

STUDENT PHYSICAL EDUCATION MODIFICATIONS

Student: _____

Date of Birth: _____ Grade/Teacher: _____

Diagnosis: _____

Maryland State Department of Education has stated that there will be no exemptions from Physical Education. Your help is needed in determining the most appropriate level of activity for this student.

Carroll County Public Schools provides a continuum of services in the area of physical education for those students with limited mobility and/or restrictions due to physical needs or limitations. The program consists of (1) modifications and/or adaptations to the mainstream physical education class, (2) consultant services from motor development specialists, (3) Adapted Physical Education/Motor Development classes.

PHYSICAL EDUCATION ACTIVITIES

Does student require modification of gym activities?

_____ **No modification required**

_____ **Student will modify his/her own activities as needed**

_____ **Modification necessary. Please explain:** _____

Check off those activities in which the student may participate:

_____ Aerobic Dance	_____ Archery	_____ Badminton	_____ Basketball
_____ Bicycling	_____ Bowling	_____ Climbing	_____ Crab Soccer
_____ Field/Floor Hockey	_____ Fitness Calisthenics	_____ Flag Soccer	_____ Golf
_____ Gymnastics	_____ Horseshoes	_____ Jogging	_____ Lacrosse
_____ Rope Climbing	_____ Rope Jumping	_____ Rowing	_____ Running
_____ Shuffleboard	_____ Soccer	_____ Softball (slow)	_____ Swimming
_____ Table Tennis	_____ Tennis	_____ Track and Field	_____ Volleyball
_____ Walking	_____ Weight Lifting	_____ Weight Training	_____ Wrestling

Other: (explain) _____

May student participate in running/walking activities? (e.g. , outdoor terrain, track, mile run)

_____ **Student may participate without restrictions**

_____ **Student will modify his/her own activity while participating**

_____ **Student will not participate in activity. Please explain:** _____

_____ **Other, please explain:** _____

Are weather conditions likely to cause a problem with activities?

_____ **Weather conditions cause no problems during physical activities**

_____ **Student may not participate in physical activities during extremely cold weather, please explain:**

_____ **Student may not participate in physical activities during hot, humid weather, please explain:** _____

_____ **Other, please explain:** _____

Physician Signature: _____

Phone: _____

Parent/Guardian Signature: _____