STUDENT PHYSICAL EDUCATION MODIFICATIONS

Student: ____________________________________ Grade/Teacher: ______________________________
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: ___________________________________

8/2000