

# Professional Development



Cooperating School Districts



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## Quality Health & PE - K-12

2010

*Sponsored by the Missouri Association for Health, Physical Education, Recreation, and Dance, the Missouri Department of Elementary and Secondary Education, Regional Professional Development Center and Cooperating School Districts.*

This workshop is designed to give K-12 Health and PE Teachers classroom activities and assessments that correlate with the State GLEs. These activities and assessments were developed by DESE and MOAHPERD in November 2009. They will be shared and participants will get hands-on use of these activities/assessments for all grade levels, as well as a legislative update.

Participants will become familiar with the various types of technology available to implement and supplement Health and Physical Education i.e., pedometers, heart rate monitors, data management software, inspiration, social networking websites, pod casts and other media. An overview of the Fitnessgram will also be included. Information regarding materials that can be found on the internet that are available for instructional purposes will also be shared.

Resources for classroom use will be provided for each participant to take back to their district and building staff members.

Audience: K-12 Physical Education & Health Teachers

Dates: Thursday, March 4, 2010

Time: 9:00 a.m. - 3:00 p.m.

Location: Cooperating School Districts, Large Conference Room  
8225 Florissant Road, St. Louis, MO 63121

Costs: \$110 CSD member; \$138 non member

Reference #: 04031-12

Registration  
Deadline: February 18, 2010



*For more information or to register contact Tiffiny Creech at 314-692-9756, fax 314-692-9700 or email [tcreech@csd.org](mailto:tcreech@csd.org). Visit [csd.org](http://csd.org) for additional professional development opportunities or to sign up for the CSD E-newsletter.*

NOTE: Participants who cancel after the registration deadline will be subject to a cancellation fee. "No shows" will be charged in full.

Please register me for (Name of Workshop)		(on)	(Reference #)		
Name					Mr/Ms/Mrs/Dr
Home Address			City	State	Zip
School	District	Grade Level(s)	Specialty/Subject(s)		Educational Role
School Phone	Home Phone	Email Address		Fax Number	

Payment (check one)  Check enclosed  Purchase order enclosed  Please bill my district

Please copy this form for additional participants.

Mail or Fax to CSD, Attn: Registrar, 8225 Florissant Road, St. Louis, MO 63121 • [kvaughan@csd.org](mailto:kvaughan@csd.org) or fax to (314) 692-9700/Fax.