

Adaptive Physical Education Program

The Description Of The Process

1. The process to identify students shall begin in the health office. A student may be identified by the school nurse, physical education teacher or Building Principal.
2. The referral form is to be completed by the school nurse. On that form the school nurse will identify the student as permanently or temporarily handicapped as well as the reason for requesting adaptive physical education.
3. Once completed by the school nurse the referral form is sent to the Building Principal for approval. If the Building Principal approves the referred student, the form will then be sent by him to the Supervisor of Physical Education.
4. The supervisor of Physical Education will then evaluate the need for an adaptive physical education program. If the program is disapproved, the process stops, and the student remains in the regular physical education class. If it is approved and the student is permanently handicapped the form will then be sent by the school nurse to the Committee on Special Education. A permanently handicapped student will be identified as needing adaptive physical education for an entire school year. A temporary handicap is a disability beginning from 2 weeks but less than 1 year. If the student is identified as temporary and approved by the Supervisor of Physical Education for an adaptive program, the referral form will be sent back to the school nurse to initiate the program. All students with disabilities of less than 2 weeks will remain in their regular physical education class. Also, students with a temporary disability will remain with their regular class until all paperwork is complete. Upon completion the change in the student's schedule will be made.
5. For students identified as temporary handicap and who have completed the approval process the school nurse will then send out the physician's and parent's consent form. Upon receiving the forms the school nurse will give a copy of each to the student's physical education teacher. The physical education teacher will develop an individual educational program based on the student's physician's recommendation. A copy of the program shall be sent to the Supervisor of Physical Education. All programs are to be recorded on departmental forms and a folder maintained on each student. A parental update will be given every 10 weeks.
6. For students identified as having a permanent disability, the forms is sent by the school nurse to the Committee on Special Education. The committee, if it approves the referral, will send out the parent consent and physician's recommendation forms. Upon receiving the forms, the committee will send the forms to the school nurse. At that point, the school nurse gives a copy to the physical education teacher, who develops an individual education program. The physical education teacher sends a copy of the program to the Supervisor of Physical Education.
7. No students will be allowed to begin an Adaptive Physical Education Program until the entire process has been formally accepted.

South Colonie Central Schools

Adaptive Physical Education - Progress Evaluation Report

Name: _____

Teacher: _____

Present Grade: _____

Quarter Reported: _____

ACTIVITIES PARTICIPATED IN THIS QUARTER:

- Team Passing Sports
- Net/Wall Sports
- Board-Games
- Stationary Activities
- Striking/Field Sports
- Fitness Activities
- Target Sports
- Personal Performance Activities

PROGRESS THIS QUARTER

- HAS SHOWN PROGRESS IN: ENDURANCE
 BALL SKILLS
 HAND/EYE COORDINATION

- NEEDS TO IMPROVE IN: EFFORT
 GROUP PARTICIPATION

POSITIVE STATEMENTS:

- IS WORKING TO BEST OF ABILITY
- IS COOPERATIVE, CONSIDERATE AND COURTEOUS
- PARTICIPATES CONSTRUCTIVELY IN GROUP/CLASS ACTIVITIES
- FOLLOWS DIRECTIONS WELL

CONCERNS:

- SHOWS INCONSISTENT AND/OR INDIFFERENT EFFORT
- NEEDS TO ACTIVELY PARTICIPATE IN GROUPS/CLASS
- IS NOT WORKING TO BEST OF ABILITY
- NEEDS TO IMPROVE IN FOLLOWING DIRECTIONS
- SHOWS DISRUPTIVE BEHAVIOR
- DOES LITTLE OR NO WORK
- ATTENDANCE IS POOR

COLONIE CENTRAL SCHOOL SYSTEM
RECOMMENDATION FOR A MODIFIED PHYSICAL EDUCATION PROGRAM
DEGREE OF PARTICIPATION

MEDICAL CERTIFICATION OF LIMITATIONS

TO THE PHYSICIAN:

All pupils must participate in the physical education program just as they do in other aspects of the academic program; physical education is a required subject area(Education Law, Article 17, Section 803). It is equally as important at the elementary level as at the secondary level. Each pupil capable of attending school can take par in and benefit from a physical education program. If a pupil cannot participate fully, then the physical education program will be modified based upon individual needs and be appropriate to the student’s age.

Our program can be modified to satisfy individual needs. You may be assured that if you acquaint us with the facts we will provide your patient with a properly modified program. We appreciate your cooperation in checking the type of physical education you believe best satisfies the needs of your patient.

Please complete this form and either mail it to the child’s school or give the completed form to the child to return to the school nurse.

Sincerely,

Jason Semo
District Supervisor of
Physical Education and Athletics

Student’s Name: _____ Grade: _____ School: _____

GRADES 7-12

Physical Education Activity

Modified Skills Only of Activity Until
Cleared

TEAM PASSING SPORTS	YES	NO	(Be Specific Where Applied) Example: Football: Passing only-No Team Play
BASKETBALL			
FOOTBALL (FLAG)			
LACROSSE (NON-CONTACT)			
SOCCER/SPEED BALL			
TEAM HANDBALL			
ULTIMATE FRISBEE			
NET/WALL SPORTS			
BADMINTON			
PICKLEBALL			
TABLE TENNIS			
TENNIS			
VOLLEYBALL			
STRIKING/FIELD SPORTS			
CRICKET			
SOFTBALL			

COLONIE CENTRAL SCHOOL SYSTEM
 RECOMMENDATION FOR A MODIFIED PHYSICAL EDUCATION PROGRAM
 DEGREE OF PARTICIPATION

Targeted Sports	Yes	No	Modified skill only of activity until cleared: Be specific where applied: Example: Football: passing only – No Team Play
Archery			
Bocce Ball			
Bowling			
Golf			
Horse Shoes			
Shuffle Board			
Outdoor Activities			
Orienteering (compass)			
Personal Performance			
Self Defense			
Tumbling			
Track and Field			
Wrestling			
Fitness Activities			
Aerobics (low or high impact)			
Step Aerobics			
Pilates			
Tie Boe (kick boxing)			
Tie Chi			
Tumbling			
Rope Skipping			
Walking/jogging/running (circle and explain limits)			
Weight Training			
Specific body parts for wt. training (list to the right)			
Yoga			
Stationary Activities			
Billards (pool)			
Board Games			
Card Games			
Computer Games			
Darts-lawn, Velcro wall darts			

In order that we may more effectively satisfy the needs of your patient, please describe the reason for your recommendation below. If you have any questions or further recommendations, please call the District Supervisor of Physical Education/Athletics at 459-1220.

This recommendation is to be effective from _____ 20__ to _____ 20__

Date: _____ Signed: _____ M.D. Phone: _____

Address: _____

MEDICAL CERTIFICATION OF LIMITATIONS

To The Physician:

All pupils must participate in the physical education program just as they do in other aspects of the academic program; physical education is a required subject area (Education Law, Article 17, Section 803). It is equally as important at the elementary level as at the secondary level. Each pupil capable of attending school can take part in and benefit from a physical education program. If a pupil cannot participate fully, then the physical education program will be modified based upon individual needs and be appropriate to the student's age.

Our program can be modified to satisfy individual needs. You may be assured that if you acquaint us with the facts we will provide your patient with a properly modified program. We appreciate your cooperation in checking the type of physical education you believe best satisfies the needs of your patient.

Please complete this form and either mail it to the child's school or give the completed form to the child to return to the school nurse.

Sincerely,

Jason Semo
District Supervisor of
Physical Education and Athletics

PHYSICIAN'S RECOMMENDATION FOR A MODIFIED PHYSICAL EDUCATION PROGRAM

STUDENT'S NAME: _____ GRADE ____ SCHOOL _____

K-4 PHYSICAL EDUCATION ACTIVITIES

ACTIVITY	<u>YES</u>	<u>NO</u>
Walk		
Run		
Hop		
Jump		
Leap		
Skip		
Gallop		
Slide		
Climbing		
Dance		
Catching		
Throwing		
Rolling Your Body		
Batting		
Kicking		
Tumbling		
Swinging		
Use of See-Saw		
Use of Playground Slide		
Use of Playground Climbing Apparatus		
Stretching Exercises-Lower Body		
Bowling		
Floor Hockey		

LUNCH TIME ACTIVITY

<u>ACTIVITY</u>	<u>YES</u>	<u>NO</u>
Use of Playground Equipment		
Playground Games		

In order that we may satisfy more effectively the needs of your patient please describe the reason for your recommendation below. If you have any questions or further recommendations please call the District Supervisor of Physical Education and Athletics at 459-1220.

This recommendation is to be effective from _____ 20__ to _____ 20__

Reason for modified physical education recommendation:

Date: _____
Phone _____

Signed: _____ M.D.
Address: _____

Physical Education Written Assignment

Guidelines

For students who are unable to participate for 1-2 weeks in class but will remain in the physical education class.

Directions: Since you are unable to participate in the class physically, you are to follow along with the lessons and fill in the packet with the information given to you in class and/or researched by you. This packet is to be brought to class every day along with materials to take notes.

Name: _____ Period: _____

Unit: _____ Teacher: _____

Origin or History of the Sport:(This should include where it was believed to be invented or evolved from and by whom)

Equipment Needed:

Diagram of Field of Play or Court

Rules of the Game: (Include 5 rules of the activity)

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- _____
- _____
- _____

Scoring (How points are awarded)

Length of Game or Contest (This could be to a certain score or length of time. Also include what happens in the case of a tie.)

Basic Skills Required to Play this Sport (This portion should include teaching cues required to perform the skills. Example: the different shots used in badminton.)

1. _____

2. _____

3. _____

Other Games Related to the Sport That were played in class (Explain and include diagrams in your description of these activities.)

Select three different positions in the sport and describe their rule (purpose) for this specific activity. Ex. Goalie

1. _____

2. _____

3. _____

South Colonie Schools

Adaptive Physical Education Referral

Student Name: _____

School: _____ Grade: _____

Permanent

Temporary

Reason for Requesting Adaptive Physical Education:

Date of Request: _____ School Nurse: _____

Approval _____ Building Principal: _____ Date: _____

Approval _____ Supervisor-Physical Education _____ Date _____

For Permanently Handicapped Students

Approved: _____

Chairperson

Committee on Special Education

Date

_____ may begin adaptive physical education

Student Name

services on _____.

Date

SOUTH COLONIE CENTRAL SCHOOLS
PARENT PERMISSION FORM

Student: _____

School: _____

The State Education Department requires local school districts to provide for students unable to participate in a regular class an adaptive physical education program.

The following people were involved in the identification of your child's need for an Adaptive Physical Education Program:

School Nurse: _____

Building Principal: _____

Supervisor of Physical Education: _____

The following people will be involved in the development of an individual educational program for your child in the Adaptive Physical Education program:

Physical Education Teacher: _____

Physician: _____

Supervisor of Physical Education: _____

I am granting permission for _____
Student Name

to participate in the Adaptive Physical Education Program.

Signature of Parent/Guardian

Date

SOUTH COLONIE CENTRAL SCHOOLS ADAPTIVE PHYSICAL EDUCATION PROGRESS EVALUATION REPORT

Name: _____ Teacher: _____

Present Grade: _____ Quarter Reported: _____ Child's DOB: _____

Reasons for student being suggested for Adaptive Physical Education class:

- Physically handicapped, e.g. poor vision, hearing loss, wheel chair, surgery, specific reason: _____
- Lacking behavior control
- Inability to focus on directions
- Lack of athletic skills; e.g. coordination, endurance, strength, flexibility.
- Safety concern for child
- Poor social skills; unable to mix well with others
- Other (be specific) _____

PROGRESS REPORT

Activities Participated In This Quarter

- | | | | |
|-------------------------------------------------|-------|-------------------------------------------------------------|-------|
| <input type="checkbox"/> Flag Football | _____ | <input type="checkbox"/> Wrestling | _____ |
| <input type="checkbox"/> Soccer | _____ | <input type="checkbox"/> Weight Training | _____ |
| <input type="checkbox"/> Cross Country | _____ | <input type="checkbox"/> Badminton | _____ |
| <input type="checkbox"/> Floor Hockey | _____ | <input type="checkbox"/> Pickle Ball | _____ |
| <input type="checkbox"/> Basketball | _____ | <input type="checkbox"/> Tennis | _____ |
| <input type="checkbox"/> Softball | _____ | <input type="checkbox"/> Dance, Rhythms | _____ |
| <input type="checkbox"/> Whiffle Ball | _____ | <input type="checkbox"/> Kick Ball | _____ |
| <input type="checkbox"/> Volleyball | _____ | <input type="checkbox"/> Frisbee | _____ |
| <input type="checkbox"/> Tumbling | _____ | <input type="checkbox"/> Walk/Jog | _____ |
| <input type="checkbox"/> Gymnastics | _____ | <input type="checkbox"/> Stretching exercise/
upper body | _____ |
| <input type="checkbox"/> Bowling | _____ | <input type="checkbox"/> Stretching exercise/
lower body | _____ |
| <input type="checkbox"/> Lacrosse | _____ | <input type="checkbox"/> Rope Skipping | _____ |
| <input type="checkbox"/> Cricket | _____ | <input type="checkbox"/> Tag Games | _____ |
| <input type="checkbox"/> Parachute Games | _____ | <input type="checkbox"/> Relay Races | _____ |
| <input type="checkbox"/> Cooperative Games | _____ | <input type="checkbox"/> Archery | _____ |
| <input type="checkbox"/> Throwing/Catching | _____ | <input type="checkbox"/> Orienteering | _____ |
| <input type="checkbox"/> Body/Spacial Awareness | _____ | <input type="checkbox"/> Bocci Ball | _____ |
| <input type="checkbox"/> Ping Pong | _____ | <input type="checkbox"/> Wii | _____ |
| <input type="checkbox"/> Scooters | _____ | | |
| <input type="checkbox"/> Aerobics | _____ | | |

PROGRESS REPORT & STATEMENT OF ACTIVITIES PARTICIPATED IN:

O – Outstanding skill, shows control of activity

G – At grade level, performs well, capable

S – Can perform activity but lacks consistency

N – Tries to perform activity, understands what to do

U – Cannot even fathom the idea of success; physically not able to attempt activity;
fails at almost every attempt to perform

OVERALL GRADING

A. FOLLOWS DIRECTIONS:

4	3	2	1	0
Always	Usually	Sometimes	Rarely	Never

B. EFFORT:

4	3	2	1	0
Outstanding	Good	Satisfactory	Needs Improvement	Poor

C. PARTICIPATION:

4	3	2	1	0
Always	Usually	Sometimes	Rarely	Never

D. LISTENING SKILLS:

4	3	2	1	0
Always	Usually	Sometimes	Rarely	Never

E. BEHAVIOR:

4	3	2	1	0
Ideal	Acceptable	Tolerable	Unacceptable	Never makes attempt

F. SOCIAL SKILLS (getting along with others & tolerance of others):

4	3	2	1	0
Ideal	Acceptable	Tolerable	Unacceptable	Never makes attempt

MOST PROGRESS THIS YEAR HAS BEEN SHOWN IN:

- Endurance
- Skill Levels
- Coordination
- Behavior
- Ability to listen
- Ability to follow directions
- Flexibility
- Strength
- Understanding of (knowledge) of game
- Being cooperative, considerate and courteous

GENERAL COMMENTS:

- Working to best of abilities in all activities
- Follows directions and obeys class safety guidelines well
- Needs to be more actively involved in activity
- Needs to improve listening skills and follow directions
- Shows inappropriate behavior
- Shows good knowledge of the game and/or activity
- Comes to class without proper attire and is cooperative and courteous
- Needs to improve attendance to class
- Is not working to best of ability and does little and/or no work
- Works well with other classmates in group activities

PHYSICAL FITNESS TEST

This child was able to perform the following items on our physical fitness test and scored the following:

- Pacer Test _____
- 50 yard dash _____
- Pull-ups _____
- Sit-ups _____
- Shuttle run _____
- Standing long jump _____

Student's Name: _____

Class Period _____

ADAPTIVE PHYSICAL EDUCATION ASSESSMENT

Follows directions
& listening skills _____ (4)

Participation _____ (4)

Tolerance & cooperation _____ (4)

Skill performance _____ (4)

Attitude _____ (4)

Total _____ (20)