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FitnessGram Testing

Dear Parent:

As part of your child’s P.E. program and their comprehensive health and physical education plan, their level of fitness will be tested using FITNESSGRAM, the state mandated fitness assessment program. This comprehensive program is similar to an earlier version of the program which has been used by some Fulton County Schools in the past. The new version of the FITNESSGRAM is now a five part comprehensive fitness assessment designed to measure cardiovascular fitness, muscular strength and endurance, flexibility and body composition. You received information about this testing earlier this school year from your child’s school. Administration of this fitness assessment began this fall for all students in grades 1-12 that participate in a P.E. class.

FITNESSGRAM will be used by all students that are enrolled in a P.E. class regardless of age, gender or ability. Students are encouraged to be self-aware of their health related fitness and to take responsibility by setting personal fitness goals. When students focus on continually improving their fitness level a positive lifelong impact can be achieved.

As part of this process your child’s height and weight will be confidentially measured and recorded to determine your student’s Body Mass Index. Parent and/or Guardians will receive a copy of their child’s FITNESSGRAM score report indicating their student’s Body Composition, Aerobic Capacity, Abdominal Strength, Upper Body Strength and Flexibility at the end of the school year. Data collection from FITNESSGRAM assessments will be used to create informed policies, programs, and curriculum and instruction decisions for K-12 physical education at the school, district and state levels. Individual student information will **not** be used as a part of this process.

As the parent of a minor child, Georgia law gives you **the option of not having your child’s height and weight** measured at school. If you choose to exempt your child from this portion of the FITNESSGRAM Test, you will still receive a copy of the report but this section will be left blank.

If you **DO NOT** want your child’s height and weight to be measured please return this form with your signature. If you have questions or concerns about the fitness assessment, or if you would like to review the assessment materials, please contact the school.

Sincerely,

Principal



I choose for my child’s height and weight to **not** be measured.

Parent Signature

Date

Student Name

Return to classroom teacher by this date: _____

DEPARTMENT NAME