



Physical Education Program Observation Experience Form

The purpose of the observation experience is twofold:

1. To provide an opportunity to observe and/or participate in a movement education setting in order to acquaint yourself with the kinds and types of activities you may be involved in as a Physical Educator.
2. To offer insight and information that will be useful in writing the Personal Statement portion of the program entrance requirements. The Personal Statement will ask how you might deal with the many layers of diversity that you will encounter as a Physical Educator. It is hoped you will use this observation experiences as background for that writing requirement.

Complete a minimum of thirty (30) hours of paid, volunteer, or observation experience in at least two physical education settings by the end of the fall semester of your application year. Each experience must be a minimum of ten (10) hours in length. Documentation of the experience (form signed by teacher/supervisor) must be submitted along with application materials.

Physical education setting denotes a setting in which the primary role of the supervising personnel is to instruct PK-12th grade students in the area of movement skill development. Examples include:

1. K-12 public or private school Physical Education setting
2. Warner Park Neighborhood Center, 245-3667, Janet Dyer
3. Red Cross Swim Lessons, 233-9300
4. Boulder's Gym Classes, 827-0111
5. YMCA Instructional classes, 873-6562
6. Madison Recreation lessons, 266-6070
7. Eagle's Nest Ice Skating Lessons, 845-7465
8. Madison Public Schools, 204-4357
9. Badger Gymnastics Academy, 271-1885
10. Boys and Girls Clubs, 257-2606

Experiences in which coaching or free play are the main emphases are acceptable toward the 30 hour requirement.

If you have any questions about the observation setting, please contact Kinesiology Department advisor Daniel Timm, 608-262-7714 or dtimm@education.wisc.edu, to have the site evaluated before beginning your observation.

Student Name:

Teacher/Supervisor Name:

Program Name:

Site:

I certify that the above-named student has participated for ____ hours. S/he participated mainly in the form of (check one):

- Observation
- Volunteer Teacher/Leader
- Paid Teacher/Leader

Teacher/Supervisor Signature:

Date:

Teacher/Supervisor
Phone Number