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.

Revised: 6/10/08
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 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

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

<table>
<thead>
<tr>
<th>GRADES 7-12</th>
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<tbody>
<tr>
<td>Physical Education Activity</td>
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<tr>
<td>---------------</td>
</tr>
<tr>
<td>TEAM PASSING SPORTS</td>
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<tr>
<td>BASKETBALL</td>
</tr>
<tr>
<td>FOOTBALL (FLAG)</td>
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<tr>
<td>LACROSSE (NON-CONTACT)</td>
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<tr>
<td>SOCCER/SPEED BALL</td>
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<tr>
<td>TEAM HANDBALL</td>
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<tr>
<td>ULTIMATE FRISBEE</td>
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<tr>
<td>NET/WALL SPORTS</td>
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<tr>
<td>BADMINTON</td>
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<tr>
<td>PICKLEBALL</td>
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<tr>
<td>TABLE TENNIS</td>
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<tr>
<td>TENNIS</td>
</tr>
<tr>
<td>VOLLEYBALL</td>
</tr>
<tr>
<td>STRIKING/FIELD SPORTS</td>
</tr>
<tr>
<td>CRICKET</td>
</tr>
<tr>
<td>SOFTBALL</td>
</tr>
</tbody>
</table>
## Targeted Sports

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>Modified skill only of activity until cleared: Be specific where applied: Example: Football: passing only – No Team Play</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archery</td>
<td></td>
<td></td>
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<tr>
<td>Bocce Ball</td>
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<tr>
<td>Bowling</td>
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<tr>
<td>Golf</td>
<td></td>
<td></td>
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<tr>
<td>Horse Shoes</td>
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<tr>
<td>Shuffel Board</td>
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</tr>
</tbody>
</table>

### 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, Veleroo wall darts

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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: __________________________ 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

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

LUNCH TIME ACTIVITY

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Playground Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playground Games</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:______________________ Signed: ______________________________________ M.D.
Phone _____________________ 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:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

-1-
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                      Date

Committee on Special Education

________________________________________  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

( ) Flag Football ______ ( ) Wrestling ______
( ) Soccer ______ ( ) Weight Training ______
( ) Cross Country ______ ( ) Badminton ______
( ) Floor Hockey ______ ( ) Pickle Ball ______
( ) Basketball ______ ( ) Tennis ______
( ) Softball ______ ( ) Dance, Rhythms ______
( ) Whiffle Ball ______ ( ) Kick Ball ______
( ) Volleyball ______ ( ) Frisbee ______
( ) Tumbling ______ ( ) Walk/Jog ______
( ) Gymnastics ______ ( ) Stretching exercise/upper body ______
( ) Bowling ______ ( ) Stretching exercise/lower body ______
( ) Lacrosse ______ ( ) Archery ______
( ) Cricket ______ ( ) Relay Races ______
( ) Parachute Games ______ ( ) Rope Skipping ______
( ) Cooperative Games ______ ( ) Tag Games ______
( ) Throwing/Catching ______ ( ) Archery ______
( ) Body/Spacial Awareness ______ ( ) Orienteering ______
( ) Ping Pong ______ ( ) Bocci Ball ______
( ) Scooters ______ ( ) Wii ______
( ) Aerobics ______ ( ) Wii ______
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 DIRECTONS:

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<td>4</td>
<td>3</td>
<td>2</td>
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<td>Always</td>
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B. EFFORT:

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<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<td>Outstanding</td>
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C. PARTICIPATION:

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<td>Always</td>
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</table>

D. LISTENING SKILLS:

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<td>Always</td>
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E. BEHAVIOR:

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<tbody>
<tr>
<td>4</td>
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<td>2</td>
<td>1</td>
<td>0</td>
<td>Ideal</td>
</tr>
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F. SOCIAL SKILLS (getting along with others & tolerance of others):

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<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>Ideal</td>
</tr>
</tbody>
</table>
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
Additional comments you believe would help the physical education teacher better prepare lessons for this child next year:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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ADAPTIVE PHYSICAL EDUCATION ASSESSMENT

Follows directions & listening skills ____________ (4)

Participation ____________ (4)

Tolerance & cooperation ____________ (4)

Skill performance ____________ (4)

Attitude ____________ (4)

Total ____________ (20)