



CARROLL COUNTY PUBLIC SCHOOLS

Student Physical Education Modification

Student Name _____ Grade _____
Date of Birth _____ Teacher _____
Health Condition / Description of Limitation _____

Health Care Provider: All students registered in the Carroll County Public Schools are required by the Code of Maryland Regulations (COMAR) 13A.04.13.01-.02, and the Maryland State Board of Education to attend courses of instruction in physical education in grades K-8 and also requires a one-credit high school Physical Education course for graduation. A student who is unable to fully participate in the *physical education program* due to a medical condition can have activities modified. CCPS provides a continuum of services in the area of physical education for those students with limited mobility and/or restrictions due to physical needs or limitations. The program consists of (1) modifications and/or adaptations to the mainstream physical education class, (2) consultant services from motor development specialists, (3) Adapted Physical Education/Motor Development classes.

Physical Education Activities

Does student require modification of Physical Education activities?

- _____ No modification required – Student may participate without restrictions
- _____ Student will modify his/her own activities as needed
- _____ Modification necessary. Please explain: _____

Possible Restrictions:

- _____ No contact activities/sports.
- _____ No high cardiovascular demand activities/sports.
- _____ No running/jumping or other high impact activities/sports.
- _____ No weightlifting.
- _____ Other, please explain: _____

Are weather conditions likely to cause a problem with activities?

- _____ Weather conditions cause no problems during physical activities
- _____ Student may not participate in physical activities during extremely cold weather, please explain: _____

- _____ Student may not participate in physical activities during hot, humid weather, please explain: _____

- _____ Other, please explain: _____

- May resume **full** P.E. participation without restrictions on (date): _____

Health Care Provider Signature: _____ Phone: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

Copies to: Nurse P.E. Teacher School Counselor