

*Denton Independent School District*



# ADAPTED PHYSICAL EDUCATION



## PROGRAM GUIDE

*REVISED*

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## **I. ACKNOWLEDGMENTS**

In 1994 the Adapted Physical Education (APE) Program was developed for the Denton Independent School District (Denton ISD) by a task force of individuals who are committed to enhancing the lives of children and youth with disabilities. Parents and grandparents of children with disabilities and professionals from both the Denton ISD and Texas Woman's University (TWU) met from September through December, 1994 to discuss the types and extent of APE services that should be made available to Denton ISD students. Parents and grandparents of youth with disabilities and Denton ISD employees were invited to participate in the project conducted by Dr. Lois Fullerton, Director of Denton ISD Special Education, Drs. Ron French and Jean Pyfer, TWU faculty members, and TWU master's and doctoral students in APE. The names of specific individuals who contributed to success of the project follows:

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The Denton ISD Adapted Physical Education manual will continue to be updated based on new laws and federal regulations by the APE staff members in the Denton ISD school district.

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## **II. ADAPTED PHYSICAL EDUCATION PROGRAM OVERVIEW**

### **A. Philosophy**



The philosophy of the Denton ISD is to provide all students, including those with disabilities, with an appropriate physical education program. Denton ISD must ensure that students with disabilities have access to a program that enables them to achieve the same goals in physical education as their nondisabled peers. If special services are required to assist students with disabilities to master these goals, services should be provided directly or under the guidance of an APE teacher. Instructional methods, settings, materials, and time should be modified to create as optimal a learning environment as is provided for students without disabilities. In addition, at an appropriate age students with disabilities should be provided a transitional physical education program that will enable them to successfully participate in functional leisure and recreational activities in the community.

### **B. Definition**

Adapted physical education (APE) is a diversified program of developmental activities, games, sports, and rhythmical movements suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the activities of the general physical education program.

### **C. Rationale and Purpose**

This guide to APE services will assist teachers in assessing, planning, and implementing their instructional programs which are based on the Texas Essential Knowledge and Skills for Physical Education (TEKS  $\beta$  28.002) as well as the annual goals and outcomes/benchmarks of the Denton ISD. It is designed to provide continuity in the implementation of the Denton ISD adapted physical education program.

This guide is designed in the following sequence to properly place and serve students in the most appropriate physical education program:

- ï Referral Procedures
- ï Assessment
- ï Placement
- ï Goals, Outcomes/Benchmarks, and Admission, Review, and Dismissal (ARD) Documentation
- ï Annual and Triennial Review

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This guide includes the proper steps in placing a student in an adapted physical education and/or a regular physical education program (RPE). This document adheres to the intent of the Individuals with Disabilities Education Act, Section 504 of The Rehabilitation Act, and Americans with Disabilities Act and their accompanying amendments.

### **D. Goal**

All students should be provided functional and/or community based physical education instruction on activities to enhance progress at their appropriate level within the areas of psychomotor, cognitive, and affective development.

### **E. Objectives**

The objectives of an effective APE program are achieved through an individualized program based on identified student needs related to the following areas of development:

#### 1. Psychomotor

- a. Develop sensory integration and perceptual motor functions.
- b. Develop and maintain efficient fundamental motor skills and patterns.
- c. Develop and maintain an adequate level of physical and motor fitness.
- d. Develop the ability to relax.
- e. Develop skills in rhythmical movements.
- f. Develop skills in gymnastics and tumbling.
- g. Develop skills in individual and group games and sports.

#### 2. Cognitive

- a. Develop knowledge and understanding for rhythmical movement.
- b. Develop knowledge and understanding required for gymnastics and tumbling skills.
- c. Develop knowledge and understanding of rules and strategies of individual and group games and sports.
- d. Develop knowledge of safety practices required for a variety of physical activities.

#### 3. Affective

- a. Develop appropriate social interaction skills.
- b. Develop respect for rules, authority figures, and others.
- c. Develop a positive self-concept, body image, and confidence.
- d. Develop and demonstrate cooperative and competitive skills through physical activity.
- e. Accept limitations which cannot be changed and learn to adapt to the environment to make the most of strengths.

### **III. ORGANIZATION AND ADMINISTRATION**



#### **A. Legislation Affecting Physical Education Services**

Federal legislation that was mandated through the historic Public Law 94-142 (1975) Education all Handicapped Children Act and Public Law 93-112 (1973) Section 504 of The Rehabilitation Act has, and will continue to have, a profound effect on educational opportunities for students with disabilities. More recent legislation, Public Law 101-476, Individuals with Disabilities Education Act (1990), as amended by IDEA (P.L. 105-17, 1997), and the Americans with Disabilities Act (1990) has increased the scope and coverage for individuals with disabilities. The primary intent of these laws is to ensure that all individuals with disabilities receive a free and appropriate public education. The emphasis of special education and related services are designed to meet each individual's unique needs, and that these programs afford individuals with disabilities equal opportunities to attain the same results, gain the same benefits, and reach the same levels of achievement as their peers without disabilities. The Texas State Board of Education has also established the TEKS. The TEKS provide a guideline for the development of instructional programs in the State of Texas. The mandates of the federal legislation coupled with the various state requirements for physical education should have significant impact on the delivery of APE services.

##### **1. Impact of P.L. 94-142, as amended by IDEA (P.L. 105-17, 1997), on Physical Education**

The purpose of this law was to ensure the following rights for students with disabilities:

- ï right to a free education
- ï right to an appropriate education
- ï right to nondiscriminatory testing, evaluation, and placement procedures
- ï right to be educated in the least restrictive environment
- ï right to procedural due process of the law

Physical Education, as defined by the law, is the only instructional area mandated in the legislation for students in need of specifically designed programs. Physical education is defined as 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. The term includes special physical education, adapted physical education, movement education, and motor development.

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This law addresses who receives physical education services, in what environment that service may be delivered, and when these services must be addressed in the Individualized Education Program (IEP). The following list describes the circumstances under which these types of services will be provided.

- a. All students with disabilities from birth through 21 years of age must be provided physical education if specified in their IEP.
  - b. Each student with a disability must be afforded the opportunity to participate in the regular physical education program available to students without disabilities, unless the student is enrolled full-time in a separate facility; or the student needs specially designed physical education, as described in the student's IEP.
  - c. If a student with a disability can participate fully in the regular physical education program without any special modifications to compensate for the student's disability, it would not be necessary to describe or refer to physical education in the IEP.
  - d. If some modifications to the regular physical education program are necessary for the student to be able to participate in that program, those modifications must be described in the IEP.
  - e. If a student with a disability needs a specially designed physical education program, that program must be addressed in all applicable areas of the IEP.
  - f. If a student with a disability is educated in a separate facility, the physical education program for that student must be described or referred to in the IEP. However, the kind and amount of information to be included in the IEP would depend on the physical and motor needs of the student and the type of physical education program that is provided.
2. Impact of Section 504 (1973) of the Rehabilitation Act on Physical Education

Programs must afford equal opportunities for individuals with disabilities to achieve the same results as individuals without disabilities. Disabling conditions need to be considered in order to maximize the benefits an individual can receive from physical education instruction, intramural, and interscholastic sport programs.

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The following guidelines should be followed to assure equally effective services for individuals with disabilities:

- a. Quality of educational services provided students with disabilities must at least equal that of services provided students without disabilities.
- b. Teachers of students with disabilities must be competent to provide instruction to students with disabilities.
- c. 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.

Some restrictions to avoid when conducting programs involving students with disabilities include:

- a. Separating students with disabilities categorically from students without disabilities.
- b. Removing students with disabilities inappropriately from the community or immediate environments.
- c. Placing students with disabilities indiscriminately into special and/or segregated programs and activities.

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



### 3. Impact of the Americans with Disabilities Act 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. Individuals cannot be excluded from jobs, services, activities, or benefits based on disability. The ADA expands the coverage of Section 504 into the private sector. Physical education, especially for those students with transition goals, should therefore be directed toward providing individuals with disabilities the skills necessary to participate in and benefit from functional recreation and leisure activities that could be carried over into a community setting.

### 4. Impact of Amendment of Section 21.101 of the Texas Administrative Code on Physical Education

The Texas State Board of Education, through the amendment of Section 116.1 of the Texas Administrative Code has designated TEKS for physical education. Based

on the TEKS in physical education, students acquire the knowledge and skills for movement that provide the foundation for enjoyment, continued social development through physical activity, and access to a physically-active lifestyle. The student exhibits a physically-active lifestyle and understands the relationship between physical activity and health throughout the lifespan. Each school district in Texas is required to provide instruction based on the TEKS. Students with disabilities must also have instruction in activities within the TEKS, where appropriate. In some cases, particularly with individuals with severe disabilities, the TEKS may not be appropriate. In these situations, developmental goals and objectives that allow the student to make progress toward the TEKS should be developed.

#### 5. Placement in Appropriate Program

These laws require that physical education be provided in the least restrictive environment. The intent of the law is not to mainstream or include every student in need of specially designed programs into the regular physical education program, but rather to provide a continuum of services that would provide the most appropriate educational setting for that student.

Appropriate instruction should be developed around the student needs. IDEA requires that an IEP be developed for each student. The IEP should be developed by more than one individual, preferably a multidisciplinary team of individuals who are qualified to assess students and make recommendations based on their assessments. The purpose of the IEP multidisciplinary team is to determine the appropriate placement for the student for each subject, including physical education. IDEA specifies that the team consist of at least one individual from each of the following roles:

- a. parents,
- b. student's teacher(s),
- c. representative of the school other than the student's teacher,
- d. individuals at the discretion of the school or the parent(s), and
- e. student, when appropriate.

IDEA stipulates that the IEP include the following items:

- a. present levels of educational performance (PLEP) of the student;
- b. statement of measurable annual goals, including short term instructional objectives;
- c. specific education and related services to be provided and the extent to which the student will participate in the regular education program;
- d. when the services are expected to begin and how long they are expected to last; and
- e. criteria for determining whether the instructional objectives are being achieved, at least on an annual basis.

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Schools within our district are encouraged to do more than merely go through the IEP process and then automatically place students with disabilities outside the regular classroom. Two federal court rulings illustrate that schools need to attempt regular placement and not assume that a student will best be served outside the regular classroom. *Daniel R.R. vs El Paso Independent Schools*, EHLR 441:433 (5th Cir. 1989), established a two step test process from which to question schools in regards to placement of students:

- a. Has the school district made every attempt to educate the student in the regular education classroom, including making available supplementary aids and services?
- b. If a regular classroom is inappropriate, has the school district provided other opportunities for inclusion (e.g., lunch, recess, field trips)?

The U.S. Department of Education in a friend-of-the-court brief in the Holland inclusion case defined four factors to be considered when placing the student in the least restrictive environment in compliance with IDEA:

- a. comparing the educational benefits of a regular classroom placement with appropriate aids and services, to the benefits of a special education classroom;
- b. the non-academic benefits to a student with disabilities of being placed with children without disabilities;
- c. the effect of the student with disabilities on the teacher and other children in the regular classroom; and
- d. the cost of services needed to place the student in the regular classroom.

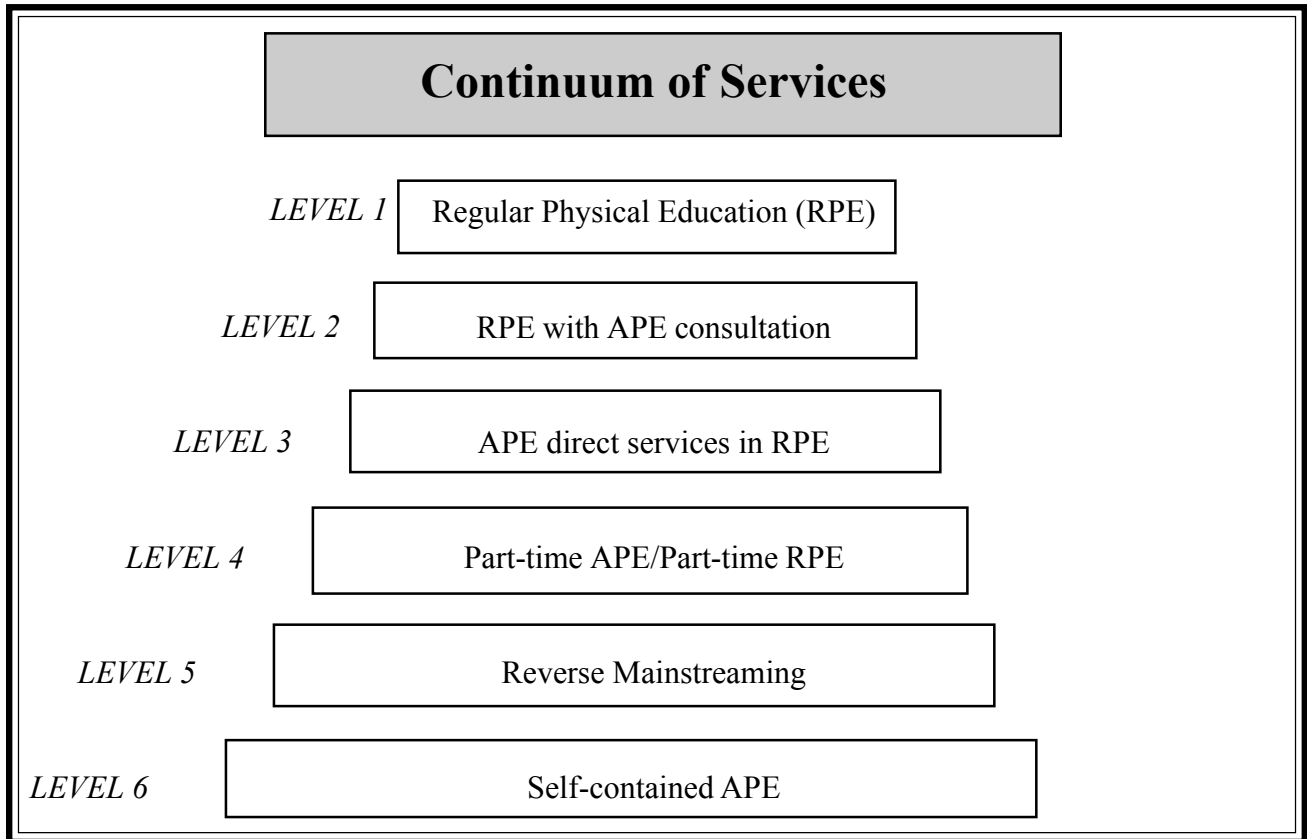
Planning for alternative placements in physical education for students with disabilities should follow the guidelines outlined below:

- a. provide a continuum of appropriate placements;
- b. establish criteria to justify the movement of students with disabilities along the continuum;
- c. movement of students with disabilities should be in the direction of less restrictive and more integrated settings;
- d. placements should be based on students abilities, disabilities, and personal needs; not categorical generalizations or labeling processes; and
- e. whenever possible, students with disabilities should participate with individuals without disabilities.



**B. Continuum of Services**

The following continuum of services (*refer to Figure 1*) will provide the student with special needs, the opportunity to receive instruction in the least restrictive environment.



*Figure 1.* The flowchart presented above is a cascade continuum of placement levels for Physical Education services. Level 1 represents the least restrictive placement; each level increases in the restrictiveness of placement with Level 6 representing the most restrictive placement.

The following is a detailed explanation of the placement levels from Figure 1 for instructional settings in Physical Education.

- Level 1** Regular physical education
  - 1.1 RPE teacher feels comfortable working with the student(s) with disabilities with no ongoing staff support.
  - 1.2 Student(s) with disabilities can make necessary modifications on their own.

**Note:** *APE teacher may meet periodically with RPE teacher to ascertain the student's progress and the teacher's comfort level.*

**Level 2** RPE with APE consultation

- 2.1 No direct assistance needed for the student.
- 2.2 Support personnel (i.e., paraeducators, peer tutors, volunteers) assist student(s) with disabilities (refer to APE Resource Guide for support personnel in the least restrictive environment, 1998).

*Note:* Support can be made in the form of determining curriculum adjustments, activity modification, behavior management techniques, communication skills, and/or assessing student skills. Level of consultation can vary.

**Level 3** APE direct service in RPE

- 3.1 Support personnel assist the student.

*Note:* APE teacher engages in team teaching once or twice a week with the RPE teacher or provides one-on-one assistance to the student. APE teacher is also responsible for training the support personnel.

**Level 4** Part-time APE and part-time RPE

- 4.1 Flexible schedule with reverse mainstreaming.
- 4.2 Fixed schedule with reverse mainstreaming.

*Note:* Ensures that students with disabilities continue to have an opportunity for social interaction with nondisabled peers; provides for learning age-appropriate and functional skills in a natural environment. Should also focus on community-based training.

**Level 5** Reverse mainstreaming

- 5.1 Students with disabilities from special schools go to regular schools for RPE.
- 5.2 Students without disabilities come to the special education school.
- 5.3 Students with and without disabilities meet at a community-based recreation facility.

**Level 6** Self-contained APE

- 6.1 APE provided at the school at which the student is enrolled by the APE teacher.
- 6.2 APE provided by the classroom teacher at the school in which the student is enrolled. Consulting or monitoring services are provided by the APE.

*Note:* This may only happen once or twice a week. The activities should be age appropriate and should be team taught by APE and RPE. Due to transportation problems it should generally occur at a school close to the special school.

### **C. Coordination and Delivery of Services of Personnel**

#### **1. Texas Education Agency (TEA)**

The TEA recommends physical education for students with disabilities be provided by the following personnel [19 TAC 89.213(d)(7)]:

- a. When the ARD committee has made the recommendation and the arrangements are specified in the student's IEP, physical education for individuals with disabilities may be provided by the following personnel:
  - 1) adapted and regular physical educators,
  - 2) special education instructional or related service personnel who have the necessary skills and knowledge,
  - 3) occupational therapists,
  - 4) physical therapists, and/or
  - 5) occupational therapy assistants or physical therapy assistants working under the supervision of a professional in accordance with the standards of their profession.
  
- b. When these services are provided by special education personnel, the district must document that they have the necessary skills and knowledge. Documentation may include, but need not be limited to inservice records, evidence of attendance at seminars or workshops, or transcripts of college courses.
  
- c. The Executive Board and the Representative Assembly of the Texas Association for Health, Physical Education, Recreation, and Dance and the Committee for Programs for Persons with Disabilities endorse the following recommendations for competencies of the APE teacher.
  - 1) Knowledge of motor characteristics, behaviors, and developmental sequences (including birth through 22 years) associated with various disabling conditions in relation to normal motor development.
  - 2) Knowledge of neurological basis of normal and abnormal motor control and sensory motor integration methods for teaching physical education to individuals with severe disabilities, individuals who are nonambulatory, and individuals with multiple disabilities.
  - 3) Skills in psychomotor assessment and a variety of physical education techniques and procedures for implementing the individual educational plan.

- 4) Developmental teaching methods/materials and gymnasium organizational abilities in physical and motor fitness, fundamental motor skills and skills in aquatics, rhythms/dance, individual and group games and sports for students with disabilities.

## 2. Multidisciplinary Team Approach

A comprehensive method of service delivery is best achieved by a multidisciplinary team approach. Critical to this approach is that each team member cooperate with other members to pool the knowledge of separate disciplines to develop goals that will ensure the most effective learning environment for the student. A multidisciplinary team should consist of both direct service and related services personnel.

## 3. Direct Services Personnel

Direct services personnel are those professionals identified in the federal laws as having primary educational responsibility for students with disabilities.

### a. Adapted Physical Education Teacher

The APE teacher is the professional responsible for developing an appropriate physical education plan for students with disabilities. The APE teacher is a physical educator with specialized training in the assessment and evaluation of motor behavior and physical fitness, programming, and program implementation. In addition, it is highly recommended that this professional has earned national certification in adapted physical education.

An APE professional can assume three basic roles when meeting the physical education needs of students with disabilities: direct service provider, consultant, or monitor (*refer to Figure 2*). The following is a detailed explanation of each of these roles.

- i **Direct/Consult-** The professionals in APE provide direct contact with a student or a small group of students at designated intervals, as specified by the IEP. In addition, consultation services are provided to the student(s), teachers, and/or parents to meet the student's specific IEP annual goals and objectives. These professionals assist students with disabilities in meeting specific IEP annual goals and objectives through one or more services per month. Further, an IEP may be developed independently of other disciplines or integrated (developed between two professionals such as a special education teacher and an APE).
- i **Monitor-** The professionals in APE provide monitoring services to the student(s), teachers, and/or parents as specified by a written report.

In the monitoring model, professionals design a program to ensure that appropriate programming and/or equipment is in place so that the service provider is well informed of safe and successful instructions. Although much of the monitoring time is spent collaborating, APE also spends time with the student during his/her scheduled monitoring visit to help assist with any activity modifications and/or new activities. This could take place five times per year or quarterly.

Direct and /or Consult	Monitor
<ul style="list-style-type: none"> <li>ï An IEP specific to discipline or a Transdisciplinary IEP</li> <li>ï generally services are provided weekly but never less than once per 6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>ï Summary Report (No IEP)</li> <li>ï services are less than once per 6 weeks</li> </ul>

*Figure 2. Service Delivery Model.*

b. Special Education Classroom Teacher and Regular Physical Education Teacher

Special educators are professional personnel who have received specific training in the techniques and methodology of educating students with disabilities. For the purposes of physical education, the RPE and/or special educator, with the support of the APE consultant, may be a direct service provider.

4. Related Services Personnel

Related services are services that must be provided so that the student with disabilities can benefit from instruction. The primary function of related services personnel is to implement services identified in the students' IEP. Related service personnel may also perform assessments in areas for which they have appropriate training; provide assistance to the ARD committee; contribute to the development of the IEP; and provide consultation to teachers, aides [paraeducators], and parents concerning IEP implementation, maintenance, and evaluation. [19 TAC 889.215]

a. Occupational Therapist

The occupational therapist is trained to enhance the student with disabilities skills in activities of daily living, work activities, and play or

leisure activities. For occupational therapy, a physician's prescription is required for direct services to students with medically related conditions. A physician's prescription is not required for occupational therapy evaluations.

b. Physical Therapist

The physical therapist is trained to provide services that address range of motion, gait therapy, mobility assistance, and other interventions. For physical therapy, direct services for students may be prescribed by a physician. A physician's prescription is not required to do physical therapy evaluations.

c. Other Support Personnel

The use of support personnel is one of the most effective means to increase program efficiency. Support personnel are assigned to work with education professionals in the instructional environment. Support personnel should be provided the opportunity to share the same type of learning experiences recommended for teachers. Support personnel should be suitably trained, given appropriate tasks, and provided feedback and support. For detailed information, refer to the Denton ISD's APE Resource Guide for Support Personnel in the Least Restrictive Environment (1998).

**D. Implementation of Services**

1. Scheduling

Scheduling an adequate number of physical education classes for students with disabilities is critical because benefit derived from physical and motor activities is directly related to the opportunity to practice on a regular and frequent schedule. To ensure maximum use of both the teacher's and the student's time, scheduling should be discussed and agreed on at the IEP/ARD meeting. Factors that will influence scheduling include:

- i teacher caseload,
- ii school district policies (e.g., physical education participation for 50% of the school year),
- iii school policies (e.g, block scheduling in individual schools), and
- iv classroom activities (e.g., music therapy) or other services provided throughout the day that may interfere with scheduling

2. Accountability

All teachers are expected to provide professional services of the highest quality. Teachers specially trained to work with students with disabilities have an additional responsibility because of the nature of the populations they serve. In addition they must also be knowledgeable about their students' conditions, the con-

straints resulting from those conditions, and motivational techniques that will ensure student persistence. Teachers with direct responsibilities for serving students with disabilities should be aware of the various avenues available to assist them with their special responsibilities.

Clearly defined hierarchies of responsibilities within school districts help ensure consistent quality of service delivery to all students. Administrators and supervisors of programs for students with disabilities should be among the district's most experienced and capable professionals. Direct service providers should welcome their supervisors' unique talents, and freely seek their assistance. In the Denton ISD the APE teachers are directly responsible to the APE Coordinator.

A variety of forms of communication will be used to enable service providers and supervisory personnel to provide the highest level of services possible. Student IEPs and medical records will be available for review by the APE teacher. Daily lesson plans will be developed to detail the activities used to reach each student's goals and objectives. These lesson plans will be placed on file for periodic review to document the frequency and quality of services delivered, the APE teachers will keep daily service logs (including information about contact hours; students served, times, and objectives worked on; as well as progress made for each student) that will be turned in monthly to the Director. The daily service logs and lesson plans will provide formal documentation that the goals and objectives identified on each student's IEP are being routinely addressed.



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### 3. Caseload

Consistent with the continuum outlined in Figure 1, a single APE teacher will be able to provide the following services. The specific ratios will vary depending on each Adapted Physical Educator's responsibility.

Type of Service	Service Provided by the APE Teacher	Educational Settings	Service Providers	Number of Students Serviced by the APE Teacher
Regular physical education with instructional support	<ul style="list-style-type: none"> <li>ï Consultation</li> <li>ï Screening</li> <li>ï Assessment</li> </ul>	<ul style="list-style-type: none"> <li>ï Regular placement</li> </ul>	<ul style="list-style-type: none"> <li>ï Regular physical education teacher (RPE)</li> </ul>	1:80
Regular physical education with major modifications	<ul style="list-style-type: none"> <li>ï Consultation</li> <li>ï Screening</li> <li>ï Assessment</li> <li>ï Some direct service delivery</li> </ul>	<ul style="list-style-type: none"> <li>ï Regular placement</li> </ul>	<ul style="list-style-type: none"> <li>ï RPE teacher, paraprofessional, or peer buddy</li> </ul>	1:60
Adapted physical education (small groups)	<ul style="list-style-type: none"> <li>ï Screening</li> <li>ï Assessment</li> <li>ï Direct service delivery</li> </ul>	<ul style="list-style-type: none"> <li>ï APE, possibly a motor lab or Partners Program</li> </ul>	<ul style="list-style-type: none"> <li>ï APE teacher and paraprofessional or partners</li> </ul>	1:40
Adapted physical education (one-on-one)	<ul style="list-style-type: none"> <li>ï Screening</li> <li>ï Assessment</li> <li>ï Direct service delivery</li> </ul>	<ul style="list-style-type: none"> <li>ï APE in a special setting</li> </ul>	<ul style="list-style-type: none"> <li>ï APE teacher and paraprofessional</li> </ul>	1:20

**Note:** These numbers are based on a full-time APE teacher's weekly responsibilities on site at several schools. Other weekly responsibilities will require the following:

- ï Class preparation, 5 hours;
- ï Travel time, 5 hours
- ï Screening and assessment, 5 hours
- ï Other (see below), 5 hours

These estimates will be further modified by the following factors:

- ï Individual student needs
- ï Number of schools served
- ï Location of schools served
- ï Equipment setup/takedown
- ï School building schedules
- ï Other job related responsibilities

## IV. REFERRAL, ASSESSMENT, PLACEMENT PROCEDURES, AND ARD DOCUMENTATION



### A. Referral Procedures

The referral, assessment, ARD documentation, and placement procedures are perhaps the most important part of ensuring that each student receives the most appropriate physical education program in the least restrictive environment. The procedures described in this section provide the steps to be followed when there is concern about the physical and motor development/performance of a student with a disability. In most cases the referral process will be set into motion by the physical education or classroom teacher who is providing direct services to the student. The following pages describe the specific steps in this process.

#### Instructional Model

Like most instructional models, the model for APE follows a progression that starts with accumulating information about the student, assessing his/her needs, prescribing a program to meet those needs, administering (teaching) that program, and monitoring progress.

The process within the model starts at the top with the referral of a student experiencing significant physical and/or motor difficulties (*refer to Figure 3*). If the student is declared disabled by psychological services and is receiving special education services, the referral may be initiated by the special education teacher or a school representative. Otherwise, the referral should come from the student's physical education or classroom teacher. The referral is sent through the diagnostician to the appropriate APE teacher who then observes the student's physical fitness performance and/or motor behavior to determine what, if any, intervention strategy is needed.

The APE teacher then either determines the student does not need modification, begins short term consultation, begins long term consultation including an ARD, or conducts a more detailed diagnostic assessment. The student's individual goals and objectives are then written and the student is placed in the appropriate physical education setting.

The program model now becomes cyclic in nature. Determining what areas need remediation, what activities can enhance that remediation, and how to teach those activities are critical to student success. Evaluation and reevaluation are constants in the program. If a student is not showing improvement, the program should be reviewed to determine its appropriateness, and needed modifications identified and implemented.

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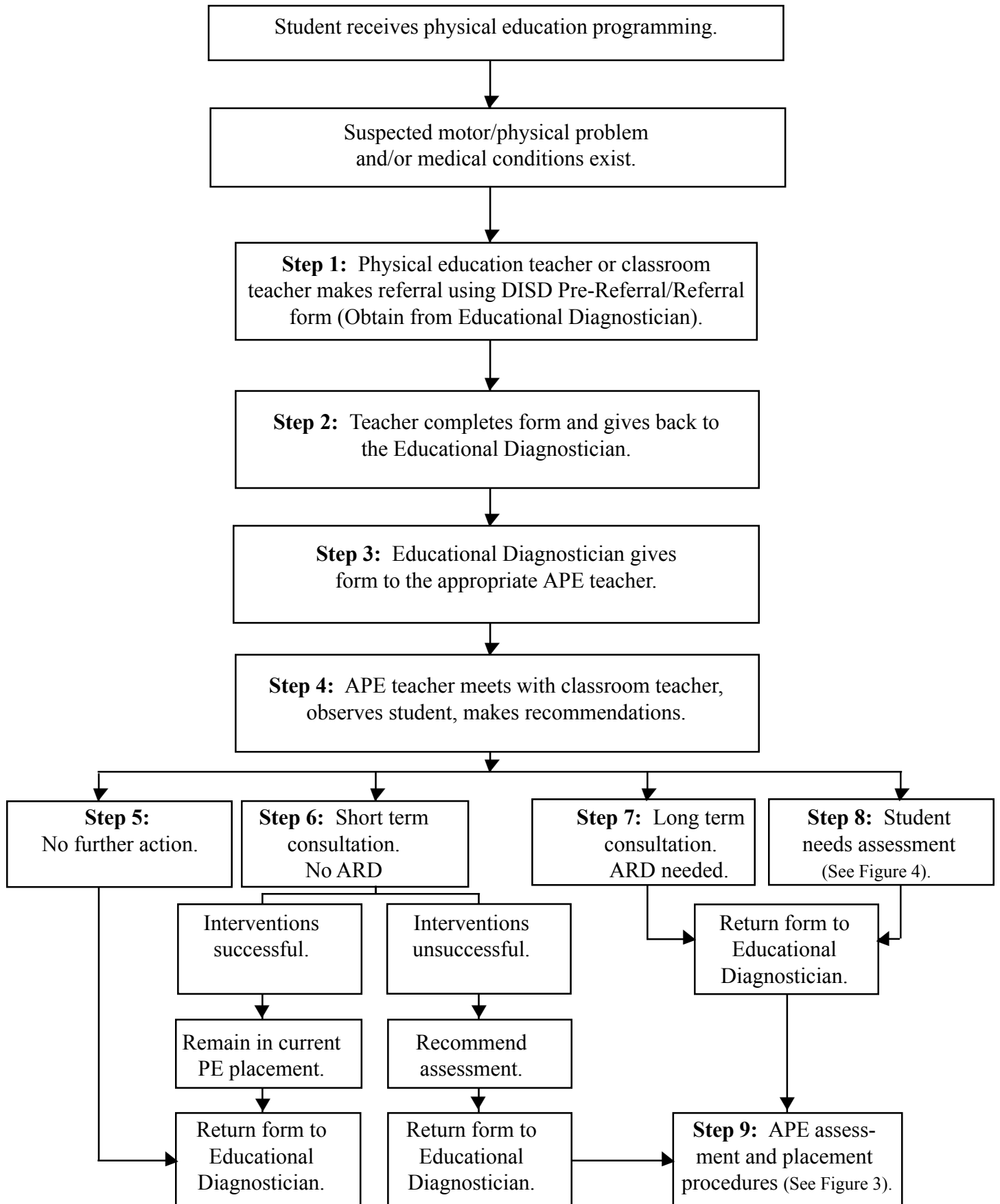


Figure 3. DISD adapted physical education Individual Education Plan referral procedures.

**B. Assessment Procedures**

Assessment is a critical beginning for program planning for students experiencing physical and/or motor delays. Students with disabilities need to be provided appropriate physical education services determined through informal/formal evaluation techniques.

1. Purpose of Assessment

Evaluation includes collecting information from screening and testing instruments, observation, community based and ecological survey report, review of records, consult with parents, and using that information to identify a student's need (DEC, 2000). The six purposes for assessment in APE are as follows:

- a. Establish present levels of performance - identify student strengths and weaknesses.
- b. Program development - determine what activities would promote development of delayed areas and which activities could be modified to permit participation.
- c. Placement - help determine the most appropriate physical education placement.
- d. Prediction - enable the teacher to make an educated estimate about what the student is capable of achieving.
- e. Measure achievement - determine whether the student has achieved the established educational goals.
- f. Determine further needs - determine whether the student's needs can be met with modifications of the regular physical education program or whether there is a need for further testing or referral for related services.

2. Assessment and Placement Flowchart

If it is determined that a student requires long-term consultation, the formal assessment and placement procedure is as follows (*refer to Figure 4*):

3. Assessment Techniques



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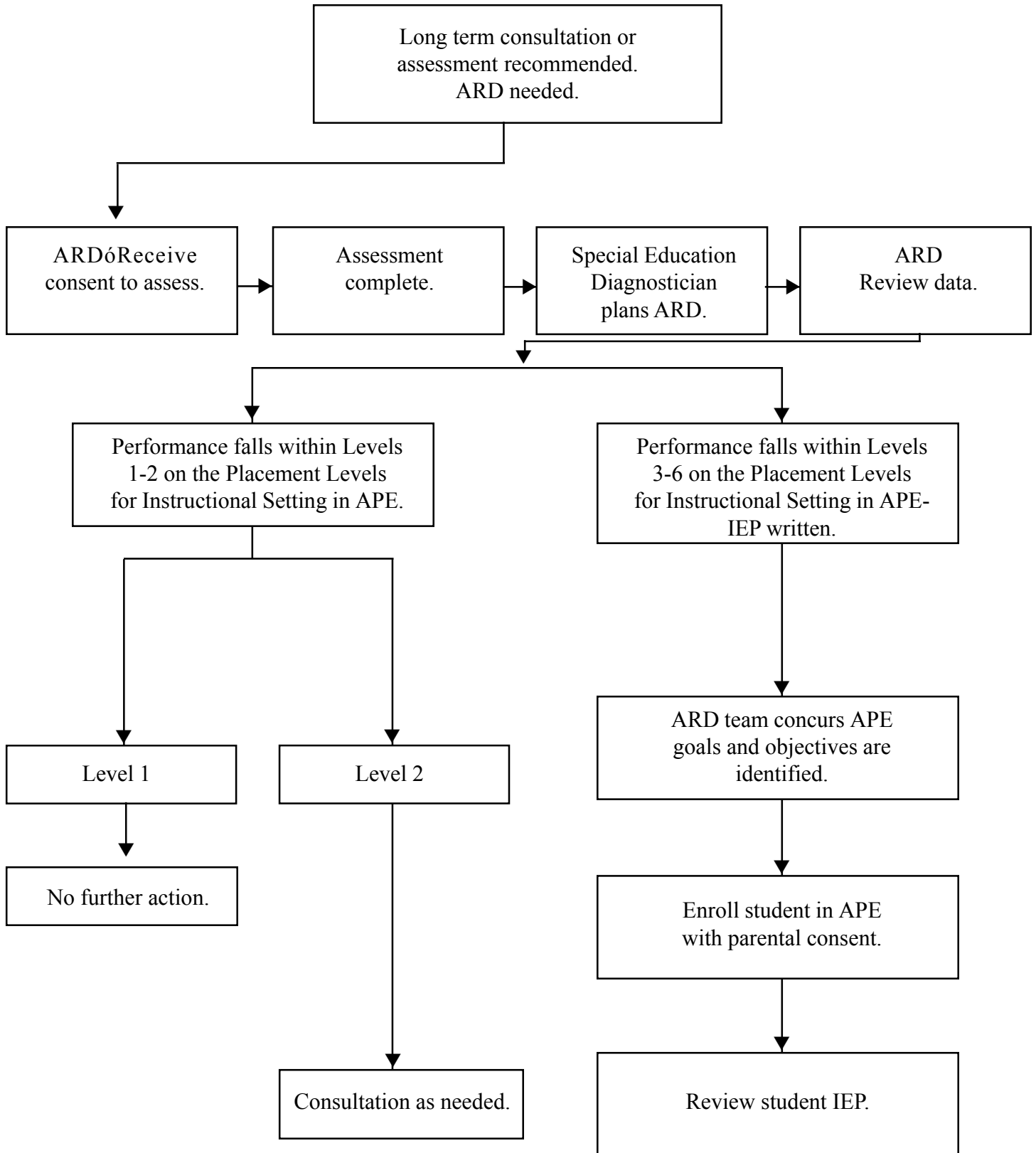


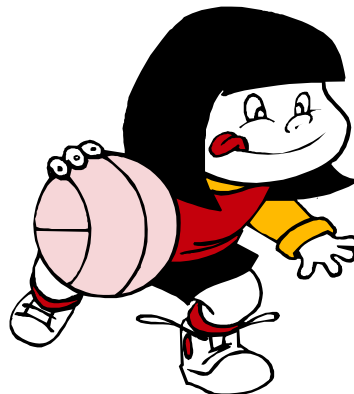
Figure 4. Denton ISD adapted physical education Assessment and Placement Procedures.

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In cases where the Occupational and /or Physical Therapists are also assessing the same student, all the personnel conducting motor assessments will consult to avoid possible duplication of assessments.

	<b>Birth-5 years</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Nonambulatory or Severe Delays</b>
<b>Primary Preferred Instrument(s)</b>	<b>APEAS (Los Angeles, 1984)</b>	<b>CTAPE-R (LA, 1985); APEAS (Los Angeles, 1984)</b>	<b>CTAPE-R (LA, 1985); APEAS (Los Angeles, 1984)</b>	<b>MATP (Special Olympics, 1981)</b>
<b>Alternate Instrument</b>	<b>Peabody Developmental Motor Scale (Folio &amp; Norman, 1983)</b>	<b>Test of Gross Motor Development (Ullrich, 1985) [with the addition of a test for static balance]</b>	<b>Project Mobilitee (Rudolph &amp; Arnhold, 1981)</b>	<b>I CAN (Wessell, 1976); Project CREOLE (Wright, 1986); BCP Instructional activities (Vort Corporation, 1997)</b>
<b>Alternate Fitness Instruments</b>	<b>N/A</b>	<b>AAHPERD Fitnessgram (1994)</b>	<b>AAHPERD Fitnessgram (1994) Brockport Physical Fitness Test (2000)</b>	<b>Project Unique (Winnick &amp; Short, 1985) Brockport Physical Fitness Test (2000)</b>

Figure 5. Denton ISD adapted physical education Program Recommended Assessment Instruments.



**C. Criteria for Placement**

The following criteria is used to determine the most appropriate (least restrictive) physical education placement:

- a. Results of physical and/or motor assessments;
- b. Psychomotor, cognitive, and affective factors that would impact the student's ability to successfully and safely participate in regular physical education; and
- c. Capability of the student to benefit from an APE program, including such considerations as: ability to understand cause and effect; demonstration of emotional behavior to benefit from one-on-one instruction; capability for voluntary movement; ability to interact with another person. (Note: If a student does not meet these minimum criteria, motor goals will be provided and addressed by other qualified personnel).

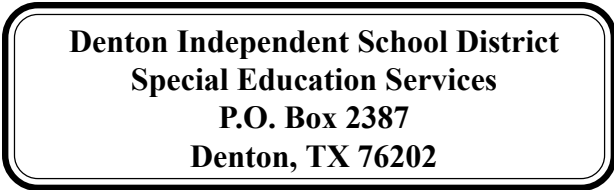


**D. ARD Documentation**

There are two basic ARD documents used by the APE staff as required in the DEC Reference Guide, Part II:

1. Written assessment report, and
2. Individual Educational Plan (Refer to pages 22 and 23, respectively).

- Initial Assessment
- Reevaluation
- Special Request by the ARD Committee



ARD Date: \_\_\_\_\_

**Eligibility Report: ADAPTED PHYSICAL EDUCATION**

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Examiner(s):** \_\_\_\_\_

<b>Sources of Data (Formal and Informal Measures):</b>	<b>Assessment Dates:</b>
1. _____	_____
2. _____	_____

Yes    No   Based on the evaluation, the student demonstrates a need for adapted physical education in order to make appropriate educational progress.

**LEARNING COMPETENCIES- Strengths and Weaknesses**

<b>Physical and Motor Fitness:</b>
<b>Fundamental Motor Skills and Patterns:</b>
<b>Informal Observations:</b>
<b>Recommendation(s)/Modification(s):</b>
<b>Recommendations for Instructional Setting:</b>

\_\_\_\_\_  
*Signature of Evaluator*                      *Date*                      *Position*

# \*Individual Educational Program (IEP)

## Denton ISD Adapted Physical Education Instructional Services

Page \_\_\_\_\_ of \_\_\_\_\_

Date Draft Completed \_\_\_\_\_

Date Accepted by ARD Committee \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**\*Duration of Services From** \_\_\_\_\_ **to:** \_\_\_\_\_  
Month/Day/Year Month/Year

**\*Goal:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>*Short-Term Objectives</b> The Student will be able to:	*Indicate Level of Master Criteria	*Evaluation Procedure	<b>Evaluation Codes</b> (showing percentage of progress every six weeks)					
			Date	Date	Date	Date	Date	Date

- Evaluation Procedure Codes:**
- |                       |                        |
|-----------------------|------------------------|
| 1. Teacher-made tests | 5. Student Conferences |
| 2. Observations       | 6. Work Samples        |
| 3. Weekly Tests       | 7. Portfolios          |
| 4. Unit Tests         | 8. Other:              |

- Level of Progress:**
- M = Mastered
  - A = Almost Mastered
  - P = Progressing at expected rate
  - I = Improvement needed

\*Denotes required items

## **V. APPENDICES**



- ï Appendix A: Definition of Disabilities
- ï Appendix B: Health and Safety Considerations
- ï Appendix C: Commonly Asked Questions
- ï Appendix D: APE Pre-Referral/Referral Forms
- ï Appendix E: APE Medical Forms
- ï Appendix F: Six-week Progress Report



## Appendix A

### Definition of Disabilities

**The following are definitions listed in IDEA of the 13 categories of disabilities verbatim, as found in 300.7(b)-(13).**

The IDEA lists 13 separate categories of disabilities under which children may be eligible for special education and related services. This Attachment presents the IDEA's definitions verbatim, found in 300.7(b)(1)-(13).

**(1) Autism**

“Autism” means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance, as defined in paragraph (b)(9) of this section.

**(2) Deaf-blindness**

“Deaf-blindness” means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

**(3) Deafness**

“Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

**(4) Hearing impairment (including deafness)**

“Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educa-

tional performance but this is not included under the definition of deafness in this section.

**(5) Mental retardation**

“Mental retardation” means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

**(6) Multiple disabilities**

“Multiple disabilities” means concomitant impairments (such as mental retardation and blindness, mental retardation and orthopedic impairment, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf and blindness.

**(7) Orthopedic impairment**

“Orthopedic impairment” means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., polio-myelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

**(8) Other health impairment**

“Other health impairment” means having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that adversely affects a child's educational performance.

**(9) Serious emotional disturbance**

“Serious emotional disturbance” is defined as follows:

- (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:
  - (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
  - (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
  - (c) Inappropriate types of behavior or feelings under normal circumstances;
  - (d) A general pervasive mood of unhappiness or depression; or
  - (e) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

**(10) Specific learning disability**

“Specific learning disability” means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, or emotional distur-

bance, or of environmental, cultural, or economic disadvantage.

**(11) Speech or language impairment**

“Speech or language impairment” means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child’s educational performance.

**(12) Traumatic brain injury**

“Traumatic brain injury” means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

**(13) Visual impairment, including blindness**

“Visual impairment including blindness” means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.

**Note:** If a child manifests characteristics of the disability category “autism” after age 3, that child still could be diagnosed as having “autism” if the criteria in paragraph (b)(1) of this section are satisfied.

## Appendix B

### Health and Safety Considerations and Safety Implications

The following sections are taken from the TEA Physical Education for Handicapped Students Bulletin (1983)

### **Health and Safety Considerations For Students with**

Condition	Health/Safety Considerations
Amputations	Sports and games should be encouraged. The prosthesis may need to be padded in order to provide a more equal basis for competition. Upper limb prostheses should not be worn in contact sports. However, in activities with less contact, the prosthesis may be essential to performance or may help in the maintenance of balance and timing.
Asthma	Minimize restrictions and limitations on activity. Talk with the family to determine potential irritants which may trigger an attack (such as dust and grass pollens). If these irritants are present, plan activities inside or on a concrete slab. Swimming is an excellent activity along with games requiring short bursts of energy such as baseball. Mild attacks should be treated by having the student sit down and breathe easily. Drinking warm water may be helpful.
Cerebral Palsy	Participation depends on degree of impairment. Terminate activities before fatigue occurs to reduce frustration. Communicate with medical-therapy unit to identify therapeutic goals. Increase activity space to account for problems in balance and involuntary muscle spasms.
Convulsive	Most individuals with convulsive disorders are controlled disorders medically and rarely experience seizures. For those whose seizures have not been fully controlled for two years, certain safety precautions are recommended. These students should avoid activities where loss of consciousness would result in injury. Be aware of first aid measures. Should a seizure occur, loosen restrictive clothing, turn the student's head to the side, and remove objects from around the student to prevent injury. Never attempt to place anything in the student's mouth.
Cystic Fibrosis	Physical activity is desirable in that it helps clear secretions from the lungs. While physical stamina may be impaired, the student should be permitted to engage in activities as fully as possible. Allow student to leave class to clear the lungs during periodic coughing spells. Be aware of the need for additional salt in hot weather and heavy perspiration.
Diabetes Myelitis	Exercise is valuable to the diabetic. It diminishes the requirement for insulin and improves circulation. Exercise should be regulated so that there is about the same amount each day. However, if more exercise than usual is anticipated, the student should stop after each half to full hour and eat a snack. A lump of sugar or candy should be kept on hand for the student to eat in case of insulin reaction. Cleanliness and skin care are important. Treat any break in the skin promptly.
Down's Syndrome	No special considerations are necessary unless atlantoaxial dislocation condition is present. This spinal condition, which is present in about 17% of Down's Syndrome individuals, can result in serious injury from activities involving hyperextension or extreme flexion of the neck. A physician's report indicating the presence or absence of this condition should be considered before identifying physical education activities.

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Heart Disease	Be aware of shortness of breath, faintness, cyanosis, chest pain and rapid heart rate. These indicate unusual fatigue and a need for immediate rest. The student's progress should be reviewed with a physician at periodic intervals.
Hemophilia	The development of coordination and good musculature is especially important in the prevention of joint damage and severe bleeding episodes. Contact sports and those with a possibility of being hit with an object should be avoided. Swimming, golf, dance, and hiking are good activity choices. Bruises and bumps require immediate medical attention.
Muscular Dystrophy	Fatigue becomes progressively more common. Allow rest periods when this occurs. Provide enjoyable activities in physical education.
Spina Bifida	Even though the student may ambulate on long leg braces, a wheelchair may make sports and game participation easier. Encourage the development of the trunk and upper extremities. Poor circulation and lack of sensation may cause pressure sores. The student should inspect under the braces after physical activity.
Spinal Cord Injury	Stretch and strengthen upper extremity muscles. Recognize and treat injuries to areas with poor circulation and sensation.
Rheumatoid Arthritis	Strenuous contact activities are not recommended as they may increase pain and damage to the joints. Activities must be modified to reduce stress on joints. Emotional depression and anger are common. Games and sports can act as a release.
Sickle Cell Disease	Restrict activities of cardiovascular endurance as increased oxygen utilization from the blood predisposes an attack. Overheating should also be avoided.
Deaf and Hard of Hearing	Face the student when communicating. Have student remove hearing aid during vigorous play. Encourage cooperative activities with clear rules and directions. Balance may be impaired due to reduced functioning of semicircular canals. Limit climbing and apparatus work until body control can be attained through balance beam exercises.
Blind and Visually Impaired	Active games and sports are encouraged for most students. The student should be allowed to feel demonstrations. Simple game modifications such as batting tees and using auditory cues make most physical activities possible for the visually impaired or blind student. Students with glasses should not receive blows to the head. Due to the increase in ocular pressure, weight lifting

### References:

- Bleck, E. E. and Nagel, D.A. (eds.) *Physically Handicapped Children: A Medical Atlas for Teachers*. New York: Grune and Stratton, 1975.
- Adams, R. C. Daniel, A.N. and Rullman, L. *Games, Sports, and Exercises for the Physically Handicapped*. Philadelphia: Lea and Febiger, 1972.

## Appendix C

### Commonly Asked Questions

## Commonly Asked Questions

- i *What is adapted physical education?* Adapted physical education is defined as the science of analyzing movement, identifying deficiencies within the psychomotor domain, and developing instructional strategies to remediate identified deficiencies. It encourages positive social interaction and self-esteem, and facilitates motor achievement.<sup>1</sup>
- i *What is the difference between physical education and recreation?* The federal regulations define physical education as the development of:
- (a) Physical and motor fitness;
  - (b) Fundamental motor skills and patterns; and
  - (c) Skills in aquatics, dance, individual and group games, and sports (including intramural and lifetime sports).<sup>1</sup>
- [34 C.F.R. 300.14(b)(2)]
- i Recreation includes:
- (i) Assessment of leisure function;
  - (ii) Therapeutic recreation services;
  - (iii) Recreation programs in schools and community agencies;
  - (iv) Leisure education.<sup>1</sup>
- [34 C.F.R. 300.13(b)(9)]
- i *What is recreation therapy?* Recreation therapy is considered a related service. It is defined as a process which uses recreation services for purposeful intervention in some physical, emotional, or social behavior to bring about a desired change in that behavior and to promote the growth and development of the individual.<sup>1</sup>
- [19 TAC 89.217(B)(8)]
- ii *Can physical or occupational therapy substitute for physical education?* NO. Physical and occupational therapy are related services which are necessary to enable the student to benefit from special education or regular instruction. Some students will not need related services. [19 TAC 89.217(a)] However, physical education is an instructional service that must be provided to all handicapped students receiving special education. This service may include physical education in regular classes, with or without modifications; special physical education; adapted physical education; movement education; and motor development. A related service may not be a substitute for physical education.
- [34 C.F.R. 300.14]

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<sup>1</sup> Adapted from Sherrill, C., *Adapted Physical education and Recreation*. Dubuque, Iowa: Wm. C. Brown, Publisher, 1981.

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- i *Can the development of skills for Special Olympics competition be included in a student's education program as activities to implement the essential elements for physical education?* The development of skills for Special Olympics competition may be included in a student's education program as activities to implement the essential elements for physical education. However, it may be necessary to supplement the program with additional activities and objectives in order to address all of the essential elements of the well-rounded curriculum.
- i *Who can teach physical education for the handi-capped?* i (A) When the ARD committee has made the recommendation and the arrangements are specified in the student's IEP, physical education for the handicapped may be provided by the following personnel:  
(i) special education instructional or related service personnel who have the necessary skills and knowledge;  
(ii) physical education teachers;  
(iii) occupational therapists;  
(iv) physical therapists; or  
(v) occupational therapy assistants or physical therapy assistants working under supervision in accordance with the standards of their profession.  
(B) When these services are provided by special education personnel, the district must document that they have the necessary skills and knowledge. Documentation may include, but need not be limited to inservice records, evidence of attendance at seminars or workshops, or transcripts of college courses.<sup>1</sup>  
[19 TAC§89.213(d)(7)]
- i *What skills does an adapted physical education teacher need?* Both the Board of Directors of the Texas Association for Health, Physical Education, Recreation, and Dance and the Council for Personnel Preparation for the Handicapped endorsed the following recommendation for competencies in adapted physical education.  
(1) Knowledge of motor characteristics, behaviors, and developmental sequences (including birth through 22) associated with various handicapping conditions in relation to normal motor development,  
(2) Knowledge of neurological basis of normal and abnormal motor control and sensory motor integration methods for teaching physical education to severely handicapped, nonambulatory, and multiple handicapped students,  
(3) Skills in psychomotor assessment and a variety of physical education techniques and procedures for implementing the individual educational plan, and  
(4) Developmental teaching methods/materials and gymnasium organizational abilities in physical and motor fitness, fundamental motor skills and skills in aquatics, dance, individual and group games and sports for students with handicapping conditions and/or motor problems.

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- i *What responsibilities should an adapted physical education specialist assume?* Depending on the size of the district, the needs of the physical and special education staff and the type of handicapped students that are served, the specialist may assume any or all of the following roles:
- i direct service provider for students in self-contained physical education class;
  - i resource consultant for all staff providing physical education to handicapped students;
  - i appraisal specialist in assessing students with special motor needs;
  - i ARD committee member who helps develop the IEP in the motor area;
  - i Consultant who provides both formal inservice training and informal on-site support to individual teachers;
  - i program advocate for students and teachers; and
  - i program coordinator who conducts multidisciplinary meetings, develops curricular materials, and plans comprehensive services through other community programs.
- i *Can physical education certifies staff with no special education endorsement be supported by special education funds in order to serve the handicapped in physical education?* Federal or state special education funds may be used to pay any of the personnel eligible to provide physical education for the handicapped, regardless of whether they have special education endorsement. In order to be paid from special education funds, the staff member must be working with handicapped students exclusively or the salary must be prorated, based on the percentage of time spent serving the handicapped.  
[19 TAC § 89.213]
- i *Who can assess the motor/physical education needs of special education students?* Each handicapped student must have the opportunity to participate in regular physical education program unless the student is enrolled full-time in a separate facility or needs specially designed physical education, as prescribed in the student's individualized education program. In these cases, assessment for adapted physical education may be performed by appropriately trained physical education or special education personnel.  
[19 TAC § 89.233(h)(2)]
- i *Because of the possible presence of Atlantoaxial Dislocation Condition (ADC), is an x-ray required for all Down's Syndrome students prior to the ARD committee planning a physical education program?* Seventeen percent of individuals with Down's Syndrome evidence ADC and, therefore, may suffer serious injury to the spinal cord from participating in fairly standard physical education activities such as gymnastics, high jump, pentathlon, soccer, and some warm-ups. X-rays are essential diagnostic procedures for proper determination of an appropriate educational program for Down's Syndrome students. It would be a violation of federal and state regulations if a district denied a student with Down's Syndrome an opportunity to participate in a full physical education program merely on the suspicion of a condition that exists in a portion of the population. The district is responsible for the cost of x-rays to identify ADC under the concept of free appropriate public education.  
[19 TAC § 89.233(h)(2)]

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ADC may be diagnosed as early as two and on-half years of age. While it is believed that the condition exists throughout life, x-rays are recommended every five to six years until the individual reaches adolescence, whether or not ADC is diagnosed. In order for ADC to be diagnosed, x-rays must provide views of the cervical spine fully extended and flexed. In rare cases, the condition may exist even though it does not appear in normal x-rays.

Documentation of ADC should be filed in the student folder in the form of a physician's statement indicating that ADC is present or absent as a result of the x-rays with recommendations for participation in physical education activities. All Down's Syndrome individuals must be temporarily restricted from all activities placing stress on the neck until such a statement is obtained. Those who are found to evidence ADC must be permanently restricted from such activities as specified by their physicians.

Parental consent must be obtained in advance for such medical diagnostic procedures as x-rays.

[34 C.F.R. 300.4, 300.14, and 300, 500]

*ii What is the role of the adapted physical education aide in the ARD committee decision?*

While the adapted physical education aide cannot be considered a voting member of the ARD committee, the aide can contribute valuable information in formulating the student's IEP. The aide with primary responsibility for implementing the adapted physical education program should participate in the ARD committee meeting by presenting assessment results and discussing student behaviors.

*ii Are all special education students required to receive physical education instruction?*

Yes. Physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education. The regulations continue to state:

(b) Regular physical education. Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to nonhandicapped 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 individualized education program.

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

(d) Education in separate facilities. The public agency responsible for the education of a handicapped child who is enrolled in a separate facility shall ensure that the child receives appropriate physical education services.

[34 C.F.R. 300.3071]

In addition, the Report of the House of Representatives on Public Law 94-142 includes the following statement regarding physical education:

Special education as set forth in the Committee bill includes instruction in physical education, which is provided as a matter of course to all nonhandicapped children enrolled in public elementary and secondary schools. The Committee is concerned that although these services are available to and required of all children in our school systems, they are often viewed as a luxury for handicapped children.

The Committee expects the Commissioner of Education to take whatever action is necessary to assure that physical education services are available to all handicapped children, and has specifically included physical education within the definition of special education to make clear that the Committee expects such services, specially designed where necessary, to be provided as an integral part of the educational program of every handicapped child. [House Report No. 94-332, p.9 (1975)]

*How often must a special education student receive physical education instruction?*

The ARD committee makes this decision based on the instructional objectives specified on the student's IEP. This amount of time will be written on the IEP. However, unless the student is enrolled in a separate facility or specially designed physical education is indicated, the handicapped student must be afforded the opportunity to participate in the regular physical education program available to nonhandicapped students.

The time requirements for physical education under [19 TAC §21.101] are:

K-3= taught on a daily basis

4-6= 112 minutes per weeks

7-8= 130 clock hours

Graduation Requirements 1 1/2 units

*How can physical education staff be made aware of the health/safety needs of handicapped students?*

The physical/health assessment reported in the referral process and indicated on the ARD report should provide the needed information. A general medical examination shall be required only when specified by eligibility criteria or when abnormal physical factors have been identified as part of the assessment of physical factors. The health information collected during the referral process shall be sufficient if a complete medical examination is not required by specific eligibility criteria and if there are no indications of need for further physical assessment.

[19 TAC §89.233(e)(3)(D)]

Students who are eligible for special education as orthopedically handicapped, other health impaired, or multiple handicapped with orthopedic or health impairments will have had a complete medical examination indicating the effect of the physical condition on the student's ability to profit from the educational process.

The school nurse is usually the best source of information for students who have special health and safety needs. The physical education staff should receive written information from the nurse regarding the student's physical condition and its effect on the student's ability to profit from physical education. Many non-handicapped students have physical conditions which affect performance in only one area of physical education. These conditions include but are not limited to asthma, heart disease, joint abnormalities, diabetes, obesity, or allergies. They also include students with short-term disabilities such as post-surgery, post-illness, and post-accident cases.

*i How can the locker room and gymnasium area be made accessible to handicapped students?* Facilities for handicapped students must be comparable to facilities for students in regular education. This requires that all school programs be accessible to handicapped students.  
[45 C.F.R. 84.21-22]

*i What is considered a comprehensive or well-rounded curriculum in physical education?* The federal regulations define physical education to mean the development of:  
(A) Physical and motor fitness;  
(B) Fundamental motor skills and patterns; and  
(C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).  
[34 C.F.R. 300.14(b)(2)]

A comprehensive curriculum in physical education for both regular and handicapped students would include objectives and activities from each of these three major goals areas.

In addition, the essential elements for physical education (which is one of the 12 curriculum subject areas required by Texas Education Code 21.101) are defined by each grade level, K-12. These essential elements apply to all students and must be included, when appropriate, in the physical education program for handicapped students. An outline of these essential elements by program level along with skills to describe each element is found in an earlier portion of this publication.

*i What services can the regional education service center provide?* If the center has an adapted physical education consultant, the range of services may be very comprehensive. Otherwise, the center may recommend specific material and human resources to help meet needs. While some regional units may provide direct on-site consultation for staff, others may suggest contacting teachers for help in providing physical education services for handicapped students.

*i What modifications should be considered in adopting physical education games and activities for handicapped students?* Activities should always be adapted with inclusion in mind. Several ways to modify activities include:

<b>Modification</b>	<b>Example</b>
(1) Changing the size and weight of the equipment	A playground ball is lighter and easier to handle than a regulation basketball.

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- |  |   |
|--|---|
| (2) Changing the size of the playing area.   | Shortening the distance between bases may equalize competition in softball for an orthopedically handicapped student.   |
| (3) Slowing or stopping a moving object.     | Using a batting tee instead of a pitch may help a visually impaired student to participate in baseball.   |
| (4) Modifying the rules.                     | Allowing students to catch, self-toss, and pass a volleyball that is served to them will speed up the game and provide more success experiences for all students. |
| (5) Providing more frequent periods of rest. | Additional time outs <sup>2</sup> can help a health-impaired student to participate in active sports. <sup>2</sup>  |
- i What is the role of the physical educator in the ARD committee deliberations?* While it may not be possible for each physical education teacher to attend all of the ARD committee meetings, the teacher can share valuable written information. This information might include motor assessment results, documented observations of student motor and social behaviors in the physical education setting, an outline of skill sequences in physical education, special health and safety needs in physical education, and activity adaptations made to accommodate the student.
- ii How should physical education objectives be described in the IEP?* Physical education objectives should be specified in the same way as other subject matter objectives. Stated in measurable terms, they should include intermediate steps designed to achieve annual goals. [19 TACB 89.223(a)(3)]
- iii How can behavior management techniques be implemented in the physical education setting?* Physical education teachers should be familiar with the types of behavior management used in their school district. They must also follow the management plan specified in the student's IEP. The principles of behavior management that apply to the classroom also apply to the gymnasium. The following examples are included to illustrate the variety of behaviors that can be addressed in physical education.
1. Increase the distance a student can throw a ball.
  2. Eliminate a disruptive behavior such as arguing or fighting with peers during a game.
  3. Decrease a negative behavior such as fear of height (balance beam) or water (swimming) or rough games (touch football).
  4. Improve cooperation skills by increasing number of positive interactions with peers during a game.

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<sup>2</sup> Adapted from Vodola, T. *Individualized Physical Education Program for the Handicapped*. Englewood Cliffs, NJ: Prentice-Hall, 1973.

5. Improve walking, running, and jumping movement patterns.
6. Decrease hyperactivity (i.e., inappropriate movement around the gymnasium) so that the student stays in the assigned space and attends to practicing the assigned motor skill.
7. Eliminate weight problems by facilitating losing or gaining a specified number of pounds in a set period of time.

- i How does the definition of physical education essential elements affect the physical education program for the handicapped?* Instruction in essential elements designated for physical education must be provided for all school age students including the handicapped. Instructional methods, settings, materials, and time may be modified in order to ensure that students with different abilities and needs are being accommodated. In some cases, particularly with the severely handicapped, the essential elements may not be appropriate. In these situations, developmental goals and objectives that allow the student to make progress toward the essential elements are indicated.
- i What types of specialized teaching techniques can be used to individualize instruction in physical education?* The same specialized teaching techniques used in classroom instruction can be used effectively in physical education. These include contract teaching, team teaching, peer/cross-age teaching and learning stations. These techniques allow the teacher to provide activities for students at various levels of skill.
- i What information should be considered in making decisions about physical education placement?* Decision on placing students in regular or adapted physical education should not be based solely on physical abilities. While the student's physical health and movement abilities should be considered, the key issue lies in determining the appropriate program based on the goals and objectives of the IEP. For example, an emotionally disturbed student with an IEP goal of improving interpersonal relations in controlled one-to-one interactions may have difficulty in a physical education setting where team activities are common. While this student may be physically adept, the student may not be able to cooperate with others, a skill necessary for team participation. On the other hand, physically handicapped students who move in a wheelchair may be able to participate successfully in the same team activity because they have the necessary social skills.
- i What teaching styles are appropriate in the physical education setting?* Teaching styles differ in the amount of freedom of choice given to students in a teaching task. Teaching styles range from direct, teacher controlled activities to indirect, student controlled activities. Any of these styles can be appropriate, depending on the characteristics of the students and the nature of the skills being taught. Several styles may be used in one daily lesson. The class may start with a fitness time in which the students move from station to station on cue, doing preset exercises. The next activity may explore directions and levels of movement. A culminating activity for the day may be a creative game. Teachers should select and develop from among all the styles to allow a full realization of their own talents and physical education goals for students.

## **Appendix D**

### **APE Pre-Referral/Referral Forms**

**Denton Independent School District**  
**ADAPTED PHYSICAL EDUCATION PRE-REFERRAL/REFERRAL FORM**

Appendix D

Regular Educator  
 \_\_\_\_\_  
 Initial      Date

Educational Diagnostician  
 \_\_\_\_\_  
 Initial      Date

APE Teacher  
 \_\_\_\_\_  
 Initial      Date

Student \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Type of Class (Unit)/Teacher \_\_\_\_\_

Evaluation Request by \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

Major concerns about student in Physical Education: \_\_\_\_\_

School Contact for APE Teacher \_\_\_\_\_

Method of Ambulation: \_\_\_\_\_ Form of Communication: \_\_\_\_\_

Below are some behaviors that indicate a student's ability to move efficiently and interact effectively with others. Please check (Ø) the appropriate response in the Regular Education (RE) column. If these tasks do not apply, list your concerns in the comment section on the back of this page.

PSYCHOMOTOR DEVELOPMENT	YES		SOMETIMES		NO	
	RE	APE	RE	APE	RE	APE
Demonstrates capability for voluntary movement						
Reacts to noise/activity/touch						
Rolls from front to back						
Sits assisted/unassisted						
Stands assisted/unassisted						
Walks in cross pattern						
Runs in cross pattern						
Ascends/descends stairs						
Jumps with mature pattern						
Hops (1 foot) with mature pattern						
Leaps with mature pattern						
Gallops with mature pattern						
Skips with mature pattern						
Slides with mature pattern						
Walks a straight line/heel-to-toe						
Stands on one foot for 5 seconds						
Catches an 8.5 inch ball with mature pattern						
Bounces and catches a playground ball to self						
Kicks a stationary ball with mature pattern						
Kicks a rolled ball with mature pattern						
Throws a ball with mature pattern						
Turns own jump rope using rhythmic form while jumping						
<b>COGNITIVE DEVELOPMENT</b>						
Can remember visual and/or auditory information						
Can understand cause and effect						
Exhibits appropriate on-task behavior						
Can follow directions						
<b>AFFECTIVE DEVELOPMENT</b>						
Indicates a dislike for physical activity						
Prefers to play solo						
Has a low frustration tolerance, cries easily						
Tends to be impulsive						
Is physically/verbally aggressive toward others/self						
Has a short attention span						
Distracts others						
Respects authority, rules, and others						



## **Appendix E**

### **APE Medical Forms**

**American Medical Association (AMA) Approved Prescription Form**

**Denton Independent School District  
School Health Department  
Adapted Physical Education Program**

Physical Education Medical Referral Form  
ASAW No. 1313-1975

Dear Physician,

The Denton Independent School District, as required by the Texas Education Agency, must provide all students, including those with disabilities, an appropriate physical education program. Students with disabilities are ensured a program equal in terms of basic skill content with that of their nondisabled peers. It is, therefore, the purpose of adapted physical education to identify and remediate motor deficits within the psychomotor domain for students who qualify for our services. Adapted physical education provides a diversified program for physical and motor fitness, fundamental motor skills and patterns, and skills in dance, individual and group games and sports suited to the interests, capabilities, and needs of students with disabilities.

This information is being provided to assist you in the evaluation of student participation in the physical and/or adapted physical education program. It is our goal as educators to promote understanding and communication among physicians, physical education teachers, parents, and others concerned and involved in the education, health, and welfare of students with disabilities.

\_\_\_\_\_  
Adapted P. E. Coordinator

\_\_\_\_\_  
Director of Special Education

\_\_\_\_\_  
Adapted P. E. Instructor

**Student Information**

Name: \_\_\_\_\_ School: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Grade and Section: \_\_\_\_\_

**Condition**

Condition is: Permanent:  Temporary:

If Down syndrome, has a Cervical Spine X-ray been done?  yes  no;  
Atlanoaxial instability?  yes  no.

Comments: \_\_\_\_\_  
\_\_\_\_\_

If appropriate:  
Comment about student's medication and its effects on participation in physical activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student may return to unrestricted activity \_\_\_\_\_, 19 \_\_\_\_\_  
Student should return for re-examination \_\_\_\_\_, 19 \_\_\_\_\_

**Functional Capacity**

- Unrestricted No restriction relative to vigorousness or types of activities.
- Restricted Condition is such that intensity and types of activities need to be limited.

*(Check one category below)*

- Mild Ordinary physical activities need not be restricted but vigorous efforts need to be avoided (i.e., bowling, catching, kicking, running, jumping, throwing).
- Moderate Ordinary physical activities need to be moderately restricted and sustained strenuous effort avoided (i.e., bowling, gymnastics, team sports, track and field, weight training).
- Limited Ordinary physical activities need to be markedly restricted (i.e., sittercise tape, walking).

**Activity Recommendation**

Indicate body area in which physical activities should be minimized, eliminated, or maximized.

	Maximized	Minimized	Eliminated	Both	Right	Left	Comments (incl contraindicati acti
Neck							
Shoulder							
Arms							
Elbows							
Hands and Wrist							
Abdomen							
Back							
Pelvic Girdle							
Legs							
Knees							
Feet and Ankles							
Toes							
Fingers							
Other (specify)							

\_\_\_\_\_ Condition is such that defects or deviations can be improved or prevented from becoming worse through use of carefully selected exercises and activities. The following are mild/moderate exercises and/or activities recommended for this student.

Signature of Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Student Medical Screening

This form is used by the physical education teacher to gather medical data to ensure safe and successful participation in physical education.

Please indicate below any medical considerations that may impact your child's physical education participation. **All information will be kept confidential.**

<b>Name of Pupil:</b>	<b>Date of Birth:</b>	<b>Grade:</b>	<b>Classroom Teacher:</b>
<b>Name of Parent/Guardian:</b>		<b>Telephone:</b>	<b>Work:</b>
		<b>Home:</b>	
<b>Name of Emergency Contact:</b>		<b>Telephone:</b>	<b>Work:</b>
		<b>Home:</b>	

<b>Condition</b>	<b>Condition</b>	<b>Temporary</b>	<b>Estimated Duration</b>
Neurological/Genetic Disorder (e.g., seizures, hyperactivity, coordination problems)			
Heart or Lung Condition (e.g., heart murmur, asthma)			
Orthopedic Condition (indicate area and extent of the condition, e.g., broken bones, spina bifida)			
Sensory Impairment (e.g., vision, hearing, tactile)			
Behavioral Considerations			
Medication (list all medications being taken and potential side effects; use reverse side if needed)			
Diabetes Insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Does your child have a shunt?               Yes       No  
 If Down Syndrome, does your child have atlantoaxial instability?       Yes       No  
 If yes, please provide a copy of x-ray results.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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**Please use the back of this page to indicate any condition or concern not listed above.**

*\*Adapted from the Texas Woman's University Issues Class, (R. French, Fall 1995).*

## **Appendix F**

### **Six-Week Progress Report**

**Denton Independent School District  
Adapted Physical Education Program  
Progress Report By Six-Week Period**

Student: \_\_\_\_\_ APE Teacher \_\_\_\_\_

School: \_\_\_\_\_ School Year \_\_\_\_\_

Expected MEASURABLE ANNUAL GOAL(S)	Level of Progress/Achievement					
	1	2	3	4	5	6
	/	/	/	/	/	/
	/	/	/	/	/	/
	/	/	/	/	/	/
	/	/	/	/	/	/

Level of Progress Codes:

**M** = Mastered      **A** = Almost Mastered      **P** = Progressing at Expected Rate      **I** = Improvement Needed

Achievement Expected by Next ARD Meeting?

**Y** = Yes  
**N** = No

If "No", Actions Recommended to Enable Goal Achievement

**The student should:**  
**A** = improve attendance  
**B** = practice at home  
**C** = increase time-on-task  
**D** = utilize adaptations and/or modifications

**Other:**  
**E** = and ARD meeting is needed  
**F** = see comments

**Comments**

1<sup>st</sup> Six Weeks:

2<sup>nd</sup> Six Weeks:

3<sup>rd</sup> Six Weeks:

4<sup>th</sup> Six Weeks:

5<sup>th</sup> Six Weeks:

6<sup>th</sup> Six Weeks: