# 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

Revised 6/2021