A Guide for Serving Students with Disabilities in Physical Education

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MARYLAND STATE DEPARTMENT OF EDUCATION

Achievement Matters Most

Maryland State Board of Education

INTRODUCTION

Fitness and Athletic Equity Act (House Bill 1411 and Senate Bill 849)

During the 2008 Legislative Session, the General Assembly passed The Fitness and Athletics Equity Act (House Bill 1411 and Senate Bill 849). This Act builds upon the policy adopted by the Maryland State Board of Education (State Board) in December of 2007. The Act specifies requirements for County Boards of Education including: ensuring that students with disabilities have an equal opportunity to participate in mainstream physical education, provide reasonable accommodations necessary to allow students with disabilities to participate to the fullest extent possible in mainstream physical education, and that adapted, allied or unified physical education and athletic programs are available.

The Divisions of Instruction and Special Education and Early Intervention Services at the Maryland State Department of Education (MSDE) have worked together to address the components of this law and the requirements of the Fitness and Athletic Equity for Students with Disability Act. In compliance with the Act, MSDE has developed an implementation plan which includes four major components: (1) developing model policies to ensure that students with disabilities have certain opportunities in physical education and athletics, (2) developing data collection procedures to identify the number of students with disabilities who participate in mainstream physical education and/or athletic programs (3) adopting or revising regulations, as needed and (4) providing technical assistance to local school system staff. Because current federal and state statute ensures full access and participation in physical education, no regulatory changes are anticipated in this area.

Participation in physical education is an important component of a well rounded educational experience. Accordingly, in light of the requirements of the Act, it is suggested that each County Board review policies regarding participation in physical education and identify barriers for participation by all students in physical education. MSDE, along with help from local school system personnel, various agencies, advocates, and parent groups have developed a model physical education policy which will be distributed to local school systems in the winter of 2008. This model policy entitled, "A Guide for Serving Students with Disabilities in Physical Education" provides each County Board with information about adapted physical education, legislation that addresses students with disabilities, and guidelines and strategies for appropriate inclusion in physical education.

A data collection tool has also been developed which will capture information on participation in both athletics and physical education for students with disabilities. It will be sent to all local school systems and will enable MSDE to report the findings to the Maryland General Assembly by May 1, 2009 as part of the requirements of this Act.

We look forward to moving this new law into full implementation with our local school system colleagues over the next three years with the goal to provide appropriate physical education for all students. The ultimate goal is to improve the health and wellness of all students by providing them with the knowledge and skills to be lifelong movers and learners.

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TABLE OF CONTENTS

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You will find information compiled from various resources listed below. We hope this document will enable educational personnel to develop a plan for servicing students with special needs in physical education.

Adapted Physical Education Activity Council Position Statement
American Alliance of Health, Physical Education, Recreation and Dance
Baltimore County Public Schools (Adapted Physical Education Program Guide)
Carroll County Public Schools (Adapted Physical Education Program Guide)
California Public Schools, St Luis Obispo County (Adapted Physical Education Curriculum Guide)
Cecil County Public Schools (Adapted Physical Education Procedure Manual)
Harford County Public Schools (Adapted Physical Education Guide)
Maryland Consortium of Adapted Physical Education
National Association of Sport and Physical Education
National Consortium for Physical Education and Recreation for Individuals with Disabilities
PE Central - The Premier Site for Health and Physical Education. http://www.pecentral.org
Prince Georges County Public Schools (Motor Development/Adapted Physical Education Process Guide)

I. OVERVIEW

Philosophy

The philosophy of the Maryland State Department of Education is to provide all students, including those students with disabilities, an appropriate physical education program. All Maryland Public Schools must ensure that students with disabilities have access to a program that enables them to achieve the same goals in physical education as their non-disabled peers. If special services are required to assist students with disabilities to master these goals, services should be provided. Instructional methods, settings, materials, and time should be modified to create an appropriate educational environment comparable to that provided for students without disabilities.

Rationale and Purpose

This document was developed to provide guidelines and procedures for students who do not meet grade level outcomes in physical education that have been developed by each local school system. The document will provide help for teachers in assessing, planning, and implementing their instructional programs which are based on the Maryland Voluntary State Curriculum and the National Standards for Physical Education developed by the National Association for Sport and Physical Education (NASPE) and also to meet the guidelines of IDEA and section 504 of the Rehabilitation Act of 1973, as amended.

Definition of Adapted Physical Education

The Individuals with Disabilities Education Improvement Act (IDEA 2004) continues to include the curriculum content area of physical education. All students with disabilities are required to participate in physical education instruction. A specially designed physical education service for a student with a disability is typically referred to as **Adapted Physical Education.**

The general physical education program is ***adapted*** to meet the unique needs of a student with a disability through modifications and accommodations. Adapted Physical Education is a **service** not a **setting.** If a student with a disability requires specialized instruction in physical education to meet the student's unique needs, it is the responsibility of the student's Individualized Education Program (IEP) team to determine if the student requires specialized instruction in physical education.

It is important to note that many students with disabilities do not require or need Adapted Physical Education services. These students should participate in General Physical Education and in the required curriculum when appropriate. These students may ***not*** need physical education goals and objectives listed on their IEP.

There are some students with disabling conditions, who are not identified as students with disabilities under IDEA, yet are not meeting grade level outcomes set by each local school system. These students may have a Section 504 Plan. This Section 504 Plan should identify the services, supports, accommodations, and/or modifications. These

students should be provided additional support to meet grade level outcomes.

The IDEA regulation on physical education, 34 C.F.R. §300.108, states, "The State must ensure that public agencies in the State comply with the following:

(a) *General.* Physical education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE, unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.

(b) *Regular physical education.* Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children unless—
  (1) The child is enrolled full time in a separate facility; or
  (2) The child needs specially designed physical education, as prescribed in the child's IEP.

(c) *Special physical education.* If specially designed physical education is prescribed in a child's IEP, the public agency responsible for the education of that child must provide the services directly or make arrangements for those services to be provided through other public or private programs.

(d) *Education in separate facilities.* The public agency responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services in compliance with this section."

Goal of Physical Education

Physical education is a planned instructional program with specific content and objectives. An essential part of the total curriculum, physical education programs increase the physical competence, health-related fitness, self-responsibility, and enjoyment of physical activity for all students so they can establish physical activity as a natural part of their life and to enable them to become life long movers. According to the National Association of Sport and Physical Education (NASPE), "Physical education can serve as a vehicle for helping students to develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles. The outcomes of a quality physical education program include the development of students' physical competence, health-related fitness, self-esteem, and overall enjoyment of physical activity. "

Physical education is also supported by researchers who are identifying the value of physical activity in academic achievement. According to the "Physical Education Study Group Report," regularly performed exercise creates and increases the number of capillaries in the brain. Increased number of capillaries in the brain means greater capillary exchange of nutrients (oxygen and glucose) and waste products (carbon dioxide). This increased delivery of oxygen and glucose to the brain can help increase

brain performance. It is clear that, if the educational system is seeking to maximize learning and academic performance, physical education should be an important component of student's curriculum.

Finally, physical education builds attitudes and habits. Physical activity can result in significant changes in mood and self-esteem. Physical education decreases tension, depression, fatigue, and anger. Dr. James Whitehead once said that, "Children are born intrinsically motivated to be physically active. That motivation - if kept alive by physical success, freedom, and fun - will do more than promote the fitness behaviors that add years to life."

National Adapted Physical Education Activity Council Position Statement 2004

All individuals with disabilities have the right to receive maximum benefit from physical education. A developmental sequence of motor activities, recognizing individual differences in learning rates and styles should be provided to individuals with disabilities ages birth to 21 years. Adapted physical education is a body of knowledge directed toward:

A. movement education, skill development, and physical fitness
B. assessment and solution of psychomotor problems
C. high quality physical education instruction, including sports, dance and aquatics
D. advocacy for equal access to a healthy lifestyle and active leisure pursuits
E. Least restrictive environment.

Adapted physical education provides positive movement experiences and opportunities for individuals with disabilities to acquire and enhance motor, cognitive, and affective behaviors.

Psychomotor assessment should be provided to all students with disabilities so as to identify individual strengths and areas of need. A variety of assessment techniques, both formal and informal, should be utilized with individualizing physical education goals and objectives for students with disabilities. There are four different purposes that provide a basis for psychomotor assessment:

A. screening
B. diagnosis and placement
C. instruction
D. student progress

The essence of provisions of services in the least restrictive environment (LRE) is to provide students with disabilities the best opportunity to succeed in physical education. To the maximum extent appropriate, students with disabilities will receive instruction in physical education with students without disabilities. Separate physical education and specially designed instructional programs must be available when the nature or severity of the disability is such that the student can not benefit from integrated physical education. To ensure students receive instruction in the least restrictive environment

possible, school personnel need to ensure the provision of supplementary aids, services, supports, and program modifications.

Students with disabilities need physical education as much as their nondisabled peers. Physical education activities

- simulate the central nervous system for optimal growth and development,
- assist in bone mineralization,
- promote the maintenance of lean body tissue,
- reduce obesity,
- improve the function of the heart, and
- develop movement skills that are necessary for an active lifestyle.

For many students with disabilities movement is a mode for learning. Physical education can help students with and without disabilities learn to work and play together in movement and recreational activities available to all members of the community.

A quality physical education program provides the foundation for a healthy, happy, and productive lifestyle. Maryland teachers work enthusiastically to ensure this is provided to ALL our students.

II. STRANDS OF ADAPTED PHYSICAL EDUCATION

An effective adapted physical education program is achieved through an individualized education program based on identified students unique needs related to the psychomotor, cognitive, affective areas of development. Adapted physical education is a continuum of services which allows students to move in and out of the strands of the physical education program based on their current level of performance. All physical education teachers should understand and be able to implement all program strands of the physical education program listed below.

The strands of the physical education program are defined as the following:

1. Students who meet grade level outcomes.
2. Students who are not meeting grade level outcomes and in need of remediation.
3. Students who need accommodations and remediation due to health related issues under Section 504 of the Rehabilitation Act of 1973.
4. Students who are not meeting grade level outcomes and have been identified as students with disabilities under IDEA as needing adapted physical education service.

1. Students who meet grade level outcomes

Physical education programs should be aligned with the national and state standards with grade level outcomes. It is also important to note that many students receiving special education services do not require or need Adapted Physical Education services. These students should participate in General Physical Education and participate in the required curriculum when appropriate. These students may not need physical education goals and objectives listed on their IEP.

2. Students who are not meeting grade level outcomes and in need of remediation

There are some students who may not be identified as special education students and are not meeting grade level outcomes set by each local school system. These students should be provided additional remediation to meet grade level outcomes. Instruction should be provided utilizing multiple instructional strategies and a variety of equipment to assist with the acquisition of skills. Multiple opportunities for a student to achieve a grade level outcome should be provided. Students who ultimately meet grade level outcomes do not need additional physical education services.

3. Students who need accommodations and remediation due to health related issues under Section 504 of the Rehabilitation Act of 1973

Section 504 0f the Rehabilitation Act of 1973 defines a disability as any physical or mental impairment that substantially limits that person in some major life activity (such as walking, talking, breathing, or working). Students who fall within the guidelines of Section 504 of the Rehabilitation Act of 1973 may receive adapted physical education services. An example may be the modifications necessary for a student with extreme asthma to participate in physical education i.e. medication procedures, no classes outside under particular conditions, etc.

4. Students identified as students with disabilities under IDEA from whom each student's IEP team has determined the student requires the provision of adapted physical education as a special education service in order to meet the student's unique needs as a result of his or her disability.

Adapted physical education is a direct service provided under the guidelines for special education. Students who qualify for this service will receive adapted physical education in the least restrictive environment. Policies and procedures will be followed in accordance with the direction of the individual county.

III. ENVIRONMENT

All students with disabilities must be afforded the opportunity to participate in the regular physical education program available to their peers without disabilities unless:

- The student is enrolled in a full-time separate facility.
- The student needs a specially designed physical education program as prescribed in the IEP.

The following information will be used to determine the most appropriate least restrictive environment for the delivery of the physical education program:

- Results of assessments.
- Psychomotor, cognitive, and affective factors that would impact the student's ability to successfully and safely participate in regular physical education.
- The effect of the behavior of the student with a disability on the other students.

Decisions related to the most appropriate physical education environment must be based on each student's individual abilities. Evaluation procedures must be comprehensive and a team of experts, not just one person, must make decisions about the environment. These decisions must be reviewed at least once a year to determine if the student is appropriately placed or if the student is ready for a less restrictive environment and to update goals and objectives.

The following is an example of the continuum of environment options for physical education.

- General Physical Education
- General Physical Education with Supplementary Aids and Services
- General Physical Education Supplemented with Adapted Physical Education Services
- Adapted Physical Education Services Supplemented with General Physical Education
- Separate Adapted Physical Education

The goal is for all students to receive physical education in the least restrictive environment.

IV. LEGISLATION

Federal laws and regulations, coupled with State and local school system requirements for physical education, have significant impact and provide direction for the delivery of adapted physical education for students with disabilities.

Federal Laws and Regulations

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 is a federal statute designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance. Section 504 requires the provision of specialized accommodations to students who exhibit physical or mental impairments that significantly impact a major life activity, but are identified as a student with a disability under the Individuals with Disabilities Education Act (IDEA). A major life activity under Section 504 are activities such as, caring for oneself, performing manual tasks, walking, breathing, seeing, hearing, working and learning. Both temporary and permanent disabilities may be addressed under Section 504.

A student identified as having a diagnosed medical condition, which substantially limits one or more major life activities and impacts upon academic achievement, may receive modifications, accommodations, and specialized equipment and services under Section 504. Specialized accommodations are provided within the regular education environment. It is important to note that students with a disabling condition that requires accommodations under a Section 504 Plan **ARE NOT** students with disabilities under IDEA.

The provision of specialized accommodations under Section 504 may become available to regular education students whenever a school team is made aware that a physical or mental impairment exists that significantly impacts a major life activity for that student. A Section 504 Plan may be implemented by related services personnel, regular educators, consultants, paraprofessionals, volunteers, parents, the student and others. Please contact your local school administrator for additional information about Section 504 of the Rehabilitation Act of 1973 and local policies and procedures relative to the development and implementation of Section 504 Plan.

Physical education programs must afford equal opportunities for students with disabilities to achieve the same results as students without disabilities. Disabling conditions need to be considered in order to maximize the benefits students can receive from physical education, intramural sport programs, and interscholastic sport programs. The guidelines below should be followed to assure equally effective services for students with disabilities.

1. The quality of educational services for students with disabilities must be at least equal that of services provided to students without disabilities.

2. Teachers of students with disabilities must be competent to provide instruction to individuals with disabilities.

3. Services shall be offered in the most normal/integrated settings possible. A program is not equally effective if it results in students with disabilities being indiscriminately isolated or segregated.

The following restrictions should be avoided when conducting physical education programs involving students with disabilities:

- Separating students with disabilities categorically from individuals without disabilities.

- Removing students with disabilities inappropriately from the community environments, such as excluding students from field trips.

- Placing students with disabilities into special and/or segregated programs and activities.

Students with and without disabilities should participate together in physical education, intramural sports, and interscholastic sports to the maximum extent possible.

Impact of P.L. 101-336, the Americans with Disabilities Act (ADA) on Physical Education

The Americans with Disabilities Act (ADA), signed into law in 1990, prohibits discrimination in employment, public accommodations, transportation, state and local government services, and telecommunication relay services. The ADA expands the coverage of Section 504 into the private sector. This law moves away from the categorical approach of labeling disabling conditions. ADA expands the definition of disability to a physical or mental impairment that substantially limits that person in some major life activity (such as walking, talking, breathing, or working). ADA requires that:

- Businesses, public services and transportation used every day by all people are accessible to people with disabilities.
- Existing facilities remove barriers if the removal is "readily achievable."
- Businesses and public services provide additional aids and assistance that would enable persons with disabilities to participate and appreciate the goods and services available at that facility.

Physical education, especially for those students with community transition goals, should therefore be directed toward providing students with disabilities the skills necessary to participate in and benefit from community recreation and fitness programs.

Impact of Individuals with Disabilities Education Improvement Act of 2004 (IDEA)

IDEA is a federal law that ensures all children and youth, three through 21 years of age, determined to be disabled and in need of specialized instruction and related services receive in order to receive a free appropriate public education (FAPE). It is the responsibility of the IEP team for a student with a disability to determine those services the student needs in order to receive FAPE in the least restrictive environment (LRE). All children and youth with disabilities have the right to participate and receive benefits from a physical education program.

Within IDEA, the term physical education includes special physical education, adapted physical education, movement education, and motor development. The IDEA definition of physical education includes the development of:

- Physical and motor fitness;
- Fundamental motor skills and patterns; and
- Skills in aquatics, dance, individual and group games, and sports (including intramural and lifetime sports).

In accordance with 34 C.F.R. §300.108(a), "general physical education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE, unless the public agency enrolls children without disabilities and does not provide physical education services to children without disabilities in the same grades." This statement is important when addressing students with disabilities in schools offering Pre-K programs and what services should be provided in those schools.

Before a student with a disability receives special education services, the student's IEP team develops the IEP. The student's parent is a member of the team. Parents are encouraged and expected to share their concerns and information about their child during the IEP team meeting for use in developing their child's IEP. The student also has a right to attend and participate in the IEP meeting. It is the responsibility of each student's IEP team to determine whether the student requires adapted physical education as a result of the student's disability. If the student requires specialized physical education, the student's IEP must identify the service, including the location, duration, and frequency.

Each student with a disability must be afforded the opportunity to participate in the general physical education program available to students without disabilities. If a student with a disability can fully participate in the general physical education program without specialized instruction to address the student's unique needs, it would not be necessary to describe or refer to physical education in the student's IEP. If some accommodations, supplementary aids, services, supports, or program modifications, hereafter referred to as supports, to the regular physical education program are necessary for the student to be able to participate in that program, those supports must be described on the IEP. For students with disabilities educated in a separate facility, the physical education program for each of those students must be described or referred to in all applicable areas of the IEP, including goals and objectives.

State Laws, Regulations, and Policies

Impact of Education Articles

Consistent with Education Article, §4-111, Annotated Code of Maryland, each local school systems shall provide physical education curriculum guides for the elementary and secondary schools under its jurisdiction.

Consistent with Education Article §8-401(a)(4), Annotated Code of Maryland, each local school system and State operated program is required to provide special education to each student identified as a student with a disability under IDEA. Special education is specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including instruction provided in the classroom, home, hospitals, institutions, and other settings; and physical education.

The 2008 Maryland General Assembly passed Senate Bill 849 SB849/House Bill HB1411 requiring each local school system to ensure that students with disabilities have equal opportunities to participate in physical education programs and try out for and, if selected, to participate in mainstream athletic programs. Local school systems are required to:

- Provide specified accommodations;
- Develop specified policies and procedures; and
- Provide opportunities for students with disabilities to participate in athletic competition.

Impact of Code of Maryland Regulations (COMAR)

Physical Education Instruction

COMAR 13A.04.13, Program in Physical Education, specifies the requirement for physical education instruction of children and youth, in grades K – 12. National and State Standards for physical education and the Maryland Voluntary State Curriculum for physical education provide the guidelines for the development of physical education programs in Maryland.

State regulations concerning the provision of a free appropriate public education and physical education in COMAR 13A.05.01 align with federal IDEA regulations in 34 C.F. R. §300. Maryland does not allow a local school system to waive a student's required participation in physical education. "**ALL** students" includes students with disabilities. 1) MSDE sends written communication to each LSS annually (see sample letters in appendix). 2.) A physician letter requesting information and recommendations is also available in the appendices.

Special Education and Related Services

COMAR 13A.05.01, Provision of a Free Appropriate Public Education, for students with disabilities, is aligned with IDEA and includes information relative to identification, assessment, evaluation, parent participation, consent, IEP content, services in the least restrictive environment, and procedural safeguards. The IEP team for a student with a disability determines whether or not the student requires specialized physical education to meet the student's unique needs, as a result of the student's disability. In accordance with COMAR 13A.05.01.03B(56), physical education means the development of:

- Physical and motor fitness;
- Fundamental motor skills and patterns; and
- Skills in aquatics, dance, and individual and group games and sports, including intramural and lifetime sports.

Physical education" includes:

- Special physical education;
- Adaptive physical education;
- Movement education; and
- Motor development.

High School Graduation Requirement

In accordance with COMAR 13A.03.02, Graduation Requirements for Public High Schools in Maryland, each student is required to obtain one half credit Physical Education. Some local school systems may require an additional one half credit to meet their local school system requirements for graduation. Modifications or adaptations can be made to most courses in physical education in order to meet the needs of the student.

V. SERVICE DELIVERY

Each of the Maryland local school systems have developed specific service delivery model based on the unique needs of the district. The roles and responsibilities for the adapted physical educator and the general physical educator are discussed below.

A teacher with a certification to teach physical education in the state of Maryland is qualified to teach adapted physical education. Teacher responsibilities for the completion of the appropriate paperwork is provided by the individual districts and based on the service provided.

It is strongly encouraged that those teachers working in the area of adapted physical education seek certification. The National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) has a national certification for adapted physical education and several universities throughout the county provide graduate programs in adapted physical education. To obtain more information about this national certification go to the following website (www.apens.org).

The Role of the Adapted Physical Educator

Adapted physical education, as defined by the four possible strands of service, will include a variety of services and assistance to physical education teachers and programs of instruction. The adapted physical educator should be considered the content expert and resource for this area. Listed below are a variety of items that may be included within the job responsibilities of an adapted physical educator

- Assessment
- IEP development
- Teaching strategies
- Alternative equipment or adaptations
- Accommodations
- Curriculum adaptations
- Professional development
- Teacher coaching
- Parent conferences
- Peer mentors
- Para-professionals
- Documentation
- Communication with Medical Professionals
- Interdisciplinary Collaboration
- Evaluate facilities

The Role of the Physical Educator

The physical education teacher is responsible for providing instruction to all students. Instruction should be provided utilizing multiple instructional strategies and a variety of equipment to assist with the acquisition of skills. Multiple opportunities for a student to achieve a grade level outcome should be provided. Listed below are the unique responsibilities of the physical education teacher within an adapted physical education program based on the service delivery model in each of the local school systems.

- Assessment
- IEP development
- Teaching strategies
- Alternative equipment or adaptations
- Scheduling
- Medical Documentation
- Referrals
- Accommodations
- Curriculum adaptations
- Professional development

- Parent conferences
- Peer mentors
- Para-professionals
- Documentation
- Grading
- Quarterly IEP Progress Reports
- Communication with Medical Professionals
- Interdisciplinary Collaboration
- Evaluate facilities

Transition of Students with Disabilities to Lifetime Physical Activity

Transition is the passage from one stage of development to another. Formal transition planning begins during the calendar year in which the student turns age 14. The school-based Individualized Education Program (IEP) team, including the student and parents, will develop a transition plan that identifies the student's transition goals and service needs.

According to the Individuals with Disabilities Education Act of 2004 (IDEA): "Transition Services" means a coordinated set of activities for a child with a disability that is designed to be a results-oriented process, focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. It is also based on the individual child's needs taking into account the child's strengths, preferences, and interests.

Adapted Physical Education teachers have the responsibility to teach the skills and knowledge needed for successful participation in community based recreation, leisure and sport activities. It is imperative that adapted physical educators pay particular attention to the transition process from school to community-based activities and the development of skills necessary to transition to a lifetime of participation in physical activity.

This "top-down" approach to teaching starts with the end result, for example bowling at the local bowling center, and works backward to identify all the cognitive, social and physical components, as well as the environmental components needing to be taught. Each of these components is then task analyzed which is used for initial assessment, basis of instruction, and final assessment. Using a "top down" planning approach when developing IEP goals and objectives, may lead to increased confidence by the student in their ability to participate in community based activities and would be recommended when teaching all sports skills.

Appropriate Instructional Modifications for Students in Physical Education

There are several key areas physical educators should consider when providing appropriate instructional modifications to students in physical education.

Environment: A positive learning environment invites all students to participate in meaningful experiences that offer a variety of opportunities for personal success. It is critical that teachers attend to the social environment in order to protect students from ridicule, exclusion or discrimination. In addition, teachers must be able to make necessary curriculum modifications (what is taught) as well as instructional modifications (how it is taught). Possible considerations include:

- Using small group stations and centers
- Measuring success using a variety of methods (skill tests, journals, portfolios)
- Incorporating cooperative games and team building activities
- De-emphasizing competitive team sport games and emphasizing sport skill development, fitness, and lifetime leisure activities
- Changing game design by modifying one or several components; purpose, number of players, objects, organization

Equipment: Equipment selection will vary upon activity, student, facility, surface and purpose. Consider changes in size, texture, weight, color and function. In addition, use electronic and technological devices that will enhance learning. A few specific considerations /examples include:

- A very large and light ball instead of traditional volleyball
- Balls with sound to assist in tracking
- Velcro or other strapping devices to enhance grip on rackets or bat
- Heart rate monitors to ensure safe heart rate zones
- Computer technology to provide additional information, visual demonstrations, or repetition of instructions

The Role of the Paraprofessional in Physical Education

The paraprofessional's (instructional assistants and personal assistants) primary role is to provide instructional assistance and student support for the physical educator. Physical education is an instructional area and the gymnasium is a classroom-learning environment and the paraprofessional is generally required to be present, dressed appropriately, and assist. Having this support in the physical education class allows for closer supervision and more teaching-learning opportunities for students. The following are specific roles and responsibilities for the paraprofessionals:

- Work under direct supervision of the physical educator.
- Assist the teacher with equipment and materials.

- Provide all students with opportunities for positive learning and interpersonal experiences.
- Be aware of health and medical concerns of students.
- Be knowledgeable of safety issues.
- Apply consistent classroom management techniques.
- Assist the physical educator with the implementation of students' goals and objectives.
- Provide support, suggestions, and feedback regarding the strategies and instruction that have been implemented.
- Assist and supervise students to and from physical education.
- Monitor/assist students during warm-ups and class activity.

Effective use of paraprofessionals in the physical education class can be invaluable. The physical educator must communicate with instructional and personal assistants to encourage professionalism and trust between the professionals. Areas to discuss are preplanning (knowing the curriculum beforehand) and feedback (performance based).

VI. GUIDELINES FOR APPROPRIATE INCLUSION IN PHYSICAL EDUCATION

IDEA mandates that students with disabilities be educated with students who are not disabled to the maximum extent possible whenever appropriate. Therefore, general physical education should be considered as the first setting option. Inclusion in the general physical education setting is determined by each individual student's present level of academic achievement and functional performance. Students participating in physical education should be able to make progress while demonstrating learning in the psychomotor, cognitive and affective domains. In addition, students should be able to demonstrate competency in grade level outcomes

It is important to note that there are a number of concerns and possible barriers to providing instruction in the general physical education environment. Teachers have identified the following barriers impacting the quality of instruction:

- class sizes
- developmental level of student
- safety concerns
- medical concerns
- severity of the disabilities

Although these barriers are important considerations, they should never be used to exclude students from general physical education. It is the responsibility of the entire school team to work collaboratively to eliminate such barriers in order for students with disabilities to successfully participate in physical education.

Barriers to including students with disabilities in general physical education settings can be eliminated by following the guidelines below:

- Students with disabilities should be individually scheduled into general physical education classes. Therefore, just because a student receives academic instruction in a self-contained setting does not necessarily mean the student needs segregated self-contained instruction in physical education. All effort should be made to ensure students with disabilities receive instruction with their nondisabled peers to the maximum extent appropriate. Categorically placing a group of students with disabilities "en masse" into a general physical education class, just for the sake of inclusion increases class sizes to numbers that negatively impact the quality of instruction for all students. Decisions regarding placement in general physical education should be conducted on an individual case by case basis and be determined on individual student assessments, strengths, weaknesses and present levels of performance.

- When included in general physical education, students with disabilities should participate with their non-disabled age peers. Students should not be placed in an inclusion class based on their developmental level. For instance, placing a 5th grade student with a disability in a 1st grade class is not appropriate.

- The safety of all students including those students with disabilities must be carefully considered. School teams should explore the many supplementary aids, services and supports available to help facilitate successful inclusion in physical education. Through the use of such supplementary aids and supports, many safety concerns can be significantly reduced. It is important to try such supports before placing a student in a more restrictive environment. In addition, it is important to review the following safety factors when planning for inclusion:

  a. Ensure the lesson is age and developmentally appropriate for the student with a disability.
  b. Survey the instructional environment for safety concerns. For example, check for evenness of playing surface to prevent possible falls or wheelchair tipping.
  c. Ensure equipment is safe.
  d. Have progressive lead-up activities to prevent injuries that may result from lack of preparation.
  e. Ensure students with disabilities are being actively supervised.
  f. Be aware of the school's emergency procedures.

- It is important that all service providers review medical records for any activities that may be contraindicated for a particular student. For example, a student with Downs Syndrome may be prone to atlanto-axial instability and should avoid forward rolls that place stress on the neck if this condition is present. The school nurse should always be consulted in regards to any student with a medical condition. School nurses are a valuable resource and can serve as a bridge to the student's physician. In some cases where a student is medically fragile, a one on one nurse can be assigned

to be with the student at all times during the instructional day including physical education.

- Students should not be placed in adapted physical education classes based solely on their disability. School teams should not only talk about the student's disability but more importantly how the disability impacts performance in general physical education. Not all students that have a disability or have an IEP require adapted physical education.

VII. INSTRUCTIONAL STRATEGIES FOR PEERS WORKING WITH STUDENTS WITH DISABILITIES

General education students are often an underutilized resource to facilitate the inclusion of students with disabilities in physical education. Taking the time to prepare general education students for students with disabilities can serve as a valuable instructional strategy and can allow greater teacher flexibility. However, a great deal of training is needed in the following areas:

- Awareness of disabilities
- Alternative communication strategies (sign language, Picture Communication Symbols, voice output devices, etc.)
- Introduction to mobility equipment (wheelchairs, gait trainers, walkers, etc.)
- Introduction to adapted equipment (beeper balls, bowling ramps, etc.)

Physical education teachers can conduct a number of activities that can help prepare general education students to work with students with disabilities. Below are a few suggested activities:

- Have related service providers talk to classes on how they help students access the instructional environment
- Invite guest speakers with disabilities to discuss their experiences
- Discuss instructional strategies that students can use to help students with disabilities in physical education

Preparing general education students to work with students with disabilities can be a lengthy process, but it is a necessary process in order to ensure successful inclusion of students with disabilities in physical education. It is important to utilize all school personnel in the training process including Paraprofessionals.

VIII. ADDITIONAL PROGRAM CONSIDERATIONS

Confidentiality

All federal, State and local school system regulations regarding personal information must be followed at all times and it is the responsibility of the teacher to comply with these regulations. The information obtained by any teacher, paraeducator, or therapist

must also be kept confidential between teachers and specialists and should be accessible to all instructional personnel working with the student.

Referrals

Referrals for services in physical education can come from local school system personnel and parents. Physical educators have a right and an obligation to refer students who do not meet grade level expectations. Initially, teachers should provide student modifications to the program in order that students can meet with success in the regular physical education environment. If the modifications are not producing a successful experience, local school system procedures should be followed for the referral process. The physical educator should have a complete portfolio that would include observations, assessments, and current levels of performance that can be shared with appropriate school personnel. Local school system referral procedures should be followed.

Medical Documentation

It may be best to consult with a student's physician for medical information before some students with disabilities take part in physical education. Medical documentation must be current and remain confidential. Emergency and first aid procedures are required in the substitute/emergency plans. Communication devices (ex: walkie talkie) must be available at all times. The physical education environment must be checked daily to ensure the safety of all students. Latex managed environments are to be maintained for all identified students such as those students who have spinal bifida. Physical educators should contact the school nurse or the adapted physical education representative for further medical information.

IX. ASSESSMENT

The assessment is of utmost importance as it is the foundation for effective programming. Assessment refers to data collection, interpretation, and decision-making (Sherrill, 1993). There are various types of assessments that can be administered which should be directed toward a specific purpose, in order to create a profile of a student's current levels of performance in physical education. When completing an assessment, more than one assessment should be used to ascertain current levels of performance. Assessment tools have different purposes and can evaluate performance in motor skills, physical fitness, knowledge, and social emotional skills. Informal and formal assessment tools are both valuable and informative in the assessment process. Results are used to recommend placement and to develop goals and objectives for adapted physical education. It is imperative the assessor understand how to correctly select the assessment tools, administer the assessment, and interpret and discuss the results with parents and other school personnel. Collaboration with additional school personnel such as the special educator, adapted physical education consultant, physical therapist, and psychologist may be necessary to assist in the assessment process.

Although these types of assessments can be useful in the providing appropriate adapted physical education, they do have limitations. Because many students with severe disabilities are unable to be tested in traditional methods and because these tests do not necessarily adhere to curricular grade level outcomes, a performance based assessment or authentic assessment may be a preferred alternative.

For assessments used in the general physical education classroom a comparable assessment must be administered to a student who is unable to complete the general assessment. An example would be administering the Brockport Fitness Assessment for Students with Disabilities in lieu of the Fitnessgram Fitness Assessment. Examples of Assessment Tools may be found in the Appendix under the section titled "Assessment Tools".

Authentic Assessment

Authentic assessment is an approach that closely links to instruction and takes place in a real life situation. It is designed to directly measure the skills that students need for successful participation in physical education.
Guiding Principals to Authentic assessment:

1. Assessment should be imbedded in the curriculum
2. Data should be taken each physical education session
3. No ceiling should be placed on student learning
4. All students should be expected to improve in their progress toward the objective. (Lieberman/Houston-Wilson 2002)

Authentic assessment may include rubrics, task analysis, functional assessment and portfolios.

Performance Based Assessment

Performance assessment, also known as alternative or authentic assessment, is a form of testing that requires students to perform a task rather than select an answer from a ready-made list. For example, a student may be asked to perform a motor skill such as throwing or a fitness skill such as a curl-up. Experienced assessors, either teachers or other trained staff, then judge the quality of the student's work based on an agreed-upon set of criteria to determine the students need for successful participation in physical education.

Grading

A student with a disability may require a differentiated grading method in physical education. (For example a high school student requiring alternative activities/programming for credit acquisition) If the students have physical education goals and objectives stated on their IEP, those students should be graded on those goals and objectives. Students with physical education goals and objectives on their IEP must receive a quarterly report pertaining to progress toward their goals in addition to their report card grade and any additional reporting as required by individual school districts. (E.g. interim reports)

If the students do not have physical education goals and objectives on their IEP, they must be graded using the same standards as all other students in the physical education program.

X. PRE-K PHYSICAL EDUCATION FOR STUDENTS WITH DISABILITIES

If the Pre-K program in a school has a physical education program, Section 504 of the Rehabilitation Act of 1973, the ADA and IDEA require that children with disabilities have and equal opportunity to participate. Providing that opportunity may require adapted physical education if the student needs that service, depending on the student and the current level of performance.

If the Pre-K program in a school offers no physical education, Section 504 of the Rehabilitation Act of 1973, the ADA and IDEA do not require the school system to establish an adapted physical education program for Pre-K students with disabilities. In accordance with federal regulation 34 C.F.R. §300.108, "the State must ensure that public agencies in the State comply with the following:

(a) General Physical education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE, unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades."

XI. ADAPTED PHYSICAL EDUCATION IN PRIVATE AND NON-PUBLIC SCHOOLS

In general, all children with disabilities residing in the State, including children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated.

Each local school system is expected to establish written policies and procedures for a continuous child find system which addresses the relationships among identification, assessment, evaluation, planning, implementation, and review.

If a student's IEP cannot be implemented in a public school program, the local school system shall take steps to ensure that the student is provided FAPE. It is the responsibility of the local school system to ensure the student receives the services identified on the student's IEP.

No parentally placed private school child with a disability has an individual right to receive some or all of the special education and related services that the child would receive if enrolled in a public school. Decisions about the services that will be provided to parentally placed private school children with disabilities are made by the local school system after consultation with representatives of private schools located within the jurisdiction of the local school system. The local school system must make the final decisions with respect to the services to be provided to eligible parentally placed private school children with disabilities.

XII. RELATED SERVICES

According to federal law, adapted physical education is a required/direct service, not a related service, meaning that it is specifically designed instruction. Prior to or during the IEP meeting, related services may be identified as necessary for the student with a disability. A related service is a supportive service that is required to assist students with disabilities to benefit from their special education programs.

Many students with disabilities can benefit from the support of related services. It is important to remember that related services, such as physical and occupational therapy, **ARE NOT** to be used to replace the instructional physical education program. Collaboration between the physical educator and related service providers is encouraged. For example, the physical education teacher can consult with the physical therapist for use of assistive devices, proper body alignment, activities for addressing motor and fitness development, etc.

APPENDICES

1. Maryland State Department of Education (Waiving the Graduation Requirement)
2. Maryland State Department of Education (Exemption from Physical Education K-8)
3. Examples of Gross Motor Assessment Tools
4. Components of an Adapted Physical Education Assessment Report
5. Definitions
6. Skill Adaptations/Modifications for Students with Disabilities
7. Activity Modifications by Sport
8. Sample Activities/Lessons
9. Alignment of Adapted Physical Education Goal Areas to Maryland VSC Standards
10. Alignment of Adapted Physical Education Goal Areas to NASPE Standards
11. Sample Physician Letter
12. Paraeducator Responsibilities
13. 99 Ways to Say "Very Good"
14. Suggested Adapted Physical Education Resources
15. Adapted Physical Education Tri-fold

MARYLAND STATE DEPARTMENT OF EDUCATION
Achievement Matters Most

Nancy S. Grasmick
State Superintendent of Schools

200 West Baltimore Street, Baltimore, MD 21201 410-767-0100 410-333-6442 TTY/TDD

From: Mike Mason, Content Specialist for Physical Education

To: Coordinators and Supervisors of Physical Education

Re: Waiving the graduation requirement

This is to advise you that under the Maryland State Board of Education regulations on graduation requirements, there is no ability to waive the physical education credit requirement. However, there are modifications one may make based on physical limitations or handicapping conditions.

Students may participate in a modified program of physical education based upon individual needs. This would require an individual program be adapted to assist students with any modifications necessary. This program would have to be approved by the physical education teacher, supervisor, and local school system for these modifications to be developed.

If I can be of further assistance, please call me at 410-767-0524. Thank you for continued cooperation.

MARYLAND STATE DEPARTMENT OF EDUCATION
Achievement Matters Most

Nancy S. Grasmick
State Superintendent of Schools

200 West Baltimore Street, Baltimore, MD 21201 410-767-0100 410-333-6442 TTY/TDD

To: Physical Education Supervisors

From: Mike Mason, Content Specialist in Physical Education

Re: Exemption from Physical Education

I have received requests for information regarding exemption from the Physical Education requirement in grades K-8. This is to advise you that under the Maryland State Board of Education regulations, Physical Education must be provided to all students each year. However there are modifications one may make based on physical limitations or handicapping conditions.

Students may participate in a modified program of physical education based upon individual needs. This would require an individual program be adapted to assist students with any necessary modifications. This program would have to be approved by the physical education teacher, supervisor, and local school system for these modifications to be developed.

If I can be of further assistance, call me at 410-767-0524. Thank you for continued cooperation.

EXAMPLES OF GROSS MOTOR ASSESSMENTS

TEST NAME	TYPE OF TEST	DESCRIPTION	AGE	TIME	SCORE
Battelle Developmental Inventory (BDI)	Motor Abilities, Early Movement, Milestones, Fundamental Movement Skills	Identify developmental strengths & weaknesses of children with & without disabilities in infant, preschool & primary programs. Training needed.	Birth-8 yrs.	Entire Test 1-2 Hrs.	Norm Referenced
Brigance Inventory of Early Development	Motor Development	Psychomotor skills:locomotor, balance, strength, ball skills, rhythm & fine	Birth-7 yrs.	Varies	Criterion Referenced, Age Norms Available
Miller Assessment for Preschoolers (MAP)	Movement Skill Foundations, Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	27 core indexes scored for 5 scales: neuromaturational, gross/fine/oral motor, language, memory, problem solving & visual perception & combined abilities	2.9-5.8 yrs.	30 mins.	Norm Referenced
Ohio State Univ. Scale of Intra-Gross Motor Assessment	Fundamental Movement Skills	Skills tested: walking, stair climbing, running, jumping, hopping, skipping, ladder, climbing, throwing, catching, striking, kicking	2-14 yrs.	Not Reported	Criterion Referenced
Peabody Developmental Motor Scales	Standardized	Gross & fine motor	Birth-6.5	30 min.-1 hr.	Age Equivalencies
Test of Gross Motor Development II (TGMD-II)	Motor Development	Provides performance criteria for different locomotor skills & object control skills	3-10 yrs.	Indiv. 15 min.	Percentile, Standard Score
Top-Down Motor Milestone Test (TDMMT)	Early Movement Milestones, Fundamental Movement Skills	74 skills organized into 16 sitting, standing, & walking skill heading	Infant-young adult	15 min.	Criterion Referenced
Transdisciplinary Play Based Assessment	Early Movement Milestones, Fundamental Movement Skills	6 phases: unstructured facilitation, structured facilitation, child-child interaction, parent-child interaction, motor play & snack	Birth-72 months	Varies by phase	Criterion Referenced
Adapted Physical Education Assessment Scale (APEAS)	Motor Performance	Test includes: motor development perceptual motor function, motor achievement, posture, fitness	5-18 yrs.	Indiv. 20 min. Group 30 min.	Percentile
Bruininks-Oseretsky Test of Motor Proficiency	Motor Ability	Gross & fine motor skills: speed, agility, balance, coordination, strength, dexterity, visual-motor, bilateral coordination	4.5-14.5 yrs.	Complete: 45-60 min. Short: 15-20 min.	Age-Based Standard Score

COMPONENTS OF AN ADAPTED PHYSICAL EDUCATION SAMPLE ASSESSMENT REPORT

An Adapted Physical Education report of teacher assessment is a critical element in the process of identifying the needs and services for children with disabilities. While the format of the report is not critical, the elements are. A sample model report should include the following:

1. Information about the student

- Student's full, legal name
- Birth date
- Parents' name
- Address and phone number
- Age
- Grade
- School
- Educational program
- Teachers' names
- Background information about the student
- Disability
- Gender
- Results of hearing and vision screening

2. Information about the assessor

- Name
- Title
- Employer/position/title

3. Information about the assessment

- Reason for the assessment
- Date(s) of evaluation
- Name and description of the formal assessments used
- Description of informal assessment procedures used
- Description of the student's behavior during the assessment
- Indication of the validity and reliability of the assessment
- Description of how the formal and informal test results support one another
- Present level of performance
- Strengths
- Areas of need
- Report of actual test scores
- Means and standard deviations
- Percentile scores
- Standard scores
- Age equivalents/age ranges

Other scores may be appropriate

4. Recommendations

- Summary of needs
- Recommendation of physical education placement(s)
- Frequency and duration of APE services, if appropriate

*** The report must always be signed by the assessor**

ADAPTED PHYSICAL EDUCATION/MOTOR DEVELOPMENT
ADAPTED AQUATICS DEFINITIONS

Acceleration	The rate of change in velocity
Accommodation	Adaptation that the child must make to the environment when new and incongruent information is added to his or her repertoire of possible responses
Adaptation	The process of making adjustments to environmental conditions and intellectualizing these adjustments through the complementary processes of accommodation and assimilation
Adapted Physical Education	A diversified program of developmental activities, games, sports, and rhythms, suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program
Affective	Refers to inner feelings, attitudes, and socially acceptable behavior in a given setting
Age Appropriate	Within the child's chronological age
Agility	The ability to change direction of the entire body quickly and accurately while moving from one point to another
Alternative/Augmentative Communication	Refers to supplemental communication techniques that are used in addition to any naturally acquired speech and vocalization that exists
Annual Goal	Yearly goals documented in the Individualized Education Plan
Apraxia	A thought organization disorder that is particularly observable in movements that require correct sequencing and timing
Assessment	A process used to gather information about the participant's achievement and to make decisions and judgments based on that evidence
Assimilation	Interpretation of new information based on present interpretations by taking in information from the environment and incorporating it into one's existing cognitive structures
Ataxia	Greek word meaning "lack of order" is defective muscular coordination, especially in relation to reaching and walking. Both balance and coordination are affected
Athetoid	Unwanted jerky repetitive movements
Atrophy	Degeneration of the muscles
Authentic Assessment	An assessment that takes place in a realistic situation as opposed to an artificial, contrived setting
Autism	A developmental disability significantly affecting verbal and nonverbal communication and social interaction
Balance	The ability to maintain one's equilibrium in relation to the force of gravity. Balance may be static or dynamic
Behavior Management	Encompasses all of the strategies that educators utilize to develop effective and appropriate student behaviors.
Bilateral Movements	Two body parts working in unison and performing the same movements. Arms and legs simultaneously reaching, spreading, or closing

Bobbing	To move up and down jerkily or repeatedly. In the down phase both arms are raised simultaneously upward, causing the body to descend; breath exhaled. In the up phase both arms press downward simultaneously; the body pushes up
Body Awareness	The ability to derive meaning from the body. Developing capacity to accurately discriminate among body parts and to gain a greater understanding of the nature of the body
Body Composition	The amount of fat cells compared with lean cells in the body mass. Measured by skinfold thickness
Buoyancy	Ability to float; the upward force a fluid exerts on bodies in it
Catching	Involves using the hands to stop and gain control of an object
Child-Centered	Focuses on the active involvement of students in the learning process. Students are encouraged to make decisions in their learning process. Students are encourages to develop their own ideas, creativity is valued Child initiated and teacher facilitated
Closed Skill	Repetitive activities in a predictable environment
Cognitive	Refers to one's intellectual ability to think, recall, conceptualize, and solve problems
Competence	One's actual ability to meet particular achievement demands at a adequate performance level in all three learning domains
Congenital	Condition is present at birth
Contractures	Permanent shortening and tightening of muscle or muscle group caused by spasticity, paralysis, or disuse
Contralateral Pattern	A movement pattern (generally creeping and walking) in which the arm and leg on the opposite side of the body move in unison
Coordination	The ability to integrate separate motor systems with varying sensory modalities into efficient movement
Criterion-Referenced Test	Compares an individual's performance against a predetermined standard of performance
Crossdisciplinary Model	The integration of knowledge from many academic disciplines in the creation of a distinct, unique body of knowledge that focuses on the identification and remediation of psychomotor problems
Crosslateral Movements	Movements in which the limbs work in opposition.(i.e.: left leg moves forward with right arm like the natural walking pattern)
Daily Living Activities	Movement oriented tasks that individuals carry out throughout their lives that are required for basic everyday needs
Deaf-Blindness	Combined hearing and visual impairment, which causes such severe communication and other developmental problem
Deafness	A hearing impairment so severe that the child is impaired in processing linguistic information through hearing with or without amplification
Deep	A greater amount of water where the person cannot stand on the ground within it
Development	Changes in an individual's level of functioning over time

Developmental Approach	Instruction that emphasizes the acquisition of movement skills and increased physical competency based on the unique developmental level of the individual
Developmentally Delayed	A generic term that indicates a child performing significantly below average in one or more areas
Diplegia	Lower extremities are much more involved than upper ones
Directional Awareness	A developing sensitivity to internal and external sidedness
Drag	The resistance of water on a body moving through it
Early Childhood	Individuals ages 3 to 8 and often referred to as young children
Ecological Task Analysis	The joint process of assessing and decision making about all variables that affect learning. Refers to analyzing relationships among task goal, learner, and ecosystem in holistic functional terms
Exploratory-Based	An indirect teaching approach that encourages child-centered movement
Extension	Stretching or lengthening muscles
Fine Motor	Small muscle movements that require precise movement performance
Flexibility	The ability to use joints fully, it's the capacity of a joint to move through its potential range of motion
Flexion	Shortening or contracting muscles
Float	To rest on the surface of or be suspended in a fluid (water)
Force	The effort that one mass exerts on another. It can be produced by muscles, gravitational pull of the earth, and/or momentum
Formative Assessment	Gathering and evaluating data about participants' progress throughout the program
Frontal Plane	Plane in which lateral movements of the body and body segments occur
Fundamental Movement	An organized series of related movements used to perform basic movement tasks such as running, jumping, throwing, and catching
Fundamental Movement Patterns	The observable performance of a basic locomotor, manipulative, or stability movement that involves combining movement patterns of two or more body segments
Gait	An individual's walking pattern. It consists of the swing phase and support phase
Galloping	Similar to sliding, but the movement is performed in a forward direction. On foot leads in the forward direction
Glide	Move along smoothly, evenly and easily. The phase of movement through water without effort of the swimmer
Gross Motor	Large muscle movements of the body
Guided Discovery Method	A teaching approach in which the instructor poses problems in the form of questions or challenges
Head Control	Ability to position head in space to work against gravity
Hearing Impairment	An impairment in hearing whether permanent or fluctuating, that adversely affects a child's educational performance
Health-Related Fitness	The development and maintenance of fitness components that can enhance health and well-being. Includes: cardiorespiratory endurance, muscular strength, muscular endurance, body composition, and flexibility
Hemiplegia	The entire right side or left side is involved

Homolateral Pattern	A movement pattern (generally creeping and walking) in which the arm and leg on the same side of the body move in unison
Hopping	Forcefully pushing off the ground from one foot, a brief suspension in the air, and landing on the same foot
Hydrocephalus	An abnormally large head caused by the accumulation of cerebrospinal fluid
Hydrodynamics	The science that studies the motion of fluids and forces on solid bodies in water
Hydrotherapy	Water exercises for therapeutic purposes
Hypothermia	A lowering of the core body temperature due to cold conditions in the environment
Hypotonia	Insufficient muscle tone, muscle weakness. Often associated with children with down syndrome
Inclusion	An educational procedure and process for children with a disability based on the ethical and legal requirements that each child be educated in the least restrictive environment in which the child's education and related needs can be satisfactory
Inertia	Tendency of a body to resist a change in its state of motion
Immersion	Dip or lower into water until covered by it
Individualized Family Service Plan	IFSP is used with infant and toddlers in place of an individualized education plan (IEP)
Infant and Toddler	Individuals from birth through age 2
Intellectual Disability	Significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior. Once known as mental retardation
Interdisciplinary Model	Individuals from many different professions interact in service delivery and share knowledge and skills
Isometric	Contraction involving no change in muscle length
Jumping	A child bends his/her knees, swings his/her arms and creates force that allows the child to leave the ground on two feet and land on two feet. This can occur for distance or in height
Kicking	Imparting force to an object by the foot and the leg
Leaping	Similar to a run, it is a long step forward to cover a distance or to go over an obstacle. An exaggerated running step
Locomotion	Movement patterns that permit exploration through space (i.e.: walking, running, jumping, hopping, skipping, galloping, sliding, marching, leaping, etc.)
Mainstreaming	The process of including children with disabilities in the same programs and activities as the general education classes
Manipulation	Movement patterns that permit gross and fine motor contact with objects (i.e.: throwing, catching, kicking, striking)
Mental Retardation	See Intellectual Disability
Moderate Physical Activity	Activity that is easily maintained and is performed at an intensity that increases heart rate and breathing
Motor	Underlying biological and mechanical factors that influence movement

Motor Development	Continuous change in motor behavior throughout the life cycle brought about by interaction among the requirements of the task, the biology of the individual, and the conditions of the environment
Motor Fitness	The aspect of physical fitness that refers to genetically dependent characteristics that is relatively stable and related to athletic skills
Motor Planning	The organizational activity of the neural system that command coordinated movement patterns. It is the child's thought process about his/her movements
Movement Concepts	The utilization of the areas of body, effort, space, and relationships, to elucidate fundamental movements and sport skills
Movement Education	Uses problem-solving approach to help children develop body awareness and use their bodies in an effective manner unique to their own physical resources
Movement Patterns	An organized series of related isolated movements, such as an underhand or overhand movement pattern
Movement Skills	A fundamental movement pattern performed with accuracy, precision, and control
Multiple Disabilities	Combination of impairments (i.e.: Intellectual disability and orthopedic impairment) which cause severe educational problems
Muscular Endurance	The ability of the muscle or a group of muscles to perform force related work repeatedly against moderate resistance
Muscular Strength	The amount of force the muscles can produce
Multidisciplinary Model	Individuals from many professions participate in service delivery
Norm-Referenced Test	Compares an individual's performance against established standards for a population group with similar characteristics
Open Skill	Practice of skills in an authentic unpredictable environment
Orthopedic Impairment	A skeletal deformity that adversely affects a child's educational performance; caused by congenital anomaly, disease, or another cause
Other Health Impairments	Having limited strength, vitality, or alertness, as due to chronic or acute health problems
Palmer Grasping Reflex	Upon stimulation of the palm, the hand will close strongly around the object without use of the thumb
Paraplegia	Partial or complete involvement of two similar limbs either the legs or trunk
Paralympics	The worldwide sport movement for elite athletes with orthopedic disabilities
Perceptual - Motor	The process of organizing incoming information with stored information that leads to a movement response
Performance-Related Fitness	The development and maintenance of fitness components that can enhance performance in physical activity such as sport. It includes: agility, balance, coordination, power, reaction time, and speed
Physical Fitness	A state of well-being influenced by nutritional status, genetic makeup, and frequent participation in a variety of intense physical activities over time
Proficient	One's actual ability to master particular achievement demands at or above expectations across all three learning domains
Prone	Lying in a horizontal position with front of the body facing down
Principles of Physics in Water	Press down: Body goes up; Press up: Body goes down; Press back: Body goes forward; Press forward: Body goes back
Propulsion	The action or process of moving forward
Propulsive Drag Theory	Theory attributing propulsion in swimming to propulsive drag on the swimmer

Propulsive Lift Theory	Theory attributing propulsion in swimming at least partially to lift acting on the swimmer
Psychomotor	Refers to the ability to move part or all of the body in skillful ways
Push-Off	Creating a certain amount of force by pressing against an object in order to produce a certain amount of speed or movement away from it. (Law of Acceleration). Twice the force will produce twice the speed
Quadriplegia	All four extremities are involved. Partial or total lack of voluntary motor movements and sensations
Qualitative	Involving non-numerical description of quality
Quantitative	Involving the use of numbers
Range of Motion	The angle through which a joint moves from anatomical position to the extreme limit of segment motion in a particular direction
Recovery	Get back to the proper/beginning position
Reflexes	Involuntary changes in muscle tone elicited by certain stimuli or conditions
Rhythm	The synchronous recurrence of events related in such a manner that they form recognizable patterns
Rhythmic Breathing	A pattern of inhaling and exhaling air, combined with repeated face or head immersion
Rotation	Turning round a center or axis; turning in a circle, revolving
Running	Like a walk, but speed is faster with longer stride lengths. There is a momentary period of flight where the body is not supported at all
Sagittal Plane	Plane in which forward and backward movements of the body and body segments occur
Self-Concept	An individual's awareness of personal characteristics, attributes, and limitations, and the ways in which these qualities are both like and unlike those of others
Self-Confidence	An individual's belief in his or her ability to carry out a mental, physical, or emotional task
Self-Efficacy	The conviction that one can successfully execute the behavior required to produce the desired outcome
Self-Esteem	The value that one attaches to his or her unique characteristics, attributes, and limitations
Serious Emotional Disturbance	A condition exhibiting one or more of the listed characteristics over a long period of time in which it adversely affects the child's educational performance. Inability to learn other than intellectual, sensory, or health factors; inability to build proper social skills, inappropriate behaviors/feelings, depression, and/or development of physical symptoms or fear associated with personal or school problems
Shallow	Smaller amount of water where a person can stand on the ground within it; not deep
Shunt	Device implanted in the body to remove excess cerebrospinal fluid
Skipping	A combination of a step and a hop, with feet alternating after each step-hop
Sliding	A sideways movement in which the weight of the body is shifted in the direction of the slide

Specific Learning Disability	A disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken/written) that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations
Skill-Based	Fundamental movements that are later modified into the more specialized patterns on which activities of increasing complexity are built
Spasticity	Caused by pyramidal system malfunction, is primarily a problem of over excitation or too much tightness in muscles. Impairment of voluntary movement
Spatial Awareness	An understanding of how much space the body occupies and the ability to project the body effectively into external space
Special Olympics	A worldwide sport movement for athletes with intellectual disabilities
Speech or Language Impairment	A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment
Speed	The ability to move from one point to another in the shortest time possible. Speed is the total of reaction time and movement time
Stability	Movement patterns that place a premium on gaining and maintaining one's equilibrium (i.e.: static and dynamic balance abilities)
Striking	Involves using a body part or an implement to apply force to a stationary or moving object
Submersion	Put or plunge under the water; covered with water
Summative Assessment	Assessment that occurs at the conclusion of the program
Supine	Lying in a horizontal position with front of the body facing up
Teacher-Directed	A more formal and direct style of teaching in which the teacher commands the class in a more controlling environment
Temporal Awareness	The ability to derive meaning in relation to speeds, distances, time, and/or flow. It is intersensory, primarily visual-auditory
Transdisciplinary Model	Individuals of different domains work collaboratively in all aspects of the educational process including assessing, designing, and determining goals jointly
Throwing	Involves the use of the underhand, overhand or sidearm pattern in propelling an object
Traumatic Brain Injury	Acquired injury to the brain caused by an external physical force, resulting in total or partial functioning disability or psychosocial impairment
Triplegia	Three extremities, usually both legs and one arm are involved
Unilateral Movements	One body part performing a movement. Reaching of one arm to grasp a toy
Vigorous Physical Activity	Physical activity that can produce fatigue in a short period of time and is performed at an intensity in which heart rate and breathing are elevated quickly
Visual Impairment	Including blindness, it is impairment in vision that even with correction adversely affects a child's educational performance
Visual-Motor Coordination	The ability to visually track and make interception judgments about a moving object
Vocational Skills	Include a variety of educational programs intended to prepare students for employment and for life after high school

ADAPTED PHYSICAL EDUCATION

SKILL ADAPTATIONS/MODIFICATIONS
FOR
STUDENTS WITH DISABILITIES

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Throwing

Components of the skill:

- Range of Motion (Rotation)
- Stretching (Flexion/Extension)
- Following Simple Game Rules
- Balance (Weight Transfer)
- Body Coordination (Bilateral Coordination)
- Grasp/Release
- Focus and Concentration
- Accuracy
- Social Skills
- Force Patterns

Adaptations:

- Increase target size for novice students, Decrease target size for advanced students
- Decrease distance of target for novice students, Increase distance of target for advanced students
- Vary the height of the target (using a volleyball net, fosters a high ball release for higher or further targets)
- Provide a variety of sizes, shapes, textures, and inflation levels of objects
- Use visually friendly objects (to throw and throw at)
- Add sound to the target (to increase motivation level and indicate the target has been hit)
- For students who have difficulty grasping/releasing, have them push a ball off a ramp to enhance inclusion into the activity

Instructional Strategies:

- Use 3-4 simple short cues that are visually accessible to the students (look, step, throw). *use picture symbols with the words
- Demonstrate the skill (visual). Slowly and simply explain the skill (auditory). Allow for lots of practice and repetition (tactile).
- Use a combination of visual aids (posters, pictures, videos, peer teacher demonstration).
- Enhance the release point while throwing by having the student throw over a net or at a target above head.
- It is ok for a student with a severe and profound disability to work on grasping, then releasing an object onto (into) a target while the rest of the class practices throwing at the target.
- Develop a simple 1-2 step repetitive game with a concrete objective that allows for lots of practice (ie: pick up ball, throw over net).
- Provide external rewards for accurate throws (knocking down objects).

Catching

Components of the skill:

- Visual tracking
- Hand-Eye Coordination
- Balance and Body Coordination
- Motor Planning
- Following Simple Game Rules
- Focus and Concentration
- Social Skills

Adaptations:

- Use a bell ball (auditory), bumpy ball (tactile), soft vibrating ball (tactile) and other balls of various sizes and inflation levels
- Decrease distance ball is tossed, rolled, or bounced
  *Rolling/bouncing a ball provides more time to visually track a ball
- Use brightly colored objects/balls that add motivation
- Provide students the opportunity to catch an object using a basket or bucket
- Good objects to use for catching: stuffed animal, beach ball, scarf, deflated ball, Slo-mo ball, bumpy ball, bell ball, balloons (be aware of latex allergies), fleece balls

Instructional Strategies:

- Demonstrate the skill (visual). Slowly and simply explain the skill (auditory). Allow for lots of practice and repetition (tactile).
- Develop a game that is meaningful and functional to the student
- Students with more severe and profound disabilities can work on stretching and bringing their arms to midline. They can work on holding a larger object with both arms.
- Students with more severe and profound disabilities can work on tracking an object (eye gaze) and stretching hands out to stop a ball rolling to them.
- Encourage high fives between the students as well as other positive motivating interaction.
- Develop games that allow for success and equality for all students. All students should have an opportunity and the ability to positively enhance the game.
- Find what interests the child and include it into a game (ie: one peer tosses a ball to another peer, who then turns and shoots the ball into the basket. Shooting the ball is the reward for catching it).
- Use hand-over-hand assistance (when necessary).
- Use 3-4 simple short cues that are visually accessible to the students (Show hands, Look, Hug).
  *use picture symbols with the words
- Use motivating objects to catch (ie: stuffed animals)

Kicking

Components of the skill:

- Visual tracking
- Foot-Eye Coordination
- Balance and Body Coordination
- Motor Planning
- Following Simple Game Rules
- Focus and Concentration
- Social Skills
- Accuracy

Adaptations:

- Use a bell ball (auditory), bumpy ball (tactile), soft vibrating ball (tactile) and other balls of various sizes and inflation levels.
- The use of poly spots (markers) to indicate where to stand, which foot to step with, and the correct location to kick with on the striking foot helps the child understand the task better.
- A partly deflated large therapy ball can be used to help children using wheelchairs and/or crutches to control a ball more effectively within a kicking/dribbling game.
- Attaching a crate to the front of a wheelchair/walker can allow the child to have more success at "kicking" a partly deflated ball around.
- By placing the ball up on a half dome cone, it keeps the ball from rolling and brings it up closer to meet the shoelaces (allowing for a more mature striking pattern).
- Use brightly colored objects/balls to add motivation.
- When learning to kick, a partly deflated ball provides for more practice trials because the child has more time to track the ball.

Instructional Strategies:

- Demonstrate the skill (visual). Slowly and simply explain the skill (auditory). Allow for lots of practice and repetition (tactile).
- Allow students who are advanced at the skill to act as peer models/helpers. A student that is teaching the skill is enhancing their own knowledge and ability level of the skill.
- Develop a game where the whole class is working towards one goal (ie: Time the class to see how fast they can kick the balls into four or five goals spread out throughout the gymnasium).
- Allow the child to choose the type of ball they would like to practice with. Often times they would prefer to use the same ball as the rest of the class.
- When learning to pass the ball, the child will use the inside of his/her foot. A visual piece of tape placed on the inside of the foot provides for a visual and facilitates the more appropriate pattern.

Jumping

Components of the skill:

- Muscular Strength
- Balance and Body Coordination (Bilateral Coordination)
- Motor Planning
- Focus and Concentration
- Social Skills
- Force

Adaptations:

- Jumping is best adapted by maximizing the individual's strengths to accomplish similar goals for jumping (listed under skills to work on section).
- Use the incline rope method where the rope is on the floor at an incline. The students choose where on the incline of the rope they want to jump from. One side is very close and the other side if further away from their jumping line.
- The use of a small trampoline can help children improve their jumping, especially for those who have low muscle tone.
- Students using a wheelchair can perform push-ups in the chair or move their arms up and down in the motion of jumping.

Instructional Strategies:

- Demonstrate the skill (visual) slowly and simply explain the skill (auditory). Allow for lots of practice time (tactile).
- Students who have limited to no use of their feet can move their arms (with appropriate weights in their hands) up and down.
- A child with a severe and profound disability sitting on a panel mat working on posture control can stretch out to press a BIG MAC button that tells the rest of the class to jump.
- A child with a more severe and profound disability can sit (with adult support) on a therapy ball in order to gain the sensory stimulation of the up/down motion.
- Jumping up and down on a crash mat, jumping down from a height, jumping over something and/or jumping horizontally for a distance onto something can all enhance motivation to demonstrate jumping.
- You can attach one side of a rope to a sturdy object and wiggle the rope from the opposite side. Call the rope a snake and tell the students they have to jump over the snake, and must be careful not to get bitten (don't touch the rope).
- Use 3-4 simple short cues that are visually accessible to the students (Bend the Knees, Swing the Arms, Jump). Use picture symbols with the words.

Dribbling

Components of the skill:

- Hand-Eye Coordination
- Foot-Eye Coordination
- Visual Tracking
- Ball Control
- Balance and Body Coordination (Bilateral Coordination)
- Force Patterns

Adaptations:

- Foot Dribbling: Use a deflated ball that will not travel as far and then increase the amount of air according to students abilities.
- Provide a variety of sizes, shapes, textures and inflation levels of objects.
- Move the ground (table) up to foster successful dribbling and/or decrease the playing area.
- Give students a large ball (PT ball) to push with their wheelchair or attach a milk crate to the foot rests of the wheelchair to guide the ball (Foot Dribbling).

Instructional Strategies:

- Use 3-4 simple short cues that are visually accessible to the students (bend, finger pads, push, look). Use picture symbols with the words.
- Demonstrate the skill (visual) slowly and simply explain the skill (auditory). Allow for lots of practice time in a repetitive way (tactile) (ie: dribble to music, dribble around cones, stationary dribbling to determine the number of consecutive dribbles).
- Use poly spots as a visual marker for where ball should bounce.
- Allow time for students to master progressions before having them move on to higher level skill.
- Give students extra cues or have them work with a peer tutor/buddy.
- Develop a simple 1-2 step repetitive game with a concrete objective that allows for lots of practice. Ensure that students are being successful, by performing skills that are appropriate.
- Use visually friendly objects (pass to and/or shoot at).
- Progressions- sitting two hands, sitting dominate hand, sitting non- dominate hand, kneeling, standing, moving.
- Maximize the child's physical ability. A child with a severe and profound disability may work on touching the ball with their hand or foot.
- Maximize the students mobility (walking, wheelchair, walker, etc.) while working on a skill.
- Start off with a ball that travel slowly then move towards a faster moving object.
- Progressions- stationary position, moving position.

Rhythms and Dance

Components of the skill:

- Hand-Eye Coordination
- Balance and Body Coordination
- Motor Planning
- Following Simple Patterns
- Social Skills

Adaptations:

- Use music with a slow rhythm
- Use modern music when teaching classic dances

Instructional Strategies:

- Give students poly spots or tape to provide a visual destination to move to.
- Perform the demonstration movements facing away from the class, so that the students can mirror movements.
- Break the dance steps/movements down into small parts and allow for lots of review/practice.
- Use music that has a slower rhythm or don't worry about keeping up with the rhythm.
- Perform dances with less structure and repetitive so students can perform the entire dance.
- Students with more severe and profound disabilities could work on stretching and moving their bodies; they might need hand over hand assistance to complete the dances.
- Students with more severe and profound disabilities can have a person move their wheelchair while the other dancers are moving (social interaction). Give the child the opportunity to move as often as possible.
- Students with lower limb limitations can dance using their arms when intricate foot work is being completed. They may use a combination of moving their own wheelchair/walker and moving their feet.
- Allow student to omit more difficult moves in order to keep up with the rest of the group.
- Have students create their own dances to foster self worth and praise them for their dancing.
- Dance is a time for self expression and the students should be praised when they are expressing themselves in a positive way.
- Ensure that students can perform locomotor movements, this is the basis of dance.
- Work on pre-dances, locomotor movements in two part patterns (ie: step, jump) then add more parts to the pattern.
- Perform upper body movement dances while sitting first using a manipulative, then move to lower body dances.
- Teach dance steps in parts before introducing the music.

Rolling

Never all students with Shunts or Down Syndrome to Forward Roll, unless they are cleared by a Doctor

Components of the skill:

- Muscular Strength
- Balance
- Body Coordination (Bilateral Coordination)
- Motor Planning
- Crossing midline
- Force

Adaptations:

- Start by rolling down an incline mat

Instructional Strategies:

- Use 3-4 simple short cues that are visually accessible to the students for each type of roll
  *Use picture symbols with the words
    - Log/Pencil Roll – legs together, arms over head, don't bend
    - Forward Roll- arms out, elbows bent, head tucked, push
    - Egg Roll- sit, grab knees, head tucked, side to side
- Demonstrate the skill (visual) slowly and simply explain the skill (auditory). Allow for lots of practice time (tactile).
- Use hand over hand assistance (if needed) to help the students through the motions.
- All students don't have to perform the same roll; find the most appropriate roll at that time for each student.
- Some students will need you to move their bodies throughout the entire motion.
- Have a child with a severe and profound disability sitting on a panel mat working on posture control. They can stretch out to press a BIG MAC button that tells the rest of the class when to roll or that it is their turn to roll.
- Have a child with severe and profound disabilities work on rolling over from front to back (or rocking back and forth) with assistance if needed.
- After students master each roll, give them time for practice.
- Allow students to choose the roll they prefer to perform (to increase responsibility and ownership of the skill).
- Teaching protective falling techniques by using bolsters and therapy balls.

Striking

Components of the skill:

- Grasping (Grip)
- Visual Attending
- Muscular Flexion and/or extension
- Trunk/Spine Rotation
- Bilateral Coordination
- Weight Transfer/Balance
- Social Skills
- Force Patterns

Adaptations:

- Begin with large objects (balloons, beach balls)
- Vary the speed of moving objects (scarves/balloons move slower than balls)
- Use tees and suspended balls
- Start with body parts and then provide a variety of sizes and weights of striking implements
- Use beeper balls for students with visual impairments

Instructional Strategies:

- Break down the striking task into small steps.
- Use short phrases along with simple and specific directions related to striking.
- Demonstrate each step/critical element needed to perform the skill.
- Use a variety of visual demonstrations (posters, videos, teacher/peer demonstrations).
- Have students identify and demonstrate each step needed to perform the skill.
- Use sign language, Picture communication symbols (PCS), cue cards.
- Provide a variety of opportunities for the child to practice the skill.
- Use hand-over-hand assistance.
- Practice striking skills in a variety of settings with a variety of fun lead-up games.
- Use music to increase student motivation.
- Use verbal praise frequently.
- Teacher positioning is critical. Make sure you are in close proximity to students who need more assistance.
- Develop a simple 1-2 step repetitive game with a concrete objective that allows for lots of practice.
- Use peer teachers. If a child can demonstrate and explain a task, then they are becoming more proficient at the task.

Balancing

Components of the skill:

- Weight shift
- Object Balance
- Static Balance
- Dynamic Balance
- Pivotal Balance
- Motor Planning
- Following Simple Game Rules
- Focus and Concentration
- Social Skills

Adaptations:

- Provide chair/bar for support
- Use carpeted rather than slick surfaces
- Use wider boards instead of balance beams
- Use a variety of equipment: Slant boards, mini tramps, air flow mats

Instructional Strategies:

- Demonstrate the skill (visual) slowly and simply explain the skill (auditory). Allow for lots of practice time (tactile).
- Have students move from lying and sitting positions to a standing position.
- Move from even surfaces to uneven surfaces.
- Obstacle courses allowing students to step over objects placed at various heights.
- Kick objects off tees and cones providing opportunities for weigh shift.
- Provide opportunities for students to challenge their balance (stunting).
- When introducing balancing tasks, start with activities on and along the floor. Gradually introduce other equipment that increases the distance of an activity from the floor and decreases the base of support.
- Teach balance techniques (widen base, extend arms).
- Teach students how to fall.
- Allow students to sit during activities.
- Place students near walls for support.
- Allow students to hold a peer's hand.

Muscular Endurance/Muscular Strength

Definitions:

- Muscular Endurance: The ability of the muscle or a group of muscles to perform force related work repeatedly against moderate resistance
  - Cycling, running, rowing, swimming
- Muscular Strength: The amount of force the muscles can produce
  - Weight lifting, standing broad jump
- Muscular strength and endurance are developed concurrently through vigorous activities of daily living

Adaptations:

- Push-ups:
  - Wall Push-ups: Stand facing the wall, arms straight out against the wall
  - Modified Push-ups: Push-up position with knee on the ground
  - Animal Walks, creating Bridges, and/or wheel barrel
  - Chair Push-ups: A child can sit in a chair and push themselves up against the arm rests
  - Step Push-ups: A child can lean against a step to perform the skill (Higher the step, easier it is)
- Allow a child to perform an isometric exercise (contraction without change in muscle length). This allows greater opportunity to a wide range of ability levels
  - Squeezing a tennis ball

Instructional Strategies:

- Provide maximum practice and repetition to build the strength and endurance
  - Especially for mobility purposes of increasing independence to participate within the games/activities
- Have a student pull a weighted wagon to increase strength and endurance
- Scooters:
  - Have the students sit with their feet on the ground, pulling them forward
  - Have the students sit with their feet crossed on the scooter, so that the students can pull on a rope attached to the wall, propelling themselves across the room
- Develop relay races where the students transport a heavy object (e.g., medicine ball)
- The Brockport Physical Fitness test demonstrates good ideas for modifying health-related fitness components (muscular strength/endurance) for children with disabilities
- Play Parachute games to improve muscular strength/endurance by holding the parachute against the resistance/pull of the game's movements (ie: up/down)

Flexibility

Definition:

- The property of being flexible; easily bent or shaped
- This is the range of movement in a joint, Ability to move a body joint through its normal full range of motion (ROM)
- Ability to stretch well enough to perform activities of daily living and to achieve personal sport and dance goals without injury

Medical Considerations:

- Students with Down Syndrome may be hyperflexible, do not allow students to stretch beyond normal limits as this will further elongate their tendons and ligaments

Adaptations:

- Passive Range of Motion Stretching: This is acceptable for students with inadequate muscle control or spasticity (partner stretching, no muscle contraction)
- Active-Assisted Range of Motion: This is acceptable for students too weak to perform entire range of motion (partner stretching, muscle contraction)
- Static Stretching: Acceptable for all students, however some students may need assistance to hold their position
- Dynamic Stretching: Should not be used for students with spastic muscles
- Equipment: Students may need the assistance of therabands/straps to stretch (hamstring stretch have strap around foot and have student pull towards them)

Instructional Strategies:

- Have students stretch longer and practice the same types of stretching each time
- Assist students when stretching to ensure they are using their full ROM
- It is recommended to perform a short cardiovascular exercise before working on flexibility
- Brockport Physical Fitness Test Flexibility Tasks
  - Back Saver Sit and Reach Test
  - Modified Aply Test
  - Shoulder Stretch
  - Modified Thomas Test

Postural Tone/Core Stability

Definition:

- The manner in which the body is aligned against gravity

Components of Posture:

- Muscular tone (high/low)
- Flexibility (Flexion/Extension)
- Rotation of the trunk (Range of motion)
- Bone Structure
- Ligamentous Force
- Muscular Strength
- Muscular Endurance
- Emotional State

Activities geared to improve Postural Tone/Stability:

- Animal walks (Crab walking, wheel barrow walking both forward and backward etc.)
- Lifting and carrying weighted objects (medicine balls)
- Physioball activities (sitting on ball, lying on ball, balance on ball while lying on stomach and back)
- Scooter board activities
- Striking activities
- Tumbling activities
- Stretch cords and stretch band activities

Instructional considerations when children perform core stability activities:

- Focus on form and full range of motion
- Work from slow to faster speeds of movement.
- Start with light resistance and progress to moderate resistance
- Never sacrifice form for speed and resistance
- Incorporate stretching exercises at both the beginning and end of physical education activities.
- A strong core is essential to the performance quality of all movement patterns

(Increasing postural tone and stability will help increase the muscles ability to stretch in order to move more forcefully (It is the beneficial to present activities that develop prerequisites for good postural control and alignment

Autism & Physical Education

- Be an active member of the IEP team! This leads to a better understanding of the student and his or her behaviors
- Meet regularly with the APE teacher (if available), Special Education teacher and the Paraprofessional
- Educate the student's classmates on the disability and more specifically on the child's strengths, weaknesses and idiosyncrasies
- Develop an effective communication system that works for the student (e.g., scheduling boards, picture communication symbols)
- Students with Autism require a highly structured Physical Education program. Develop a schedule for the child using words, symbols, or pictures to help the student anticipate what is going to happen during the class
- Use equipment that provides extra stimuli (e.g., bell ball, brightly colored balls, targets that make sound when hit, and hand and foot prints on equipment)
- Minimize extraneous stimuli (e.g., loud music, extra equipment)
- Use poly spots, hula hoops and carpet squares for students to stand on during PE activities.
- Use mats or petitions to create a smaller play area in a big gym to avoid over stimulation
- Elevate the child off the ground using balance beams, blocks and other raised surfaces to increase focus during ball and other object control activities
- Use peer helpers in partner and small group activities
- Be aware of stimuli that provokes inappropriate behavior (e.g., loud noises, peer and teacher touching, to much movement in a small space)
- Allow the child to take breaks from activities that are over stimulating. During this time the student can work away from the group on IEP objectives with a peer or Paraprofessional
- Have a clear distinct start/stop to activities (e.g., the child returns to a specific space at the end of each task, a bell, music starts/stops, lights turn off)
- Play games with repetitive actions/rules

Activity Modifications
Individual Sports
Aerobics, Step Aerobics, Gymnastics

Limited Strength and Endurance	**Equipment**: Chair – use as a support Wall – use as a support Box – adapt height for step aerobics Incline Mats – use for tumbling instead of flat mats **Playing Area**: provide support devices **Players**: peer assistant if necessary **Rules**: monitor pulse rate and encourage student to work at individual pace, take own pulse, have partner monitor pulse, use an instapulse, count pulse for six seconds and add a zero, use peer assistants **Teaching suggestions**: decrease amount of time, decrease height of box, mark a box on the floor with floor tape, modify/lower gymnastic equipment
Limited Balance, Speed, Reaction Time, Agility, Vision	**Equipment**: Chair - use as a support Wall - use as a support **Playing Area**: provide support devices **Players**: peer assistant if necessary **Rules**: decrease amount of time on equipment, use peer assistants **Teaching suggestions**: utilize slower paced music, modify/lower gymnastic equipment
Limited Coordination, Control, Motor Planning	**Equipment**: Chair – use as a support Wall – use as a support Tape – use to practice before expected to perform in class **Playing Area**: provide support devices **Players**: peer assistant if necessary **Rules**: monitor heart rate and encourage student to work at individual pace, take own pulse, have partner monitor pulse, use an instapulse, count pulse for six seconds and add a zero, use peer assistants **Teaching suggestions**: stand behind another student for visual cues, provide a practice "tape" with verbal instructions, modify/lower gymnastic equipment
Non-Ambulatory	**Equipment**: Chair – use as a support Wall – use as a support Walker – use as a support Incline Mats – use for tumbling instead of flat mats **Playing Area**: provide support devices **Players**: peer assistant if necessary **Rules**: modify teaching strategies **Teaching suggestions**: add rest periods as needed, caution peers about safety, allow student to perform at a slower pace, modify/lower gymnastic equipment

*** All students with Down Syndrome age 3 and over should be examined by a physician to identify the presence of Atlantoaxial Instability before beginning any gymnastic/tumbling activities. Modify activities involving forward and backward bending of the neck.**

Activity Modifications
Individual Sports, Focused Target
Archery, Golf, Bowling

Limited Strength and Endurance	**Equipment:** Ball - vary size, weight, texture, color. Bowling ramp Club – vary size, weight Focused Target – vary height, size, distance **Playing Area**: reduce distance to target **Players**: peer assistant if necessary **Rules**: modify scoring, simplify rules, modify approach **Teaching suggestions**: add rest periods when needed
Limited Balance, Speed, Reaction Time, Agility, Vision	**Equipment:** Ball - vary size, weight, texture, color. Bowling ramp Club – vary size, weight Focused Target – vary height, size, distance **Playing Area**: reduce distance to target **Players**: peer assistant if necessary **Rules**: modify scoring, simplify rules, modify approach **Teaching suggestions**: provide tactile instruction, use specific verbal cues and feedback, provide extra transition time
Limited Coordination, Control, Motor Planning	**Equipment:** Ball - vary size, weight, texture, color Bowling ramp Club – vary size, weight Focused Target – vary height, size, distance **Playing Area**: reduce distance to target **Players**: peer assistant if necessary **Rules**: modify scoring, simplify rules, modify approach **Teaching suggestions**: use demonstration and visual cues, over-teach cognitive information, use structured routines
Non-Ambulatory	**Equipment:** Ball - vary size, weight, texture, color Bowling ramp Club – vary size, weight Focused Target – vary height, size, distance **Playing Area**: reduce distance to target, use area other than grass **Players**: peer assistant if necessary **Rules**: modify scoring, simplify rules, modify approach **Teaching suggestions**: add rest periods when needed, allow free substitutions, caution peers about wheelchair safety, provide extra transition time

Activity Modifications
Invasion Games, Without Focused Target
Flag Football, Capture the Flag, Field Games, Adventure Games

Limited Strength and Endurance	**Equipment:** Ball- vary size, weight, texture, color, air pressure **Playing Area**: reduce size, use specified neutral areas or zones **Players**: increase number, use sideline players, neutral players **Rules**: modify scoring, walk rather than run, simplify rules **Teaching suggestions**: add rest periods when needed, allow free substitutions
Limited Balance, Speed, Reaction Time, Agility, Vision	**Equipment:** Ball - vary size, weight, texture, color, air pressure, beeper or bell **Playing Area**: reduce size, use specified neutral areas or zones **Players**: decrease number, use sideline players, neutral players, peer assistants **Rules**: modify scoring, walk rather than run, add rest periods, simplify rules, allow free substitution, change playing levels (seated, on scooters, etc.) **Teaching suggestions**: provide tactile instruction, use specific verbal cues and feedback, provide extra transition time
Limited Coordination, Control, Motor Planning	**Equipment:** Ball- vary size, weight, texture, color, air pressure **Playing Area**: reduce size, use specified neutral areas or zones **Players**: decrease number, use sideline players, neutral players, peers for support **Rules**: modify scoring, walk rather than run, add rest periods, simplify rules, allow free substitution, change playing levels **Teaching suggestions**: use demonstration and visual cues, over-teach cognitive information, use-structured routines.
Non-Ambulatory	**Equipment:** Ball- vary size, weight, texture, color, air pressure **Playing Area**: reduce size, use specified neutral areas or zones, use area other than grass **Players**: increase number, use sideline players, neutral players **Rules**: modify scoring, walk rather than run, simplify rules, allow carrying ball in lap **Teaching suggestions**: add rest periods when needed, allow free substitutions, caution peers about wheelchair safety, provide extra transition time

Activity Modifications
Invasion Games, Focused Target
Soccer, Speedball, Lacrosse, Field Hockey, Floor Hockey, Basketball, Team Handball

Limited Strength and Endurance	**Equipment:** Ball/puck- vary size, weight, texture, color, air pressure Sticks – shorter, lighter, larger Scoops- in place of sticks Focused Target – vary height and size **Playing Area**: reduce size, use specified neutral areas or zones **Players**: increase number, use sideline players, neutral players **Rules**: modify scoring, walk rather than run, simplify rules **Teaching suggestions**: add rest periods when needed, allow free substitutions
Limited Balance, Speed, Reaction Time, Agility, Vision	**Equipment:** Ball/puck- vary size, weight, texture, color, air pressure, beeper or bell Sticks – shorter, lighter, larger Scoops- in place of sticks Focused Target – vary height and size, sound source near target **Playing Area**: reduce size, use specified neutral areas or zones **Players**: decrease number, use sideline players, neutral players, peer assistants **Rules**: modify scoring, walk rather than run, add rest periods, simplify rules, allow free substitution, change playing levels (seated, on scooters, etc.) **Teaching suggestions**: provide tactile instruction, use specific verbal cues and feedback, provide extra transition time
Limited Coordination, Control, Motor Planning	**Equipment:** Ball/puck- vary size, weight, texture, color, air pressure Sticks – shorter, lighter, larger Scoops- in place of sticks Focused Target – vary height and size **Playing Area**: reduce size, use specified neutral areas or zones **Players**: decrease number, use sideline players, neutral players, peers for support **Rules**: modify scoring, walk rather than run, add rest periods, simplify rules, allow free substitution, change playing levels (seated, on scooters, etc.) **Teaching suggestions**: use demonstration and visual cues, over-teach cognitive information, use-structured routines
Non-Ambulatory	**Equipment:** Ball/puck- vary size, weight, texture, color, air pressure Sticks – shorter, lighter, larger Scoops-in place of sticks Focused Target – vary height and size **Playing Area**: reduce size, use specified neutral areas or zones, use area other than grass **Players**: increase number, use sideline players, neutral players **Rules**: modify scoring, walk rather than run, simplify rules, allow carrying ball in lap **Teaching suggestions**: add rest periods when needed, allow free substitutions, caution peers about wheelchair safety, provide extra transition time

Activity Modifications
Court Games
Volleyball, Tennis, Table Tennis, Badminton

Limited Strength and Endurance	**Equipment:** Ball- vary size, weight, texture, color, air pressure Paddle/Racquet – vary size, weight **Playing Area**: reduce size, vary height and type of net **Players**: increase numbers **Rules**: modify scoring, simplify rules **Teaching suggestions**: add rest periods when needed, allow free substitutions
Limited Balance, Speed, Reaction Time, Agility, Vision	**Equipment:** Ball - vary size, weight, texture, color, air pressure, beeper or bell **Playing Area**: reduce size, use specified neutral areas or zones, vary height and type of net **Players**: decrease number, use peer assistants **Rules**: modify scoring, add rest periods, simplify rules, allow free substitution, change net levels, allow throw and catch instead of strike **Teaching suggestions**: provide tactile instruction, use specific verbal cues and feedback, provide extra transition time
Limited Coordination, Control, Motor Planning	**Equipment:** Ball- vary size, weight, texture, color, air pressure **Playing Area**: reduce size; use specified neutral areas or zones **Players**: decrease number, use sideline players, neutral players, peers for support **Rules**: modify scoring, add rest periods, simplify rules, allow free substitution, change playing levels **Teaching suggestions**: use demonstration and visual cues, over-teach cognitive information, use-structured routines
Non-Ambulatory	**Equipment:** Ball- vary size, weight, texture, color, air pressure **Playing Area**: reduce size, use specified neutral areas or zones **Players**: increase number, neutral players, peers for support **Rules**: modify scoring, simplify rules **Teaching suggestions**: allow free substitutions, caution peers about wheelchair safety, provide extra transition time

Activity Modifications
Diamond Games
Softball, Kickball

Limited Strength and Endurance	**Equipment:** Ball- vary size, weight, texture, color, air pressure Bat – vary size, weight Batting Tee – vary height Gloves – vary size, weight **Playing Area**: reduce size of diamond, reduce length to bases **Players**: increase numbers **Rules**: modify scoring, simplify rules, add rest periods, allow striking with hands **Teaching suggestions**: add rest periods when needed, allow free substitutions, allow striking with hands
Limited Balance, Speed, Reaction Time, Agility, Vision	**Equipment:** Ball - vary size, weight, texture, color, air pressure, beeper or bell Bat – vary size, weight Batting Tee – vary height Gloves – vary size, weight Base – sound source near base **Playing Area**: reduce size of diamond, reduce length to bases **Players**: decrease number, use peer assistants **Rules**: modify scoring, simplify rules, allow striking with hands **Teaching suggestions**: provide tactile instruction, use specific verbal cues and feedback, provide extra transition time
Limited Coordination, Control, Motor Planning	**Equipment: Ball- vary size, weight, texture, color, air pressure.** **Bat – vary size, weight** **Batting Tee – vary height** **Gloves – vary size, weight** **Playing Area**: reduce size of diamond, reduce length to bases **Players**: decrease number, use peer assistants **Rules**: modify scoring, simplify rules, allow striking with hands **Teaching suggestions**: use demonstration and visual cues, over-teach cognitive information, use-structured routines
Non-Ambulatory	**Equipment:** Ball- vary size, weight, texture, color, air pressure. Bat – vary size, weight Batting Tee – vary height Gloves – vary size, weight **Playing Area**: reduce size of diamond, use area other than grass, reduce length to bases **Players**: increase number, use peer assistants **Rules**: modify scoring, simplify rules, allow striking with hand. **Teaching suggestions**: caution peers about wheelchair safety, provide extra transition. time

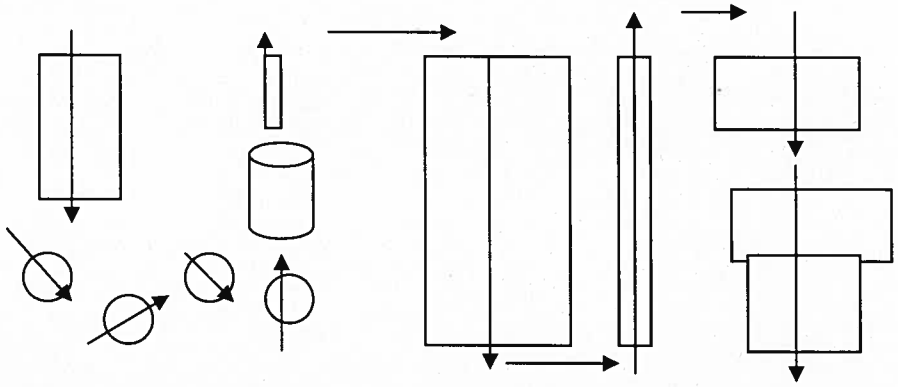
SAMPLE ACTIVITIES/LESSONS

The following activities can be used when students are in a separate adapted PE setting or in a general PE setting. Many can be used with or without an APE gymnasium.

Obstacle Course

Any obstacle course should reflect I.E.P. goals of your students and should be adaptable to make activities challenging for varying age groups.

Here is a sample of an obstacle course using various skills and movements.

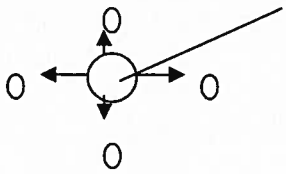


On this sample obstacle course the student will first complete a log roll (or another tumbling skill). The student then will jump, in different ways, in each of the hula-hoops on the ground. Then the path continues through a tunnel (made from barrel or covered hurdles) and across a small balance beam. Students then will show different animal walk movements, gymnastic, or locomotor skills across large mat, turn and cross large balance beam. (To challenge, place bean bags on beam to have students step over.) Finally, the course ends with a climb over a stack of mats then to a top of another, finished by a jump onto a crash mat. Students will then return to the beginning and begin again.

A good obstacle course encourages many challenges of levels and directions as well as employs activities that demand concentration.

Soccer Skill Station

1. Hang a tetherball from the ceiling with the ball 1" from the floor. Place a tape marker on the floor to indicate where the ball should hang. Place bowling pins in a semi-circle within swing distance of the tetherball. Place tape markers under bowling pins to indicate where they should be set up. Have student kick tetherball to knock pins down around them.



Strength Skills.

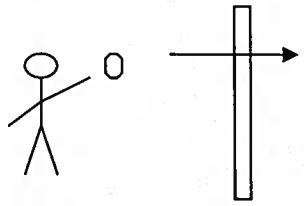
1. Magic Carpet Ride- Tie one end of a long rope to a stable object. Extend the rest of the rope. Sitting on a scooter or piece of carpet, pull hand over hand on the rope till you reach the other end of rope.

2. Modified Sit-Ups- Place student on wedge mat, head at higher end. Place students head at the other end to make it more difficult.

3. Modified Push-Ups- Students can lean against a wall in a standing position and do wall Push-ups. Also, students can place hands on a balance beam or hurdle with legs extended back to make push-up easier. Some students will be successful using a knee push up also.

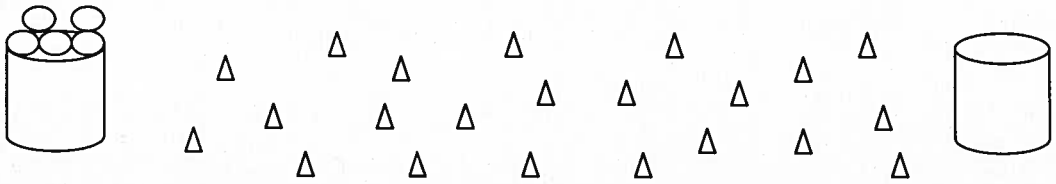
Clean out your back yard.

Using Wedge Mats laid on sides or a lowered volleyball net, students are split into two groups or put onto one side with the teacher on other side. The net or wedge mats act as a barrier between the two groups. The teacher spreads out various yarn balls around playing area. Students practice throwing, using proper form, try to throw over the middle barrier to the other side of the gym. (They are told that they don't want the balls in their yard because they want it clean.) It also can be encouraged to have students try and catch yarn balls coming over to their side.



III. Power Ball

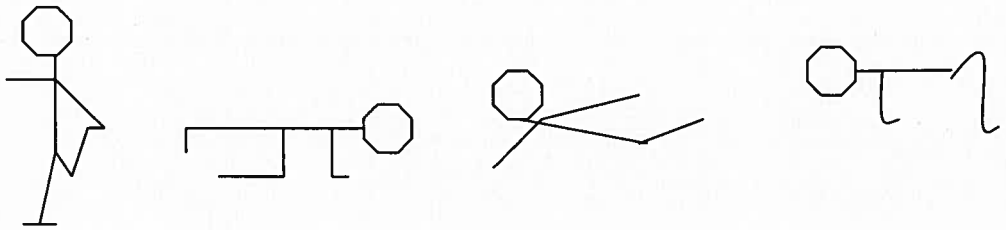
Place a barrel or large trash can at one end of the room. Fill the barrel or trash can with 9" playground balls. Place another empty barrel or trash can at the other end of the room. Using as many cones as you have available, place cones between the two barrels and fill the width of the room.



On the signal, ask students to grab a ball, and run through the cones to the other side. They will then try to avoid touching any of the cones while placing the ball in the opposite barrel. If they touch a cone, they must drop their ball immediately and go back for another one. If they miss the barrel when throwing the ball into it, they have to leave it on the floor and go back for another. Count how many balls they got into the barrel after a selected time period. Many modifications and challenges can be added to this activity to accommodate the age or skills level.

IV. Balance Skills

1. Balance beam alphabet- Place letters of the alphabet along side the balance beam ½ on one side and ½ on the other side of the beam. Assist student onto the beam. Hand the student a playground or beach ball and ask the student to bounce the ball on the letters that spell his/her name.
2. Place pictures of the following positions on a mat and ask the student to copy that position with their own body.



V. Scooter Tag/ Scooter Races

Students are on a scooter; one person has a tennis or fleece ball and tries to tag other students while holding ball. Students can ride scooter in variety of positions to work different muscle groups. (Sitting and pushing, sitting and pulling with legs, on belly, and on knees.)

Scooter Races are also a good way to work various muscle groups while using this equipment.

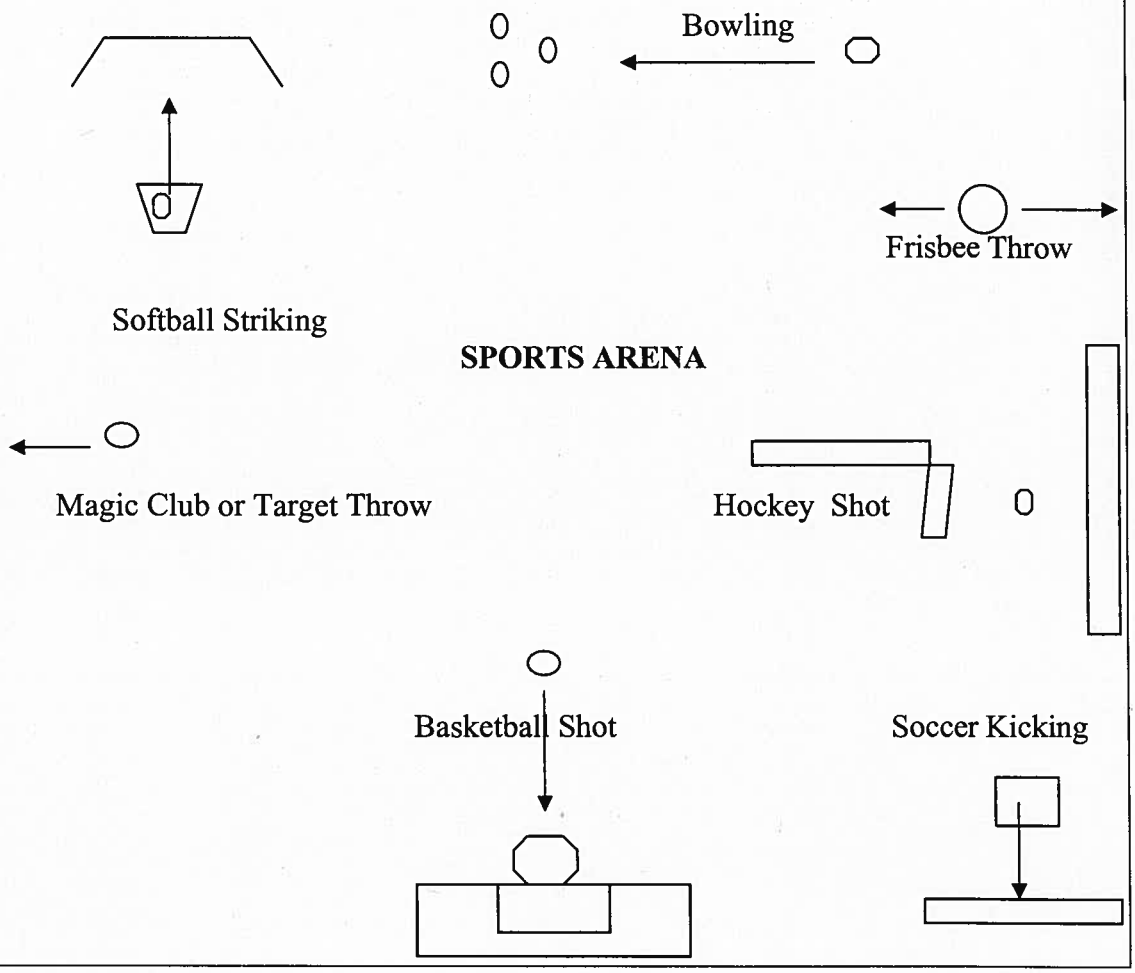
VI. Paddle Ball

Students use wooden paddles and different sizes, weights, and texture of balls. (Balloons for beginning). Students can see how many times they can hit the ball in the air consecutively or see how many hits/passes they can get with a partner. A net or barrier can also be set up to play a modified game.

VII. Sports Arena

In this activity, students rotate around to various stations that work different activity skills. This is best suited for a small gymnasium, but it can be modified. A few minutes should be spent at each to be sure student gets an attempt at all. Skills could include:

1. Softball Striking- Tee Hit into Mat
2. Magic Club/ Target Throw
3. Basketball shot- Dribbling and shooting with various sized balls into baskets (perhaps of varying height)
4. Soccer Kicking- Students could kick into goal or kick tetherball.
5. Hockey shot- Dribbling and shooting into goal
6. Frisbee Throw- at target or with partner
7. Bowling – Small Bowling lane with various sized balls.



Sample Alignment of Adapted Physical Education Goal Areas to State Content Standards

Adapted Physical Education Goal Areas	Maryland State Content Standards (VSC)					
	1.0 Skillfulness	2.0 Bio-Mechanics	3.0 Motor Learning	4.0 Exercise Physiology	5.0 Physical Activity	6.0 Social Psychological
Fitness						
To develop cardiovascular endurance				X	X	
To develop upper body strength				X	X	
To develop lower body strength				X	X	
To develop trunk strength				X	X	
To develop flexibility				X	X	
To develop an understanding of the components of fitness and nutrition				X	X	
To develop an appreciation of the lifelong value of fitness through personalized physical education activities				X	X	
Fundamental Stability						
To develop balance	X	X	X	X	X	
Locomotor						
To develop body and spatial awareness	X		X	X		
To develop locomotor skills	X		X	X		
To develop creative dance skills and rhythmic patterns	X		X	X		
To develop basic game skills	X		X	X		
Object Control						
To develop throwing/propulsion skills	X	X	X	X		
To develop catching/receiving skills	X	X	X	X		
To develop kicking skills	X	X	X	X		
To develop striking skills	X	X	X	X		
To develop knowledge of elements essential to the control and coordination of motor skills	X	X	X	X		
Social/Emotional						
To develop positive self-concept in movement activities			X			X
To develop acceptable social and emotional behavior in physical activity setting			X			X
To develop self responsibility in physical activity environments			X			X
To develop individual differences			X			X
Transition						
To develop recreational and leisure activity skills	X	X	X	X	X	X

Sample Alignment of Adapted Physical Education Goal Areas to NASPE National Standards

Adapted Physical Education Goal Areas	NASPE National Standards					
	1	2	3	4	5	6
	Motor Skills	Learning Concepts	Participates Regularly	Physically Fit	Personal Social Skills	Values Exercise
Fitness						
To develop cardiovascular endurance				X		
To develop upper body strength				X		
To develop lower body strength				X		
To develop trunk strength				X		
To develop flexibility				X		
To develop an understanding of the components of fitness and nutrition				X		X
To develop an appreciation of the lifelong value of fitness through personalized physical education activities			X	X		X
Fundamental Stability						
To develop balance	X	X				
Locomotor						
To develop body and spatial awareness	X	X				
To develop locomotor skills	X	X				
To develop creative dance skills and rhythmic patterns	X	X				X
To develop basic game skills	X	X				X
Object Control						
To develop throwing/propulsion skills	X	X				
To develop catching/receiving skills	X	X				
To develop kicking skills	X	X				
To develop striking skills	X	X				
To develop knowledge of elements essential to the control and coordination of motor skills	X	X				
Social/Emotional						
To develop positive self-concept in movement activities					X	X
To develop acceptable social and emotional behavior in physical activity setting					X	X
To develop self responsibility in physical activity environments					X	X
To develop individual differences					X	X
Transition						
To develop recreational and leisure activity skills	X	X	X	X	X	X
To participate in outside of school activities		X	X	X		X

SAMPLE PHYSICIAN LETTER

Dear Physician,

_____ Public Schools are committed to providing quality physical education programs to all students. Quality physical education is designed to provide movement education and skill development with the emphasis on successful participation, personal fitness, and active leisure pursuits. A quality physical education program can be adapted to meet the individual needs of all students through the use of individualized instruction, curriculum modification, and technology.

According to the Code of Maryland Regulations by the State Board of Education, physical education is required in grades K-8. In grades 9-12, there is a required Physical Education course for graduation. Under the Maryland State Board of Education regulations on graduation requirements, there is no waiver of the physical education credit. However, modifications can be made at any grade level in order to participate in physical education.

Please assist us in adapting this student's physical education program by completing the information below.

Student Name_____ School_____
Date_____

Which part of the body is affected? _____

Does the student have limited: Strength Speed Endurance

Balance Coordination Cognition

Comments_____
_____

Are there any specific activities that are contraindicated?
_____
_____

Recommended activities:
_____
_____
_____

Physician Signature_____

Parent Signature_____

PARAEDUCATOR RESPONSIBILITIES

The following is a sample job description for an adapted physical education paraeducator.

General Job Description

Work with students who require more individualized attention during the physical education lesson.

Specific Job Description

The following are specific duties to be carried out by the paraeducator:

1. Establish a positive and supportive relationship with the physical education teacher through regular meetings and communication.
2. Work with individuals or groups of students under the direct supervision of the physical education teacher.
3. Assist with activities of the daily lesson by
   - demonstrating or having another student correctly demonstrate the skill or activity under instruction;
   - closely supervising students in teacher-planned activities, including physically standing an arm's-reach away as needed;
   - helping students stay on task for activities taught by the physical education teacher through motivation, assistance, and the like;
   - using appropriate activity modifications of equipment, rules, and so on, as approved by the physical education teacher;
   - allowing students to perform skills and activities as independently as possible; and
   - facilitating positive, age-appropriate interaction between the students and their peers.
4. Implement approved behavior management program for students in the gymnasium consistent with the plan used in the classroom.
5. Assess students' skill and activity performances as requested by the physical education teacher.
6. Record progress of students under the direction of the physical education teacher.
7. Prepare and obtain instructional materials (e.g., equipment, written instructions) as needed for the lesson's activities in consultation with the physical education teacher.
8. Accompany students during any community experiences.
9. Assist students with toileting, dressing, and other self-care activities when needed.
10. Uphold confidentiality guidelines pertaining to students, parents, and physical education activities. All parent communication must come from the certified physical education teacher.
11. Perform other duties as assigned by the physical education teacher.

From *Paraeducators in Physical Education,* by Lauren Lieberman, Editor, and AAPAR, 2007, Champaign, IL: Human Kinetics.

99 Ways to Say "Very Good"

When teaching children with or without disabilities, it is very important to know how to give positive feedback. There are so many ways to tell children that they had a good try or they did a nice job. The following list is a start to ensure that the instructor and paraeducator have available ways to say "Good job."

You're on the right track now.
That's not half bad.
That's great.
You've got it made.
Nice going.
Superb.
I'm proud of the way you worked today.
You've just about mastered that.
You're really learning a lot.
You're really working hard today.
You've got your brain in gear today.
You outdid yourself today.
You've just about got it.
That's the way.
Good remembering.
You're doing a good job.
Wow.
Right on.
Super.
That's the way to do it.
You're improving.
That's the best you've ever done.
Now that's what I call a fine job.
I've never seen anyone do it better.
That's it.
Keep up the good work.
You're doing beautifully.
Congratulations.
You haven't missed a thing.
Keep it up.
That's right.
Sensational.
You've got that down pat.
That's good.
That's better.
Way to go.
That's coming along nicely.
Nothing can stop you now.
Good thinking.
Good work.
That was first-class work.
Keep on trying.
I'm happy to see you working like that.
You must have been racticing.
You're quick to learn.
Not bad.
Wonderful.
Good for you.
You are doing that much better today.
Congratulations.
You got (number of behaviors) right.
That's really nice.
Now you have it.
Much better.
Good going.
Exactly right.
That's better than ever.
Look at you go.
I knew you could do it.
Excellent.
Marvelous.
Great.
Perfect.
That's it.
Now you've figured it out.
Fine.
I like that.
Keep working on it, you're getting better.
That's good—I like it.
You are awesome, and you did an awesome job.
That's much better.
Terrific.
That's good, [name of student].
Good for you.
You're really going to town.
I think you've got it now.
Couldn't have done it better myself.
Now you've got it.
It's a pleasure to teach when you work like that.
You make it look easy.
Nice going.
Good job, [name of student].
You really make my job fun.
Outstanding
You figured that out fast.
That's the right way to do it.
Fantastic.
You remembered.
One more time and you'll have it.
Good remembering.
That kind of work makes me very happy.
That's quite an improvement.
Tremendous.
Now you have the hang of it.
You're getting better every day.
That's a job well done.
You certainly did well today.
You did it that time.
You did that very well.
You're doing fine.

From *Paraeducators in Physical Education,* by Lauren Lieberman, Editor, and AAPAR, 2007, Champaign, IL: Human Kinetics.

SUGGESTED ADAPTED PHYSICAL EDUCATION RESOURCES

Books

Allison, P.C., & Barrett, K.R. (2000). *Constructing children's physical education experiences: Understanding the content for teaching*. Needham Heights, MA: Alley and Bacon.

Block, M.E. (2000). *A teacher's guide to including students with disabilities in general physical education* (2nd ed.). Baltimore, MD: Paul H. Brooks Publishing Co.

Burton, A.W., & Miller, D.E. (1998). *Movement skill assessment*. Champaign, IL: Human Kinetics.

Cheatum, B.A., & Hammond, A.A. (2000). *Physical activities for improving children's learning and behavior: A guide to sensory motor development*. Champaign, IL: Human Kinetics.

Clements, R.L., & Kinzler, S.K. (2003). *A multicultural Approach to physical education: Proven strategies for middle and high school*. Champaign, IL: Human Kinetics.

Dauer, V.P., & Pangrazi, R.P. (1995). Introduction to elementary physical education. In T. Watson (Ed.), *Dynamic physical education for elementary school children*. Needham Heights, MA: Allyn and Bacon.

Davis, R.W. (2002). *Inclusion through sports: A guide to enhancing sport experience*. Champaign, IL: Human Kinetics.

Gallahue, D.L., & Ozmun, J.C. (1998) *Understanding motor development: Infants, children, adolescents, adults* (4th ed.). Boston, MA: The WCB McGraw-Hill Companies, Inc.

Graham, G., Holt-Hale, S.A., & Parker, M. (2001). *Children moving: A reflective approach to teaching physical education* (5th ed.). Mountain View, CA: Mayfield Publishing Company.

Horvat, M., Eichstaedt, C.B., Kalakian, L.H., & Croce, R. (2002). *Developmental/adapted physical education: Making ability count* (4th ed.). San Francisco, CA: Pearson Benjamin Cunningham.

Kasser, S.L. (1995). *Inclusive games: Movement fun for everyone!* Champaign, IL: Human Kinetics.

Kelly, L.E. (1995). *Adapted physical education national standards: National consortium for physical education and recreation for individuals with disabilities*. Champaign, IL: Human Kinetics.

Lepore, M., Gayle, G.W., & Stevens, S. (1998). *Adapted aquatics programming: A professional guide.* Champaign, IL: Human Kinetics.

Lieberman, L.J., & Cowart, J.F. (1996). *Games for people with sensory impairments: Strategies for including individuals of all ages*. Champaign, IL: Human Kinetics.

Lieberman, L.J., & Houston-Wilson, C. (2002). *Strategies for inclusion: A handbook for physical educators*. Champaign, IL: Human Kinetics.

Mastropieri, M.A., & Scruggs, T.E. (2004). *The inclusive classroom: Strategies for effective instruction* (2nd ed.). Upper Saddle River, NJ: Pearson Education, Inc.

McCall, R.M., & Craft, D.H. (2000). *Moving with a purpose: Developing programs for preschoolers of all abilities*. Champaign, IL: Human Kinetics.

McCall, R.M., & Craft, D.H. (2004). *Purposeful play: Early childhood movement activities on a budget.* Champaign, IL: Human Kinetics.

Metzler, M.W. (2000). *Instructional models for physical education*. Needham Heights, MA: Alley and Bacon.

Miller, D.K. (2002). *Measurement by the physical educator* (4th ed.). New York, NY: McGraw-Hill Companies, Inc.

Seaman, J.A., Depauw, K.P., Morton, K.B., & Omoto, K. (2003). *Making connections: From theory to practice in adapted physical education.* Scottsdale, AZ: Holcomb Hathaway Publishing.

Sherrill, C. (1998). *Adapted physical activity, recreation, and sport: Crossdisciplinary and lifespan* (5th ed.). Boston, MA: The WCB McGraw-Hill Companies, Inc.

The American National Red Cross. (2004). *Swimming and water safety*. Yardley, PA: Staywell.

The National Association for Sport and Physical Education. (2004). *Moving into the future: National standards for physical education* (2nd ed.). Boston, MA: The WCB McGraw-Hill Companies, Inc.

The National Education Steering Committee. (1994). *Active living through physical education: Maximizing opportunities for students with disabilities.* Sante`, Canada: Active Living Alliance for Canadians with Disabilities.

Weiner, B., Geist, S., & Goettel, M. *No child left on their behind in general physical education.* The National American Alliance of Health, Physical Education, Recreation and Dance Convention. Presented on March 17th, 2007.

Wessel, J.A., & Zittel, L.L. (1995). *Smart start: Preschool movement curriculum designed for children of all disabilities*. Austin, TX: pro-ed.

Winnick, J. (2000). *Adapted physical education and sport.* Champaign, IL: Human Kinetics

Wuest, D.A., & Bucher, C.A. (1999). *Foundation of physical education and sport* (13th ed.). Burr Ridge, IL: WCB McGraw-Hill Companies, Inc.

Journals

- Journal of Physical Education Recreation and Dance (JOPERD)
- Teaching Elementary Physical Education (TEPE)
- Journal of Teaching Physical Education (JTPE)
- Adapted Physical Activity Quarterly (APAQ)
- Quest
- Strategies: A Journal for Physical and Sport Educators
- American Journal of Health Education
- Research Quarterly for Exercise and Sport
- PE Digest
- PALAESTRA (Forum of Sport, Physical Education and Recreation for those with Disabilities)
- The Physical Educator (from Phi Epsilon Kappa)

Websites

- Lesson Ideas, Equipment and Books for Sale, Assessment Ideas, etc.
  http://www.pecentral.com
  http://www.lessonplanspage.com

- Articles, Update Information, Equipment, and More
  http://www.pelinks4u.org

- Adapted Physical Activity Council of the American Association for Active Lifestyles and Fitness
  http://www.aahperd.org/aaalf/pdf_files/pos_papers/inclusion_position.rtf

- Adapt-Talk (Post questions, Read Questions by others, Answer questions)
  http://www.lyris.sportime.com/adapt-talk-index.html

- American Alliance for Health, Physical Education, Recreation and Dance
  http://www.aahperd.org

- Glossary of Instructional Strategies

http://glossary.plasmalink.com/glossary.html

- The National Center on Physical Activity and Disability
  http://ncpad.cc.uic.edu/home.htm

- The National Consortium on Physical Education and Recreation for Individuals with Disabilities
  http://ncperid.usf.edu/index.html

- Adapted Physical Education National Standards (APENS)
  http://www.cortland.edu/apens

- Sign Language
  http://www.handspeak.com

Parental Supports and Resources

- http://www.specialchild.com/index.html

- http://www.childrenwithdisabilities.ncjrs.org/

- http://www.usd.edu/cd/dictionary/dictionary.htm

- http://www.kidsource.com/kidsource/content2/parents_of_children.html

- http://www.kidsource.com/kidsource/content5/rights.child.w.dis.html

- http://www.eparent.com/

- http://www.fns.usda.gov/eatsmartplayhard/ (Eat Smart, Play Hard)

- http://www.somd.org/ (Special Olympics)

- http://www.nichcy.org/ (National Dissemination Center for Children with Disabilities)

- http://www.pgcc.edu/pgweb/pgdocs/CDC/cdc3.htm (Children Developmental Clinic)

- http://www.nichcy.org/stateshe/md.htm (Maryland Dissemination Center for Children with
  Disabilities)

Ways to Adapt in Physical Education:

Adapt Instruction

Vary size of the group, consider using stations

Consider the diverse nature of the group during instruction

Provide a small pupil-teacher ratio

Measure success using a variety of methods (skill tests, journals, portfolios)

Emphasize sport skill development, fitness, lifetime leisure activities

Provide a variety of teaching styles

Train and provide strategies for paraprofessionals or peer tutors

Consider using multi-sensory directions

Use augmentative-alternative communication devices

Adapt Equipment

Size, shape, weight, texture, color

Moveable, stationary, suspended

Increase speed/decrease speed

Assistive technology (pedometers, heart rate monitors)

Therapeutic equipment

Adapt the Game

Rules, boundaries, and equipment

Time allotment

Method of scoring

Positioning of players

Type of movement used

Adapt the Environment

Surface of instructional area

Amount of stimulation-auditory, visual, sensory

Accessibility of all instructional facilities including outside playing fields

What Can You Do?

If you are a Physical Education Teacher:

- Update your knowledge on types of disabling conditions, motor development, and teaching strategies through inservice courses, current literature, and conferences.
- Participate in development of Individualized Education Programs (IEPs) for students with disabilities.
- Ask for help from adapted physical education specialists, special educators, occupational therapists, physical therapists, health related professionals, administrators, and parents in providing an appropriate physical education program and what supplementary aids and services are available.

If you are an Administrator

- Include the physical education teacher in the IEP team process when discussing a child with special motor needs.
- Discuss with your physical education staff the time, scheduling, and facility requirements needed to implement the IEP goals and objectives.

If you are a Parent

- Determine if your child's IEP provides for appropriate physical education services.
- Discuss with the physical education teacher your interests related to your child's physical fitness, motor skill development, and leisure and recreational sports skills.
- Ask for a meeting with the school's IEP team if you feel that your child is not making adequate progress or needs additional services.

If you are a member of the Medical Profession

- Be aware that a specially designed physical education program is available for every child with a disability from age three through age 21.
- Inform the physical education teacher and IEP team of any limitations or contraindicated activities that may affect the child's program.
- Suggest movement activities that may be helpful to a child with temporary or chronic health problems.

Adapted Physical Education (APE)

Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) was reauthorized in 2004 and continues to identify the curriculum content area of physical education for individuals with disabilities.

This legislation identifies physical education as a curriculum area that is available to ALL children with disabilities. To date, physical education continues to be the only curriculum area identified in federal law.

In federal regulations, 34 C.F.R. §300.108 it states:

"Physical Education services, specially designed if necessary, must be made available to every child with a disability receiving a free appropriate public education."

Prepared by the

Maryland Adapted Physical Education Consortium

and the Maryland State Department of Education

MARYLAND STATE DEPARTMENT OF EDUCATION

Achievement Matters Most

Position on Inclusion and Physical Education

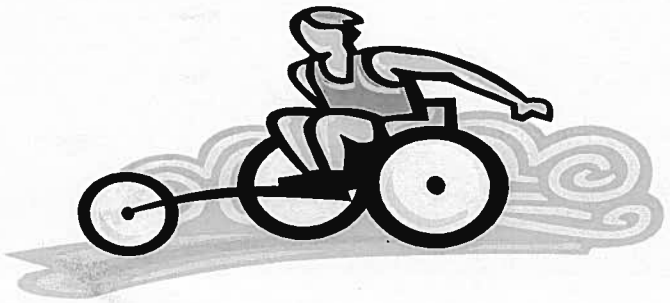
The following statements represent the position of the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) on the inclusion of children with disabilities who need APE services in physical education:

- Students with disabilities must be included to the maximum extent possible in the general physical education program.
- Students with disabilities in general physical education will have the opportunity to learn and perform in the physical, cognitive, and social-emotional domains.
- Students with disabilities must be actively engaged participants in meaningful learning experiences in the general physical education class, not just in the physical proximity or space. The best inclusive environments offer a variety of activities at different learning levels of difficulty so ALL students can be involved in learning.
- Students with disabilities must not be removed from or placed into the general physical education program except through the IEP team decision-making process.
- Decisions involving the inclusion of students with disabilities into the general physical education program must consider the safety of ALL students, including the students with disabilities. *Often, safety concerns can be addressed with supplementary and aides supports, and such supplements should be tried before removing the child due to safety concerns.*
- The inclusion of students with disabilities into the general physical education program must not compromise the learning of other students in the class. *Often, learning concerns can be addressed with supplementary aides and supports, and such supplements should tried before removing the child due to learning concerns.*
- Families must be meaningfully involved in the IEP team decision-making process related to the inclusion of their child in the general physical education program.
- Students with disabilities in the general physical education program must receive regular evaluation of progress toward IEP goals as often as same age peers receive evaluation feedback such as report cards.
- Supplementary aides and services, as well as other instructional support (as needed) will be provided in the general physical education environment to students with disabilities and/or the physical educator.
- School based physical educators will receive direct and/or consultative services from qualified professionals in adapted physical education (APE) to support the inclusion of students with disabilities when needed.
- Allow students to participate in the IEP team decision-making process to the maximum extent possible.

For more information about this position statement please go to www.aapar.org

The Physically Educated Person

Physical education can serve as a vehicle for helping students to develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles. The outcomes of a quality physical education program include the development of students' physical competence, health-related fitness, self-esteem, and overall enjoyment of physical activity. These outcomes enable students to make informed decisions and choices about leading a physically active lifestyle.



Adapted Physical Education (APE)

The physical education program designed for individuals with disabilities is called adapted physical education as it is in Title 34 Code of Federal Regulations (C.F.R.). The program is ***adapted*** to meet the needs of each student through modifications and accommodations. The student is not required to adapt to the conditions of the program as would be implied with adaptive physical education as in adaptive behaviors.

Adapted Physical Education is a **service** not a **setting**. It is important to distinguish that students with disabilities that need **APE services** receive this service in order to benefit from quality instruction in physical education in the least restrictive environment (LRE).

It is also important to note that many students receiving special education services do not require or need Adapted Physical Education services. These students should participate in General Physical Education and participate in the required curriculum when appropriate. These students may not need physical education goals and objectives listed on their IEP.

Benefits of Physical Activity

- Helps build and maintain healthy bones, muscles, and joints
- Reduces the risk of dying from coronary heart disease and developing high blood pressure, diabetes, and various forms of cancer
- Improves stamina and muscle strength
- Helps control body weight
- Reduces symptoms of anxiety and depression, improves mood, and promotes a general feeling of well-being

For information about Adapted Physical Education

Contact :