65.00 per night at the Holiday Inn-Clermont (352) 243-7878; \$55.00 per night at the Florida Hotel (352) 394-6016, and \$54.99 a night at the Red Roof Inn (407) 347-0140. In order to obtain this special rate participants must call no later than June 1, 2002, and secure a room under the Summer Workshop/PE Block. The cost of the summer workshop is \$55 for non-FAHPERD members and \$35 for FAHPERD members. To register for the workshop participants need to mail their registration form and payment to Carol Sisco, Executive Director of FAHPERD by Friday, June 3, 2002, by using the attached registration form.**

If you have concerns or questions, please feel free to contact Brandy Bartol, using the contact information provided above. A copy of this memorandum is available on the Department of Education homepage (<http://www.firn.edu/doe/dps/dpsmemo02/index.htm>).

BC:bbt

Attachment

cc: Secondary School Principals  
Physical Education Coordinators  
University Professors



## Summer Workshop Registration Form

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Topics I am most interested in:

---

---

---

---

---

---

Enclose payment with this form to FAHPERD, 4123 Creekbluff Drive, St. Augustine, FL 32086

