



Health and Physical Education Consortia  
**Physical Education Curriculum Assessment Tool  
(PECAT) Training**

**Date:** March 7, 2012  
**Time:** 9:00 a.m. – 12:00 p.m.  
**Where:** 31 Lee Avenue, Wheatley Heights, NY 11798  
**Fee:** \$75 per person (includes all materials)  
No cost for WSB Health and PE CoSer A506.040

**Description:** The *PECAT* is a self assessment tool developed by the Centers for Disease Control and Prevention’s Division of Adolescents and School Health (DASH), in partnership with physical education experts representing state education agencies, school districts, colleges, and national organizations. The *PECAT* helps school districts to conduct a clear, complete, and consistent analysis of written physical education curricula.

Additionally, Linda Dychkowski, School Health Services Specialist, will discuss the resources available to develop school district policy and procedures as required by the *Concussion Management & Awareness Act* which will go into effect July 1.

Please register by  
March 1, 2012

Register online at [www.wsbores.org](http://www.wsbores.org) Instructional Support or My Learning Plan. Copy this link  
<http://www.wsbores.org/WebReg>

Mail or Fax Registration to Joann Zerbo, Student Support Services Center, 31 Lee Ave., Wheatley Heights, NY 11798,  
631/595-6843 FAX 631/623-4914

**Cancellation Policy:** Cancellations should be made at least 5 business days prior to the workshop. Failure to do so will result in your district being charged for the conference. All no-shows will be billed for the full amount of the conference.

**Directions:** Get off the LIE at exit 50, Bagatelle Road. Head South on Bagatelle Road for approximately 2 miles. Make a left onto Lee Avenue (Blinking Red Light). School is on the corner of Lee Avenue and Bagatelle Road Enter the driveway on the far right of the school. Park in the first parking lot. Enter the first door on the side of the school for the Conference Room.

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HECAT/PECAT – March 7, 2012

Name: \_\_\_\_\_ Position: \_\_\_\_\_ District: \_\_\_\_\_

Email: \_\_\_\_\_ Contact # \_\_\_\_\_

Payment: \_\_\_ Check \_\_\_ PO \_\_\_ Cross Contract \_\_\_ (A506.040)

