

Abstract Form

This section must be completed in order for program submission to be processed.

What:

A. Grade Levels: (check all that apply)

- | | | | |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|
| Elementary | Middle School | High School | Higher Education |
| <input type="checkbox"/> Pre-K – 5 | <input type="checkbox"/> 6th – 8th | <input type="checkbox"/> 9th – 12th | <input type="checkbox"/> College |

B. List the learning objectives and TEKS shared through the presentation.

Why:

A. List student outcomes shared through the presentation.

How:

A. Evidence based practices used:

B. How does the presentation contribute to the overall Mission statement of TAHPERD and “Promoting Healthy Lifestyles?”

C. Assessment Tools (provide examples if possible):

As a presenter I have read and understand my responsibilities as outlined in these guidelines and agree to abide by these guidelines in my presentation.

Signature

Date