

Adapted Physical Education – Critical Elements

Instructional Management

- A pre-referral of a student experiencing significant physical and/ or motor difficulties must be submitted by the regular classroom or Physical education teacher before a child is placed in an Adapted P.E. setting. The person who is making the referral should attach any medical information found in the student records to the referral to ensure the safety of the student. If a student with Downs Syndrome is being referred, then a copy of the Atlanto –Axial Instability screening must also be attached to the referral before any observation or assessment can be performed. If medical information is not current then the campus should require that the new physical exercise limitations form for Special Education Students be completed before an APE assessment is performed.

The Campus Administration, Diagnostician, and ARD committee members should follow the Pre-Referral and Adapted P.E. program guidelines to ensure that each child follows the general curriculum guidelines and is educated in the least restrictive environment with his non-disabled peers.

- General P.E. teachers, APE teachers and other staff members involved in providing the physical education instructional needs for students with disabilities should attend appropriate trainings in regards to inclusion, modifications, and assessments for students with disabilities. The DEC monitors require that all parties retain records of these trainings for accountability issues.
- Adapted Physical Education is an instructional service and not a related service. An Elementary and Middle School Adapted P.E. teacher is a certified teacher who is considered itinerant staff in the Special Services department. Each APE teacher is based at an assigned home campus and serves several other campuses throughout the district. The home campus administrator is responsible for the PDAS evaluation of the APE teacher. The other campus administrators may share any information regarding the APE teacher's performance at their campus with the home campus administrator or the Special Services program / or campus supervisor.

Each campus administrator is responsible for monitoring the lesson plans, progress reports, IEP goals and objectives of their APE teacher as they do other Special Education teachers and Physical education teachers.

- The Adapted P.E. teacher is responsible for working collaboratively with campus administration, General P.E. staff and other campus Special education teachers to ensure that the appropriate instructional settings and equipment are provided for APE students as their non-disabled peers. The DEC monitors will request to see

documentation that APE students have equal access to the gym, playground, weight room and general P.E. or adapted P.E. equipment.

- The Adapted P.E. teacher's lesson plans must show correlation between student IEP and daily lessons or logs.
- All Adapted P.E. teachers should attend Special Olympics Sports trainings to support the APE Elementary Buddy Fun Meet and the Secondary Special Olympics district program.
- Secondary Adapted P.E. teachers are required to prepare Special Olympics athletes for their Olympic competitions. Since Special Olympic athletes do not practice after school, the campus administration should expect the adapted P.E. teacher to coach the team.
- Copies of Teacher folders for Adapted P.E. students must be on file in the APE office located at Special Services. This will enable the feeder schools APE teachers an opportunity to collaborate and plan for the students.
- Adapted P.E. teacher's and APE paraprofessional's schedules are based on district-wide needs.
- Because adapted P.E. equipment for students with visual and hearing impairments are costly, an APE equipment room or storage facility will be made available for General P.E. and or Adapted P.E. teachers to check out equipment as needed.

Physical Exercise Limitations or Exemptions for Special Education Students

Date_____ School_____ ID#_____

Grade/Teacher_____

Student's Name_____ DOB_____ Height_____

Weight_____ Blood Pressure_____

Name of Physician_____ All Medical Diagnoses_____

Permanent_____ Temporary_____ Estimation Duration_____

Please indicate below specifically which activities are allowed for this student's participation.

_____ **May** participate in general Physical Education.

_____ **NO PHYSICAL EDUCATION**

_____ Medical restrictions/precautions, i.e. cardiac, seizures, brittle bone, endurance issues, etc.

(Please **specify** below)

Normal/abnormal	Normal/abnormal	Normal/abnormal
<input type="checkbox"/> <input type="checkbox"/> Vision	<input type="checkbox"/> <input type="checkbox"/> Cardiovascular system	<input type="checkbox"/> <input type="checkbox"/> Cranial nerves
<input type="checkbox"/> <input type="checkbox"/> Hearing	<input type="checkbox"/> <input type="checkbox"/> Respiratory system	<input type="checkbox"/> <input type="checkbox"/> Coordination
<input type="checkbox"/> <input type="checkbox"/> Oral cavity	<input type="checkbox"/> <input type="checkbox"/> Gastrointestinal system	<input type="checkbox"/> <input type="checkbox"/> Reflexes
<input type="checkbox"/> <input type="checkbox"/> Neck	<input type="checkbox"/> <input type="checkbox"/> Genitourinary system	
<input type="checkbox"/> <input type="checkbox"/> Extremities	<input type="checkbox"/> <input type="checkbox"/> Skin	

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|---|--|
| 1. Heart disease/heart defect/high blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Seizures/Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Diabetes/Hypoglycemia/insulin dependent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Atlanto-Axial instability-Cervical x-rays been done | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Detached Retina or other eye problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Concussion or serious head injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Major Surgery or serious illness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Heat exhaustion/stroke | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Impaired motor ability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Temperature sensitivities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Allergies to Insect stings/bites | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Tendency to bleed easily | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Serious bone or joint disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Sickle cell trait or disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Other problems that would interfere with Physical Education | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Sensory Impairments | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Current Medications:

Physician Signature:_____ Phone Number:_____