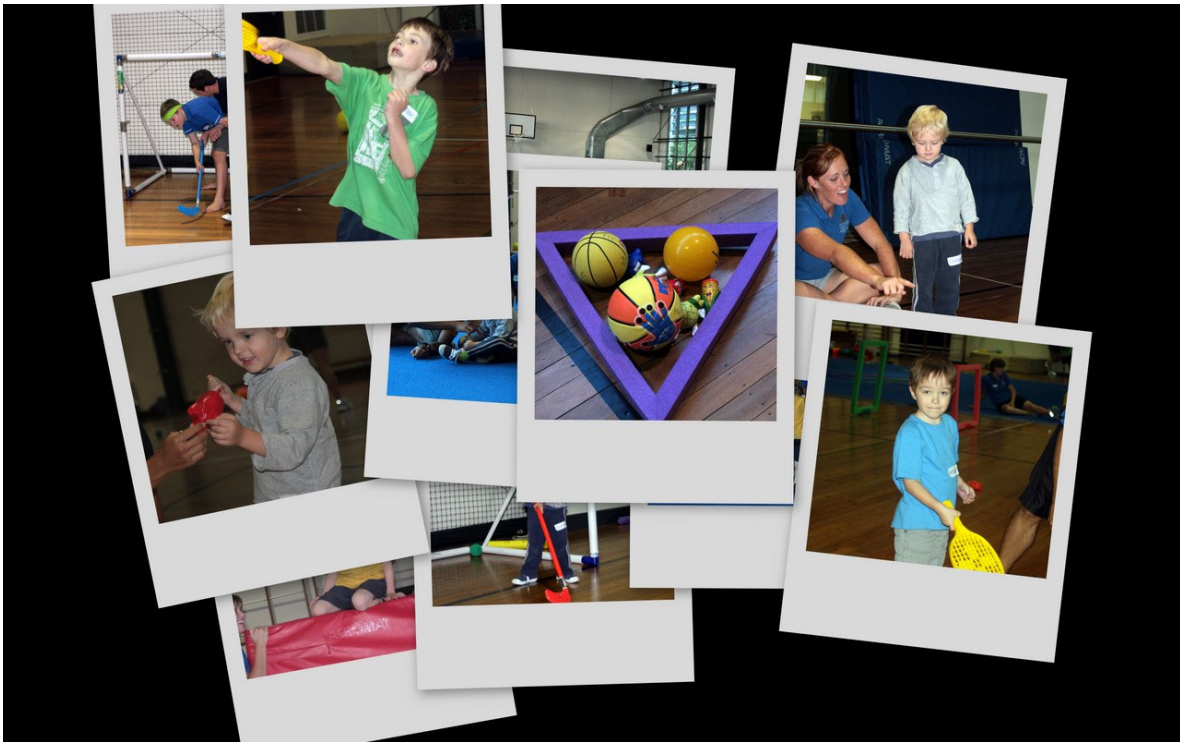


EDUC3004

Motor Active 2019

Student Handbook



Name

Partner

Child

Session times

Tuesday, Wednesday or Thursday, 3–5:30pm

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Motor Active practicum summary

You will:

- Work with a child who attends the Motor Active program, once a week, for 6 weeks.
- Plan, organise and implement physical activities that meet the needs of children with movement difficulties who attend the program (Task Cards).
- Write a Progress Report (approximately 2 pages) on your Motor Active child's physical and psychosocial development during Motor Active, for the child's parents, including information on effective teaching strategies used when working with your Motor Active child.

Assessment summary

Motor Active is an assessable component of EDUC3004. Assessment details are on page 20-21. Further information on these tasks, including weighting for EDUC3004, and marking criteria sheets are available on Blackboard.

An unsatisfactory rating in the Professionalism component will result in an automatic failure for Motor Active despite achievement in other tasks.

Contacts

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This handbook is adapted from the work of Dr Chérie Harris (Paediatric Program Coordinator, Inter-Professional Clinics, HMS / UQ Sport, 2008) and Sue Monsen (Associate Lecturer, HMS(Ed) Program 2010).

Motor Active 2019

What is Motor Active?

Motor Active is a 60 minute, individualised, one-on-one, physical activity program for 4-14 year old children with motor control and coordination difficulties, physical disabilities, learning disabilities, developmental coordination disorders or, confidence or motivation difficulties.

Motor Active is a fee-for-service community program that runs for 6 weeks in the Connell Gym. Further details are available on the website - <http://www.hms.uq.edu.au/motor-active/>

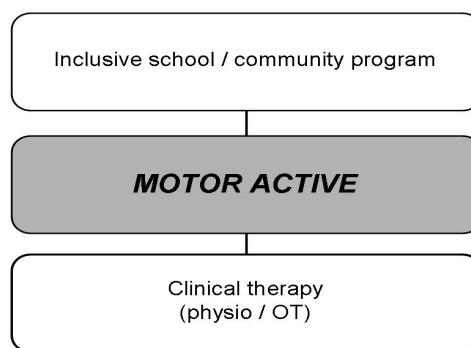
Motor Active Objectives

Motor Active provides a unique, fun, non-threatening, inclusive environment for children to pursue long term improvement of their physical, mental and social wellbeing while gaining confidence and competence to enjoy physical activity with their friends.

Motor Active is to be viewed as a graded transition from more intensive therapies through to mainstream inclusive community participation. Within the *Motor Active* program there are two class levels – ‘Motor Skills’ class which then progresses to the ‘Sports’ Skills’ class.

The ‘Motor Skills’ class focuses on fundamental motor patterns of walking, running, jumping, galloping, sliding, hopping, skipping, crawling, rolling, kicking, striking, throwing, and catching. Whereas the ‘Sports’ Skills’ class is designed to provide children with an introduction to individual and team sports. This program focuses on developing sports’ skills, game rules and spatial awareness, as well as providing a setting for enhancing each child's confidence and motivation in a sporting environment.

Movement activities used in *Motor Active* develop an awareness of body, space and effort in movement. These activities focus on the development of strength, coordination, balance, and flexibility.



Why are HMNS students involved with Motor Active?

Motor Active provides a practical opportunity for you to develop a range of capacities in the graduate career stage of the Australian Institute for Teachers and School Leadership (2012) *Australian Professional Standards for Teachers*.

Through Motor Active, you will demonstrate:

1. Know students & how they learn

- 1.1 Physical, social and intellectual development and characteristics of students
- 1.6 Strategies to support full participation of students with disability

2. Know the content & how to teach it

- 2.1 Content and teaching strategies of the teaching area
- 2.2 Content selection and organisation

3. Plan for and implement effective teaching and learning

- 3.1 Establish challenging learning goals
- 3.2 Plan, structure and sequence learning programs
- 3.3 Use teaching strategies
- 3.4 Select and use resources
- 3.5 Use effective classroom communication
- 3.7 Engage parents/carers in the educative process

7. Engage professionally with colleagues, parents/carers and the community

- 7.1 Meet professional ethics and responsibilities
- 7.3 Engage with parents/carers

Expectations of students:

Attendance and participation

As this course is directly related to your professional training, full attendance and active engagement is expected at all times (late arrival or early departure is not acceptable). Attendance records will be maintained for every session. All absences and non-participation will require supporting documentation and additional tasks may be allocated in lieu of missed learning experiences.

Failure to fully attend and actively engage may result in a failing grade for EDUC3004.

Student professionalism

It is expected that the highest of professional standards will be adopted by all HMNS students. Immediate failure in this practicum may result from non-professional behaviour. You are asked to specifically abide by the following:

Confidentiality - You are expected to treat any personal or health information about your *Motor Active* child or another child as highly confidential. This means not discussing a particular child with another person except in the context of discussions led by the course coordinator or *Motor Active* supervisors in class time, in person or via email. It is expected that all class discussion about *Motor Active* children will remain confidential, that is, will not be discussed outside of class.

Punctuality is expected at all times.

Presentation — You should adopt an appropriate standard of presentation and dress. You are expected to wear your HMNS polo shirts neatly tucked in; plain coloured shorts or long pants; covered footwear; hair neatly presented. Body art and piercings should be covered if possible.

Interactions with *Motor Active* staff, parents (and other carers), and children — You must conduct yourself in an appropriate manner. This includes privacy issues, child protection issues and maintaining respectful relationships with *Motor Active* staff and parents.

Attitude — You are expected to demonstrate enthusiasm and initiative in taking on the tasks that *Motor Active* staff assume.

Safety — In the result of an incident (for example, child injury or equipment failure), you are required to cease activity and notify *Motor Active* staff immediately.

An inability to meet the professionalism requirements for Motor Active will result in an automatic failure despite achievement in other assessable components.

Marking criteria for *Motor Active* is available on Blackboard.

Motor Active in action:

Weekly responsibilities

Prior to each *Motor Active* session, you are expected to:

- Plan and prepare 1 Activity Task Card (either Station Task Card or Group Activities Task Cards) using allocated focus activities. These focus activities will be listed on the Motor Active roster on Blackboard.
- Plan and prepare 1 set of home activities (HomeFUN) to be given to your *Motor Active* child's parents (not to be completed for week 1 of the program).
- Submit (via email to hmns.motoractive@uq.edu.au) your Activity Task Card (either Station Task Card or Group Activities Task Cards) 3pm the day prior to your Motor Active session.

During each *Motor Active* session, you are expected to:

3pm – 3:15pm

- Set up the blue floor mats and your individual activity station or group activities (which you have prepared for with your activity task card).

3:15pm – 3:40pm

- Discuss and demonstrate your activity station to the rest of the students.

When presenting your activity station or group activities you MUST include:

- **Focus skill to be taught/practiced**
- **What activity the children will be completing**
- **Technical Cues for how to complete skill**
- **Progressions and regressions available**
- **How safety at the station (or during group activities) will be maintained**

3:40pm – 3:45pm

- Put personal belongings in store room
- Prepare visuals (if using) for your *Motor Active* child

3:45pm – 3:50pm

- Greet your *Motor Active* child and parent or caregiver
- Discuss with parent, factors that may influence the child's participation in Motor Active that day, and ask any prepared questions

3:50pm – 4:40pm

- Work with your *Motor Active* child, taking your child through the Motor Active session.

4:40pm – 4:45pm

- Weeks 1 & 2 – discuss SMART goals that are to be developed for your *Motor Active* child
- Provide, and discuss, home activities with your child and child's parent (excluding Week 1)
- Debrief parent on the day's session

These are approximate times only, however the children attend the program from 3:45pm – 4:45pm.

After the *Motor Active* session, you are expected to:

4:45pm – 5pm

- Pack up blue floor mats and activity stations

5pm – 5:30pm

- Gain feedback from your Motor Active Supervisor on your Task Cards
- Debrief with your Motor Active supervisor and class members on teaching strategies used with your *Motor Active* child

Breakdown of Motor Active Session

Each 50-60 minute *Motor Active* session will proceed as follows:

			Examples
Warm up	5 mins	Part of group activity	Tag, team relay, hot potato, rob the nest, tunnel ball, hula hoop circle
Circuit	15 mins	Children Individually complete activity stations	Motor Active roster allocates weekly focus activities
Group Activity	10 mins	Group Game (as part of group activity)	Inclusive game that reflects focus skills taught that week (appropriate for age of children in group)
Circuit (cont)	15 mins	Activity stations	
Warm down	5 mins	Part of group activity	As per warm up, parachute games, stretching

Motor Active Guidelines for Child/Student Interaction:

These guidelines are written for HMNS students and outline minimum standards for interactions with children enrolled in the program.

Firstly, be happy, have fun, be playful and remember you're working with children. Additionally, please:

- Be consistent
- Stay calm
- Speak clearly and evenly
- Check for understanding
- Keep instructions simple
- Model desirable behavior
- Reinforce desirable behaviour (social reinforcement e.g. high-five, "Good work"; or use established reinforcement schedule)

Don't...

- Smack or hit
- Kick
- Punch
- Shake
- Poke
- Scratch
- Yell or shout
- Threaten verbally or physically
- Overcomplicate instructions
- Act when angry
- Pull on child's clothing
- Pull on child's arms
- Inadvertently reinforce poor behavior

Appropriate physical contact

Physical contact is sometimes appropriate/required when working with children. When it is, please remember to:

- Check with the child and parent that it is OK to touch before you do
- Use your hands and arms for contact.

Motor Impairment in Children:

Motor Impairment or atypical motor development may occur in children who are/have:

- Overweight/obese
- Physical disabilities (e.g. SCI, TBI, amputees, cerebral palsy, stroke)
- Sensory impairments (e.g. visually impaired, deaf)
- Acquired childhood conditions & diseases (e.g. neuromuscular diseases, leukemia, asthma)
- Congenital disorders
- **Neurodevelopmental Disorders – Often Motor Active children have a diagnosis of, or demonstrate characteristics of, the following disorders:**
 - Autism Spectrum Disorder (ASD)
 - Global Developmental Delay (Intellectual Disabilities)
 - Learning Disorders (including specific language impairment)
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Developmental Coordination Disorder (DCD)/ Dyspraxia
 - Sensory Integration Disorder

Various Disorders / disabilities - definitions

Most people consider disabilities to be congenital or acquired. However, there are many other factors to consider when assessing how a disability may impact on certain outcomes:

- Insidious (eg: arthritis)
- Traumatic (eg: spinal injury)
- Progressive (eg: muscular sclerosis)
- Non-progressive (eg: cerebral palsy)
- Severity
- Stability/Prognosis
- Age of onset
- Degree of dependency

Developmental Coordination Disorder (DCD) / Dyspraxia

The acquisition and execution of coordinated motor skills is substantially below that expected given the individual's chronological age and opportunity for skill learning and use. Difficulties are manifested as clumsiness, slowness and inaccuracy of performance of motor skills. These motor skill deficits significantly and persistently interfere with activities of daily living appropriate to chronological age (e.g., self-care and self-maintenance) and academic/school productivity, prevocational and vocational activities, leisure, and play.

Children with DCD do not usually display this disorder as a single discrete disorder. Therefore, researches describe these linked conditions as co-occurring rather than comorbid. Social and emotional difficulties often occur concurrently with motor difficulties in school age children (over 50% of children with DCD also have attentional, social & emotional difficulties). DCD also often co-

occurs with other developmental conditions (learning disorders & speech/language impairment). Up to 50% of children with DCD have been demonstrated to meet criteria for ADHD.

Autism Spectrum Disorder (includes Aspergers Syndrome)

Disorders within the Autism spectrum are neurological disorders that affect a child's ability to communicate, understand language, play, and relate to others. Other functional differences often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or disruption in daily routines, and unusual responses to sensory experiences, such as loud noises, lights, or certain textures.

Children with Autism Spectrum Disorder may experience limited strength, vitality, or alertness, or a heightened alertness to environmental stimuli that limits alertness within the educational environment.

- Use modeling of movement skills, as children are often visual learners.
- Use hand-over-hand physical guidance to assist children learning new skills.
- Use visual cues and prompts, to maximise the learning style of the child.
- Teach with gentle methods such as whispering softly to the child.
- Minimise unnecessary external stimuli.
- Sensory stimulation through activities such as music and dance activities might be successful for on-task and attentive behaviour.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a condition in which individual differences include inattentiveness or distractibility, impulsivity, or hyperactive behaviour, or a combination of the three. These difficulties usually begin before the child is seven years old but in some cases are not noticed until the child is older. Up to 50% of children with ADHD also have Developmental Coordination Disorder.

Behaviour can be managed by creating a structured physical activity program that fits the learner's individual needs.

- Instructors must be clear, concise, and positive. Set clear rules and expectations.
- Have a reinforcement program for good behaviour.
- Employ effective strategies for managing behaviour, such as charting, starting a reward program, ignoring behaviours, and using consistent consequences related to behaviour.
- Help individuals stay focused by making activities fun and rewarding, and minimizing external and environmental distractions.

Cerebral Palsy

Cerebral Palsy is a non-progressive disorder due to brain damage occurring before 5 years of age. It is covered in detail in the lectures for EDUC3004.

Down Syndrome

Down Syndrome is caused by having 47 instead of the usual 46 chromosomes. This can result in distinctive facial features, developmental and intellectual impairment. People with Down Syndrome are usually small for their age.

Some common differences are poor muscle tone, hyperflexibility at the joints, and a variety of physical differences.

- For some individuals it can be effective to emphasize concrete concepts rather than abstract ideas
- Teach physical activity tasks in a step by step manner with frequent reinforcement and consistent feedback
- Avoid activities that place undue pressure on the neck

Fragile X Syndrome

Individuals with Fragile X syndrome might have significant intellectual differences. The spectrum ranges from subtle learning disabilities to severe mental retardation and autism. Individuals might have a variety of physical and behavioural differences, including attention deficit disorders, speech disturbances, autistic behaviours, poor eye contact, and aversion to touch and noise.

- Sensory integration activities and calming activities are useful when teaching.
- Try to reduce sensory overload

Prader-Willi Syndrome

Prader-Willi Syndrome is a disorder of chromosome 15 that leads to low muscle tone, cognitive impairment, and behaviour differences. There is likely a developmental delay before age six and mild to moderate mental retardation or learning problems in older children.

Behaviour problems might include temper tantrums, violent outbursts, obsessive or compulsive behaviour, and a tendency to be argumentative, oppositional, and rigid.

Major milestones are typically delayed one or two years, with deficits in strength, coordination, balance, and motor planning might continue

Tips for Instructing Children in Motor Active

The following tips may be useful in helping your child get the most out of their session.

- Be clear, concise, and positive. Set clear rules and expectations.
- Have a reinforcement program for good behaviour.
- Employ effective strategies for managing behaviour, such as charting, starting a reward program, ignoring behaviours, and using consistent consequences related to behaviour.
- Help individuals stay focused by making activities fun and rewarding.

The following tips apply principally to children with Autism Spectrum Disorder:

- As for above tips use a positive reinforcement schedule where possible
- Use a visual Motor Active schedule
- If your child is on task, use a 'praise face' - happy, open face and with exaggerated verbal praise (eye contact with smiles and 'well done' 'good job'), but not overly loud
- If your child is off task, remain neutral and do not use 'praise face' as above
- Use eye contact (nb. If your child does not respond well to eye contact check with parent that this is appropriate for your child)
- Physically model (demonstrate) the activity being instructed
- Try using physical guidance to assist your child to learn movement skills (hand-over-hand technique)
- Link verbal and visual cues and prompts, and use consistently
- Try using gentle methods such as whispering softly to your child
- Minimise unnecessary external stimuli (position your Motor Active child so he or she is facing away from environmental distractions)

Managing Challenging Behaviours of Children in Motor Active:

Some children participating in Motor Active may demonstrate aggressive behaviours either to themselves and/or others. Children entering the program are screened for these behaviours, however some challenging behaviours may occur during Motor Active. As the child's 'buddy' you may assist in reducing the likelihood of these behaviours occurring, however you will be provided with support from experienced staff and, in the rare likelihood of aggressive behaviour escalating parents will manage their child's behaviours.

Aggressive type behaviours (such as biting, kicking, hair pulling and head banging) are often due to sensory overload, anxiety (from sensory overload or due to a new task, activity, or 'buddy'), and/or are used as a form of avoidance. These behaviours may be within or outside of the child's control.

Strategies for assisting in the management of challenging behaviours:

- Know as much about your child as you can
- Be aware of child's warning signs – vigorous hand clapping, unusual noises, running, hands over ears, vigorous movements, unnecessary approach
- Ensure you use consistent language, keep instructions short, use cue words
- Keep physical space between yourself and the child when possible and maximise physical space when using hand-over-hand technique (Do not wear jewelry, other than studs)
- Provide sensory breaks – sit quietly (between stations), roll ball between you and the child, minimise talking
- If your child demonstrates warning signs of sensory overload and/or aggressive behaviours – stop talking, stop challenging the child, step back, sit down a small distance away from the child, ask for help if the behaviour is escalating

Activity Modification Framework for Motor Active:

The modification tables in this handout are from Kasser & Lytle (2005) *Inclusive Physical Activity – A Lifetime of Opportunities*. Champaign, IL: Human Kinetics.

Prerequisite physical activity components

Prerequisite components needed to perform a variety of movement skills or activities are:

- strength
- flexibility / range of motion
- balance / postural control
- coordination (eye-hand, eye-foot)
- speed / agility
- self-responsibility / self-control
- sensory perception
- endurance
- concept understanding

Motor Skill Components

The motor skill continuum starts in utero with reflexes and reactions such as gripping, blinking, sucking, startle reflex and goes up to two years with the walking reflex.

From 7 – 9 years generally the continuum includes modified sports or games and fundamental skills such as walk, hop, run, skip, slide, leap, gallop, stop, dodge, change direction, throw, catch, kick, strike, bounce, dribble, balance, jump rope.

From ten years onwards specialised skills are introduced such as dance, games, specific sports, aquatics, tumbling and large apparatus.

Many participants who lack fundamental skills exhibit ineffective movements when they try to progress to more advanced play and sport activities. Fundamental movement skills include locomotor and non-locomotor movements as well as manipulative skills.

Skill Themes

Locomotor skills	Object control skills	Non-manipulative skills
Walking	Throwing	Turning
Running	Catching and collecting	Twisting
Hopping	Kicking	Rolling
Skipping	Punting	Balancing
Sliding	Dribbling	Jumping and landing
Galloping	Volleying	Stretching
Chasing, fleeing, dodging	Striking with implements	Curling Transferring weight

Movement Concepts

Spatial awareness	Effort	Relationships
<p>Location</p> <ul style="list-style-type: none"> - personal Space - general Space <p>Directions</p> <ul style="list-style-type: none"> - up or down, forward or backward, right or left, clockwise, or counterclockwise <p>Levels</p> <ul style="list-style-type: none"> - high, medium, or low <p>Pathways</p> <ul style="list-style-type: none"> - straight or curved or zigzag <p>Extensions</p> <ul style="list-style-type: none"> - large or small - far or near 	<p>Time</p> <ul style="list-style-type: none"> - fast or slow - sudden or sustained <p>Force</p> <ul style="list-style-type: none"> - strong or light <p>Flow</p> <ul style="list-style-type: none"> - bound or free 	<p>Of body parts</p> <ul style="list-style-type: none"> - round (curved), narrow, wide, symmetrical, nonsymmetrical <p>With objects or people</p> <ul style="list-style-type: none"> - over or under, near or far, in front or behind, along or through, meeting or parting, surrounding, around, alongside <p>With people</p> <ul style="list-style-type: none"> - leading or following, mirroring or matching, in unison or contrasting, alone, in a mass, solo, partners, groups, between groups

Possible modifications for throwing

Capability difference	Person	Context	Task
Strength	- resistance exercises	<ul style="list-style-type: none"> - increase / decrease target distance - increase / decrease weight of ball 	- throw, roll, or push ball off ramp or table
Range of motion	- specific stretches	<ul style="list-style-type: none"> - closer or farther target - smaller or larger ball - use of extension 	- swinging underhand versus throwing overhand
Coordination	- brain integration activities	<ul style="list-style-type: none"> - larger or smaller target - stationary or moving target 	- throw or roll ball
Concept understanding	<ul style="list-style-type: none"> - pre-teach concepts or cues - focus on one cue at a time 	<ul style="list-style-type: none"> - visual cue - verbal cue - auditory cue - tactile cue or physical prompt 	- break skill down into smaller tasks or increase complexity or strategy use in game
Balance	- balance training activities	<ul style="list-style-type: none"> - decrease/increase target distance - increase base of support with wall, chair, or walker - decrease base of support 	<ul style="list-style-type: none"> - throw seated in chair - roll ball with two hands - throw off one foot or into the air

Possible modifications for jumping

Capability difference	Modification
Balance	<ul style="list-style-type: none">- hold peer's hand during jump- perform jump next to wall and touch wall during jump
Coordination	<ul style="list-style-type: none">- slow jumping down- practice without arm action first
Strength	<ul style="list-style-type: none">- jump down incline mat or off to slight rise
Flexibility	<ul style="list-style-type: none">- shorten distance or height required to jump
Endurance	<ul style="list-style-type: none">- allow rest in between multiple or sequential jumps- alternate jumping with walking or slow locomotor movement
Concept understanding	<ul style="list-style-type: none">- use visual cues (such as footprints or poly spots)- employ counting sequence or verbal cues for critical features
Speed and agility	<ul style="list-style-type: none">- increase distance between landing spots- reduce equipment students are jumping over and around
Attention	<ul style="list-style-type: none">- perform jump in direction away from others- reduce equipment students are jumping over and around
Self-responsibility	<ul style="list-style-type: none">- require limited number of jumps before providing reinforcers or choices
Sensory perception	<ul style="list-style-type: none">- use tactile demonstration- provide sound cue for jump direction or landing

Possible modifications for catching

Capability difference	Modification
Balance	<ul style="list-style-type: none">- catch while seated in chair- tossed ball comes to midline of body
Coordination	<ul style="list-style-type: none">- use larger ball- use balloon or light foam ball that moves slowly- tossed ball comes close to or near midline of body
Strength	<ul style="list-style-type: none">- use light weight ball
Flexibility	<ul style="list-style-type: none">- tossed ball comes to midline of body- use light weight or foam ball- use larger ball to limit joint movement
Concept understanding	<ul style="list-style-type: none">- use physical guidance or verbal cues
Attention	<ul style="list-style-type: none">- limit number of balls being thrown in area
Self-responsibility	<ul style="list-style-type: none">- require limited number of catches before providing reinforcers or choices
Sensory perception	<ul style="list-style-type: none">- use tactile demonstration or physical guidance- provide sound cue in ball and timing of catch

Possible modifications for locomotor, object propulsion and object reception skills

Easy ←————→ Difficult

Locomotor			
Space and speed	slowly within large space and individually	slowly within large space with others moving slowly	fast within small space with others moving fast
Surface	decline surface smooth and flat	horizontal surface smooth and uneven	incline surface uneven and hilly
Object Propulsion			
Distance	very close	near	far
Ball size	large	medium	small
Ball & background colour	yellow and black	blue and white	yellow and white
Ball Shape	round	oblong	irregular
Ball movement	stationary	moving slowly	moving rapidly
Angle of trajectory	horizontal	30-35 degree arc	45 degree arc
Net	lowered net	slanted net	regulation net
Weight of implement	light	medium	heavy
Object Reception			
Reception location	body midline	preferred side	non preferred side
Ball type	balloon or beach balls	oversize trainers	regulation ball
Contact area	large	medium	small

Capability differences, game elements and variation possibilities

Capability difference	Game element	Variation possibilities
Strength	Equipment	- use lighter or heavier balls
	Organisation	- increase/decrease spaces
	Rules	- catch or hit from rolling to multiple bounces to no bounces
Range of motion	Organisation	- increase/decrease space
	Equipment	- increase/decrease size of ball or use of extension
Balance and posture control	Players	- use partners in square
	Equipment	- increase/decrease base of support with use of chair, walker, or wall
	Movement	- play sitting on ground or in chair
Hand eye coordination	Equipment	- increase/decrease size of ball - use of extensions (eg: racquets, hockey sticks)
	Movement	- touch and push; catch and throw; strike, volley
Speed and agility	Equipment	- increase/decrease size or weight of equipment
	Organisation	- increase/decrease size of playing space or change shape of space
	Players	- increase/decrease number of players
Endurance	Rules	- rotate out for rest if fatigued
	Organisation	- team members rotate after each hit
Concept understanding	Organisation	- increase/decrease number of squares
	Rules	- increase/decrease number of rules
	Players	- use teams/partners
Sensory perception	Equipment	- increase/decrease size of equipment - use equipment with sound or bell
	Movements	- rolling, catching, striking, use of extensions
	Organisation	- increase/decrease playing area
Attention	Organisation	- play 2-square
	Rules	- play for short time period then rotate
	Players	- decrease number of players
Self-responsibility	Rules	- increase time in activity

Possible modifications for flexibility training

Capability difference	Modification
Balance	<ul style="list-style-type: none"> - perform stretch sitting or lying down - hold wall while standing or use wall for trunk support while sitting on mat
Coordination	<ul style="list-style-type: none"> - use mirror for visual feedback - verbal feedback from others for body or limb position - manual guidance for appropriate position or movement
Strength	<ul style="list-style-type: none"> - self-assist movement of limb or joint with other limb or hand - obtain assistance from another participant
Flexibility	<ul style="list-style-type: none"> - use strap or suitable structure to self-assist and stretch - position body to allow gravity to assist stretch - obtain assistance from another participant for passive stretch - use proprioceptive neuromuscular facilitation (PNF) technique if trained
Endurance	<ul style="list-style-type: none"> - require fewer reps
Concept understanding	<ul style="list-style-type: none"> - use manual guidance - incorporate visuals such as pictures - employ peer model and support
Attention	<ul style="list-style-type: none"> - count to specific number for stretch completion - establish stretching routine
Sensory perception	<ul style="list-style-type: none"> - use verbal feedback for technique
Self-responsibility	<ul style="list-style-type: none"> - use recording form for monitoring and reinforcing

Equipment characteristics to consider

Weight	lighter	←————→	heavier
Size	smaller	←————→	larger
Shape	regular	←————→	irregular
Height	lower	←————→	higher
Speed	slower	←————→	faster
Distance	closer	←————→	farther
Sound	soft	←————→	noisy
Colour	pale	←————→	bright
Trajectory	medium level	←————→	high or low level
Direction	forward	←————→	backward, right/left
Surface contact	increased	←————→	decreased
Surface / texture	level/smooth	←————→	rough/uneven
Length	shorter	←————→	longer
Resiliency	less	←————→	more

At-Risk Procedures for BHSPE Students in Motor Active:

Practicum Student Identified As 'At-Risk'

1. *HMNS Course Coordinator to be notified by Motor Active Supervisor.*
2. *Motor Active Supervisor and HMNS Course Coordinator to complete and sign Professionalism criteria indicating unsatisfactory status of BHSPE student.*



Pre Service Teacher Notified of At-Risk Status

1. *Verbal confirmation to BHSPE student of at-risk status to be completed by the HMNS Course Coordinator (or delegate) as soon as possible.*
2. *HMNS Course Coordinator to send electronic and mail copy of BHSPE student At-Risk Notification letter with Professionalism criteria attached.*
3. *BHPSE student to arrange meeting with HMNS Course Coordinator and where appropriate, invite Motor Active Supervisor.*



Devising Strategies for Improvement

1. *BHSPE student, HMNS Course Coordinator and where appropriate Motor Active supervisor meet to devise strategies for improvement.*
2. *Final agreed upon strategies are to be recorded and copies provided to BHSPE student, HMNS Course Coordinator and Motor Active Supervisor.*
3. *HMNS Course Coordinator to place a copy of all documentation on BHSPE student's file.*



Finalisation of Outcomes for At Risk Pre Service Teachers

1. *The Motor Active Supervisor is required to monitor change and progress following the interview.*
2. *If after two weeks of additional Motor Active, the BHSPE student has not demonstrated significant improvement, the Motor Active Supervisor should contact the HMS Course Coordinator.*
3. *In the event that the BHPSE student has failed to demonstrate any improvement in the areas of concern in the set time period, they will be deemed to have failed the professional experience.*
4. *Following consultation with the Motor Active Supervisor, the BHSPE student may either withdraw immediately from the professional experience or continue to the completion of the Motor Active.*
5. *The BHSPE student will be asked to meet with the BHSPE Program Coordinator and HMNS Course Coordinator to discuss their performance in the professional experience and their future progress within the BHSPE program.*

Three Task Requirements for Your Motor Active Practicum:

IMPORTANT NOTE

Further information and marking criteria for components 1 and 2 is available on Blackboard.

Component 3: Professionalism is pass/fail.

An unsatisfactory rating for professionalism will result in an automatic failure for Motor Active despite achievement in other components. The professionalism criteria are on page 27.

Component 1: Activity Task Cards

Each week, every BHSPE student is responsible for planning 1 circuit activity or a group activity (including warm-up, group game, and cool-down), and creating an activity task card that describes the activity (or group activities), possible modifications to the task and the equipment required.

Essential Components of Activity & Group Task Cards:

- Teaches specified focus skill (either motor skill or sport skill)
- Includes teaching points cues for how to complete the focus skill
- Selection of activities are engaging (for the children) creative, original & have adequate elements for the children's ongoing motivation (for the duration of the 5 minute station)
- All activities demonstrate a safe working environment
- Well considered and appropriate, adaptations and variations (regressions and progressions) of all activities – refer to MA Handbook pg.15-22

This card will demonstrate an understanding of the principles of adaption, modification and inclusive physical activity. An electronic template and activity rosters, for allocated focus skills, will be available on Blackboard.

Weekly task cards must be submitted, by email (3pm the day prior to your Motor Active session), to hmns.motoractive@uq.edu.au.

HomeFUN

HomeFUN activities are short, fun activities that Motor Active children can perform at home with minimal equipment or caregiver expertise. These activities should reflect each child's individual needs, and be enjoyable and challenging.

Each week, each BHSPE student group (or individual) will plan and provide 2 - 3 *HomeFUN* activities for their child (and caregiver) (No home activities needed for week 1). Students will explain these activities to the child and parent at the end of each session and provide them in a written format (using the template provided on Blackboard).

Component 2: Progress Report to Parents

Parents/Guardians of children in Motor Active will be provided with progress report from each student (covering progress from weeks 1-6) and a final verbal report (covering weeks 1-6). You will write a short report (approximately 2 pages) for the parents of your Motor Active child. The reports will address the child's overall engagement with, and development through, Motor Active. The report will discuss your Motor Active child's progress on the SMART goals that were set for them at the beginning of the 6 week program, and will address your MA child's social and cognitive domains of development, as well their development in the physical domain. This report will follow the strength based approach, and therefore, will focus on what the child has achieved rather than what they were unable to do. Finally, the report will give a summary of the most effective teaching strategies that were used with your MA child during the program to maximise their potential in physical activity.

Component 3: Standards of Professional Behaviour in Motor Active

You must adopt the **highest professional standards** regarding personal presentation, interactions with children caregivers and Motor Active staff, attendance, punctuality and preparation. *An unsatisfactory rating for these requirements will result in an automatic failure for Motor Active despite achievement in other components.*

Upon successfully completing this assessment, the following Graduate capabilities of the AITSL (2012) Australian Professional Standards for Teachers will be demonstrated:

Standard 1 Know students & how they learn

1.1 Physical, social and intellectual development and characteristics of students

Demonstrate knowledge and understanding of physical, social and intellectual development and characteristics of students and how these may affect learning.

1.6 Strategies to support full participation of students with disability

Demonstrate broad knowledge and understanding of legislative requirements and teaching strategies that support participation and learning of students with disability.

Standard 2 Know content and how to teach it

2.1 Content and teaching strategies of the teaching area

Demonstrate knowledge and understanding of the concepts, substance and structure of the content and teaching strategies of the teaching area.

2.2 Content selection and organisation

Organise content into an effective learning and teaching sequence.

Standard 3 Plan for and implement effective teaching and learning

3.1 Establish challenging learning goals

Set learning goals that provide achievable challenges for students of varying abilities and characteristics.

3.2 Plan, structure and sequence learning programs

Plan lesson sequences using knowledge of student learning, content and effective teaching strategies.

3.3 Use teaching strategies

Include a range of teaching strategies.

3.4 Select and use resources

Demonstrate knowledge of a range of resources, including ICT, that engage students in their learning.

3.5 Use effective classroom communication

Demonstrate a range of verbal and nonverbal communication strategies to support student engagement.

3.7 Engage parents/carers in the educative process

Describe a broad range of strategies for involving parents/carers in the educative process.

Standard 7 Engage professionally with colleagues, parents/carers and the community

7.1 Meet professional ethics and responsibilities

Understand and apply the key principles described in codes of ethics and conduct for the teaching profession.

7.3 Engage with parents/carers

Understand strategies for working effectively, sensitively and confidentially with parents/carers.

Name _____

Criteria and standards for EDUC3004
Motor Active PROFESSIONALISM (Satisfactory/Unsatisfactory)

	Unsatisfactory	Satisfactory	
Professionalism	<p>Professional attitude and initiative is inconsistent or of a poor standard.</p> <p>A lack of independence is demonstrated and responsibility is not taken for Motor Active tasks.</p> <p>Engagement and verbal communication with children, carers and Motor Active staff lacks enthusiasm or maturity.</p> <p>Attendance at Motor Active sessions is not punctual, is irregular or without legitimate reason for absence.</p> <p>Personal appearance is not appropriate and preparation is inadequate.</p> <p>Confidentiality is not maintained and the safety of self, peers, participants or community is not considered.</p> <p>Evaluation of performance provided by caregiver is unsatisfactory.</p>	<p>A professional attitude and initiative is displayed at all times.</p> <p>Independence and responsibility is demonstrated during Motor Active including the set-up and pack-up of equipment.</p> <p>Engagement and verbal communication with children, carers and Motor Active staff is well regarded.</p> <p>Attendance at Motor Active sessions is consistent and punctual.</p> <p>Personal appearance is appropriate and preparation is of an acceptable standard.</p> <p>Confidentiality is maintained and the safety of all people is considered throughout all sessions.</p> <p>Evaluation of performance provided by caregiver is satisfactory.</p>	