

Adaptive Physical Education Form

Student Name: _____ Grade: _____ Date: _____

Diagnosis: _____

Omit physical education class until (date): _____

OR

May participate in the physical activities that are checked below until (date): _____

Fitness Center

Weight Lifting:

- upper body (machines only)
- lower body (machines only)
- upper body (dumbbells)
- squats
- lunges

Cardio-Respiratory Machines:

- treadmill
- elliptical runner (no pounding)
- stationary bike (upright)
- stationary bike (recumbent)

Stretching:

- upper body
- lower body
- balance balls (upper body)
- balance balls (lower body)

Activities

Outside:

- soccer / speedball - dribbling, kicking, throw-in
- football - throwing, catching
- softball - throwing, catching
- track - walk, jog
- field - throwing shot, discus
- frisbee - throwing
- golf
- tennis - serve, forehand, backhand
- other activity - _____

Inside:

- badminton
- ping pong
- basketball - shooting, passing, catching
- volleyball - serve, pass, receive, set
- wiffleball - bat
- archery
- climbing
- dance - social, creative, aerobic, step
- exercise video - yoga
- exercise video - kickboxing
- Wii video games - (Just Dance, Wii Sports, etc.)

Physician guidelines and/or restrictions during physical activity to the above checked activities: _____

Referral to P.T. for additional directions: _____

Patient will need re-evaluation, date of next appt: _____

Signature of Physician

Date

Printed Name of Physician

Phone Number