



ADAPTED PHYSICAL EDUCATION

A GUIDE FOR SERVING STUDENTS WITH DISABILITIES



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BEST PRACTICES FOR SERVING STUDENTS WITH DISABILITIES

SEPTEMBER 2015



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ACKNOWLEDGEMENTS

We would like to acknowledge those individuals from each local school system and from the Maryland State Department of Education that provided information and support for the 2015 revision of this document

Cynthia Naylor, Adapted Physical Educator, Baltimore County
Linda Webbert, Adapted Physical Education Team Leader, Baltimore County
Erin Bonner, Physical Education Teacher, Caroline County
Michelle Ignaszewski, Adapted Physical Education Resource Teacher, Charles County
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Melanie McManus, Adapted Physical Educator – Prince George's County
April Pinder, Physical Education Teacher, Queen Anne's County
Marsye Kaplan, Maryland State Department of Education

We would like to acknowledge those individuals from each local school system and from the Maryland State Department of Education that provided information and support for the original document

LaDonna Schemm, Baltimore City Schools
Linda Webbert, Baltimore County
John Perna, Carroll County
Ginny Popiolek, Harford County
Steve Pfister, Howard County
Scott Geist, Prince George's County
Rocco Aiello, St. Mary's County
Peggy Troiano, Wicomico County
Rick Blessing, Worcester County
Donna Riley, Maryland State Department of Education
Rosemary King Johnston, Maryland State Department of Education

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 disabilities in physical education.

Adapted Physical Education Activity Council Position Statement
Baltimore County Public Schools (Adapted Physical Education Program Guide)
California Public Schools, St Luis Obispo County (Adapted Physical Education Curriculum Guide)
Carroll County Public Schools (Adapted Physical Education Program Guide)
Cecil County Public Schools (Adapted Physical Education Procedure Manual)
Harford County Public Schools (Adapted Physical Education Guide)
Maryland Adapted Physical Education Consortium
National Association of Sport and Physical Education
National Consortium for Physical Education for Individuals with Disabilities <http://www.ncpeid.org>
PE Central - The Premier Site for Health and Physical Education. <http://www.pecentral.org>
Prince Georges County Public Schools (Adapted Physical Education Process Guide)
Society of Health and Physical Education (SHAPE) America <http://www.shapeamerica.org>
St. Mary's County Public Schools (Role of the Paraeducator, Transition, Peer Tutoring, and more)

I. OVERVIEW

Philosophy

The philosophy of the Maryland State Department of Education (MSDE) is to provide all students, including 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 peers without disabilities. Students identified by an individualized education program (IEP) team as demonstrating significant difficulties in meeting age appropriate curricular benchmarks based on a disabilities should be provided the necessary supplementary aids, and support services in the least restrictive environment. Instruction, equipment, activity rules, and the environmental set-up should be modified as necessary to provide an appropriate, safe, and comfortable educational setting 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 support teachers in assessing, planning, and implementing their instructional programs based on the National Standards for Physical Education developed by the Society of Health and Physical Educators (SHAPE) America, and to meet the guidelines of Individuals with Disabilities Education Act of 2004 (including the amendments made in 2008) and section 504 of the Rehabilitation Act of 1973, as amended.

Definition of Adapted Physical Education

The Individuals with Disabilities Education Improvement Act (IDEIA 2008) 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 referred to as **Adapted Physical Education**

Adapted versus Adaptive: Adapted physical education is the proper term, used in federal and state guidelines and in all current major texts, journals, and Internet sites in the field. The basic idea is that service delivery is *adapted*, while behaviors are *adaptive*. 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 refers to adapted behaviors.

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 IDEIA, yet are not meeting grade level outcomes set by each local school system. These students may have a Section 504 Plan as defined under the Rehabilitation Act of 1973. The 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 IDEIA regulation on physical education, [34 C.F.R. §300.108](#), specifies, “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 Society of Health and Physical Educators (SHAPE) America, “The goal of physical education is to develop physically literate individuals who have the knowledge, skills and confidence to enjoy a lifetime of healthful physical activity.”

National Standards & Grade-Level Outcomes for K-12 Physical Education 2014

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. If the educational system is seeking to maximize learning and academic performance, it is clear that physical education should be an important component of students 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 Physical Education Standards

Standard 1 - The physically literate individual demonstrates competency in a variety of motor skills and movement patterns.

Standard 2 - The physically literate individual applies knowledge of concepts, principles, strategies and tactics related to movement and performance.

Standard 3 - The physically literate individual demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.

Standard 4 - The physically literate individual exhibits responsible personal and social behavior that respects self and others.

Standard 5 - The physically literate individual recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

Adapted Physical Education National Standards (APENS)

The past century has seen a revolution in the way society views people with disabilities and in the way that people with disabilities see themselves. The 21st century is the beginning of an era where the United States educational system is advocating for inclusion and providing individuals with disabilities opportunities to engage in programs and activities with or similar to those provided to their peers without disabilities. This requires a different approach to physical education. In response to an action seminar in 1991 consisting of the National Consortium for Physical Education for Individuals with Disabilities (NCPEID), the National Association of State Directors of Special Education (NASDSE), and Special Olympics International; NCPEID developed the APENS

and exam. Fifteen standards were developed to represent the content a qualified adapted physical educator must know proficiently to meet the needs for children with disabilities in the physical education environment. A validation study was conducted on the APENS exam and this was the subject of a doctoral dissertation by Dr. Timothy D. Davis. The analysis confirmed that the 100 questions on the exam measured competency and qualified individuals to proficiently carry out the responsibilities of an adapted physical education teacher.

Prior to sitting for an exam, an individual is required to have a bachelors degree with a major in physical education (sports science, kinesiology, etc.), a minimum of twelve semester credits specifically addressing the educational needs of individuals with disabilities, a minimum of 200 hour of documented experience providing physical education instruction to individuals with disabilities, and a current valid teaching certificate in physical education.

The APENS certification provides extended knowledge in the area of teaching children with disabilities in the physical education environment. This is greater than the knowledge base an individual with a bachelor's degree in physical education, receives in their training.

The 15 Adapted Physical Education National Standards are:

1. *Human Development* – 2. *Motor Behavior* – 3. *Exercise Science* – 4. *Measurement & Evaluation*
5. *History & Philosophy* – 6. *Unique Attributes of Learners* – 7. *Curriculum Theory & Development*
8. *Assessment* – 9. *Instructional Design & Planning* – 10. *Teaching*
11. *Consultation & Staff Development* – 12. *Student & Program Evaluation*
13. *Continuing Education* – 14. *Ethics* – 15. *Communication*

Adapted Physical Education National Standards (2008)

Retrieved from www.apens.org on March 7, 2015

National Adapted Physical Education Activity Council Position Statement 2004

All individuals with disabilities have the right to receive the 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; and
- 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.

A variety of formal and informal assessments that identify individual strengths and areas of need should be administered to all students with disabilities that are struggling to meet grade level curricular benchmarks. If deemed necessary based on the results of the assessment,

individualized physical education goals and objectives will be developed. There are four areas to determine the need for referring a student for an assessment of their physical education skill levels:

- A. screening/informal observation and anecdotal notes;
- B. diagnosis of having a disability and educational placement;
- C. difficulties processing instruction with interventions in place; and
- D. difficulties in making progress towards the curricular benchmark.

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 cannot 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 peers without disabilities. 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.

II. CONTINUUM OF SERVICES

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 provided through 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 the continuum of the physical education program listed below:

1. Students who meet grade level outcomes
2. Students who are not meeting grade level outcomes and are 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 IDEIA as needing adapted physical education service

1. Students who meet grade level outcomes

Physical education programs should be aligned with the National Standards. 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 IEPs.

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

There are some students who may not be identified as special education students and are not meeting the 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 students 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 of 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 who are not meeting grade level outcomes and have been identified as students with disabilities under IDEIA as needing adapted physical education service.

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. The student's IEP team determines the provisions 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. Policies and procedures will be followed in accordance with the direction of the local school system.

III. ENVIRONMENT

All students with disabilities must be afforded the opportunity to participate in the general 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 Individual Education Program (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 general physical education; and
- 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, 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 Modifications and Accommodations
- 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). Major life activities 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 IDEIA.

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 the 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 setting that most closely represents the general/integrated setting as possible. A program is not equally effective if it results in students with disabilities being indiscriminately isolated or segregated.

The following practices should be implemented conducting physical education programs involving students with disabilities:

- Students with disabilities will not be separated categorically from individuals without disabilities.
- Students with disabilities will not be removed from the community environments, such as excluding students from field trips.
- Students with disabilities will not be placed into segregated programs and activities solely due to their disabilities.
- Students will be placed with their age/grade-level peers such as including a second grade student in a second grade physical education class.

Impact of P.L. 101-336, the Americans with Disabilities Act Amendment Act 2008 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 2008 (IDEIA)

IDEIA is a federal law that ensures that a free appropriate public education (FAPE) is provided to all individuals' ages three through 21 years with identified disabilities and in need of specialized instruction including related services. It is the responsibility of the IEP team for a student with a

disability to determine the necessary individualized services in order to receive the FAPE in the least restrictive environment (LRE). All individuals ages three through 21 with an identified disability on an active IEP have the right to participate and receive benefits from a physical education program.

Within IDEIA, the term physical education includes special physical education, adapted physical education, movement education, and motor development. The IDEIA 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).

Physical education is the only identified content area defined under special education in IDEIA 2004. 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 based on collected data. The student’s parent(s)/guardian(s) are equal member(s) of the IEP 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 hindering his/her performance of skills required in physical education. If the student requires specialized physical education, the student’s IEP must identify the service, including the provider, 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 general 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 system 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 IDEIA. Special education is specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability. This includes instruction provided in the classroom, home, hospitals, institutions, other settings, and physical education.

Maryland Fitness and Athletics Equity Act for Individuals with Disabilities (2008)

Senate Bill 849 SB849/House Bill HB1411

This act requires 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.

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

[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 standards and the state framework 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 IDEIA 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 local school system annually (see sample letters in appendix, no waiver letters for elementary and secondary). 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 IDEIA 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;
- Adapted 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 physical education courses in order to meet the needs of the student. Students with disabilities may receive more and no less physical education than the minimum required by COMAR.

V. SERVICE DELIVERY

Each of the Maryland local school systems have developed specific service delivery models based on the unique attributes 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. Teachers' responsibilities for the completion of the appropriate paperwork is provided by the individual districts and based on the service provided. The National Consortium for Physical Education for Individuals with Disabilities (NCPEID) (<http://www.shapeamerica.org/advocacy/positionstatements>) and Maryland's Adapted Physical Education Consortium (MAPEC) have created a position paper defining a highly qualified adapted physical educator.

Best Practice: [Position Statement for Highly Qualified Adapted Physical Education Teacher: Page 79](#)

Best practices for service delivery for 3-5 year olds and 18-21 year olds can be found in the appendix. **Best Practice:**

Physical Education for Students Ages [3 – 5 Years Old Page 69](#) / [18 – 21 Years Old Page 70](#)

It is strongly encouraged that those teachers working in the area of adapted physical education seek certification. The National Consortium for Physical Education for Individuals with Disabilities (NCPEID) has a national certification for adapted physical education. The Maryland State Department of Education offers three online courses in adapted physical education and several universities throughout the county provide graduate programs in adapted physical education that can be used toward certification. To obtain more information about the national certification requirements and process go to the following website (www.apens.org).

The Role of the Adapted Physical Educator

Adapted physical education, as defined by the continuum of service, includes 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:

- IEP team member
- 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 (with parental permission)
- 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:

- Educational team member/ Support Services Team (SST) member
- 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 (with parental permission)
- Interdisciplinary Collaboration
- Evaluate facilities

The Role of the Paraeducator 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 area of instruction and the gymnasium is the classroom-learning environment. The paraprofessional is generally required to be present (required when indicated on the IEP), and dressed appropriately to assist the student through their instruction. Having this support in the

physical education class allows for closer supervision, a greater staff to student ratio, and a better opportunity for teaching and learning to occur for student success. 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; and
- Assist the teacher in collecting data and monitoring student progress.

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).

Best Practice: [Role of a paraeducator in Physical Education: Page 71](#)

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, including 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 sport, recreation, and leisure 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
- The size of the environment or field of play
- Decreasing stimuli to the best extent possible (visual and/or auditory)
- 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 (i.e. tablet and/or Ipad)
- Assistive technology (i.e. one step button, voice output devices, button activators)

See [Skill Adaptations and Modifications: Page 44](#)

VI. GUIDELINES FOR APPROPRIATE INCLUSION IN PHYSICAL EDUCATION

IDEIA mandates that students with disabilities be educated with students without disabilities 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 (PLAAFP). 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 efforts should be made to ensure students with disabilities receive instruction with their peers without disabilities 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, needs and present levels of performance.
- When included in general physical education, students with disabilities should participate with their same aged peers without disabilities. Students should not be placed in an inclusion class based on their developmental level. For instance, placing a fifth grade student with a disability in a first 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 an IEP require adapted physical education.**

VII. INSTRUCTIONAL STRATEGIES FOR PEERS WORKING WITH STUDENTS WITH DISABILITIES

Peers in general education are often an underutilized resource to facilitate the inclusion of students with disabilities in physical education. Taking the time to provide diversity education and disability awareness promotes a comfortable, safe, and over-all inclusive environment that leads to a greater success rate for all students. Topic areas to include under the diversity education are:

- Awareness of specific disabilities
- Alternative communication strategies (sign language, icon/picture based communication system, 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 support students with disabilities in physical education
- Engage in team building challenges and cooperative activities

Preparing general education students to work with students with disabilities can be a lengthy process, but it is necessary 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 based on a disability. Initially, teachers should provide student modifications to the program in order that students can meet with success in the general physical education environment. The physical educator should consult with the educational team members including the classroom teacher, guidance counselor, nurse, parents, student, etc. 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, informal assessments, and present 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. This process should be directed toward a specific purpose, in order to create a profile of a student's present levels of performance in physical education. IDEIA states that the assessor should use multi-confirming data to ascertain present 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 and administer the assessment tools, as well 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 Physical Fitness Test (BPFT) for students with disabilities in lieu of the Fitnessgram assessment tool.

See [Examples of Assessment Tools: page 36](#)

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 principles 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, portfolios, and teacher observation.

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 assess 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.

See [Examples of Assessment Tools: page 36](#)

Grading

A student with a documented disability may require a differentiated grading method in physical education. An example of this is a high school student requiring alternative activities/programming for credit acquisition. The local school system will determine the criteria on which students will be graded. Standards based grading is using the evidence based criteria in the curriculum to determine a student's instructional level. The student is graded on curricular content adapted and/or modified to the instructional level. Skills and concepts are linked to grade level outcomes. IEP based grading is using student progress on their individualized physical education goals and objectives to determine a grade for physical education. Using this method, each student is graded upon an individualized expectation.

Students with physical education goals and objectives on their IEP must receive a quarterly progress report pertaining specifically to their goals and objectives. This is in addition to their report card grade and any additional reporting as required by individual school systems (i.e. interim reports).

If the students do not have physical education needs documented on their IEPs, they must be graded on curricular benchmarks similar to their peers without disabilities in the physical education program.

X. QUALIFYING FOR ADAPTED PHYSICAL EDUCATION SERVICES

A student with a disability does not automatically qualify for adapted physical education services. There must be a delay identified based on data collected in at least one of the three domains of physical education: affective, psychomotor, or cognitive. As a recommendation by the Society of Health and Physical Education (SHAPE) America, this delay is generally defined as a deficit of 1.5 standard deviations or greater below the mean or a discrepancy of two or more years below the student's peers.

Response to Intervention (RTI)

As a first step to addressing a student's needs, the Response to Intervention model (RTI) should be considered. The collaboration of this process is utilized by the general education team. There are three basic tiers in this model which include

- High quality classroom instruction, screening, group interventions
- Targeted interventions
- Intensive interventions and comprehensive evaluation

This process is typically 6-12 weeks per tier, however this process does not hinder the initiation of the special education process.

Best Practice: [Response to Intervention \(RTI\): Page 77](#)

Notice and Consent for Testing

Prior to testing a student, the Individual Education Program (IEP) team must obtain authorization to assess from the student's parent or guardian. The authorization for assessment should be acquired during the planning meeting. During this meeting informal data is discussed and reviewed as a basis for the request of consent. For initial IEPs, the team has sixty days from when the parents give permission to complete and report the results of the testing at a formal meeting known as the determination meeting. Next, the team will have an additional thirty days to create an IEP if it is determined that adapted physical education (special education) services are required.

A reevaluation conducted under 34 CFR 300.303(a):

- May occur not more than once a year, unless the parent and the public agency agree otherwise; and
- Must occur at least once every 3 years, unless the parent and the public agency agree that a reevaluation is unnecessary.

Test Selection

It is preferable to utilize standardized assessments; however, additional assessments can be selected to support the student's present level of performance. Due to the limited amount of physical education standardized assessments (normative-referenced and criterion-referenced), a test may be selected that comes close to the ideal. The use of additional non-standardized

assessments can be utilized in conjunction with standardized assessments to determine if a student qualifies for services. Observations and anecdotal notes of the student's performance during physical education class should be considered. Selecting an appropriate test is critical to gathering meaningful assessment data; it is critical that the information provides a true representation of the student's ability and performance.

See [Examples of Assessment Tools: page 36](#)

Assessment Administrator

The administrator of any assessment must be adequately trained for administration and interpretation of the assessment in order for the assessment to be accepted as valid and reliable. In many local school systems the assessment administrator would be a highly qualified physical educator or the adapted physical educator.

Assessment Report

After the assessments are administered, a comprehensive assessment report is written with the necessary information included:

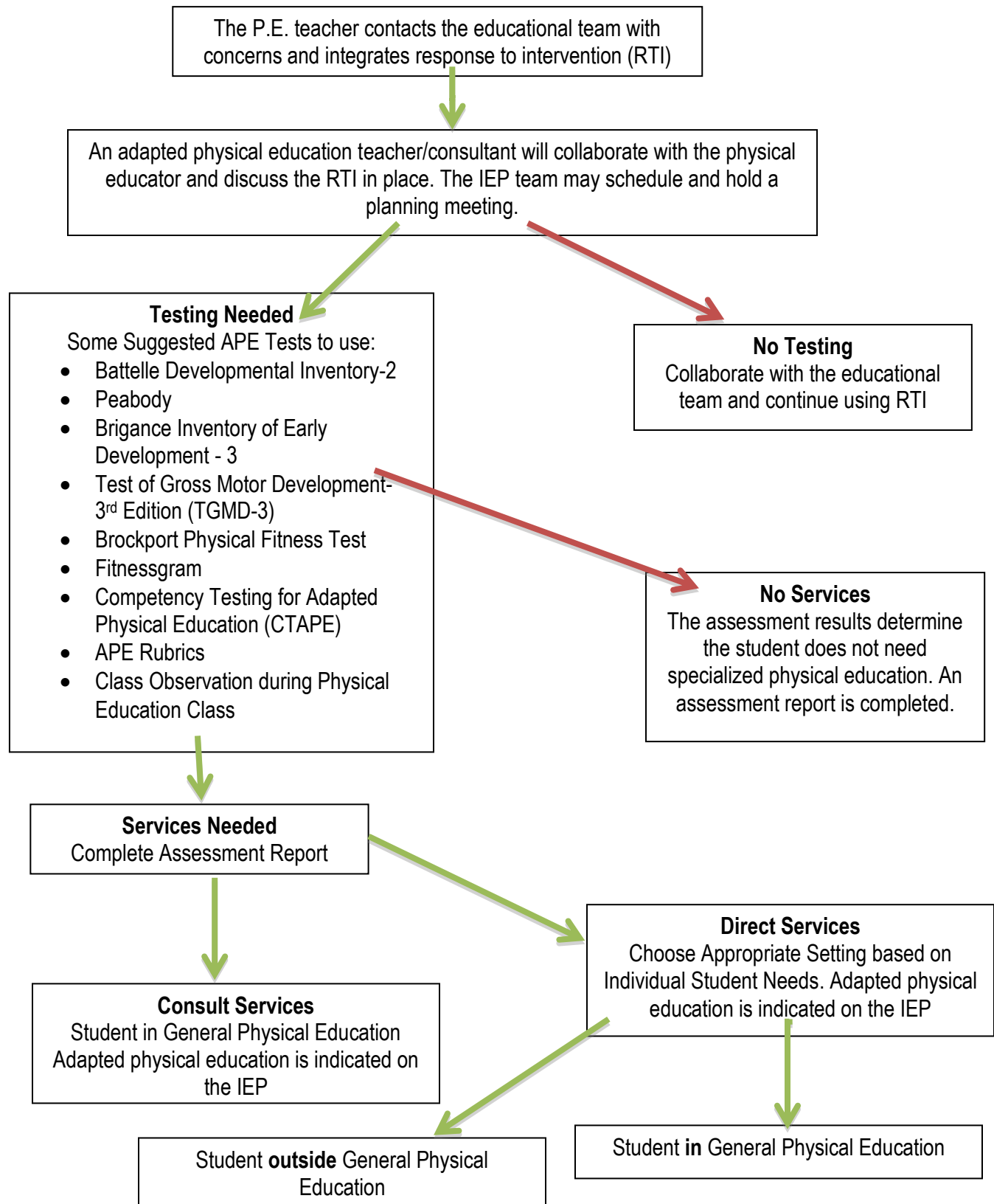
- Date(s) of assessment
- Date the report is written
- Name of student
- Date of birth of student
- Parent(s) name
- Administrator (examiner) name printed
- Administrator (examiner) title
- Administrator (examiner) contact information
- Purpose of the assessment- student background and reason for assessment
- Assessment(s) procedure(s) or protocols
- Relevant assessment behavior
- Description of student's performance compared to non-disabled peers
- Instructional implications for physical education and recommendations
- Determination of assessment validity
- Signed by the administrator (examiner)

This report is shared with the parent and student 5 business days before the IEP team meeting.

Adapted Physical Education Determination of Services

Each local school system is responsible for developing a process to identify students needing adapted physical education services. Below is an example flow chart from Prince George's County Public School System.

Prince George's County Public School's Flow Chart Example



XI. INDIVIDUAL EDUCATION PROGRAM (IEP)

As a direct service defined under special education in IDEA 2004, adapted physical education may be a stand-alone service on the IEP. In the case when the student achieves grade level curricular benchmarks in all other areas of his/her instructional education, the adapted physical education teacher or physical education teacher will be the case manager. After it is determined that a student is in need of adapted physical education services, the adapted physical educator/consultant or physical educator will need to complete and maintain the student's Individual Education Program (IEP). The local school system will provide additional guidance on completing a student's IEP. The Special Education department generally provides the guidance on procedures and process. The main areas that physical education is found on the IEP and need to be completed annually are:

- Present Level of Academic Achievement and Functional Performance (PLAAFP)
- Supplementary Aids, Services, Program Modifications and Supports
- Goals and Objectives
- Services/Delivery of Services

Present Levels of Academic Achievement and Functional Performance (PLAAFP)

This section is the cornerstone of the IEP, and the content that is written will support the rest of the document. This area should be data driven from assessments that identify the strengths, interests, unique attributes, and needs of the student. The information should be presented in a positive manner that highlights the strengths as well as the areas of difficulty of the student.

Supplementary Aids, Services, Program Modifications and Supports

This section outlines the modifications and supports that will be provided to the student. These could be instructional, modified equipment, modified assignments/outcomes, personnel, environmental supports, extended time, breaks, etc.

Goals

The goal is derived from an area of difficulty that has been identified and explained in the PLAAFP. It should be aligned to National Standards and the State framework. Goals are written with the S.M.A.R.T acronym in mind. **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime sensitive. IDEA 2004 requires that goals are measureable. The goal should be written for achievement in one year. They should include a situation or given (specific environmental scenario and supports), the task (achievable performance), criteria (method of measure), and outcome (results expected from the goal). Each goal must have at least one objective. An objective is a measureable short-term benchmark that scaffolds towards mastery of the goal. The dates for reporting progress will be dictated by each local school system.

Best Practice: [Writing goals and objectives. Page 76](#)

Services

When completing a service line the educator must first determine the appropriate setting for the student, either in general education or outside general education, which is directly related to the needs that were outlined in the present level of academic achievement and functional performance. The duration, frequency, and provider of the service must be indicated and explained in the delivery of services section.

XII. ADAPTED PHYSICAL EDUCATION WITHIN DIFFERENT SETTINGS

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 ADAAA and IDEIA require that children with disabilities have an equal opportunity to participate. Following the integration of response to intervention and the unsuccessful trials to achieve curricular content objectives, the planning and determination process for adapted physical education services must be considered. Based on data collected and an IEP team decision, a Pre-K student may receive adapted physical education services.

If the Pre-K program in a school does not offer physical education to any of their students, Section 504 of the Rehabilitation Act of 1973, the ADAAA and IDEIA do not require the school system to establish an adapted physical education program for Pre-K students with disabilities. However, adapted physical education may be provided to a student even if general physical education is not offered.

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.”

Best Practice: [Physical education for students ages 3 – 5 years old.](#) [Page 69](#)

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. This includes physical education as part of the student's education program.

A child with a disability who is parentally placed in a private school does not have the individual right to receive (at the cost of the local school system) some or all of the special education and related services that he/she 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.

XIII. 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 assists students with disabilities in accessing the instruction (brailled materials, assistive technology, communication devices, etc.) and educational environment (cafeteria, playground, school grounds, bathrooms, school buses, and/or classrooms). 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 equipment, proper body alignment, activities for addressing motor and fitness development, etc.

Examples of Related Services Providers:

- Physical Therapist
- Occupational Therapist
- Audiologists
- Speech and Language Pathologist
- Deaf and Hard of Hearing Services
- Counseling Services
- Orientation and Mobility Services
- Parent Counseling and Training
- Psychological Services
- Recreation and Therapeutic Recreation Services
- Health Services
- Medical Services
- Nursing Services
- Nutritional Services
- Rehabilitative Counseling Services
- School Health Services
- Service Coordination Services
- Social Work Services in Schools
- Transportation
- Assistive Technology and Services
- Behavior Analyst (BCBA)

Best Practice: Collaboration of services for students with disabilities in physical education. Page 83

APPENDICES

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From: Content Specialist for Physical Education
To: Coordinators and Supervisors of Physical Education
Re: No waiving the physical education graduation requirement

This is to advise you that under the Maryland State Board of Education regulation 13A.04.13.01 for physical education, there is no ability to waive the physical education graduation requirement established by each local school system. However, there are modifications one may make based on the physical limitations or medical condition of the student.

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 parent or guardian, 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 410-767-0354 or 410-767-0327. Thank you for continued cooperation.



From: Content Specialist for Physical Education
To: Coordinators and Supervisors of Physical Education
Re: No Exemption from Physical Education

This is to advise you that under the Maryland State Board of Education regulations, 13A.04.13.01, there is no exemption from physical education K-8. Physical Education must be provided to all students each year. However, there are modifications one may make based on the physical limitations or medical condition of the student.

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 parent or guardian, physical education teacher, supervisor, and local school system for these modifications to be developed.

If I can be of further assistance, please contact me at 410-767-0354 or 410-767-0327. Thank you for continued cooperation.

Examples of Gross Motor Assessment Tools

TEST NAME	TYPE OF TEST	DESCRIPTION	AGE	TIME	SCORE
Battelle Developmental Inventory-2 (BDI-2)	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
Maryland Adapted Physical Education Inventory	Locomotor Skills, Manipulative Skills, Sport Skills, Fitness Skills, Body/Spatial Awareness, Social/Emotional skills	Observational tools for psychomotor, affective, and cognitive skills in physical education	K – High School	Varies	Standard based checklist
Competency Testing for Adapted Physical Education (CTAPE)- 2001	Locomotor Skills, Manipulative Skills, Sport Skills, Fitness Skills, Body/Spatial Awareness, Gymnastic Skills	Six testing levels that addresses the identified grade level minimum standard in competency based curriculum	6.0-15+ yrs.	Must complete within 5 days of beginning	Criterion Referenced
Functional Assessment of Children with Severe Disabilities	Functional assessment of functional position and movement analysis, mobility, physical fitness, ball skills, sensory processes and sensitivity, communication, play behaviors and awareness of others	Identifies functional developmental strengths and needs of children with multiple disabilities	All Ages	Varies	Criterion Referenced
Peabody Developmental Motor Scales	Standardized	Gross & fine motor	Birth-6.5	30 min.-1 hr.	Age Equivalencies
Test of Gross Motor Development 3 (TGMD-3)	Motor Development	Provides performance criteria for different locomotor skills & object control skills	3-11 yrs.	Indiv. 15 min.	Percentile, Standard Score
Brigance Inventory of Early Development-3	Physical development, language development, literacy, mathematics and science, daily living, social & emotional development	To evaluate and monitor progress of children who are functioning below the developmental age of seven	Birth-7 years	Varies by chosen assessment	Two Options: 1) Criterion referenced 2) Standardized
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

Glossary of Physical Education Terms and 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 (IEP)
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

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
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 encouraged to develop their own ideas, and 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
Cross-disciplinary 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
Cross-Lateral 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 problems
Deafness	A hearing impairment so severe that the child is impaired in processing linguistic information through hearing with or without amplification
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
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; the capacity of a joint to move through its potential range of motion
Flexion	Shortening or contracting muscles
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
Gallop	Similar to sliding, but the movement is performed in a forward direction. One 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 disabilities 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 satisfactorily met.
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
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
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
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
Shunt	Device implanted in the body to remove excess cerebrospinal fluid
Skiping	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
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	Includes 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:

- Y Range of Motion (Rotation)
- Y Stretching (Flexion/Extension)
- Y Following Simple Game Rules
- Y Balance (Weight Transfer)
- Y Body Coordination (Bilateral Coordination)
- Y Grasp/Release
- Y Focus and Concentration
- Y Accuracy
- Y Social Skills
- Y 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 (i.e.: pick up ball, throw over net).
- 👉 Provide external rewards for accurate throws (knocking down objects).

Catching

Components of the skill:

- Y Visual tracking
- Y Hand-Eye Coordination
- Y Balance and Body Coordination
- Y Motor Planning
- Y Following Simple Game Rules
- Y Focus and Concentration
- Y 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
- 👉 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 (i.e.: 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 (i.e.: 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 is 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 (i.e.: 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:

- Y Weight shift
- Y Object Balance
- Y Static Balance
- Y Dynamic Balance
- Y Pivotal Balance
- Y Motor Planning
- Y Following Simple Game Rules
- Y Focus and Concentration
- Y 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 weight 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) and teach student how to fall safely
- 👉 Allow students to sit during activities.
- 👉 Place students near walls for support or 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 (i.e.: up/down)

Flexibility

Definition:

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

Medical Considerations:

- Y 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 Apley 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, too 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

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 _____

Date _____

Parent Signature _____

Date _____

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.

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: Allyn 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: Allyn 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

- [Adapted Physical Education - Advisory Council](#): The mission of the NC-APE-AC is to promote quality APE services and equal access across the continuum of services for students with disabilities in North Carolina.
- [Adapted Physical Education Channel](#): This Youtube channel was created to help parents, educators and students with disabilities further advance and practice locomotor and gross motor skills.
- [APE Assessment Tools](#): A list of various assessment tools used in APE.
- [APENS](#): Adapted Physical Education National Standards criteria and resources
- [Assisted Technology \(Edutopia\)](#): This guide to assistive technology will help you navigate some of the available websites, resources, and tools related to assistive technology and accessible instructional materials.
- [Building the Legacy - IDEA 2004](#): This site was created to provide a "one-stop shop" for resources related to IDEA and its implementing regulations, released on August 3, 2006.
- [Commit to Inclusion](#): Provides a variety of resources for inclusion in physical education.
- [Disability.gov](#): The U.S. federal government website for information on disability programs and services nationwide.

- [Do2Learn](#): Do2learn provides thousands of free pages with social skills and behavioral regulation activities and guidance, learning songs and games, communication cards, academic material, and transition guides for employment and life skills.
- [Hand Speak](#): Sign language resource online
- [I Can Do It, You Can Do It](#): Ensures access to health care and access to physical fitness and wellness opportunities for persons with disabilities.
- [NCPEID](#): National Consortium for Physical Education for Individuals with Disabilities
- [Ophea.net](#): Ophea has two free resources available to download ("Steps to Inclusion" and "Adapted Lesson Plans") which can support you in delivering physical activity for children of all abilities.
- [PE Central](#): Lesson plans, assessments, best practices, equipment and other resources
- [PE Lesson Plans](#): Lesson plans for physical education
- [PELinks4U](#): Articles, update information, equipment, and other resources
- [Signing Savvy](#): Enter in text and it will be converted into sign language.
- [Society for Health and Physical Education \(SHAPE\) America](#): National organization providing standards, resources, grant information, and convention information
- [Sport4All](#): A collection of resources to help include individuals with disabilities in sport.
- [Spread the Sign](#): Enter in text and it will be converted into sign language.
- [Teaching Adapted Physical Education & Activity](#): This website was created for the Adapted Physical Education teaching community around the world to collaborate with each other about lesson ideas, goal writing, assessing, working with instructional aides, you name it!
- [Youtube Playlist - Overcoming Disabilities](#): Our Youtube playlist of videos on overcoming disabilities. Great for teachers and students.

Parental Supports and Resources

- <http://www.specialchild.com>
- http://www.kidsource.com/kidsource/content2/parents_of_children.html
- www.eparent.com
- www.fns.usda.gov Eat Smart, Play Hard)
- <http://www.somd.org/> (Special Olympics)
- <http://www.nichcy.org/> (National Dissemination Center for Children with Disabilities)
- <http://www.nichcy.org/stateshe/md.htm> (Maryland Dissemination Center for Children with Disabilities)
- <http://www.parentcenterhub.org>
- www.marylandlearninglinks.org

ADAPTED PHYSICAL EDUCATION

BEST PRACTICES FOR SERVING STUDENTS WITH DISABILITIES

The document provides practitioners with easy to use references on several adapted physical education topic areas. Each reference page provides a topic overview, impact on stakeholders, practical solutions, and additional resources for support.



September 2015



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ACKNOWLEDGEMENTS

We would like to acknowledge those individuals from each local school system and from the Maryland State Department of Education that provided information and support for the 2015 revision of this document

Cynthia Naylor, Adapted Physical Educator, Baltimore County
Linda Webbert, Adapted Physical Education Team Leader, Baltimore County
Erin Bonner, Physical Education Teacher, Caroline County
Michelle Ignaszewski, Adapted Physical Education Resource Teacher, Charles County
Jody Zinn, Adapted Physical Educator- Harford County
Shannon Whalen, Program Head for Adapted Physical Education, Howard County
John Perna, Adjunct Professor- McDaniel College
Deborah Grinnage-Pulley, Specialist for Physical Education, MSDE
Mike Mason, Consultant for Adapted Physical Education, MSDE
Brad Weiner, Adapted Physical Educator – Montgomery County
Melanie McManus, Adapted Physical Educator – Prince George's County
April Pinder, Physical Education Teacher, Queen Anne's County
Marsye Kaplan, Maryland State Department of Education

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 disabilities in physical education.

Adapted Physical Education Activity Council Position Statement
Baltimore County Public Schools (Adapted Physical Education Program Guide)
California Public Schools, St Luis Obispo County (Adapted Physical Education Curriculum Guide)
Carroll County Public Schools (Adapted Physical Education Program Guide)
Cecil County Public Schools (Adapted Physical Education Procedure Manual)
Harford County Public Schools (Adapted Physical Education Guide)
Maryland Adapted Physical Education Consortium
National Association of Sport and Physical Education
National Consortium for Physical Education for Individuals with Disabilities <http://www.ncpeid.org>
PE Central - The Premier Site for Health and Physical Education. <http://www.pecentral.org>
Prince Georges County Public Schools (Adapted Physical Education Process Guide)
Society of Health and Physical Education (SHAPE) America <http://www.shapeamerica.org>
St. Mary's County Public Schools (Role of the Paraeducator, Transition, Peer Tutoring, and more)

PURPOSE

The “best practices for servicing students with disabilities in physical education” document has been created to support the adapted physical education guide. It provides the audience with strategies of common practices under the responsibilities of those servicing students with disabilities in the physical education environment.

Throughout the document, the predominately impacted service providers are identified for engaging in a practice. It is important to note that the physical educator and adapted physical educator are members (sometimes the responsibilities fall upon one individual) of the larger group called the IEP team.

Physical Education for Students Ages 3 - 5 Years Old

Topic	Adapted physical education services for 3-5 year olds
Impact on APE services	<p>There has been confusion regarding providing services for student with disabilities in schools where physical education is not offered to other preschool-aged students in the school.</p> <p>Under Part B of the Individuals with Disabilities Education Act (IDEA), if physical education is specially designed to meet the unique needs of a child with a disability and is set out in the student's IEP, those services must be provided whether or not they are provided to other students in the school.</p>
IEP Team Members Predominantly Impacted	<p><u>IEP Team Members</u> - Understand the provisions of the law regarding providing services for student with disabilities in schools where physical education is not offered to other preschool-aged students in the school.</p> <p><u>Physical Education Teachers</u> - If adapted physical education is listed as one of the services on a student's IEP, those services must be provided even if the other students in the school do not receive general physical education services.</p>
Suggested Strategies	<ul style="list-style-type: none"> • Information must be provided regarding provisions of the law to IEP team members • Current performance during physical activity must be shared at the IEP team meeting. • Refer a student for an assessment and provide the results at the IEP team meeting. • Develop and share goals at the IEP team meeting with parents and IEP team based on the assessment and present level of performance • Progress must be collected on IEP goals. • Report progress on IEP goals • Review and update goals
Resources	<ul style="list-style-type: none"> • OSEP Dear Colleague Letter to G. Tymeson

Physical Education for Students Ages 18- 21 Years Old

Topic	Adapted physical education services for 18-21 year olds
Impact on APE services	<p>There has been some confusion whether physical education is made available for high school students with disabilities ages 18-21, if it is in their individualized education program (IEP), even though physical education is not provided to all students in those grades every year.</p> <p>Under 34 CFR 300.108 (c) if specifically 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. Thus, under Part B, if physical education is specially designed to meet the unique needs of a child with a disability and is set out in that school's IEP, those services must be provided whether or not they are provided to other children in the school or agency.</p>
IEP Team Members Predominantly Impacted	<p><u>IEP Team Members</u> - Understand the provisions of the law regarding providing services for student with disabilities in schools where physical education is not provided to their non-disabled peers in those grades every year.</p> <p><u>Transition Specialist</u> – Provides support for the transition goals developed for the student.</p> <p><u>Student</u> – Participates in the process and provides a voice to their education.</p> <p><u>Physical Education Teachers</u> - If adapted physical education is listed as one of the services on a student's IEP, those services must be provided even if the other students in the school do not receive general physical education services.</p>
Suggested Strategies	<ul style="list-style-type: none"> • Information must be provided regarding provisions of the law to IEP team members • Current performance in physical education and interest data must be shared at the IEP team meeting. Provide an assessment of the student, if needed. • Develop and share goals at the IEP team meeting with parents and IEP team based on the assessment and present level of performance • Progress must be collected on IEP goals. • Report progress on IEP goals • Review and update goals
Resources	<ul style="list-style-type: none"> • OSEP Dear Colleague Letter to L. Kelly

Role of Paraeducators in Physical Education

Topic	The role of paraeducators in physical education is to assist physical educators through instruction, delivery, and assessment.
Impact on APE services	Many students receiving adapted physical education are served in a general physical education class. For this reason, several adults may help support a student in class. Collaboration and clear communication is necessary for all adults in order to provide meaningful and consistent instruction.
IEP Team Members Predominantly Impacted	<p><u>General Physical Educator</u> –Set classroom expectations, create a positive classroom relationship, provide classroom instructional strategies, listen and clearly communicate with paraeducators.</p> <p><u>Adapted Physical Educators</u> - Set expectations, create a positive relationship, provide instructional strategies, listen and clearly communicate with paraeducators.</p> <p><u>Paraeducators</u> - Provide feedback, student updates, and implement instructional strategies.</p>
Suggested Strategies	<ul style="list-style-type: none"> • Define roles and expectations for paraeducators in physical education. • Collaborate with the local school administrators to define roles and responsibilities of the paraeducator. • Instruct paraeducators about important skill sequencing and motor development. • Provide positive constructive feedback to paraeducators. • Develop a positive paraeducator- teacher relationship. • Seek input and ongoing feedback from paraeducators. • Stress importance for coming prepared for participation in a physical activity setting.
Resources	<ul style="list-style-type: none"> • Lieberman, L.J. (Ed.). (2007). <i>Paraeducators in physical education: A training guide to roles and responsibilities</i>. Champaign, IL: Human Kinetics. • Maryland Learning Links

Lieberman, L.J. (Ed.). (2007). *Paraeducators in physical education: A training guide to roles and responsibilities*. Champaign, IL: Human Kinetics.

Collecting Data in Physical Education

Topic	Data collection is required for determining present level of performance, development and reporting on appropriate goals. It assists the teacher in determining instructional strategies to address the students' needs.
Impact on APE services	Data collection is important to adapted physical education service providers because it is the most practical way to show student progress over a period of time. Data collection should be used to write present level of performance and the basis for future goals. Data collection is required by law to meet the legal implications of the IEP.
IEP Team Members Predominantly Impacted	<u>Physical Education Teacher/Adapted Physical Education Teacher</u> - Collects data that is used to monitor progress and write future goals. <u>Paraeducator</u> – Can assist the teacher with documenting student progress. <u>Student</u> - Has performance recorded and monitored to ensure learning.
Suggested Tools	<ul style="list-style-type: none"> • Rubrics • Checklists • Anecdotal notes • Video recording • Pictures • Formal/standardized assessments • Student worksheets
Resources	<ul style="list-style-type: none"> • Horvat, M., Block, M.E., & Kelly, L. (2007). <i>Developmental and adapted physical activity assessment</i>. Champaign, IL: Human Kinetics.

Peer Tutoring in Physical Education

Topic	Peer tutors influence children in adapted physical education by giving students with disabilities an opportunity to socialize and learn from their peers.
Impact on APE services	When tutors are properly trained and supervised they act as a model and provide support. Peer tutors can also enhance the setting by modeling appropriate behaviors and skills.
IEP Team Members Predominantly Impacted	<p><u>Physical Education Teacher/Adapted Physical Education Teacher</u> – Provide training for peer tutors and monitors the impact.</p> <p><u>Peer Tutor</u> – Model appropriate behavior and skills and support the student with disabilities in the classroom setting.</p>
Suggested Strategies	<ul style="list-style-type: none"> • Small group instruction • One on One • Large Group • Reverse Mainstreaming • Reciprocal Peer Tutors • Unidirectional • Bidirectional • Class Wide • Same Age • Cross Age
Resources	<ul style="list-style-type: none"> • Peer Tutoring in Physical Education

IEP Team Includes the Adapted Physical Educator

Topic	The physical education teacher must be an active member of the IEP team and equally informed to act as an effective IEP team participant.
Impact on APE services	Physical education teachers/adapted physical education teachers are responsible for providing services. They need to provide information relating to the student's performance in physical education and understand the process in identifying students for adapted physical education.
IEP Team Members Predominantly Impacted	<u>Adapted Physical Education Teacher/Physical Education Teacher</u> – Is knowledgeable of the IEP process and providing appropriate instruction in physical education. <u>Student/Parents</u> – Understands adapted physical education as an instructional service and how it supports growth and development.
Suggested Strategies	<p><i>When requesting an adapted physical education assessment.</i></p> <ul style="list-style-type: none"> • Report on student performance in physical education. • Share strengths of the student in physical education. • Share concerns regarding student's performance in physical education. • Share strategies or interventions that have been implemented. • Indicate the assessment determines eligibility for adapted physical education services. <p><i>When reporting the assessment data.</i></p> <ul style="list-style-type: none"> • Summarize the data and share key points from each of the sections of the report. • Highlight specific areas of strength and need (at least two for each). • Share the areas where the student is performing below grade/age level. • Recommend services and discuss placement if eligible. • Provide strategies to implement in physical education (behavioral, environmental, instructional). • Suggest recreation opportunities for parents to explore. <p><i>Recommending APE goals and objectives for IEP</i></p> <ul style="list-style-type: none"> • The IEP team members are required to have the goals prior to the IEP team meeting. • The goals and objectives are reviewed at the IEP team meeting. • The supplementary aids/services and least restrictive environment are considered during the IEP team meeting. • The adapted physical education teacher should know the related services, accommodations, and other important information.
Resources	<ul style="list-style-type: none"> • Check your local special education handbook for additional procedural safeguards.

Writing IEP Present Levels of Academic Achievement and Functional Performance (PLAAFP)

Topic	Writing IEP Present Levels of Performance
Impact on APE services	Present levels of academic achievement and functional performance (PLAAFP) is the driving force behind the IEP and should be addressed first before writing adapted physical education goals and objectives. This can be done through careful review of data and/or assessments. Based on the results of the assessments or data collection, goals and short-term objectives are written.
IEP Team Members Predominantly Impacted	<u>Physical Education Teacher/ Adapted Physical Education Teacher</u> – Is responsible for using current assessment data to develop the PLAAFP.
Suggested Strategies	<ul style="list-style-type: none"> • The PLAAFP statements must be supported by the current data. • PLAAFP should accurately describe how the disability effects the involvement and progress in meeting the physical education curriculum (impact statement) • PLAAFP should also include descriptive statements of the student's abilities (strengths and weaknesses) • Current classroom observations must be included • The goals and objectives reflect the needs of the student as indicated in the PLAAFP. <p style="text-align: center;"><i>Suggested Checklist</i></p> <ul style="list-style-type: none"> • Summary of assessment findings (most be current and relevant) • Review and include last quarter progress report information • Include all information from checklists (Adapted Physical Education Curriculum Guides) and other relevant data • Include descriptive statements on strengths and weaknesses • Include class observations • Areas of concern and barriers • Instructional Implications (How do concerns affect access, progress or participation in general Physical Education) • Name and Credentials
Resources	<ul style="list-style-type: none"> • Goal Wizard • Maryland Learning Links • Maryland State Adapted Physical Education Guide

Writing IEP Goals and Objectives

Topic	IEP Goals and objectives should be written for any area that was discussed in the present level of academic achievement and functional performance (PLAAFP).
Impact on APE services	The annual goals should have a direction of the behavior/skill, area of need, and level of attainment. Goals should be written with anticipation of mastery within a year. All goals and objectives must be measurable.
Elements	<p><i>Goals and Objectives should include the following:</i></p> <ul style="list-style-type: none"> • Specific • Measureable • Attainable • Realistic • Timely <p><i>Format:</i></p> <ul style="list-style-type: none"> • Given/provisions • Condition or environment • Expected behavior • Determination for mastery
Suggested Strategies	<p style="text-align: center;"><i>Goals and Objectives Writing Checklist</i></p> <ul style="list-style-type: none"> • Review PLAAFP statement • Use adapted physical education curriculum guides and physical education curriculum guides for developing goal and objectives. Use a top-down planning model and parent questionnaires. • When writing objectives: Include Who (The person performing the behavior). • Include What the student will do (The specific, measurable and observable behavior or skill to be performed) • Include the conditions (Indicates what specific assistance will be given to the student to accomplish the skill. May also include in what settings or circumstances the skill will be performed, what adaptations) • Include the criteria: How Well (The level the student must perform to accomplish the step for meeting the annual goal. It can be expressed in percentages and frequency rates.) • Include how the objective will be evaluated (data collection, teacher observation, therapist observation (who), portfolio, work samples, informal assessments.
Resources	<ul style="list-style-type: none"> • Local System Physical Education Curriculum • Grade Level Outcomes

Response to Intervention (RTI)

Topic	RTI has been described as a multi-tiered framework designed for early, and when necessary, sustained interventions for students who are unsuccessful in the general education curriculum (Jenkins, Hudson, & Johnson, 2007).
Impact on APE services	Through the implementation of an RTI framework, students are provided with an appropriate level of <i>scientifically-based</i> instruction focused on their educational needs. Adapted and general physical educators must be proactive in the prevention of student failure by intervening early by providing scientifically-based interventions and ongoing progress monitoring.
Elements	<p><i>RTI Framework</i></p> <p>Tier 1: Core Instructional Strategies</p> <ul style="list-style-type: none"> • All Students • Proactive, Preventative <p>Tier 2: Targeted Group Interventions</p> <ul style="list-style-type: none"> • Some Students (At Risk) • High Efficiency • Rapid Response <p>Tier 3: Intensive, Individual Interventions</p> <ul style="list-style-type: none"> • Individual Students • Assessment-Based • High Intensity • Longer Duration <p>Special Education/Adapted Physical Education</p>
Suggested Strategies	<ul style="list-style-type: none"> • Collaboration with Special Educator • Collaboration with Adapted Physical Educators • Professional Development • Videotaping • Mentoring • Planning Support • Provide Written Guidelines • Professional Development – Online Course • Provide Informative Resources • Data Collection • Time Sensitive • Provide Follow up Sessions
Resources	<ul style="list-style-type: none"> • Maryland Learning Links

Person First Language

Whether verbal or written, it is recommended to use person first language. People are not defined by their disabilities and disabilities are not the person. There is a difference between “being” and “having”. To be implies someone’s identity, where having implies possession.

What’s In A Name

Appropriate Terms	Inappropriate Terms
Person with a disability	Disabled person, cripple, abnormal, cripp, gimp
Person who has mental or physical disabilities	Disabled victim, unfortunate victim, poor, pitiful, abnormal, deformed, invalid
Person without a disability	Normal, complete, whole
Person who has a mobility impairment, wheelchair user, or person who uses a wheelchair	Wheelchair bound, confined to a wheelchair, wheelchair victim
Person with quadriplegia, paraplegia, person who is paralyzed, or person who uses a wheelchair	Quad, quadriplegic, paraplegic
Person who uses crutches or cane or other mobility device	Cripple, gimp
“Person who has...,” “Person who experienced...,” “Person with...”	Victim of, suffers from, afflicted with, stricken with...
Person who has a disability, resulting from or caused by...	Invalid, victim, afflicted with...
Person who has had a stroke	Stroke victim, suffered from a stroke
Person with a congenital characteristic or a congenital disability	Birth defect
Person with mental illness or disability, psychiatric disability	Mental deviant, crazy, mentally deranged, insane, former mental patient
Person with intellectual disability or person with cognitive disability	Retard, mentally retarded person, feeble-minded, mentally deficient, defective, imbecile, idiot
Person with a brain injury	Brain damaged, brain injured victim
Person who has a speech disorder, a person without speech, or a person with a speech impairment	Mute
Person with Down syndrome	Mongoloid, Down
Person with cerebral palsy	Palsied, spastic, spas
Person with learning disabilities	Retard, lazy, stupid
Person with a developmental disability	Developmentally disabled person

Position Statement for Highly Qualified Adapted Physical Education Teachers

Presented By:
Maryland's Adapted Physical Education Consortium
(MAPEC)

Endorsed By:
National Consortium for Physical Education for Individuals with Disabilities
(NCPEID)

Introduction:

Physical education services, specially designed if necessary, must be made available to all students with disabilities who qualify for special education services under the Individuals with Disabilities Education Act (IDEA) of 2004 (including the amendments made in 2008). Highly qualified and caring personnel who hold a valid license to teach physical education must provide these physical education services. In the event that a student with a disability has unique physical education needs, and adapted or specially designed physical education is written into the student's individualized education program (IEP), it is recommended that a highly qualified adapted physical education teacher provide this service and/or provide consultative support to the general physical education teacher. To these ends, the position paper by the Maryland Adapted Physical Education Consortium (MAPEC) provides interpretation, application, and criteria for "highly qualified" personnel who teach adapted or specially designed physical education (a required direct instructional service) to students with disabilities.

Rationale:

According to IDEA of 2004, a "highly qualified" special education teacher must meet the following criteria:

1. The teacher has obtained full State certification as a special education teacher, or passed the State special education licensing examination, and holds a license to teach in the State as a special education teacher.
2. The teacher has not had special education certification or licensure requirements waived on an emergency, temporary, or provisional basis.
3. The teacher holds at least a bachelor's degree [(Part A – General Provisions) (602) (10) (B)]

Related Research:

Based on the above requirements for special education teachers, the National Consortium for Physical Education for Individuals with Disabilities (NCPEID) and MAPEC recommend that all teachers who are hired to provide physical education services to students with disabilities, as prescribed on the IEP (a required special education direct instructional service), be licensed in the State of Maryland to teach physical education with a ***minimum of 3 college course credits in the area of adapted physical education***. Specific mandates have been set forth in IDEA that are intended to ensure that all students are taught by instructors who are prepared and have content knowledge in the area for which they are hired. IDEA, NCPEID, and MAPEC recognize the importance of physical education for all students and its contribution to physical, emotional, and cognitive development.

Physical education is defined in IDEA as:

All students being served in special education *must* have physical education to the same extent that their peers without disabilities participate in physical education. According to the guidelines set forth in the Federal Register (34 CFR parts 300-301), “First, physical education must be made available equally to children with disabilities and children without disabilities.” “Second, if physical education is specially designed to meet the unique needs of a child with a disability and is set out in that child’s IEP, those services must be provided whether or not they are provided to other children in the agency.”

Based on the needs of the student with disabilities, a continuum of physical education placement services are provided, ranging in delivery from a general physical education class setting to a specially designed self-contained class setting that may include small group or one-on-one programming. *Adapted physical education is the specially designed service provided along that continuum, not the placement.* Highly qualified physical education teachers must possess a comprehensive content knowledge in disability studies; assessment methods for service qualification and instructional design; report writing; special education law; development of individualized education program (IEP); adaptations and modifications for physical education; behavior management; individual teaching and learning styles; collaboration and consultation skills; advocacy, inclusion practices; instructional design and planning; community and family resources; professional leadership; and assistive technology for physical education (Kelly, 2006). At a minimum, the personnel have gained this content knowledge through completion of 3 college course credits in the area of adapted physical education.

In order to ensure that all professionals who teach adapted or specially designed physical education to students with disabilities are in fact highly qualified, and meet all competencies stated above, NCPEID have identified the following minimum requirements for *all* adapted physical education professionals who would be considered “highly qualified.” MAPEC supports NCPEID’s recommended requirements.

Recommended Criteria for Highly Qualified Adapted Physical Education Teachers:

Criteria 1: Bachelor's degree in physical education teacher education and state license to teach physical education.

Professionals who teach physical education have content knowledge in this instructional area and hold a valid physical education teaching credential. Professionals with special education and/or physical therapy credentials are *not* qualified to serve as adapted physical educators unless they have completed the necessary additional professional preparation to be deemed "highly qualified" to teach physical education and have met the requirements as stated in this document defining a "highly qualified" adapted physical education teacher.

Criteria 2: Professionals **should** have a minimum of 3 college credit hours specifically addressing the educational needs of students with disabilities.

Coursework to meet this requirement must relate to physical activity, physical education, or recreation and students with disabilities as set forth by State or National standards for professional preparation in adapted physical education. NCPEID and MAPEC believe coursework in adapted physical education should provide evidence of competency in the following areas:

- Disability studies
- Motor assessment of individuals with disabilities
- Report writing
- Special education law
- Development of individualized education program (IEP)
- Adaptations and modifications for physical education
- Behavior management
- Collaboration and consultation skills
- Advocacy skills
- Instructional design and planning
- Individual teaching and learning styles
- Inclusion practices
- Community and family resources
- Professional leadership
- Assistive technology for physical education

Criteria 3: Professionals should have direct practicum experience providing instruction to children with disabilities in the physical education/physical activity environment.

Practicum hours must be in physical education/physical activity settings teaching students with disabilities. All practicum settings must be supervised by a certified physical educator and may include student teaching, disability sports program, university supervised physical activity clinics/programs for individuals with disabilities, physical activity based summer camps, and/or recreational programs. Practicum hours must be done with students who have a variety of different disabilities in a variety of settings (e.g., inclusion, self-contained, or individual) as well as having the opportunity to participate in the IEP process.

Supporting Resources:

United States of America Department of Education. (August 2011). *Creating equal opportunities for children and youth with disabilities to participate in physical education and extracurricular athletics*.
<http://www2.ed.gov/policy/speced/guid/idea/equal-pe.pdf>

United States Government Accountability Office. (June 2010). *Students with disabilities: More information and guidance could improve opportunities in physical education and athletics*. <http://www.gao.gov/assets/310/305770.pdf>

References:

Adapted Physical Education National Standards (APENS). (2008). *15 standards of specialized knowledge*. Retrieved on November 28, 2014, from
<http://www.apens.org/15standards.html>

American Association for Physical Activity and Recreation (AAPAR). (2010). *Position paper: Highly qualified adapted physical education teachers*. Retrieved on November 28, 2014, from
<http://www.shapeamerica.org/advocacy/positionstatements/loader.cfm?csModule=security/getfile&pageid=5850>

Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities; Final Rule, 34 CFR 300 – 301 (Vol 71, No. 156, 14 Aug 2006), pp.46583. Retrieved on November 28, 2014, from
<http://www2.ed.gov/legislation/FedRegister/finrule/2006-3/081406a.pdf>

Kelly, L. (2006). *Adapted physical education national standards* (2nd ed.) Champaign, IL: Human Kinetics.

P.L. 108-02 Individuals with Disabilities Education Improvement Act. (2004). Retrieved on November 28, 2014, from
<http://thomas.loc.gov/cgi-bin/query/z?c108:h.r.1350.enr:%20>

Collaboration of Services for Students with Disabilities in Physical Education

Quality 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 lives and to enable them to become life-long movers. All individuals with disabilities have the right to receive maximum benefit from physical education. A developmental sequence of motor, fitness and social skills, recognizing individual differences in learning rates and styles should be provided to individuals with disabilities ages birth to 21 years. ***If the student cannot participate in the general physical education program, specially designed individualized instruction in PE (Adapted PE) shall be provided.***

A successful program should include:

- Developmentally appropriate Units/Lessons that address Individualized Educational Program (IEP) goals and objectives
- A highly structured classroom routine
- A variety of teaching strategies and instructional practices utilized in the classroom
- Promotion of social skills
- Visual picture/symbols for schedule and communication aids as needed
- Graduated guidance when teaching skills
- Modified equipment to ensure student success
- Modified activities and games for student skill development success
- Fitness improving activities
- Student supports as needed

Expectations of the Physical Education Teacher

To provide successful adapted physical education for students with disabilities, whether in the separate adapted physical education class or in the inclusive setting, instruction should be aligned with the general physical education curriculum. Appropriate modifications and adaptations should be implemented to ensure a safe and orderly environment.

Physical education teachers should:

- Demonstrate and facilitate a positive attitude toward students with disabilities
- Create a learning environment that is structured and organized with clear boundaries/areas designated for specific activities
- Post rules/expectations and lesson objectives
- Develop and implement an appropriate program to meet the students' needs
- Collaborate and consult with related service providers such as, speech/language pathologist, occupational therapist, and physical therapist to provide a consistent and effective physical education program

- Consult with special education classroom teacher for information regarding student's classroom routines and behavior management in order to provide consistency throughout the school program
- Establish a rapport with paraprofessionals in order to support effective instructional physical education program
- [Becoming familiar with what a qualified and effective Adapted Physical Educator is to improve outcomes for students with disabilities \(Click here for a webinar\)](#)
- Provide clear expectations for students, Instructional Assistants and Additional Adult Assistants
- Assign adult support to students as necessary
- Provide feedback to additional adult assistants
- Utilize the student IEP information and complete appropriate assessment and paperwork as part of the IEP process
- Actively engage with students during activity
- Be flexible in addressing student behavior, and activity modifications needed for each lesson

Collaboration with Other Related Services

Physical education teachers, classroom teachers, related service providers, support personal, and parents are highly encouraged to collaborate with one another to address the unique needs of students with disabilities in order to provide a quality instructional program in Physical Education.

Related services are a support to physical education and adapted physical education, but may not be offered in place of it. The related services that a school provides can be very helpful in understanding student needs. Related service providers can assist in the planning of instruction for students with disabilities in the physical education setting.

Listed below are some related services in a school setting and how they can be helpful:

- **Occupational Therapist (OT)**

The occupational therapist provides services to and on behalf of students to help them participate meaningfully in the activities that are a part of their roles as students/peers so that they can make progress in the general education curriculum within their educational environment. They can help physical education teachers understand:

- Completion of functional activities to increase independence in instructional and non-instructional activities within the physical education classroom
- Strategies to support function in the tasks, roles and routines in the PE classroom
- Modifications/adaptations of materials and environments
- Fine motor and visual motor skill development and adaptations to support successful participation and progress
- Motor planning or body awareness and the impact on gross motor skill development
- Strategies to facilitate appropriate response to sensory information for safe and successful participation in activities
- Strategies to regulate behavior and develop self-management skills required for successful participation with peers and in the curriculum

- **Speech/Language Pathologist (SLP)**

The speech/language pathologist provides services to students who have communication problems that affect their success in classroom activities, social interaction, literacy, and learning. They can help physical education teachers:

- Develop appropriate communication systems
- Suggest strategies to increase communication in the physical education environment
- Provide strategies or suggestions as to how language concepts can be reinforced through physical activities
- Provide an understanding of levels of communication and the ability of students with autism to understand language

- **Physical Therapist (PT)**

The physical therapist provides services to and on behalf of students with physical disabilities/limitations to assist with the development of functional mobility skills and strategies so they may be able to participate to the maximum extent possible in instructional and non-instructional activities and routines in their educational environment.

They can help physical education teachers:

- Understand a student's participation restrictions in the general PE curriculum and his/her activity limitations in gross motor, motor planning, or functional motor skills
- Problem solve the barriers to a student's participation in the age/grade appropriate PE curriculum with same aged non-disabled peers
- Determine appropriate solutions on how best to support the student's access to the PE curriculum and its environmental challenges
- Develop strategies and or interventions to address activity limitations and enhance participation in age appropriate gross motor activities and the PE curriculum
- Utilize adapted equipment to increase student participation
- Safely assist students during transfers/mobility opportunities
- Support the safe use of adapted equipment by PE personnel

- **Orientation and Mobility (O&M) Services**

Orientation and Mobility training is instruction in travel skills designed to allow individuals with visual impairments and blindness to travel safely and independently. The level of instruction is determined after the completion of an evaluation of the student's O&M skills. An individual specifically trained in this area provides the instruction.

Collaboration with the Classroom Teacher

The classroom teacher can provide valuable information regarding the student, which will help in providing instruction in physical education, such as:

- Communication tools used in the classroom
- Rewards and consequences used in the classroom
- Strengths and needs of the student(s)
- Units of instruction (math / reading) and how they can be integrated into the physical education lessons

Collaboration with Additional Classroom Adult Support

Instructional assistants and additional adult assistants should be expected to provide support while allowing students to be as independent as possible. In addition, they should provide feedback to assist in assessing students' performance. Instructional assistants and additional adult assistants are the link that connects the teacher to the students and the students to the teacher. Their role is to:

- Assist and supervise students to and from the Physical Education environment
- Work under direct supervision of the physical education teacher
- Guide and assist students through activities
- Assist the physical education teacher in activities working toward the achievement of students' goals and objectives
- Be familiar with the rules, expectations, consequences, and rewards for students
- Apply consistent classroom management techniques
- Be aware of health and medical concerns of students
- Communicate with the physical education teacher regarding the current emotional/behavioral status of students

Collaboration with Parents

Communicating with parents is essential to having a quality and successful program. Parents should be informed of their child's goals and objectives through progress reports. It is also helpful if the parents are informed of different activities and skills that are being taught in physical education. In turn, parents can give suggestions on physical activities that they like to do with their child at home. Listed below are examples of ways to communicate with parents.

- Letters/notes
- Team meetings
- Behavior charts/progress charts
- Telephone calls/email
- Parent/Teacher conferences

Possible topics of communication include:

- Discuss IEP goals and objectives
- Provide progress reports
- Request information to become more knowledgeable about the student
- Share pertinent information regarding physical education. For example, the student does not wear tennis shoes on days when he/she has physical education
- Provide ideas for movement activities at home
- Suggest recreational activities

Additional Related Service Providers

Included is a list of additional related service providers that physical education teachers collaborate with to provide instructional programs for students with disabilities:

- Audiologists
- Deaf and Hard of Hearing Services
- Counseling Services
- Psychological Services
- Recreation and Therapeutic Recreation Services
- Nursing Services
- Nutritional Services
- Rehabilitative Counseling Services
- School Health Services
- Service Coordination Services
- Social Work Services in Schools
- Assistive Technology and Services
- Behavior Interventionist

The collaboration of services for students with disabilities in physical education settings will allow the opportunity for students to better meet the physical education curriculum and address the unique needs for each student.

Source: Modified from "Collaboration of Services for Students with Disabilities" Baltimore County Public Schools 2013