Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/xxxx



Empowering students to be fit for life.

{Date}

Return form to your child's PE teacher <u>only</u> if you do not want them to participate. If you agree to have them participate, you do not need to return the form.

Dear Parent,

I am writing to let you know that your child's school is helping to study the Presidential Youth Fitness Program (PYFP). The PYFP, the US Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation and ICF International are running this important project in a small number of schools across the country. The PYFP supports quality PE programs and this project will help us understand how the program affects students, PE teachers, and schools. The PYFP wants to help students live healthy and active lives.

Being active is critical to our children's health. Healthier children are better able to learn, miss fewer school days, have higher self-esteem and are less likely to develop diseases. The PYFP trains teachers, measures fitness, and honors success to help students have an active life. Your child's school has been chosen to participate in this project because it has used PYFP since [2013 or 2014].

As part of the PYFP evaluation we will be conducting fitness assessments and surveys about physical activity and physical education. Both of these are being conducted to learn more about the physical education program at your child's school and are a standard practice in physical education classes. Fitness assessments will involve the PACER test, a common test used in PE classes to measure cardiovascular fitness as well as measures of body composition (height and weight). Fitness assessments will be conducted at the beginning and end of the [Fall or Spring] PE semester and student surveys will be administered at the end of the semester. Surveys will be distributed during your child's PE class and will take no more than 15 minutes to complete. Fitness assessments will also be conducted during PE class. Trained members of our evaluation team will assist PE teachers in conducting the assessments and height and weight measures will be conducted in an area of the gym separate from the class to ensure privacy.

The principal of your child's school agreed to participate in this project. We hope that you will allow your child participate. What we learn in this project will be used to improve PYFP and PE for students. The information we collect from students will be kept private. Results will only be presented for the school as a whole. School districts, schools, teachers, and students will not be identified by name in any published reports. Your child's participation is voluntary and your decision will not impact your child's grade in PE.

If you have any questions or would like to see a copy of the student or parent focus group guides, please call Dr. Isabela Lucas of ICF International at 404-592-2155. Thank you for your support for this project!

Sincerely yours,

Jane Wargo

Founding Partners











Progra	m Director
Preside	ential Youth Fitness Program
	check the appropriate box below to indicate if you do not wish to have your child participate in the
	student surveys or fitness assessment. Then fill in the information below, sign and date, and return to hild's PE teacher.
	I do not wish to have my child participate in the PYFP evaluation student surveys
	I do not wish to have my child participate in the PYFP fitness assessments
	Child's name:
	Parent name:
	Parent signature:

Return form to your child's PE teacher <u>only</u> if you do not want them to participate. If you agree to have them participate, you do not need to return the form.

Please keep this form for your records if you allow your child to participate.

Date:_____