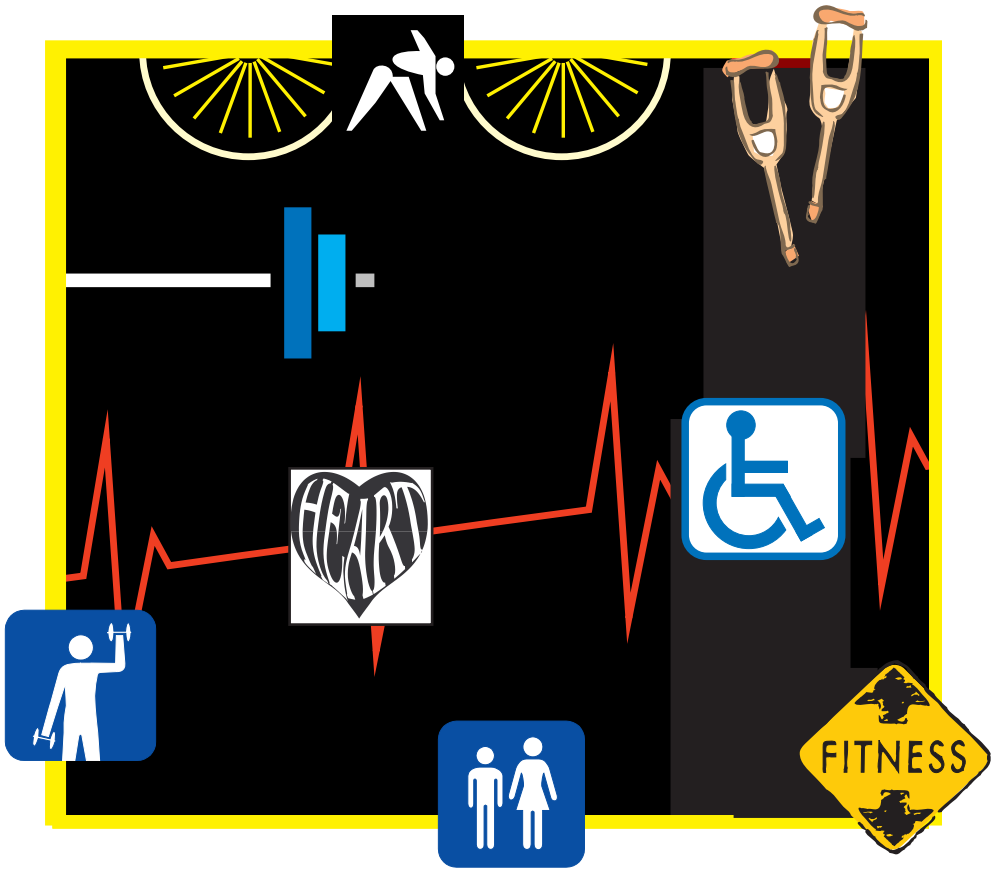
Adapted Physical Education

Resource Guide

To be used as a supplement to the
School Board of Brevard County
Health and Physical Education Curriculum



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ACKNOWLEDGMENTS

We are deeply appreciative and render a huge debt of thanks to Barbara Tuley, Cocoa High School and Valerie Harville, Resource Teacher: Health, Physical Education and Driver Education, Brevard County. We appreciate their leadership and guidance, which was invaluable in facilitating the production of this manual. We value their work generating the initial format, patiently editing the manuscript, and supporting the work on this manual.

Special thanks to Eva Lewis and Sue Carver without whom this manual would not have been possible.

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I. PURPOSE

This handbook has been designed to be used as a guide when considering the exceptional education student for an adapted physical education program. It is to be used as a supplement to the Florida Sunshine State Standards for Health and Physical Education and the Brevard County Physical Education Curriculum.

II. VISION STATEMENT

We believe, as Adapted Physical Education teachers, that students with disabilities should experience a quality physical education program that meets their individual needs and provides them with the opportunity to achieve their maximum potential.

The Brevard County Vision Statement for Health and Physical Education, as stated in the School Board of Brevard County Health and Physical Education Curriculum Frameworks, is as follows:

"The Brevard County Vision for Health and Physical Education is based on the concept of wellness. Each individual's life is improved by a safe learning environment, which encourages a lifelong commitment to personal and community wellness.

Wellness is essential for the total development of all individuals. It is the foundation for all areas of learning.

Through participation in dynamic programs, everyone will be motivated to adopt healthy and physically active lifestyles. These learning experiences will promote a positive attitude towards healthy and physically active behavior throughout life.

Guiding Principles:
Certain underlying principles support the vision for health education and physical education articulated in the frameworks.

- Every person is a learner
- Educational professionals, students, and family form a community of learners
- All children are entitled to wellness as a basis to enhance their ability to learn
- Effective teaching and learning connect concepts and processes to everyday events.
- Quality instruction in health education and physical education promotes a commitment to wellness
- Learning environments conducive to quality health education and physical education instruction are the responsibility of the school community
- Learning takes place both in schools and in communities
- Wellness fosters an environment of acceptance and understanding of cultural diversity
- Wellness is a concept that all people involved in the school community are at their optimum for health that includes physical, mental, emotional, spiritual, and social.
- It creates a feeling of acceptance of others without prejudice
- Instructional programs and teaching strategies should accommodate diverse learning styles and needs
- Excellence in health education and physical education teaching and learning grows from a commitment shared by teachers, students, parents, administrators, and the community at large
- Wellness is essential for lifelong learning"

III. ADAPTED PHYSICAL EDUCATION OBJECTIVES

The adaptive P.E. domain applies to all populations with special disabilities. Objectives will be consistent with those of regular physical education and sports. Movement, skills, and sports should be learned, but equipment, rules, and environmental structure may need to be modified to allow for maximum participation and benefit.

1. Promote the development of skills needed for the use of school and community playgrounds, e.g. balancing, swinging, climbing, hanging, hopping, basketball.

2. Deliver physical fitness and activities that will increase/maintain endurance, flexibility, and strength, e.g. power walking, therapy trikes, weight training, aerobic exercises, etc.

3. Promote the acquisition of the social skills necessary for following directions, fair play, sportsmanship, and respecting the rights of others.

4. Promote the development of physical and social skills needed to participate in after-school and/or community programs such as Special Olympics or Paralympics.

5. Promote the transfer of the physical and social skills needed for leisure/recreational activities for use at school and in the community, e.g. swimming, bowling, dance, bicycling, and miniature golf.

6. Enhance the physical therapist's goals, e.g., balance, walking, range of motion exercises, aquatics, M.O.V.E. Program (Mobility Opportunities Via Education) goals, etc.

7. Promote the development of the skills to successfully participate in regular physical education for inclusion, e.g. softball, volleyball, basketball, etc.

8. Consult with regular physical education teachers to facilitate the inclusion of students with disabilities in regular physical education classes.

9. To provide fun activities for the students with disabilities.

The following are goals that each disabled student should be able to attain.

1. An understanding of what he/she can and cannot do physically.
2. Optimal participation within the scope of his/her disability.
3. Varied skills and safety habits bearing upon recreational sport and games.
4. Ability to participate in group activities and to be a leader therein.

IV. Words of Dignity

People with a disability can and should be described in words and expressions that portray them in an appropriate, positive, sensitive manner.

Inappropriate words such as defective, deviant, burden, unfortunate, pitiful, pathetic, helpless, afflicted and incurable are rapidly disappearing from common usage. While there are no hard and fast rules, the suggestions listed below are the terms preferred by more than 200 organizations that represent or are associated with individuals with a disability.

Instead of:	**Use:**
disabled	person with a disability
invalid	literally means "not valid". – use person with a disability
crippled by, afflicted with, suffers from	suggests pain and suffering; persons with a disability are not in this situation…use person who has or person with limited mobility
lame, confined, bound, restricted	wheelchair user or dependent on a wheelchair
normal	able-bodied or non=disabled
victim, sufferer, cripple	person with a disability
poor	a description of financial status; do not use
patient	hospitals and doctors have patients, do not use to describe a person with a disability unless in that context*
disease	Many disabilities are not related to a specific disease, instead, use condition.
brave, courageous, inspirational	Inappropriate to describe the day-to-day activities of a person with a disability.
deaf and dumb, deaf mute	People with hearing impairments are neither dumb nor mute; they are people with a hearing and speech impairment or a person who is deaf.
retarded, mentally retarded	person with a mental handicap or person with an intellectual disability
spastic (as a noun)	person with Cerebral Palsy
deformed, congenital defect	a person born with special needs
special, special needs	a euphemism with no apparent meaning; use person with a disability
physically challenged	A disability is a fact of life, not a challenge; use person with a disability.

The terms paraplegic, quadriplegic and amputee are used and accepted by persons with those disabilities.

V. TECHNICAL ASSISTANCE PAPER

FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF PUBLIC SCHOOLS
BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS

NO. FY 1991-8

June. 1991
PHYSICAL EDUCATION PROGRAMS FOR STUDENTS WITH. DISABILITIES
Refer Questions to: ~~Rima J. Hatoum (904) 488-3103 SC 278-3103~~ Current Safe and Healthy Schools Director at the Department of Education: Brooks Rumenik 850-245-0749

This Technical Assistance Paper begins with an overview of federal and state laws and regulations, then provides answers to frequently asked questions relating to physical education programs for students with disabilities. It was prepared by staff of the Bureau of Education for Exceptional Students in cooperation with staff of the Bureau of Elementary and Secondary Education to assist school district personnel in providing appropriate physical education services to students with disabilities.

FEDERAL LAWS AND REGULATIONS

The Individuals with Disabilities Education Act (IDEA), formerly known as the Education of the Handicapped Act (EHA), 20 USC 1401 (16), includes physical education within the definition of special education, thus emphasizing that physical education services are an integral part of the education of every student with a disability.

The term "special education" means specially designed instruction at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

The necessity of assuring that physical education services are provided to students with disabilities is reiterated in 34 CFR 300.307(a) of the implementing regulations of the IDEA, which states that: "Physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education." 34 CFR 300.307(b) provides the following guideline for delivery of services:

TECHNICAL ASSISTANCE PAPERS are produced periodically by the Bureau of Education for Exceptional Students to present discussion of current topics in the education of exceptional students. The TA papers may be used for in-service sessions, technical assistance visits, parent organization meetings, or interdisciplinary discussion groups. Topics are identified by state steering committees, district personnel, individuals, or from program compliance monitoring.

Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to non-handicapped children unless:

(1) The child is enrolled full-time in a separate facility; or
(2) The child needs specially designed physical education, as prescribed in the child's individualized education program.

In addition 34 CFR 300.307(c) and (d) the law specifies that:

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

(d) *Education in separate facilities*. The public agency responsible for the education of a handicapped child who is enrolled in a separate facility shall insure that the child receives appropriate physical education services in compliance with paragraphs (a) and (c) of this section.

Physical education is defined in 34 CFR 300.14(b)(2) as follows:

(i) The term means the development of:

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

[ii) The term includes special physical education, adapted physical education, movement education, and motor development.

STATE LAWS AND REGULATIONS

Section 1000.05 F.S., the Florida Education Equity Act states that:

Discrimination on the basis of race, national origin, sex, handicap, or marital status against a student or an employee in the state system of public education is prohibited. No person in this state shall on the basis of race, national origin, sex, handicap, or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by a public educational institution which receives or benefits from federal or state financial assistance.

This Act refers to physical education as follows:

[c) This subsection does not prohibit the grouping of students in physical education classes and activities by ability as assessed by objective standards of individual performance developed and applied without regard to sex. However, when use of a single standard of measuring skill or progress in a physical education class has an adverse effect on members of one sex, the educational institution shall use appropriate standards which do not have such effect.

Florida Primary Education Program, was amended by the 1990 Florida Legislature to require that instruction be made available to all kindergarten through grade three students in the following basic subjects: language arts, mathematics, problem solving, science, social studies, physical education, music,

and fine arts. The legislation requires instruction, but not separate courses in each subject and the number of minutes in each subject is not specified.

Florida Progress in Middle Childhood Education Program (PRIME) requires regularly scheduled physical education, as determined by each district school board, for grades 4 through 8.

"One-half credit is required in physical education to include assessment, improvement, and maintenance of personal fitness" for high school graduation and "one year of instruction in health and physical education to include assessment, improvement, and maintenance of personal fitness" is required for the graduate to qualify for the Florida Academic Scholars' Certificate Program.

The following two State Board of Education Rules specify requirements for teacher certification in the area of physical education:

+ Rule 6A-4.028. FAC: Specialization Requirements for Certification in Physical Education (Grades K-8) and Physical Education (Grades 6-12)--Academic Class (New 4/20/64, Amended 12/4/89).

+ Rule 6A-4.0281, FAC: Specialization Requirements for Endorsement in Adaptive Physical Education--Academic Class (Adopted 11/9/89, Effective 12/4/89).

QUESTIONS & ANSWERS

1. QUESTION:

What are the differences between the terms "adaptive", "adapted", "special physical education", and "specially designed physical education"?

ANSWER:

Different people use these terms differently. In Florida, program arrangements in which some modifications are made to compensate for students' disabilities in order to allow them to participate in the regular (basic) physical education program are commonly referred to as "adaptive physical education", and program arrangements that are tailored to meet the individual physical-motor needs of students with disabilities are commonly referred to as "specially designed physical education." The term "adapted physical education" is used nationally to refer to both programs of physical education designed for an entire class of students with disabilities and programs designed to meet the special needs of one or more students with disabilities in a regular physical education class.

2. QUESTION:

Are the terms "adaptive", "adapted", "special", or "specially designed physical education" defined in federal or state laws and regulations?

ANSWER:

No. The term "adaptive physical education" is not referred to in federal laws and regulations, and the terms adapted, special, and specially designed physical education are mentioned, but not defined. No definitions of these terms are provided by state laws and regulations. In 1947, the American Alliance for Health. Physical Education. Recreation, and Dance (AAHPERD) adopted the following definition of "adapted physical education":

A diversified program of developmental activities, games, sports, rhythms, suited to the interest, 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.

This definition is still widely accepted by professionals in the field.

3. QUESTION:

What physical education program arrangement options are available for students with disabilities?

ANSWER:

A physical education continuum of services designed to meet the needs of students with disabilities as determined through the individual education plan (Individualized Education Program) development process could include the following options specified in the OSE [Office of Special Education] Policy Paper on Individualized Education Programs (IEPS):

a. Regular PE with Non-Handicapped Students. Many learning disabled and speech impaired children participate in the regular PE program with non-handicapped students without special provisions. In addition, some children with other handicapping conditions and without any physical-motor problems (e.g., some educable mentally handicapped-EMH- children) also participate in the regular PE program.

b. Regular PE with Adaptations. Some individual children in various disability areas (including those with physical impairments) are able to participate in the regular PE program with non-handicapped students if special adaptations are made for them.

c. Specially Designed PE. Sometimes an individual handicapped child will require specially designed PE that is different from that for non-handicapped children. It might also differ from the kind of PE provided to other children with the same handicapping condition. A child might participate in a special body conditioning or weight-training program, or, depending upon his/her specific needs and abilities, participate in some type of individual skill sport.

d. PE in Special Settings. Under certain circumstances, some of the handicapped students within a given disability receive their education in a special setting (e.g., an ESE center or a separate wing of a regular school building) most of the students participate, as a group, in the same basic PE program.

4. QUESTION:

What physical education courses are available for students with disabilities?

ANSWER: (see update in appendix E)

Students with disabilities may be enrolled in any of the regular (basic) physical education courses listed in the Course Code Directory (CCD), with or without modifications (Rule 6A-6.0312, FAC) for exceptional students, depending on students' needs and in accordance with the school district's pupil progression plan:

Basic Education Elementary
5015010 Physical Education -Elementary

Basic Education Middle/Junior High
1501000-1501120 M/J Physical Education (nine courses)

Basic Education Senior High, Adult
1501300-1503420 Fitness (ten courses)
1502300-1505560 Individual and Dual Sports (23 courses)
1503300-1505510 Team Sports (eight courses)

In addition to the courses listed above, students with disabilities may be enrolled in the following adaptive (basic) physical education courses if their needs cannot be met by the aforementioned courses:

Basic Education Elementary
5015000 Physical Education- Elementary Adapted Program

Basic Education Middle/Junior High

1500000	M/J Adaptive Physical Education IEP

Basic Education Senior High. Adult

1500300	Adaptive Physical Education IEP
1500310	Individual Sports for Disabled Students
1500320	Team Sports for Disabled Students
1500330	Recreational Activities for Disabled Students
1500340	Aquatics for Disabled Students

If none of the aforementioned courses fit the needs of students with disabilities, they could be enrolled in the following exceptional student education courses:

7715010	Exceptional Student Physical Education: Grades PreK-5
7815010	Exceptional Student Physical Education: Grades 6-8
7915010	ESE - Specially Designed Physical Education: Grades 9-12

5. QUESTION:

Must all students with disabilities be enrolled in either adaptive or specially designed physical education courses?

ANSWER:

No. As specified in the answers to questions 3 and 4 above, an assessment of each individual student's needs must be made during the IEP development process to determine the physical education program arrangement(s) and the course(s) most suitable for that student. The requirements of the least restrictive environment provision as stated in 34 CFR 300.307 (b) must be observed in determining the most appropriate physical education program option for individual students.

6. QUESTION:

Are there any special physical education requirements for students with severe emotional disturbances (SED)?

ANSWER:

No. Although Rule 6A-6.03016 (4) (a) and (b) FAC, requires that SED students be served for the "full school week in a special class" and that they be provided "a highly structured academic and affective curriculum, including but not limited to art, music, and recreation services which are specifically designed for severely emotionally disturbed students, it does not address special physical education requirements. It is noteworthy that even though some physical education services could be subsumed under recreation services, they represent a district program entity with different goals and methodology.

7. QUESTION:

Are there any special physical education requirements for children placed in programs for prekindergarten students with disabilities?

ANSWER:

No. Federal laws and regulations require instruction in physical education for all students with disabilities and do not specify different requirements for certain age groups.

8. QUESTION:

When must physical education be referred to or described in the IEP?

ANSWER:

According to 34 CFR 300.307 (a), "Physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education." According to 34 CFR Part 300, Appendix C, 330.346 the extent to which physical education must be described in an IEP depends on the physical education program arrangement required to meet the individual student's needs specifically:

a. *Regular PE with non-handicapped students*. If a handicapped student can participate fully in the regular (basic) PE program without any special modifications to compensate for the student's handicap, it would not be necessary to describe or refer to PE in the IEP On the other hand, if some modifications to the regular (basic) PE program are necessary for the student to be able to participate in that program, those modifications must be described in the IEP.

b. *Specially designed PE*. If a handicapped student needs a specially designed PE program, that program must be addressed in all applicable areas of the IEP (e.g., present levels of educational performance, goals and objectives, and services to be provided). However. these statements would not have to be presented in any more detail than the other special education services included in the student's IEP.

c. *PE in separate facilities*. If a handicapped student is educated in a separate facility, the PE program for that student must be described or referred to in the IEP. However, the kind and amount of information to be included in the IEP would depend on the physical-motor needs of the student and the type of PE program that is to be provided. Thus, if a student is in a separate facility that has a standard PE program (e.g., center for multiply handicapped students), and if it is determined--on the basis of the student's most recent evaluation -- that the student is able to participate in that program without any modifications, then the IEP need only note such participation. On the other hand, if special modifications to the PE program are needed for the student to participate, those modifications must be described in the IEP. Moreover, if the student needs an individually designed PE program, that program must be addressed under all applicable parts of the IEP. (See paragraph "b" above.)

9. QUESTION:

What physical education courses meet the requirements for graduation with a standard diploma?

ANSWER:

As specified in the Course Code Directory, students are required to have one-half credit in physical education to meet graduation requirements. Personal Fitness (1501300) is the only course that may be used to satisfy this requirement for nondisabled students. Adaptive Physical Education (IEP) (1400300) satisfies this requirement for those exceptional students seeking a standard diploma who cannot be assigned to Personal Fitness (1501300) pursuant to physical education guidelines in the IDEA and Section 504 of the Rehabilitation Act of 1973. This requirement cannot be waived.

10. QUESTION:

What are the physical education requirements for graduation with a special diploma?

ANSWER:

There are no statewide physical education requirements for graduation with a special diploma. Each school district prescribes credit requirements for graduation with a special diploma for exceptional students in accordance with Rule 6A-1.095(4), FAC.

11. QUESTION:

How are students in adaptive and specially designed physical education courses reported for FTE purposes?

ANSWER:

Exceptional students enrolled in the specially designed physical education courses listed in the exceptional student education section of the Course Code Directory may generate special program funding. In order for exceptional students enrolled in adaptive physical education courses--which are basic courses--to qualify for special program funding, the following three conditions must be met:

a. All students enrolled in the class must be exceptional (Rule 6A 1.0451(8), FAC).

b. The course must be a modification for exceptional students (Rule 6A-6.0312, FAC), in accordance with the district's pupil progression plan, and

c. The course must be taught by a qualified teacher in accordance with Rule 6A-1.0503, FAC, and the Course Code Directory.

Exceptional students (excluding gifted) enrolled in adaptive physical education courses with nondisabled students or in regular (basic) physical education courses may generate the mainstream cost factor when special services, aids, or equipment are provided.

12. QUESTION:

What are the certification requirements for teaching regular (basic), adaptive (basic), and specially designed (exceptional student education) physical education courses?

ANSWER

Certification requirements for teaching physical education courses are specified in the Course Code Directory (CCD). According to the 2005-06 Course Code Directory, certification in Physical Education is required for teaching all basic physical education courses except Aquatics for Disabled Students (course number 1500340), Beginning Swimming (course number 1504460), Intermediate Swimming (course number 1504470), and Water Safety (course number 1504490), which may be taught by a teacher certified in any field who is also a Red Cross Instructor; Care and Prevention of Athletic Injuries (course number 1502490), which may be taught by a teacher certified in any field with National Athletic Training Association certification, or Physical Education or Health Education certification; and Outdoor Education (course number 1502480), which may be taught by a teacher certified in any academic coverage.

For the adaptive and the specially designed physical education courses, the 2005-06 Course Code Directory provides two certification coverages appropriate for teaching students enrolled in those courses: (1) Physical Education or (2) Physical Education with Endorsement in Adaptive Physical Education. However, for exceptional students, the Course Code Directory specifies that for basic and exceptional student education courses in physical education, teacher certification may be in accordance with either basic education or physical education requirements or the type of exceptional students enrolled in the course.

13. QUESTION:

Since Rule 6A-4.0281, FAC, Specialization Requirements for the Endorsement in Adaptive Physical Education--Academic Class, was adopted by the State Board of Education on November 9. 1989, and became effective on December 4, 1989. Will all teachers assigned to teach physical education to students with disabilities be required to have the Endorsement in Adaptive Physical Education? If so, when will this take effect?

ANSWER

The Endorsement in Adaptive Physical Education may be attached only to Certification in Physical Education--Academic Class (Rule 6A-4.028, FAC). Therefore, teachers certified in exceptional student education are not eligible for this endorsement. Beginning with the 1994-95 school year, the Endorsement in Adaptive Physical Education will be required for instructional personnel who hold certification in physical education and are assigned to teach adaptive and specially designed physical education courses listed in the basic and exceptional student education sections of the Course Code Directory. Certification in exceptional student education will continue to be appropriate coverage for teaching these courses as specified in the Course Code Directory; however. school districts are encouraged to ensure that such teachers have the appropriate training or experience in the area of physical education for students with disabilities.

14. QUESTION:

What are the requirements for the Endorsement in Adaptive Physical Education?

ANSWER:

Requirements for the Endorsement in Adaptive Physical Education specified in Rule 6A-4.0281, FAC, are as follows:

(1) A bachelor's or higher degree with certification in physical education, and
(2) Twelve (12) semester hours in adaptive physical education to include the areas specified below:
(A) Three (3) semester hours in the Survey of Exceptional Student Education.
(B) Three (3) semester hours in Biological and Medical Aspects of Motor and Physical Health Disabilities
(C) Four (4) semester hours with credit in at least two (2) of the following areas:
1. Physical Education and Sports for Children with Mental Deficiencies,
2. Physical Education and Sports for Children with Motor Disabilities, or
3. Physical Education and Sports for Children with Sensory Disabilities, and
(D) two (2) semester hours in one (1) of the following areas:
1. Coaching Techniques for Disabled Athletes,
2 Assessment in Physical Education for Exceptional Students,
3. Adapted Aquatics, or
4. Physical Activity for the Profoundly Handicapped.

15. QUESTION:

Must Special Olympics coaches meet the requirements for the Endorsement in Adaptive Physical Education?

ANSWER

No. Since Special Olympics are an extracurricular activity and since coaches' duties are not within their instructional assignments, they do not need to meet the requirements for the Endorsement in Adaptive Physical Education.

16. QUESTION:

Does the rule for the Endorsement in Adaptive Physical Education include a grandfathering clause to allow current adaptive physical education teachers to become fully qualified in this area on the basis of their experience?

ANSWER:

No. There are no provisions for grandfathering.

17. QUESTlON:

What training resources are available to prepare teachers for meeting the requirements of the Endorsement in Adaptive Physical Education?

ANSWER:

Through the cooperation of universities, Teacher Education Centers (TECs), local education agencies, and the Florida Diagnostic and Learning Resources System Centers (FDLRS), various preservice and in-service training programs are currently available to prepare teachers to meet the requirements for the Endorsement in Adaptive Physical Education. For additional information on training resources, please contact Manny Harageones, Program Specialist, Physical Education/Driver Education, Bureau of Elementary and Secondary Education. at (904) 488-8795 or Suncom 278-8795. In addition, the Bureau of Education for Exceptional Students has been sponsoring adaptive physical education training sessions held in conjunction with the Florida Association for Health, Physical Education, Recreation, Dance, and Driver Education annual summer workshops since 1989.

*The endorsement for Adaptive Physical Education was dropped by the state in the summer of 2002.

VI. SUGGESTIONS AND STRATEGIES FOR TEACHING STUDENTS WITH DISABILITIES

a). MODIFYING OF GAMES AND ACTIVITIES

General Considerations:

1. Most children with permanent disabilities will have already developed necessary modifications to permit their participation in certain activities. Allow these children to proceed at their own rate of involvement. If they experience difficulty or cannot make the necessary adjustments, step in and assist.

2. Adaptations must be made to suit the child's abilities rather than his disabilities.

3. Modification of game rules should not be discouraged and should be regulated to meet the needs of the group.

4. Try not to change a game to such a degree that the children lose sight of what they started to play.

5. When working with a new student, begin slowly and gradually introduce him to new activities. Keep in mind the child may have some fear of new experiences, may become embarrassed or display a lack of initiative.

Methods of Modifying Games and Activities:

1. Reduce the size of the playing area:
   a. Change the boundary lines
   b. Increase the number of players
   c. Decrease the height of the net or goal
   d. Use equipment that will reduce the range of play
   e. Net-type games may be played through a hoop

2. Use lighter equipment:
   a. Plastic bats, “whiffle”" type balls
   b. Large plastic beach balls; bladder balls
   c. Yarn balls, styrofoam balls

3. Slow down moving objects:
   a. Change the throwing style to underhand
   b. Throw the ball with one bounce
   c. Roll the ball
   d. Stationary ball: place it on home plate or place it on a batting tee
   e. Increase the size of the ball
   f. Decrease the weight of the ball
   g. Decrease the air pressure within the ball

4. Modify the rules:
   a. Sit down or lie down rather than stand
   b. Walk rather than run
   c. Kick rather than strike

d. Throw or strike rather than kick
e. Permit additional trials; strikes, throws. jumps
f. Allow for substitution
g. Reduce the time periods of the game
h. Reduce the number of points required to win a contest

5. Provide additional rest periods:
a. Discuss rule infractions
b. Discuss strategy and team play
c. Rotate players in and out of game or into active and inactive positions
d. Reduce the time periods of the game
e. Provide quiet type games that may keep the student busy during rest periods; nok-hockey, box soccer, darts, ring toss, etc.

**Adapted Physical Education Assistance Manual, n.d., Broward County, Florida

b). LIST OF ACTIVITIES, GAMES AND SPORTS

INDOOR GAMES
QUIET GAMES:

Card Games

Concentration	Go Fish	Crazy Eights	Card cutting
War	Uno	Flinch	Old Maid
Solitaire			

Paper Pencil and Chalkboard Games

Hangman	TickTackToe	Battleship

Table Games

Bingo	Yahtzee	Pictionary	Checkers
Table Air Hockey	Dominoes	Chess	Connect Four
Box Hockey	Sorry	Cherrio	

ACTIVE GAMES:

Races and Relays

Head-balance (King chase Queen)	Ping-Pong
Arch pass (pass ball over head)	Through-the-hoop
Sitting through-the-hoop	Over and under
Pass the inflated balloon	Clothes pin card pass
Remote controlled cars	Wheelchair obstacle course

Throwing Objects

Balloons (shot put)	Balloons (hammer throw)
Paper airplanes	Beanie babies onto Velcro disc
Soda straws (javelin)	Ping Pong ball blow (asthma)
Indoor Lawn Bowling	Bean bag toss board
Magic-square toss	Target toss
Ring toss	Tennis balls
Nerf football	Velcro balls
Soft Frisbees	Paper balls

GAMES FOR ADAPTED-ROOM:

Elementary School

Posture tag (not to be tagged, must assume named position i.e. stand on 1 foot)
Snatch-the-Handkerchief with variations
Hop Scotch with variations
Tumbling, Balancing Activities
Circle Rush
Simon Says with variations
Follow the Leader
Statues

Secondary School

Rec-room Shuffleboard
Table Shuffleboard
Tenpins (bowling)
Medicine Ball
Stall Ball activities (nerf ball; cannot throw back to passer)
Steal the Bacon
Wastebasket Basketball

OUTDOOR GAMES AND SPORTS:

Games of Low Organization

Roller ball –nerf ball
Around the World Basketball
Twenty-one with variations Basketball
Punt-drive 1st to punt onto opponent's goal line
Tetherball
Parachute Play
Hop Scotch
Four Square
Flag Tag

Games and Sports

Field Hockey with variations (12-22 players)
Football variations
Basketball variations
Table tennis with variations
Bowling
Shuffleboard with variations
Golf with variations

Archery
Volleyball and Newcomb with variations
Softball with variations
Paddle Tennis, Nerf Tennis
Tennis with variations
Croquet (roquet)
Horseshoe pitching
Bocce'
Lawn Bowling with variations
Handball with variations
Deck Tennis
Badminton
Aerial Darts
Soccer with variations
Kickball with variations
Track and Field
Pin Ball – two teams try to knock down pins in the middle

AQUATIC GAMES AND ACTIVITIES:

Swimming
Baseball type
Basketball type
Water polo
Marco Polo
Ring finding

OUTDOOR EDUCATION:

Boating and canoeing
Fishing
Camping, hiking, and nature study
Orienteering

RHYTHM AND DANCE:

Square dance
Social dance
Folk dance
Fundamental rhythms
Creative rhythms
Aerobic dance

RUNNING, JOGGING, WALKING

Obstacles
Mile Clubs (running or walking)

c). ADAPTED AQUATICS

Benefit of Adaptive Aquatics:

1. The student gains the ability to execute movements that are impossible on land.

2. The heated pool provides the ideal environment for the severely handicapped by enhancing comfort and relaxation, thereby increasing range of motion (passive or active).

3. The student is able to maintain or increase joint flexibility due to decrease of joint pressure.

4. The student is able to reduce inadequate balance reactions.

5. The student is able to improve sensory integration.

6. The heated pool enhances motivation and arousal.

7. Resistance offered by water increases the intensity used for movement, thereby improving endurance and cardiovascular fitness.

Teaching Suggestions:

1. It is strongly recommended that each student have a parent permission slip for any pool activities.

2. Safety procedures must always be emphasized (no running on pool deck, use of railing and stairs or ramp to enter pool, no splashing others).

3. As fear and reluctance are often the case, the very first lessons may only include entering the pool and water adaptation.

4. Use of floatation devices:
    a. increases personal independence (close supervision must be maintained).
    b. provides increased security to motivate movements that can propel students through water.
    c. can encourage weight bearing by using those devices designed for vertical positions.

5. When dealing with the severely handicapped, a one-to-one student/teacher ratio is necessary.

6. Three feet five inches of water (chest deep water for instructor) is appropriate for water activities.

7. Teach the multisensory approach by addressing as many senses as possible.
    a. Assistive: manual guidance of body parts or holding students for support. Tactile security promotes confidence, e.g., in waist deep water, the instructor reaches over the student, grasping both sides of the waist to support the student's body. The instructor may hold student in either supine or prone positions, depending on the skill being taught.
    b. Visual: instructor demonstrates the skill breaking down into parts.
    c. Verbal: appropriate to cognitive level.

8. Stroke practice: use the assistive method as described in #7.

9. Kick practice:
    a. Student grasps kick board with extended arms (avoid allowing the student to hold the kickboard under their body).
    b. For small students, instructor positions in front of student with student's arms extended and resting on instructor's shoulders; instructor supports hips from underneath water.

10. To increase their awareness of safety, train students to orient themselves to the pool walls by grasping the edge to rest.

11. Encourage bubble-blowing and face immersion.

12. To assist the student with orientation, encourage them to open their eyes in the water.

13. To work on head control, use a static position, i.e., holding the side of the pool with the body in a horizontal position. This is necessary for lateral and vertical rotation and teaches the ability to recover to an upright position.

14. For the severely handicapped, use the resistance of water against the trunk and limbs, i.e., place the student in supine position supporting under the trunk by grasping the hips and resting the student's head on your shoulder. Gently swish extended student's body back and forth.

15. As a reward for working hard, reserve free swim and play for the end of the instruction session.

d). SENSORY MOTOR SKILLS DEVELOPMENT

Sensory input systems include the tactile, vestibular, kinesthetic, visual, and auditory systems, and provide the foundation from which perceptual motor abilities and motor skills are built. Therefore, it is imperative to identify and remediate sensory input delays as early in life as possible.

TACTILE STIMULATION

The Tactile System tells a person where the body ends and space begins and provides input regarding touch, pressure, pain, hot and cold. Behaviors that indicate a possibility of a delay in tactile functioning are:

a. Tactile defensiveness:
    1. low tolerance for touch (particularly when the person doing the touching is not in the visual field of the one being touched).
    2. tendency to curl fingers or toes when creeping.
b. Bumping into objects.
c. Inability to actually identify size, shape, and texture of objects with eyes closed.
d. Lack of awareness of being touched.

Tactile stimulation can either be exciting or inhibiting.

Suggested Activities

1. Touch and stroke the child's arms and legs to promote relaxation. Touch different body parts and ask the child to call out parts.
2. Using different textured fabrics (terry cloth, velvet, cotton) stroke the child's arms and legs.
3. Provide rocking, swinging, and swaying motions while supporting the child.
4. Using different levels of tactile pressure (light, soft, firm, stroking, tickling, vibrating, massaging).
5. Wrap colored tape around the wrists and ankles asking the child to touch body part with specific color of tape.
6. Blindfold child and have him crawl on and through different surfaces/objects and name them. (form/shape box, rope lines, balance boards, scooter boards).
7. Rock in prone, supine, sitting, and 4-pt. positions on fleece covered vestibular board.
8. Reach in box and identify objects by picking up and feeling them.
9. Walk through obstacle course on different textured mats, carpet squares, water, sand, clay, etc.
10. "Angels-in-the-Snow" position (blindfolded).
11. "Wake-Up!" (lotion, powder, washcloth)
    a. Children apply lotion or powder to their arms, legs, feet, and face, rubbing it in completely. Tell them to make it "disappear."
    b. Each child has a washcloth. Call out a body part for the child to rub. ("rub your right leg").
12. "How Dry I Am!" Children imagine that they have just gone swimming and the floor is a big towel. They are told to dry every part of their bodies on this "towel" (hands, arms, back, stomach, legs, feet).
13. "Carpet Critters" Children use chalk to draw funny faces on the carpet squares and then erase them with their hands (or feet, forearms, etc.).

VESTIBULAR SYSTEM

The Vestibular System originates in the inner ear where receptors take in information about the position of the head and all of its movements. This information helps to maintain static and dynamic balance. The Vestibular System is the most important structure in the regulation of body postures. It helps to prevent falling, keeps body parts properly aligned and contributes to graceful, coordinated movement. (Sherrill, 1993)

Behaviors which could indicate delay in vestibular functioning include:

a. Inability to balance on one foot (particularly with the eyes closed).
b. Inability to walk a balance beam without watching the feet.
c. Inefficient walking and running patterns.
d. Delays in ability to hop or skip.
e. Complete lack of awareness of the body in an upside down position.

The goal in enhancing vestibular development is to cause momentary losses of balance that change the head position. This activates compensatory postural adjustments and reinforces balance reactions. The more practice the vestibular system is given, the more it improves. Regular physical educators typically focus on balance in standing and locomotor patterns and do not realize that head position changes are the key. Adapted physical activity personnel focus on balance in all positions. It is important to use vestibular boards and large balls that permit vestibular input in prone, supine, sitting and quadruped positions. (Sherrill, 1993) Vestibular stimulation is essential in the development of balance.

Suggested Activities

1. Activities on playground including merry-go-round, see-saw, slide, or swing.
2. Rotation movements during play activities. Allow the child to experience acceleration/deceleration, up/down, side-topside, and back/forth
3. Balance boards, therapy balls, bolsters, air mattress, hammock swings or any unstable surface that causes loss of balance.
4. Balancing on a vestibular board in a variety of positions including: prone, supine, tailor sitting, quadrupled, kneeling, and standing.
5. Rolling up or down a wedge or pushing self around in a cardboard box with the ends cut out.
6. Log rolls on mats.
7. Spin slowly while prone on scooterboard or jet-mobile.
8. Roll or unroll in blanket/sheet/towel.
9. Sliding in all positions-feet first, sitting, lying prone, and supine.
10. Walking/creeping over unstable surface.
11. Rocking in chair, on rocking horse, on therapy ball.

Teaching Suggestions

Again, a transdisciplinary approach is highly recommended for this area. Knowledge of the child's medical condition is essential in determining contraindicated activities and positions. For example, spinning activities are contraindicated for students who are seizure prone. Many children are sensitive to spinning and other vestibular activities. Be aware of the student's responses to the activities- crying, unpleasant facial grimaces, loss of balance, nausea, sweating, paleness, or flushing of the face. Other students may perseverate on vestibular activities and need to be monitored. Never maintain a high rate of speed. Slow, steady movements are calming; fast jerky movements are stimulating.

KINESTHETIC SYSTEM

The Kinesthetic System tells a person the position of his body in space, whether or not he is moving and the quality of the movements. The Kinesthetic System is responsible for the tonic neck reflexes. As the Kinesthetic System matures, these reflexes are integrated, and movement becomes more coordinated.

Behaviors which could indicate a delay in kinesthetic functioning are:

a. Lack of awareness of the body parts in space without looking.
b. Messy handwriting.
c. Difficulty in imitating motor patterns. (e.g. limbs bent or crooked or body leaning and the child can't feel it)
d. Difficulty in adjusting ones body to move effectively through an obstacle course.

All movement experiences enhance kinesthesia, but three strategies are emphasized: a) practice motor skills while blindfolded, b) assisted and coactive movement in which the teacher guides the body parts of a student through desired patterns and c) extension
activities like jumping, hanging and balancing. (Sherrill, 1993)

Suggested Activities

1. Supine Position- Have child move body parts as touched by instructor.
2. Supine Position- Move body parts by verbal directions of instructor (in, out, up, down).
3. Prone Position- Move in and out of airplane position lifting head, arms, and legs upward.
4. Imitation of movements of instructor while looking in mirror.
5. Touch body parts while looking in mirror.
6. Performing different movement patterns (crawl, creep, roll) through an obstacle course going under, over, and through objects.
7. Walk forward and backwards through obstacle course.
8. Have child assume various shapes on mat (circle, tuck, letters, forms) while lying in supine, prone, and side positions.
9. Swing, sway, stretch, twist, and bend the body.
10. Carpet squares- arm pull, leg push, knee pull, carpet push prone and supine, perform bilateral.
11. "See-Saw" (elastic straps)- Two children sit opposite one another, their legs extended, feet touching. Each partner holds the opposite end of an inner tube strip. Keeping arms and legs extended, the children rock back and forth.
12. "Hot Potato" Children play catch at close range in a circle.
13. "Ping Pong Puff" Children get on all fours and blow the ping pong ball across the room.
14. Scooterboard activities done in prone position with head up.

VISUAL SYSTEM

The Visual System is comprised of visual activity and visual motor control or coordination. Visual activity is the ability to see clearly. Visual motor control is the ability to coordinate eye movements to fixate, track moving objects, discriminate between forms/objects, shapes, and sizes, and separate objects from their background.

Always check the child's history for visual acuity tests. Should the child be wearing corrective lens?

Suggested Activities

1. Visual Motor Tracking and Control

- Eyes will track from side to side, up and down, circular motion.
- Child visually tracks a suspended ball.
- Supine- child raises head to look at wall target, placed 12 inches from floor.
- Supine- ceiling and wall targets, child looks from wall to ceiling targets.
- Supine- child arches head/neck backward and looks from wall to ceiling.
- Suspended ball exercises (ball suspended at eye level):
    a) sitting, track ball from side to side, up and down
    b) kneeling, track ball from side to side, up and down
    c) standing, track ball from side to side, up and down
    d) reach out and touch swinging ball with forefinger, elbow, head, nose, foot
    e) touch ball with left and right side body parts (hand, elbow, shoulder, wrist)
    f) touch ball with front, back, sides, knee, foot
    g) place targets on wall (forms-circle, square, triangle) or on floor and have child swing the ball to hit the target
- Flashlight tracking activities, side to side, across midline, up and down, in patterns, around room across ceiling.
- Ball rolling and tracking.
- Beanbag tossing and throwing.
- Mirror play and imitation.
- Ball bouncing exercises.

2. Visual Motor Discrimination

- Blindfold child and have him identify shapes by feel.
- Step on shapes and identify by name, call out name, jump and hop on shapes.
- Design a grid pattern of lines in which child walks out form patterns (square, triangles).
- Jump on large vs. small object. (vary games with movements for size discrimination.)

3. Visual Figure-Ground Perception

- Overlapping geometric shapes:
    a) walk on shapes in grid pattern
    b) trace out shapes in maze
    c) identify flashlight patterns moved on wall
- Ball control activities- bounce and catch a ball while focusing on wall target.
- Change from standing to kneeling while bouncing ball and focusing on called out target.
- Separate mixed letters to write name.

AUDITORY SYSTEM

The Auditory System is not usually included with motor learning. Auditory stimulation activities are included in this curriculum guide as a foundation for later perceptual motor and gross motor skills.

Assess auditory/listening skills to determine if the child has difficulty discriminating between soft and loud, high and low pitches, sensitivity, responding to oral directions, and recalling information given in sequences.

Suggested Activities

1. Follow simple commands.
2. Match sounds with animals.
3. Respond to directions- in, on, over, out, above, in front of.
4. Blindfold activities:
    a) identify by touching body parts
    b) place body in positions- back to wall, side to wall, hand on wall, foot on chair
    c) crawl, walk, hop forward, backward, sideward
    d) clapping drills- one clap on stomach, two claps on knees, three claps to sit down
5. Call out position and have child assume position.
6. "Angels-in-the-Snow" (supine position):
    a) move both arms along the floor to shoulder level
    b) move both legs apart
    c) move leg and arm on same side, cross lateral, three body parts
    d) perform same exercises blindfolded
7. Listen and imitate:
    a) listen, count, and bounce ball same number of times
    b) bounce ball high with high pitch sound, low with low pitch sound
8. Tell time with body- give child directions to put body in-12 o'clock position, 9 o'clock
9. Follow sequence of directions.
    a) toss, catch, and slide
    b) step/jump on sequence of forms, numbers, letters
10. Perform exercises to tapes.

****From Louisiana Adapted Physical Education Curriculum Guide, Office of Special Education Services, 1996.

e). ALPHABETICAL LIST OF SPECIFIC DISABILITIES

AMPUTATIONS

Amputation is the loss of a part or all of one or more extremities through surgery, accident, birth defect, or warfare.

Teaching Suggestions

1. Elementary Level

    a. Simple and less vigorous activities.
    b. Choices can be made for upper elementary grades.
    c. Moderation of activities when there are signs of stump-irritation.

2. Secondary Level

    a. Careful selection of activities and individual instruction.
    b. Increase in skillful use of the prosthesis.

3. Arm Amputations

    a. Special work in changing the handedness may be needed.
    b. Improve manual efficiency by:
        1. Dart throwing;
        2. Throwing and catching a softball;
        3. Mild forms of boxing;
        4. Practicing swimming movements.

***Special thanks to Pinellas County for information contained in this section

    c. When using sports as part of the rehabilitation and education program, activities should be chosen that are appropriate to student limitations and capacities.
    d. Programs should be planned so that the series of experiences are progressively successful. Less vigorous sports or games such as archery and bait casting and proceeding toward more active and complicated games, like badminton and tennis.
    e. Another procedure would be to start with parts of games, such as serving, receiving and rallying and then proceeding toward mastery of the whole game.
    f. Although amputee students should be encouraged to try an activity where success is possible when playing under normal conditions, they should be cautioned about overcompensating or trying activities they cannot master with moderate success or safety.

4. Leg Amputations

    a. Exercise causing thigh adduction and practicing correct walking before a full-length mirror will help.
    b. Steps should be taught even in length. (The same length stride should be taken with each leg.)

c. The steps should also be short. (Better stability and a more natural walking appearance will be the result.)

Suggested Sports for Amputees

(a) Single Arm Amputees

Badminton	Fencing	Soccer
Baseball	Fishing	Softball
Basketball	Golf	Speedball
Bicycling	Handball	Squash
Bowling	Hiking	Swimming
Camping	Horseback Riding	Track
Dancing	Roller Skating	Tumbling
Diving	Shuffleboard	Volleyball

(b) Single Leg Amputee

(BK) Below Knee Amputations

Archery	Diving	Shuffleboard
Badminton (BK)	Fishing	Softball (BK)
Bait & Fly Casting	Golf	Squash (BK)
Baseball (BK)	Gymnastics (stunts)	Swimming
Bicycling	Handball (BK)	Target Shooting
Bowling	Horseback Riding	Volleyball
Canoeing	Horseshoes	Dancing
Roller Skating (BK)		

ASTHMA

Asthma is a condition manifested by recurrent attacks of coughing, shortness of breath and wheezing. In its chronic form, the patient is dependent on medication every day.

Onset of breathing difficulty may occur before, during or after exercise. This may be due to interpersonal and /or gym environment, inclement weather or exercise-induced asthma (EIA)

Teaching Suggestions

1. Do not begin gym activities when student has noticeable symptoms of asthma.

2. Discontinue gym activities if an asthmatic attack develops.

3. Report acute attacks of asthma to teacher/nurse or principal to obtain appropriate medical management.

4. Anti-asthma medications given 20 to 30 minutes before exercise usually can prevent exercise-induced asthma.

5. Warm-up can be prescribed before activity because it can improve ventilation and reduce chest tightness or pre-game wheeze.

6. Asthmatics should be permitted to participate in an integrated physical education program containing a side range of physical activities and allowed to select personal preferences.

7. In conclusion, the physical education teacher should ask himself to questions before excusing the student from class. First, does the activity bring on or make asthma attacks more likely; and second, are there medical and scientific reasons to exclude the student from activities? If the teacher can answer "no" to both of these questions, the student should participate in physical education.

    - ❖ For an asthmatic, winning does not necessarily mean coming in first place or having more points that the opposition. For an asthmatic, winning may simply be participating without wheezing.

Modifications

The student with asthma usually can tolerate non-endurance physical education, therefore:

1. Provide exercise for general physical fitness, reflex activity and muscle building at his individual level of functioning.

2. Allow relay games with exercise periods of one to five minutes and rest periods for five minutes or longer.

3. Encourage swimming, which is often well-tolerated.

4. Activities that are developmental in nature and include muscular relaxation and breathing exercise and exercise that strengthen the trunk. (refer to section of activities for emotionally handicapped children for relaxation exercises.)

5. Participation in regularly scheduled physical education classes for recreation and carryover value. Intermittent exercise, such as games and team sports are more suitable than uninterrupted exercise.

6. Life-Time Sports Activities for the asthmatic:

tennis	archery	badminton	jogging
golf	hiking	volleyball	swimming
racquetball	shuffleboard	handball	bowling

7. Breathing Exercises

   Expansion of the abdomen – breathing out phase:

   a. The student is told to make a sound with the mouth as in blowing out a candle.
   b. Students who find it difficult to completely empty the lungs of air may aid themselves by applying hard pressure to both side of the chest.
   c. Breathing should be taught from all positions: reclining, sitting and standing.
   d. Games can be activities to aid the asthmatic student in learning to breathe properly.
      1) Short distance jogging with the student breathing rhythmically by inhaling and exhaling on each step.
      2) Blowing a ping-pong ball across a table to an opponent, emphasizing short inhalation and long, forceful exhalation. (Points may be scored by blowing the ping-pong ball off the other side of the table.)

         a) The table can be raised so that ball must be blown up on an incline.
         b) Ball can be suspended from strings and the student then tries to blow the ball as high as possible with long controlled exhalations.

ATTENTION DEFICIT DISORDER

Attention Deficit Disorder is a chronic disorder, which is characterized by serious and persistent difficulties in three specific areas:

1. Attention Span
2. Impulse Control
3. Hyperactivity (sometimes)

ADHD is the term used when hyperactivity is involved.
UADD is the form of ADD primarily characterized by inattentiveness and hyperactivity is not involved.

Characteristics of children with ADD can include:

1. fidgeting with hands or feet
2. difficulty remaining seated
3. difficulty following through on instructions
4. shifting from one uncompleted task to another
5. difficulty playing quietly
6. interrupting conversations and intruding into other children's games
7. appearing to be not listening to what is being said
8. doing things that are dangerous without thinking about consequences

Teaching Suggestions

1. use short activities (i.e. work stations)
2. structure activities and environment
3. use motivating activities
4. use positive reinforcement
5. reduce waiting periods
6. remove potential distractions, when possible
7. provide success to promote high self esteem
8. avoid activities that are competitive and over-exciting

AUDITORILY DISABLED

Auditory disabilities of varying degree of severity constitute, as a group, one of the most common disabilities affecting children and adults.

These students are classified as hard of hearing (hear either with or without a hearing aid enough to learn how to speak) or deaf (cannot hear enough to understand the spoken word).

Communication and balance are important areas for concern for the auditory disabled. There are very few modifications of activities or equipment necessary for this group.

1. The student should be placed where the teacher's face is visible.

2. Eye contact should be established when initiating an activity.

3. Hand signals along with verbal commands are helpful.

4. Use many visual aids and demonstrations.

5. Following the example of classmates should be encouraged.

6. Supplement calling the name of the deaf student with a tap or hand indication.

7. Be watchful for balancing difficulties that auditory disabled students may experience.

8. If balance is a problem, help the student select game positions that have a minimum of spinning movements or sudden direction changes.

9. Post safety rules for use of facilities and equipment at eye level and in appropriate locations.

Suggested Activities

There are few restrictions on the activities which may be offered to students with auditory disabilities in the regular class. Normal activities are suggested taking into consideration limitations for the safety of students.

1. Dance and rhythmic activities.

2. Games and sports (fencing, archery, bowling, tennis, golf badminton).

3. Sports competition.

   The satisfaction of belonging, contributing and being successful in these three major activity areas will help develop proper social development.

4. Balance Skills Development – balance beam work, balance and coordination exercised, dancing and roller skating.

5. Body Mechanics and Physical Fitness – gross motor sills development, cardiovascular activities, flexibility and muscle tones and muscular strength and endurance activities.

6. Pre-school and early elementary development of basic motor skills and rhythm activities can be done by using percussion instruments such as cymbals, triangles, drums and tambourines can be used to produce vibrations.

APHASIC DISABLED

Aphasia is a severe oral language impairment. It is disturbance in language behavior due to an organic problem such as a blow to the head, a stroke, a tumor or from a disease. This can cause a disturbance in perceptual-motor functioning.

Teaching Suggestions

1. Use a few simple words with gestures to communicate objectives.

2. Specify what the student is to do with precision.

3. Use a multisensory approach to communicate with the student (visual, auditory, kinesthetic teaching channels).

4. Repeat the instruction of tasks to be learned if necessary.

5. Be consistent with the signaling system approach when used.

6. Provide opportunity and time for the student to process information and not expect quick responses to instructions.

Programs for the aphasic student should be designed for perceptual-motor development, development of language through physical activities or movement. The student should also learn the concepts and ideas that stand for the word or words relating to a specific activity or movement.

Suggested Activities

1. Gross Motor Activities

    a. Running, skipping, hopping or leaping to auditory inputs.
    b. Jumping over obstacles or on patterns with specific command.
    c. Executing locomotor tasks with the eyes closed.
    d. Executing balancing tasks with the eyes closed.
    e. Starting and stopping on command.
    f. Climbing stairs to an auditory beat.
    g. Throwing and catching on command.
    h. Kicking and throwing for accuracy.

2. Visual Memory Tasks

    a. Superimpose cutout body parts with a corresponding outline and drawing them on a blank circle.
    b. Reassembling an outlined figure that has been cut apart.

3. Identification of Body Parts

    a. Kicking a ball with the foot.
    b. Slapping a ball with the hand.
    c. Rolling a ball up with arm.
    d. Tapping a ball with the fingers.
    e. Dropping a ball on the toes.

4. Participating in Modified Sports Activities

CARDIOPATHIC CONDITIONS

The number of deaths due to heart disease is increasing. Over fifty percent of all deaths in the United States are caused by heart disorders. Most heart disorders that occur in the younger age group are of a congenital nature or are caused by rheumatic fever. A doctor must prescribe programs for students with cardiopathic conditions.

Heart disorders are of two classifications – organic and functional.

Organic Disorders - a definite lesion exists in the heart or other parts of the cardiovascular-renal system.

Functional Disorders - no lesion is present but there is some disturbance in functions. The symptoms are irregular or accentuated heart beat, weakness after physical effort, shortness of breath, dizziness, fatigue and considerable concern and anxiety. Some authorities believe that many of the disturbances are chiefly psychological and treated along psychiatric lines.

Kinds of Heart Disease

Rheumatic Heart Disease

Begins most often in students between the ages of 6 and 12 as a result of rheumatic fever.
Early signs that may occur singly or in combination, are pain in joints and muscles, twitching of muscles, frequent nosebleeds, pallor, pour appetite, fever, and present or recent streptococcal infection.

Rheumatic fever develops only in certain people who have suffered infection of the throat, respiratory tract, or middle ear caused by hemolytic (blood destroying) streptococcus organisms and who have developed an allergic and inflammatory reaction to the infection. It is not communicable and there is no danger of contracting it by exposure to one who has it.

Rheumatic fever does not always cause heart disease but the heart is the only organ that may be seriously affected. The valves of the heart may become inflamed and scarring of the valves and surrounding tissue may result. When the valves cannot close correctly, a back flow of blood is permitted; this is called regurgitation. If the valves do not open correctly to allow the blood to flow easily, the condition is called stenosis.

For as long as the disease is active and for a period of convalescence, it is important to spare the heart unnecessary work. A student with the disease must remain in bed for a given time after which he may participate in motor activity at a gradually accelerated pace.

Hypertensive Heart Disease

This is due to hypertension or high blood pressure. When the blood pressure is high, the heart is forced to work harder. Arteriosclerosis (hardening of the artery wall) frequently accompanies hypertension, further increasing the work of the heart.

Coronary Heart Disease

The most serious accident that may occur is occlusion (closure) of the coronary artery or a rupture of one of the blood vessels.

Other Conditions

Overactive Thyroid	can damage the heart because of increased metabolic activities that may place an excessive burden upon the heart.
Anemia	may injure the heart by placing an undue burden upon it to supply oxygen and by causing a deficiency of oxygen to the heart muscles as well.
Congenital	refers to a condition existing at birth which interferes with proper heart function.
Infection	heart disease may be brought about by infections of: (1) the inner lining of the heart (endocarditis) (2) the outer covering (pericarditis) (3) inflammation of heart muscle (myocarditis)
Childhood Diseases	the heart can be affected by several childhood diseases, notably diphtheria. Tuberculosis and syphilis are other diseases causing heart disease.

<u>Symptoms</u>

There are definite variations in the sounds (called murmurs) which accompany certain pathological conditions of the heart. Some murmurs are caused by structural deviation such leaky valves. Frequently, adolescents have functional heart murmurs not caused by structural deviation. They will very likely disappear and restriction of activity is not necessary.

<u>Important Danger Signals to Know for Heart Attacks</u>

1. Pain in the chest
2. Shortness of breath
3. Edema (swelling) in feet, ankles or abdomen
4. Dizziness
5. Fatigue
6. Indigestion
7. Double vision

First Aid – Call 911

1. Let the person assume a comfortable position – usually sitting.
2. Loosen thigh clothing.
3. Give plenty of air but avoid drafts.
4. Call doctor immediately.
5. If authorized by the physician, give any medication available at the school for emergency use for this condition.

Teaching Suggestions

Muscular activity is valuable not only in maintaining the fitness of the heart but also in promoting total body fitness. The tolerance level for exercise must be established. In determining activities for an individual case, it must be kept in mind that the strenuousness of an activity is not determined solely by its type, but by how vigorously and how long it is performed.

1. Be careful with activities that involve lifting that require holding the breath.
2. Have short activities with frequent rest periods.
3. Take into consideration weather conditions.
4. Be careful with competitive play – competitive emotions may speed the action of the heart.
5. Have free play well supervised to prevent overwork.

Class III – Moderately Severe

Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.

Activities suggested for this group of patients are – walking, shuffleboard, rifle shooting, fly and bait casting and spinning exercise for increasing muscle tone.

CEREBAL PALSY

Cerebral palsy is a condition affecting the motor control centers because of lesions in various parts of the brain arising from injury, infection or faulty development. The condition is neurological impairment and often produces kinds of learning disabilities.

In some conditions of cerebral palsy a large portion of the brain is damaged and the victim has a mental deficiency in addition to his neurological impairment.

Movement is impaired and awkward and often accompanied by postural difficulties. Speech in many cases is noticeably affected. Frequently, sensory impairment, mental deficiencies, epilepsy or behavior disorders are also present as the result of additional brain disturbances. The manifestations of cerebral palsy may vary from a total inability to control muscular movement, in some victims to only a very slight lack of muscular coordination in others.

Cerebral palsy is a non-progressive condition. It will not worsen nor will it result in death. Presently, it is incurable but is amenable to therapy and training.

Classifications of Neuromuscular Disability

These categories are subject to many sub-classifications. Also, there are often mixed types of cerebral palsy. The physical education teacher will need to know only the general classifications and their implications. The diagnosis and muscular limitations; and needs should be provided to the teacher by the doctor.

Spasticity

This is a condition in which muscular movement in the area involved is restricted due to contracture of the muscles. The movement is jerky and uncertain. If the legs are involved, the walking gait is disturbed and results in the characteristic "scissors gait". If the arms are involved, they are usually drawn up to the body with the elbows bent and wrists and fingers flexed.

Athoetosis — The difficulty is in moving too much. The person is unable to produce the movement that is wanted.

Ataxia — In this form, the sense of balance or equilibrium is disturbed and they have a poor sense of kinesthesis.

Rigidity — Both the contracting muscles and the antagonistic muscles are affected. The stretch reflex is lacking. Hypertension of the muscles creates stiffness or rigidity.

Tremor — It results in involuntary alternate movement of the flexor and extensor muscles which produce a rhythmic motion. Contractions occur only upon attempting movement.

Topographical Classification

Monoplegia — One limb in involved.

Paraplegia — Involves only the legs.

Diplegia — Involvement primarily of both legs; the arms are affected to slight degree.

Hemiplegia — Involves the limbs on one side of the body; the arm is usually more affected than the leg.

Triplegia — Involves three extremities, more often both legs and one arm.

Quadriplegia — Involvement of four limbs.

Monoplegia, paraplegia, diplegia, hemiplegia and triplegia are more often spastic, while quadriplegia is more frequently athetoid. Spastic hemiplegia is the most common involvement.

Teaching Suggestions

Emphasis – The most important contribution physical education can make is to bring fun and laughter into their daily routine. The acquisition of enough motor skills to take pleasure in play with others makes a tremendous difference in their lives.

Need for Active Play – Frequently only passive games are considered suitable. Cerebral palsy students need vigorous play and given an opportunity can participate in a number of active sports.

1. Activities that require slower responses.
2. Large ball is easier to catch (also easier to catch if bounced).
3. Ball should be soft.
4. Stationary balls are easier to hit and kick. Consequently, games built around putting stationary objects into motion are more successful than those which necessitate stopping a moving object.
5. More success at activities which require free gross body movements.
6. Response is better to activities that require only simple repetitive movements.
7. An emphasis is upon playing rather than upon perfection of the skill creates and environment which encourages free and easier movements.
8. Performance is best when they have frequent rest periods.
9. Some free play is necessary so the student has to opportunity to use his own imagination.
10. Strong stimulations are confusing and loud noises, extreme temperatures and strong emotional situations are to be avoided.
11. Muscular relaxation is very important aspect. There is a tendency for these students to become very tense when striving to perform well.

Suggested Activities

Suggested activities for the development of basic sports skills by those who have developed these basic movements are:

1. Simple throwing and catching activity – A volleyball attached to a rope is suspended from the ceiling above the student. He throws it and attempts to catch it on the return swing.
2. Rolling and catching exercise – Two students sit on the floor a few feet apart and roll a large ball back and forth.
3. Throwing and catching activity – Two students sit a few feet apart, tossing a heavy rubber balloon between them. (The balloon is slower that a ball and permits more time for performing the catch.)
4. Bouncing and catching exercise - Each student sits in a chair and bounces and catches a large ball.
5. Throwing for accuracy exercise – Students sit in a circle around a target of concentric circles. They throw a beanbag at the target.
6. Mimicking games - The students mimic animals by assuming various arm positions suggestive of the animals, such as holding the arm down from the head to resemble the elephant's trunk.
7. Interpretative movements – Various emotions are expressed by movements of the arms, such as waving them gaily or letting them droop sadly.
8. Acting out a story – The students make movements with the arms to act out a favorite story.

For less severely afflicted elementary school students, the physical education program may be similar to the regular elementary program. Activities and basic skill games which are applicable with a minimum of adaptation are:

Walking while balancing a beanbag on the head
Kicking a soccer ball for accuracy
Dribbling a soccer ball with the feet
Walking a low balance beam

Older students with limited disabilities may participate in these activities:

Archery	Horseshoes	Interpretive Dance
Croquet	Running Games	Calistenics

DISADVANTAGED

The disadvantaged segment of our society is identified by such terms as the underprivileged, culturally deprived or low socio-economic groups. Regardless of the term, the connotation is the same for all; a condition of life that is characterized by substandard malnutrition and starvation and the lack of medical and dental care. Such students are, in the truest sense of the word, disabled. Because they are disabled, they deserve the dame special considerations that we extend to other types of disabilities.

Traits of Negative Consequence

1. Poor physical health
2. Low achievement orientation
3. Anti-intellectualism
4. Frustration or alienation

Traits of Positive Consequence

1. Physically strong and well coordinated
2. Motoric-visually oriented
3. Early development of independence and responsibility
4 Socially oriented

<u>Teaching Suggestions</u>

Presenting a good program for disadvantaged students does not require the extensive adaptation and modification that is necessary for so many types of disabling conditions. Rather, it requires the teacher to be prepared to utilize the positive traits and to minimize the influence of the negative ones. One mean of doing this is the selection of activities that appeal strongly to their interests and that allow them to capitalize on their strengths.

1. Choose games and activities that are motor-oriented and ones the students engage in regularly out side of school. These games are simply structured with clear-cut goals.

2. By choosing games and activities that utilize the same basic patterns of their free time play activities, the teacher can capitalize on the students' interest to introduce new activities that might otherwise be received with apprehension.

3. Teachers must be constantly alert to the physical condition of the students. Those who fatigue easily and those who are malnourished must conserve their energy and should not take part in the more strenuous activities. Be careful not to draw attention to why this student isn't participating. Give him some other job to do such umpire, etc.
4. Make sure your program gives the disadvantaged student a chance to help him develop respect for himself. His physical education experience should contribute to his feelings of worth as an individual.

EMOTIONALLY DISABLED
(definition paragraph)

Watch moods; use human relation skills; check medications.

Wide individual variation – not only person-to-person, but day-to-day.

Know a range of alternatives for discipline – time out, last to do something they like, eye contact, physical proximity.

Suggestions appropriate for the learning disabled and educable mentally disabled are often appropriate.

Avoid or arrange for low level, fair competition.

Initially use praise liberally even when it is minimally deserved.

<u>Frequently Observed Needs</u>
Tense
Hyperactive
Aggressive or passive-aggressive

<u>Example of Motor Proficiency Objective Activities</u>
Relaxation activities
Cooperation activities (each person must succeed for group to complete the task)

<u>Suggested Activities</u>

1) Perceptual Motor Skills Program
   Provide experiences for the following perceptual motor area:
   a. Directionality
   b. Laterality
   c. Balance
   d. Identification of Body Parts
   e. Gross Motor Skills
   f. Fine Motor Skills

2) Life Time Sports Programs

The following list of sports is all individually competitively oriented. This reduces the struggle of team competition in which emotionally disabled students have problems coping.

Bowling	Paddle Tennis	Archery	Skish or Bait casting
Badminton	Swimming	Golf	Tennis

Board Games (chess, checkers, dominoes, backgammon, scrabble)
Recreational Sports (Frisbee, table tennis, horseshoes, shuffleboard, croquet, boundball, lawn bowling, deck tennis)
Camping and Outdoor Education

3) Miscellaneous Activities for the Emotionally Disabled Student

Creative Yoga Exercises

Objective: Students like to move, we can teach them how to channel this energy in positive ways that in turn can instill feelings of self-confidence and self-discipline.

Goals: The yoga exercises make the students aware that everyone is built differently and give them a better understanding of their own bodies. Yoga does not promote competition among students. Instead it encourages self-awareness and motivation to improve themselves.

Program: There are fourteen yoga exercises the students do. Introduce on exercise at a time and discuss the animal or object imitated by the exercise. After the students learn the exercise, they may be done in various combinations as they lend themselves to endless creative expressions.

Materials: Record – Be A Frog A Bird or A Tree

The Jogging Program

Goals: Good program for physical conditioning, attitudinal and behavioral changes. Can modify disruptive behavior.

Program:
(a) Warm-up
(b) Stretching exercises (leg, stomach, back, etc.)
(c) Jog five or ten minutes (run, walk, jog, continuous movement
(d) Students can run alone, with a friend, a teacher
(e) Cooling down period (walking, stretching, etc.)
(f) A point system can be set up using such things as trophies, ribbons and photos for rewards based on how many miles a child has run in a week, month or year.

Relaxation Exercises

The following exercise areas will be useful for students, especially emotionally disabled students to reduce tension and anxiety, learn to relax, and better cope with his/her environment. It is not a cure-all, but a different approach in getting to know the body and feel a little as ease within themselves.

Major Group One: Hands and Arms

(a) hands and forearm
(b) biceps

Major Group Two Head, Face and Throat

(a) forehead
(b) cheeks and nose
(c) jaws
(d) lips and tongue
(e) neck and throat

Major Group Three Legs and Feet

(a) thighs and buttocks
(b) calves
(c) feet

GENERAL RULES ON HOW TO PRACTICE RELAXING EACH MUSCLE GROUP

First, you want to work on the muscle groups in their listed order. Start with your hand and arm muscles, then, practice your facial muscles and so on down the list. As you work on the muscles in the listed order, be sure to follow these eight rules:

RULE ONE

When first practicing a particular group, tense the appropriate muscles for a 5 – 7 second period. The only exceptions are your feet and other muscles that may have a tendency to cramp. In that case, decrease the tension period to 3 seconds.

RULE TWO

Do not tense your muscles so hard that they hurt. Instead, use the smallest amount of tension necessary to identify each distinct point of muscle tightness.

RULE THREE

After the 5-7 second tension period, actively reduce tension by quickly releasing you hold on the muscles. Then for a period of 20-30 seconds, spend your time consciously extending feeling of relaxation throughout your muscles. Concentrate on the contrast between tension and relaxation.

RULE FOUR

Each muscle group should be practiced at least twice. If after two trials there is no residual tension and your muscles feel relaxed, you can start working with the next muscle group on the list. If tension remains, continue to practice the same group for as many as five trials in a single session.

RULE FIVE

When tensing a muscle, try to keep the involvement of adjacent areas to a minimum. Focus attention only on the particular muscle group you re practicing.

RULE SIX

When you finish all the muscles in a major group, take some time to review them and relax more fully.

RULE SEVEN

Let yourself enjoy the relaxing effects of exhaling evenly and smoothly, during the relaxation phases of the procedure. Exhaling is the relaxing phase of the breathing cycle. As you exhale, think relaxing expressions to yourself or words like CALM, PEACEFUL.

RULE EIGHT

Always practice with your eyes closed. This eliminates distractions and lets you focus your full attention on the changing sensation in each muscle.

BEHAVIORAL MANAGEMENT TIPS FOR EMOTIONALLY DISABLED STUDENTS

The following suggestions can serve as guidelines of intervention to control classroom behavior:

1. Planned Ignoring	Much of student's behavior is designed to antagonize the teacher. If this behavior is not contagious, it may be wise to ignore the behavior and not gratify the student.
2. Signal Interference	The teacher may use non-verbal controls such as hand clapping, eye contact, facial frowns and body postures to indicate to the student the feeling of disapproval.
3. Proximity Control	The teacher may stand next to the student who is having difficulty. This shows the teacher's concern regarding the behavior of the student.
4. Interest Boosting	If a student is looking interest, involve him immediately, let him demonstrate the skill that is being performed or discussed.
5. Reduction of Tension	Humor is often able to penetrate a tense situation.
6. Hurdle Lesson	Sometimes the student is frustrated by the immediate task at hand, skip the task and find one in which the student can be successful.
7. Physical Restraint	It may be necessary to restrain a student physically if he loses control and becomes violent. (Training available.)

THE PREVENTION AND MANAGEMENT OF AGGRESSIVE BEHAVIOR

DEALING WITH AN ANGRY PERSON: SOME GUIDELINES

1. **Do not push someone for being angry.**
   Anger itself is not bad or good – it is what an individual does with it that can be destructive.

2. **Listen actively to what the person is saying and <u>feeling</u>.**
   Suspend judgment – you do not have to agree with someone to listen to them.

3. **Help the individual to accept feeling angry and identify the real cause of the anger.**
   Remember – most angry people are feeling frustrated, helpless and scared.

4. **You do not need to offer solutions or solve problems immediately.**
   Acknowledge, summarize, clarify, re-state. Most people care more about acknowledgment that they do about getting their own way.

5. **Enlist the individual's help in selecting an appropriate way to direct the anger.**
   Consider physical outlets if possible.

6. **Do not ignore anger or calm someone down just to make <u>you</u> feel more comfortable.**
   Placating and ignoring tend to generate increased anger.

7. **Do not take anger personally and become defensive.**
   Defensive people tend to justify and blame. They do not have the objectivity to help an angry individual deal with <u>his</u> problem.

8. **Sometimes it is best to insist that an angry person regain control before you talk with him.**
   This works fine as long as it's not a "cop out" on your part.

9. **Be aware of the early warning signs which indicate that an individual is having difficulty coping with unpleasant feelings.**
   Watch for changes in someone's normal behavior patterns. Acting out aggressively is usually an advanced attempt to get help and/or attention.

10. **Intervene as soon as you feel something is wrong.**

11. **Attempt to make an angry situation a learning experience which generates constructive alternatives for handling unpleasant feelings.**
    Many individuals have never had the opportunity to learn constructive ways to deal with built-up frustration. Reinforce the appropriate handling of anger when it does occur. Hold debriefing discussions with someone who has acted out.

12. **If you want to influence someone's behavior, change you reaction to it.**

13. **Avoid win-lose, right-wrong situations.**

14. **Do not corner someone physically or psychologically.**
    Withdraw from power struggles. Use logical and natural consequences, rather that reward and punishment. Offer choices, enlist cooperation. If at all possible, allow someone to "save face".

15. **Do not make promises you can't keep.**

Taken from National Institute of Mental Health Newsletter, 1979

TYPES OF
EMOTIONALLY DISABLED & SEVERELY EMOTIONALLY DISABLED
PLACEMENTS

DIMENSIONAL CLASSIFICATION SYSTEM

1. Conduct Disorder

Fighting, hitting, assaultive	Temper tantrums
Disobedient, defiant	Impertinent
Destructiveness of property	Disruptive
Negative, refuses direction	Uncooperative, resistive
Attention-seeking, "shows-off"	Boisterous, noisy
Dominates others, "bullies", threatens	Hyperactivity
Irresponsible, undependable	Quarrelsome, argues
Inattentive	Steals
Distractibility	Teases
Selfish	Pouts and sulks
Denies mistakes, blame others	profanity, abusive language

2. Anxiety – Withdrawal

Anxious, fearful, tense	Shy, timid, bashful
Withdrawn, seclusive	Depresses, sad, disturbed
Hypersensitive, easily hurt	Feels inferior, worthless
Self-conscious, easily embarrassed	Lacks self-confidence
Easily flustered	Aloof
Cries Frequently	Reticent, secretive

3. Socialized Aggression

Had "bad" companions	Loyal to delinquent friends
Steals in company with others	Belongs to a gang
Stays out late at night	Truant from school
Truant from home	

4. Immaturity

Clumsy	Daydreaming
Sluggish	Inattentive
Drowsy	Lack of interest, bored
Messy, sloppy	Passive, lacks initiative, easily led
Short attention span, poor concentration	
Preoccupied, stars into space	Absent-minded
Lack perseverance, fails to finish things	

H. C. Quay, "Classification" in H. S. Quay and J. S. Werry (Eds.), Psychopathological Disorders in Childhood (2nd Ed.), Wiley, New York, 1979, pp. 17-18.

DIFFERENCES BETWEEN DISCIPLINE AND PUNISHMENT

PUNISHMENT	DISCIPLINE
Expresses power of a personal authority. Is usually based on retribution or revenge (what happened in the past). Is arbitrary.	Based on logical consequence expressing the reality of the social order (rules which must be learned in order to function adequately). Concerned with what will happen now (the present).
Is imposed (done to someone). Responsibility is assumed by the punisher.	Responsibility is assumed by the individual. Comes from within. Is desired.
Assumes individual is basically disturbed or incapable of making responsible decisions.	Assumes individual is capable of arriving at own responsible decisions.
Options for individual are closed.	Options are kept open so individual can choose to improve behavior.
A teaching process which usually reinforces failure identity. Essentially negative without sustained personal involvement.	An active teaching process involving close, sustained personal involvement. Emphasizes teaching ways to act that will result in more successful behavior.
Open or concealed anger.	Friendly or matter-of-fact.
Easy or expedient.	Difficult and time-consuming.

Driekurs and Gray, A new Approach to Discipline: Logical Consequences

LEARNING DISABILITIES

The major criterion for learning disability diagnosis is that regardless of the disorder, whether listening, talking reading, writing, spelling or arithmetic, it must stem from nervous system dysfunction. Students with this type of disability are not very different from non-handicapped students. They cannot be identified to the causal observer by their behavior, not to the trained observer by their appearance. Their difficulties are not obvious most of the time.

Students with learning disabilities comprise a very heterogeneous group; no two youngsters exhibit the same constellation of abilities and disabilities. The physical educator should work closely with the classroom teachers and representatives of other disciplines in the identifications of individual problems that may be remedied through physical education activities.

1. Nonspecific awkwardness or clumsiness.
2. Problems of laterality and directionality.
3. Right-left confusions with difficulty in crossing mid-line.
4. Lack of or weakly-established dominance.
5. Poorly developed body image.
6. Poorly developed kinesthesis.
7. Poorly developed fine-motor coordination.

Teaching Suggestions

1. Students with perceptual-motor deficits often have a poorly defined body image that is manifested by difficulties in the identification of body parts and left-right discrimination. The normal development of body image usually entails mastery of the following tasks at the approximate age cited:

Ages 3-5	Ability to name one's own body parts, followed by the ability to identify body parts of dolls, animals and other human beings, then pictures and other dimensional media.
Ages 6-7	Ability to understand left-right concepts in terms of space as related to own body image.
Ages 8-9	Ability to understand left-right concepts in terms of other persons.
Ages 10-12	Ability to understand left-right concepts in terms of inanimate objects.

2. Repeated failure on the part of the student with learning disabilities may lead to the development of severe anxieties, frustrations, loss of self-confidence and the tendency to withdraw from or rebel against the educational system. These students need desperately to achieve. They may be hesitant to attempt new motor skills in from of their peer group. Provide opportunities for increasing emotional adaptability.

3. To meet the needs of these students, the physical education setting should be structured so as to guarantee success in the initial stages of learning. Arrangements should be made so that he can

practice alone or with small, understanding group in school facilities. Emphasis should be upon the mastery of individual and dual sports, even in the primary grades. Success is a key factor.

4. Students with learning disabilities need assistance in forming meaningful and satisfactory relationships with others. Their characteristic social immaturity often makes them victims of teasing playful gossip and ultimately isolation and loneliness. Provide opportunities for the student to feel a part of the group.

5. Individuals with learning disabilities may be tempted to combat loneliness and alienation through experimentation with drugs, alcohol or sex. Their desperate need for approval may make them more vulnerable to the demands and pressures of the peer group that are other adolescents. Provide opportunities for decision-making and independent action.

6. Most, but not all, students with learning disabilities should not be subjected to low organized games, team sports and activities of a highly competitive nature because of their social immaturity. Discuss the student with his/her SLD teacher. Continually emphasize safety.

7. Keep stimuli to a minimum within the physical environment.

8. The number of lines on the floor, ground or walls should be kept to a minimum.

9. The size of the area should be reduced through cubicles, partitions or ropes, and boundaries should be carefully defined.
10. Day-by-day consistency in the organization of teaching stations and the placement of equipment.

11. The facilities should include an adequate number of teaching stations and sufficient equipment for individualized instruction.

12. They need a balance between perceptual-motor activities and physical education activities. The perceptual motor program should provide training in motor basic of behavior such as posture, laterality, directionality, space discrimination, form perception, recognition of size, color and structure and training in visual perception, auditory perception and kinesthetic perception.
13. Use of balance beams, vaulting boxes and other equipment of movement education is compatible with perceptual-motor training.

14. The teaching emphasis should be placed not on emulating good form (qualitative) but on discovery of quantitative ways to move.

15. Individual activities which provide success are important.

LEARNING DISABLED TEACHING HINTS

1. Over plan, teach in all learning modes (visual, auditory and kinesthetic)
2. Try to avoid frustrations by moving in small increments of task difficulty
3. Be flexible in terms of the amount of time on a task.
4. Use a task analysis approach.

MENTALLY DISABLED
(dif.)

1. EDUCABLE MENTALLY DISABLED

Tendency toward being overweight (+10%) or obese (+20%).
Low physical fitness, especially cardio-respiratory function.
Low performance in complex motor tasks which involve reaction time.
Decision making and multi-step instructions.
Agility and body coordination.

Extra physical education periods are needed for physical fitness and weight control.

The negative statements – "I can't; I don't want to; Oh, no", are strategies that are not a true indicator of whether the activity is necessarily to difficult.

Frequently Observed Needs:

Flexibility, muscular strength and power
Balance
Body transport
Basic manipulative patterns

Examples of Motor Proficiency Objective Activities:

Stretching – curling, twisting and bending experiences
Moving or supporting body weight on different parts of the body
Dance
Stations throwing, striking or kicking with accuracy involving stationary then moving items

2. TRAINABLE MENTALLY DISABLED

Teaching Suggestions

Use the KISS system – Keep it simple and specific.
Use the wide range of acceptable tasks.
Use explicit language – be direct, positive, literal and to the point.
Think in terms of developmental age, not chronological age for motor skills but consider social age as per peers.
At times a one-to-one approach is needed.
Be firm, for task with reasonable appropriate demands, insist on participation.
Have consistent limits.
Work for over learning through summary, repetition and review.
Individualize instruction.

Watch for second (third, etc.) disabling conditions

Examples of Motor Proficiency Objective Activities:

Continuous relevant activity
Aerobic activities
Aerobic circle ball, aerobic line ball
Obstacle course, tag and fleeing games

Trainable Mentally Disabled Hints

1. Extend learning time periods.
2. Use fewer game terms and frequently reinforce terms used.
3. Simplify sequence and repeat instructions.
4. Shorten sentences
5. Teach one skill at a time.
6. Praise abilities.
7. Use color coding when necessary.
8. Decrease actual game time until endurance has developed.
9. Teach and stress safety rules.
10. Modify rules, if necessary.

Suggested Activities

Students who are older and have achieved some degree of skills performance can participate in most sports and games with very little modification. Physical educators need to make sure these students understand directions and rules to activities and games o they can have some successful experiences and good feelings about themselves.

For very young students and those who cannot participate with success in more complex exercises and games, a variety of simple activities that will achieve the goal of desired physical development should be introduced. The simplest of activities are the skills of everyday life: walking, balancing, twisting, turning, bending, and climbing stairs. Slightly more involved are the basic play skills: running, hopping jumping, skipping, kicking, hanging, catching and throwing. The skills must be presented to students in a way that they will take pleasure in performing them. Fun is the most effective motivator for the mentally disabled student. Variety in presentation is vital to achieving interest in their performance. The following are some ways in which this may be accomplished:

1. Walking at varied tempos and with different sizes and kinds of steps, such as short quick steps, slow giant strides, tiptoeing.

2. Running at varied tempos.

3. Jumping on both feet, one foot; attaining various heights.

4. Hopping on one foot and on alternate feet.

5. Skipping at varied tempos.

6. Marching at varied tempos; alternating with running, skipping and jumping; accompanied by hand-clapping.

7. Climbing stairs, alternating the feet.

8. Catching and throwing a large balloon.

9. Catching and bouncing the ball.

10. Throwing the ball for distance and at objects; throwing ball to a catcher.

11. Kicking with the leg swinging freely at a large ball, at a small ball.

12. Hanging from a bar or the rung of a ladder, with both arms, with one arm, climbing the ladder with the hands only.

13. Balancing on a balance beam or log, walking along a chalked line, stepping on the rung of a ladder placed on the floor.

14. Springing up and down on a bouncing board; leaping from the board to the ground.

15. Walking on and jumping on and off tires.

16. Crawling through and over barrels or large pipes.

Play on playground equipment may begin as soon as students demonstrate sufficient balance and strength to perform with safety. As balancing skills improve, tricycle riding, propelling a wagon, jumping rope and roller-skating may be introduced. Roller-skating should usually be confined to one skate until the student has the confidence and ability to attempt two skates.

The possibilities of big-muscle activity in mimetic play are practically limitless. Pretending they are animals, the students can waddle like ducks, hop like bunnies, leap like frogs, and walk softly (on tiptoes) like kittens. Imitating the actions of people, they may vigorously chop wood, march in a band, sweep the floor, iron clothes. At times the mimetic activities may be done to musical accompaniment both for the added interest provided by the music and for the introduction it provides to instruction in dance.

Activities such as relays, parachute play and simple games may be introduced to those who have acquired some basic skill in movement and can follow simple directions. The following guide is offered for the selection of simple activities. The more capable the students are of participating in complex activities, the less necessity there will be for the games to meet all of the suggested criteria. A very simple game is one in which:

1) All students do the same thing.
2) The space is relatively small.
3) Choices that must be made are few in number.
4) Positions are filed.

5) Quality of performance brings no penalties or privileges.
6) The possible directions of movement are restricted.
7) Personnel remain the same.
8) Motor skill requirements are limited.

These students also enjoy doing simple calisthenics to the count of the instructor. Included may be such simple activities as bending, squatting, twisting the trunk, rotating their arms. Educable youngsters can achieve considerable skill in the performance of more complicated calisthenics such as the push-up. They can also perform satisfactorily in more complex games such as badminton, basketball, softball, tennis, table tennis, football and volleyball. Swimming, track and field events, tumbling, rebound tumbling and gymnastics can also be taught to these youngsters. The physical education program should provide as many of these sports and games as possible. They provide the vigorous muscular activity essential to improved physical fitness in these youngsters, so many of who are physically deficient. In addition to the physical benefits are the recreational and socializing values that have already been stressed.

Capable teachers have been able to teach the skills of team play well enough to mentally disabled students that they have been able to compete against other teams. Some residential schools field baseball and basketball teams. The mentally disabled enjoy competition of this nature and desire it for the social approval that it brings them but they do not always respond well. Defeat may promote undesirable aggressive behavior on the hand or cause them to lose interest entirely on the other hand. The teacher coaching a competitive team should attempt to prevent these possible reactions through careful development of the best possible attitudes toward competitive play. Provide for your students the opportunity to participate in Special Olympics.

The mentally disabled enjoy music and rhythm and respond well to dance and rhythmic activities. Such activities are valuable in improving coordination, flexibility and body carriage. Extensive dance activities, ranging in complex patterns, should be included in the physical education program. Moreover, they provide a release from tensions and anxieties, which is in itself, extremely valuable for these students. The listening experience also heightens auditory perception.

Problem solving or motor exploration has been used with varying degrees of success with the mentally disabled. Mentally disabled students usually have very little imagination or innovative ability; nevertheless, problem solving can be rewarding for some of them.

To increase the possibility of problem solving being successful as a method of teaching the mentally disabled, the following suggestions are offered:

1. Select problems that have a simple solution

2. Keep the problems few in number and related to the same area of motor skills.

3. Explain and demonstrate how moving one part of the body while in motion can change the nature of the movement. For example: In solving the problem, “Can you hop like a rabbit?” demonstrate a hop on two legs to show how a rabbit hops and then show how hopping like a rabbit can be interpreted another way such as lifting on leg in hopping or by raising the hands to the head to simulate bunny ears.

4. Repeat the same problem frequently, encouraging some small change in movement.

3. PROFOUND MENTALLY DISABLED

NUTRITIONAL DISTURBANCES

Malnourishment or malnutrition is a condition in which the body is not receiving the proper nutrients or is receiving them in inappropriate quantities. Malnutrition is prevalent among families of low income because they cannot afford to buy the variety of food needed for a well-balanced diet; often their incomes do not even allow a sufficient amount of food to be purchased.

Examples Are:

1. Overweight – poor eating habits usually cause this.
2. Underweight – poor eating habits usually cause this.
3. Lack of vitality and endurance.
4. Slow learner with no particular interest in activity.
5. Lack strength and skill – highly susceptible to injury.
6. Poor posture because of poorly nourished muscle tissue.

Teaching Suggestions

It may be advisable to dismiss a student form participation in vigorous activities if malnourishment is prevalent. No great proficiency can be expected in physical education until the nutritional deficiencies are corrected.

The success in weight reduction through increased work output is directly related to the food intake. Therefore, by relating good eating habits and providing activities which the overweight student can be successful at will help eliminate this problem.

Activities for the special program for overweight students must be those which utilize energy but which do not require more strength and agility than the students possess. Good activities for the overweight student are:

1. Archery
2. Badminton
3. Football kicking for distance/accuracy
4. Basketball foul shooting
5. Calisthenics
6. Dancing (folk, social and modern)
7. Jogging short distances
8. Tetherball
9. Flag football as lineman
10. Volleyball

EXERCISES FOR FIRMING THE MUSCLES

1. <u>Arm Muscles</u>
    a. Do modified pushups using the knees as fulcrum.
    b. Hang by the hands and attempt to bend elbows in a pullup.

2. <u>Chest Muscles</u>

a. Bring the palms together in front of the chest and push against the palms.

3. Stomach and Waistline
    a. Lie supine and lift legs twelve inches off the floor and back down (repeat). (Not to be done by anyone subject to hollow back.)
    b. Lie supine and raise trunk to touch toes with fingers.
    c. Lie on side with arms overhead while the feet are being held down, raise the upper trunk.
4. Hips
    a. Step up on a chair which is about knee height, first with one foot and then the other; step down again very slowly one foot at a time.
    b. The third exercise for firming the stomach and waistline also firms muscles in the hip area – for a milder exercise, stand with feet about 12 inches apart, arms overhead, and bend first the left and then to the right.
5. Thighs
    a. While standing, raise one leg as high as possible in front, keeping the knee straight; repeat with the other leg.
    b. Step up and down from a bench, alternating the feet.

Additional Teaching Suggestion

1. Increase strenuousness gradually over a period of several weeks.
2. Avoid quick movements in which momentum is developed and then stopped suddenly.
3. Select activities in which the individual is likely to succeed with little practice.
4. Select activities in which the individual has a desire to be successful.

EXERCIES FOR POOR BODY TONE

1. Position: Lying on back, knees bent, feet flat on floor, arms at side.
   Activity: (1) inhale (2) exhale

2. Position: Lying on back, knees bent, feet flat on floor, arms on floor at shoulder level.
   Activity: (1) Raise arms until fingers point to ceiling and exhale.
   (2) Lower arms to starting position and inhale. Relax and repeat.

3. Position: Lying on back, legs straight, arms at sides.
   Activity: (1) Draw right knee to chest using both arms to assist, and exhale.
   (2) Extend right foot to floor and inhale.
   (3) Relax. Repeat with other leg.
4. Position: Resting on back, knees bent, heels close to buttocks.
   Activity: Come slowly to sitting position and rest for 30 seconds, then slowly come to standing position.

5. Position: Standing with feet apart and hands on hips.
   Activity: (1) Slowly twist upper part of trunk to right side.
   (2) Twist back to front.
   (3) Twist to left side.
   (4) Return to front position.

6. Position: Correct standing alignment.
   Activity: (1) Slowly bend knees to half-squat, while flexing forearms on upper arms, elbows close to side and exhale.
   (2) Rise slowly, lower arms and inhale. Relax before repeating.

7. Position: Correct standing position.
   Activity: (1) Inhale
   (2) Exhale while standing at ease.

8. Position: Correct standing position but with arms sideward at shoulder level, palms up.
   Activity: (1) Slowly flex forearms on upper arms and exhale.
   (2) Extend arms out to side and inhale.
   Comment: Keep elbows at shoulder height at all times, head high and abdomen flat.
9. Position: Correct standing position.
   Activity: (1) Inhale
   (2) Exhale

10. Position: Correct standing position.
    Activity: Practice correct hell toe walk with head high, abdomen in and chest high.

ORTHOPEDIC IMPAIRMENT

Orthopedic is applied as a term of a specific type of physical disability as well as the branch of medicine concerned with its prevention and treatment. Such as impairment inhibits the performance of motor and locomotor functions of the body or limbs. Orthopedic impairments have the opportunity for treatment leading to total rehabilitation in many circumstances. A doctor should help in deciding which activities are appropriate for the student's impairment.

Causes of orthopedic disabilities include trauma, congenital conditions, osteochondrosis, and infections.

1. Trauma — Brought on by amputation, peripheral nerve or other injury.

2. Congenital Conditions — Caused by abnormalities and deformities present at birth. Examples are talipes, spina bifida, dislocated hips and absence of all or portion of the limbs.

3. Osteochondrosis — A disease of one or more of the ossification (growth) centers in students.

4. Infection — Common areas include poliomyelitis, osteomyelitis and tuberculosis of the bone.

A prosthesis is used to aid the orthopedically impaired missing one or more extremities. It is an artificially constructed limb that is harnessed to the body and manipulated by connecting to joints or muscles.

Teaching Suggestions

The attending physician of an orthopedic patient frequently will prescribe the patient be eliminated from all activity. As a result, physical educators are not frequently involved with planning for orthopedic patients during regular physical education classes. This is not always the rule, however. In some cases, the prescription merely limits the kinds of activities (see Public Law 94.142).

When planning is feasible for the orthopedically impaired, the physical educator must proceed with caution. First, secure and review a medical report. Note the areas of involvement. Next review lesson plans and note limitations of the orthopedic involvement to the physical activity. Then work out a program of carefully planned adapted motions, positions or equipment to meet the special needs of the student and, at the same time, allow mainstreaming. Be sure to account for possible psychological obstacles as well as loss of strength or range of motion. Finally, secure medical approval before implementing the plan.

Teaching Suggestions

Problem: Lower Limb Involvement

Remedial: Chair or sitting activities
(1) Fly Bait Casting
(2) Tetherball
(3) Ring Toss
(4) Horseshoes
(5) Circle Ball
(6) Wonder Ball
(7) Target Toss
(8) Bean Bag Games
(9) Singing Games
(10) Finger Plays

Remedial: Bracing Legs
(1) Croquet
(2) Horseshoes
(3) Ring Toss
(4) Light Bag Punching
(5) Fly Casting
(6) Square Dancing
(7) Tetherball
(8) Volleyball

Problem: Upper Limb Involvement

Remedial: Leg Activities

Remedial: Use of another extremity
(1) Soccer Handball (feet)
(2) Volleyball (head, knees)

ORTHOPEDIC NEUROMUSCULAR IMPAIRED
(definition paragraph)

Teaching suggestions

Knows joint limitations, especially with regard to dislocations and strain.
Remove student from wheelchair to move on the floor or a mat.
Make activities enjoyable as well as developmentally meaningful.
Give them time to move and adjust to your lifting and supporting movements.

Many times they cannot learn by feel (no feeling or not true feeling).
Watch for fatigue.
Be patient, their response may not be voluntary or purposefully initiated.
Watch contradictive activities, check with physical therapist and occupational therapist.
Teach the students how to fall safely and get up so they can be independent.
Support the key joints when lifting or changing a person with extremely low muscular strength.
Work to normalize the individual.

Frequently Observed Needs (highly variant)

Contractures – shortening of the muscle.
Faulty perceptual facilities.
Overweight (+ 10%).
Uncoordinated movement.
Extraneous movement.
Overflow/spill over movement.
Better management/ use of crutch, wheelchair, etc.

Examples of Motor Proficiency Objective Activities

Relaxation activities.
Swimming (water should be warm with low wind chill factor).
Gymnastics – like activities – rolling and organizing movements in simple activities that are a challenge, result in success and are fun.
Short length period of strength development

Sensory Integration Dysfunction

Introduction

Sensory integration is the organization of sensory input for use. The "use" may be a perception of the body or the world, or an adaptive response, or a learning process, or the development of some neural function. Through sensory integration, the many parts of the nervous system work together so that a person can interact with the environment effectively and experience appropriate satisfaction. Sensory Integration Dysfunction is the dysfunction of the organization of sensory input for use.

Common Signs of Sensory Integration Dysfunction

1. **Gross Motor –** clumsiness or apparent carelessness, delayed gross motor skills (jumping, skipping, running, etc.), poor balance, difficulty learning new tasks.

2. **Postural Control –** slumps when sitting down, props head on hands.

3. **Fine, Visual-Motor –** poor cutting, immature grasp, tense pencil grasp, weak pencil grasp, poor writing or coloring, can't tie or button.

4. **Sensory –** withdraws from touch, sounds, movement, bright lights, touches or grabs everything, hates being hugged, craves movement, lethargic.

5. **Perceptual, cognitive, Psychosocial –** reversals in writing, loses place on page poor copying ability, can't follow directions, poor attention span, distractible, doesn't generalize skills, low self-esteem, difficulty with organization and time management, emotional outbursts, impulsive, difficulty making transitions, poor speech and language development.

Teaching Suggestions

1. provide successes to promote positive self image.
2. remove potential distractions, when possible.
3. structure activities and environment.
4. design curriculum to appeal to the child's natural instinct for play.

SOCIALLY MALADJUSTED

Social maladjustment resulting in abnormal behavior constitutes one of the greatest social problems of our day. It is not always easy to determine the dividing line between normal and abnormal behavior, although the difference at the extremes is readily observed. Abnormal conduct is anti-social, destructive to the personality and often ends in actual criminal action. It varies in degree from very slight deviation from accepted conduct to serious breaches of the law.

When does abnormal behavior become delinquency? The National Probation and Parole Association has established these conditions as indicative of delinquent behavior:

(1) Violation of any laws.
(2) Habitual waywardness or disobedience which cannot be controlled by the parents, guardians or custodians
(3) Conduct which injures or endangers the morals or health of the individual or others.

It is recognized that there is no one universal cause of delinquency. It is the result of many different influences of the environment upon the individual. Statistics indicate that a large majority of delinquents come from disadvantaged homes, broken homes or homes with poor discipline (lax, overstrict or erratic). Lack of parental love and leaving the child to his own devices without supervision or the provision for meaningful use of leisure time are other important factors in the development of delinquent behavior.

It would appear that there are two motivating forces in delinquency. One of these is the adherence of the individual to group mores which do not conform to the general mores of society. This group has a distorted sense of values; its concept of right and wrong is not in agreement with generally accepted standards and with established laws and regulations. The group is likely to consist of a gang of contemporaries but it may also be a family group. Antisocial conduct is actually encouraged by some families in which children are taught to steal and "get by" the law, while in other families the lack of moral example and instruction contributes to the social maladjustment of the children.

The other motivating force stems from conflict. In this situation, delinquent behavior is a neurotic expression of the conflict. Early childhood conflicts resulting from unsatisfactory family relationships may develop in a person a lasting sense of hostility toward the world or toward himself. Studies comparing delinquent and non-delinquent siblings have shown that the delinquents had a very unsatisfactory relationship with their parents while their brothers and sisters did not. Conflicts with

parents in disciplinary matters and conflicts with siblings for the love and attention of the parents give rise to feelings of inadequacy and inferiority which find outlet in forms of undesirable behavior.

Peculiar characteristics of the behavior of delinquents and potential delinquents which have been noted are marked willfulness, defiance, suspicion and hostility without cause, desire to destroy and hurt others and themselves and desire for excitement, change or risk, feelings of insecurity and worthlessness are common to these individuals.

Teaching Suggestions

Many programs are organized with the expressed purpose of combating delinquency among youngsters by providing them opportunities to gain attention and success in socially acceptable ways. It is hoped that in this way they will gain the respect for themselves and others which their home training and environment have denied them. A large part of such programs consists of sports activities designed to promote both the physical and social well-being of these youngsters who are often as much in need of physical improvement as social rehabilitation. Numerous physical educators have found their life work as directors and instructors in such programs; many more give their free time to volunteer instruction in sport skills.

Delinquent behavior in the classroom is a constant problem in many schools. The physical education teacher often has a better opportunity than other teachers to contribute to the solution of this problem, owing to the universal appeal of sports for young people. Using this appeal as a motivator, the teacher of physical education is often able to involve delinquents in constructive play from which some degree of personal success is likely to result. This success, for one who has never known success often provides the motivation and incentive for a more desirable and acceptable mode of conduct.

It is, of course, beyond the scope of his training for the physical educator to give treatment to the individual delinquent. However, his patience and understanding, his general philosophy and his method of control may have a far-reaching effect upon such a student. Toward this end, the following suggestions are offered to the teacher.

1. Aim to understand the delinquent and his problems so that you will know why he acts as he does.
2. Isolate his chief grievance, help him to understand why it irritates him and then help him determine acceptable ways of alleviating it.
3. Discover some things that he is able to do well, for which he will receive favorable recognition.
4. Enlist the cooperation of a small group of classmates to help develop his self-confidence.
5. Try to find a way to have any physical defects corrected including minor ones.
6. Keep the program for helping him flexible, letting him know that it is an attempt to help him become a better person.
7. Do not become discouraged by relapses in conduct but continue to express confidence that the delinquent will improve.
8. Secure professional help when it is needed and is available.

VISUAL IMPAIRMENTS

Students with impaired vision have the same needs for physical activity as other students but the fact that they are unable to see normally does, in numerous instances, restrict their play activities to such an extent

that they are noticeably retarded in their physical development. You must remember, you, the teacher will set the tone with which the problem is solved.

Teaching Suggestions

The introduction of new skills requires a kinesthetic approach. The teacher and perhaps a few of the students who have learned the skill may demonstrate it while the sightless examine the parts of the body involved with their hands. At times, it will be helpful for the teacher to put the student in the desired position, such as the starting position for a sprint in track. Clear concise descriptions that accompany the kinesthetic approach may be used with great effectiveness. Lengthy verbal explanation should be avoided.

1. Know the degree to which students can perceive and how well they have developed compensatory skills.
2. Do not be overly protective of the disabled student.
3. Play areas should be large and free of unnecessary equipment or obstructions.
4. Boundaries for games can be indicated by varying the composition of the court. (Having the in-bounds area composed of concrete and the out-of-bounds area sand. Players will be able to tell by foot sensitivity when they have stepped out-of-bounds. Indoors, this can be done by having wood and concrete surfaces or wood and rug surfaces.)
5. The visually impaired should be familiar with the area before the activity is started. (A good way to orient your students would be to walk with them around the area describing the essential details.)
6. To guide visually impaired students in running activities and give them a greater security, wires or ropes can be placed along the path of the runner to guide him. If partially sighted, a white line for the runner to run will help guide him.
7. Auditory signals can also be used such as a whistle when a student is getting off the track.
8. Playground equipment may be the same type found on any playground. (Greater care must be exercised in locating them to avoid possible injury to non-seeing participants. The use of guard rails or ground markers is a necessary safety precaution to prevent youngsters from bumping into equipment.)
9. Balls should be larger in size.
10. Softer balls that regulation should be used. (Painted bright yellow or white to make them more easily visible for the partially blind.)
11. Bells or rattles inside the balls help to indicate the location.
12. Only equipment being used should be allowed in the playing areas to ensure maximum safety. Visually impaired students can memorize the location of the permanent fixture, but cannot avoid superfluous equipment which has been left in their way.
13. A whistle is an essential piece of equipment for the instructor of visually handicapped students. It may be blown to identify for the students the location of the teacher, to signal for attention or for other purposes.
14. Some games lend themselves more easily than others to adaptations for playing by visually impaired and partially seeing students. As a guide for the selection of those games which can be readily used without much modification, try these eight characteristics:

    a) Blindfolding one or two players;
    b) Sounds whereby the sightless know what is happening;
    c) Different duties for the visually impaired and partially seeing;
    d) Running to a goal easily found by the totally visually impaired;

e) Limited playing areas such as gym or playground;
f) Direct contact as in wrestling;
g) Line or chair formation;
h) The possibility of players pairing up in couples.

BLIND/PARTIALLY BLIND

Approximately one student out of every four or five has some significant deviation from the accepted norm of good vision. Visual classifications of 20/200 or less with glasses are considered blind. Most of those so classified have some useful sight. They may be able to perceive light, form or movement and are consequently considered partially blind. These students are usually enrolled in the regular school. All partially sighted students attend regular classes.

Teaching Suggestions

Make sure you orient them to unfamiliar sounds and the surface, which is to support them.
Be cautious of background – high contrast, face away from direct sunlight.
Find things they can excel in.
Build trust and confidence.
Adjust teaching pace.
Team up with a sighted student.
Use devices that allow sound orientation.

Frequently Observed Needs

1. Body and spatial awareness.
2. Balance.
3. Posture.
4. Mobility / locomotor patterns.
5. Strength – especially in the legs.
6. Low confidence and anxiety concerning movement.
7. Cardiovascular fitness.
8. Flexibility.

Examples of Motor Proficiency Objective Activities

1. Discovering different parts or number of points of support.
2. Body awareness activities as a prerequisite.
3. Weight training.
4. Aquatics.
5. Relaxation.
6. Aerobics.

1. It is harder for a visually impaired student to respond to a moving object than to a stationary object.

2. Activities that require strictly defined and limited space are more difficult for the visually impaired student than those which require generalized space.

3. Activities demanding free movements are more relaxing than activities requiring finely coordinated movements.

4. The visually impaired student can perform repetitive movements more easily that movements involving many changes.

When a visually impaired student is participating in any of these activities, the instructor must be aware of special medical impairments that different individuals may have.

1. Retina Detachment individuals may not participate in contact sports.
2. Glaucoma individuals may not participate in any type of strenuous activities.
3. Hydrocephalus – these individuals are limited to only light physical activities.
4. Retolental – Fibroplasis – these individuals have NO restrictions.
5. Tunnel Vision – minor adaptations.
6. Strabismus – Cross-Eye – minor adaptations.
7. Depth Perception problems – minor adaptations.
8. Rubella child – individual adaptations.

f.) SPECIALLY DESIGNED PHYSICAL EDUCATION

There are a number of other incapacitating diseases with which the teacher of Specially Designed Physical Education should be familiar. Most of these conditions require certain precautionary measures to ensure the protection of the participant from further aggravation of the condition and from possible additional injury. Knowledge of the nature of these conditions and the protective and preventative measures that need to be taken during physical activity is essential. A doctor must prescribe programs for children who need Specially Designed Physical Education.

ALLERGIES

An allergy is a condition of hypersensitiveness to a substance that is harmless in similar amounts to most other people. It is known that the abnormal reaction is in some way associated with protein metabolism; certain proteins cannot be used by some people in the normal way. Allergic reactions occur in various forms, such as eczema, migraine headaches, indigestion, hay fever and asthma. Asthma and hay fever victims have greater problems in physical education than others as a rule.

In asthmatic attacks, there is a swelling of the mucous membrane lining of the bronchial tubes. Expiration is difficult due mostly to muscle spasm. In hay fever, there is a nasal discharge and watering of the eyes. Sneezing and coughing are frequent. The nose becomes clogged and breathing through it is difficult.

ANEMIA

A common defect of the blood is a condition called anemia that is a deficiency in hemoglobin or a reduction of red corpuscles or the quantity of hemoglobin they contain. As a consequence, there is a lack of oxygen in the blood, the individual becomes tired more easily.

Because he tires easily, the anemic person will not be able to keep up with others in play activities. His lack of success may cause him to withdraw form such contacts.

Anemia may be the result of various causes: nutritional deficiency of iron; direct loss of blood by hemorrhage or excessive menstruation; and disturbance in the blood-forming tissue produced by parasitic diseases such as hookworm or malaria.

During the period of treatment, medical approval will need to be obtained for the types of activities and the strenuousness of his participation. A carefully planned program can be useful in effecting improved health because exercise stimulates the production of red cells through increased demands of oxygen.

DIABETES MELLITUS

Diabetes mellitus is a disease in which the body exhibits an inability to use properly the starches and sugars that it ingests.

The cause of diabetes mellitus is known to be related to an improper supply of insulin, secreted by the Islands of Langerhans in the pancreas and responsible for the breakdown of sugars for utilization and storage by the body.

In diabetics, an improper supply of insulin to act upon carbohydrates permits an excessive accumulation of sugar in the blood, which is eventually eliminated from the body in the urine. The body is consequently denied the heat and energy that might have been produced by the lost sugar and the individual begins, in severe cases, to exhibit such symptoms as loss of weight, lack of energy and continual hunger. Other frequently experienced symptoms are usually thirst, excessive urination, intense itching and a slow healing of injuries.

The amount of exercise and physical exertion of the diabetic influences his insulin requirements because of the amount of sugar burned by the body in physical activity. A careful established balance between food intake and insulin requirement can be upset by excessive physical activity.

Insulin shock may occur if the diabetic receives too much insulin, if his intake of food is too little or if his participation in exercise has been too great. Feelings of hunger, trembling, perspiring and muscular contractions are symptomatic of insulin shock. The body needs more sugar and the eating of candy or a lump of sugar or an orange gives immediate relief.

Diabetic coma, which results from too little insulin, is a more severe condition. It is characterized by uncontrolled drowsiness or muscular pain, possibly resulting in unconsciousness. A diabetic in coma requires the immediate attention of a physician for the administration of insulin. However, in first aid measures to <u>any</u> diabetic situation, some type of sugar should be administered if victim is conscious.

Diabetics are normal in appearance and motor function.

Many doctors emphasize the importance of muscular activity in the lives of diabetics. Exercise is important not only because it decreases the need for insulin, but because it contributes to general body health. Moreover, it helps to keep the body weight under control.

Diabetic students are usually encouraged to participate in normal play activities without restriction or adaptation. Because early fatigue is commonly associated with the disease, the physical educator planning activities for such students should take this factor into consideration. Participation in very strenuous or highly competitive games is usually contraindicated because of the greater possibility of extreme fatigue. As a general rule, diabetics should be guided into types of participation that permit them to stop when necessary for limited rest periods.

The diabetic is particularly susceptible to infection and great care must be practiced to avoid cuts, abrasions, blisters and fungus infections.

DYSMENORRHEA

Dysmenorrheal, or painful menstruation, occurs most frequently at the beginning of the menstrual cycle. At this time, the abdominal cavity is gorged with an additional amount of blood. This produces increased pressure upon nerves and hence pain. Dysmenorrheal is often due to lack of exercise, fatigue, constipation, chilling of the body and poor posture. Sometimes an organic condition such as a displaced uterus may be the cause.

Dysmenorrheal is frequently given as a reason by girls seeking excuse from physical education during menstruation. Most of these girls are unaware that their condition may be relieved by participation in physical education activities that are not extremely strenuous in nature.

Exercises for Dysmenorrheal:

FASCIAL STRETCH

To perform the exercise, the woman should stand erect, with the left side of her body about the distance of the bent elbow from the wall; the feet should be together, the left forearm and palm against the wall, with the elbow at shoulder height, and the heel of the hand placed against the posterior aspect of the hollow portion of the hip. From this position, abdominal and glutei muscles should be contracted strongly to tilt the pelvis backward. The hips should slowly be pushed forward and diagonally toward the wall and pressure applied with the hand. This position should be held for a few counts, and then slowly a return is made to the starting position. The stretch should be performed three times on each side of the body. The exercise should be continued even after relief has been obtained from dysmenorrheal. It has been suggested that the exercise be performed three times daily. To increase motivation, the girl should record the number of days and times she performs the exercise.

ABDOMINAL PUMPING

The purpose of abdominal pumping is to increase circulation of the blood throughout the pelvic region. The exercise is performed by assuming a hook-lying position and placing the hands lightly on the abdomen. The exercise is performed by slowly and smoothly distending the abdomen on the count of one, then retracting the abdomen on the count of two, and relaxing. The exercise should be repeated 8 to 10 times.

PELVIC TILT WITH ABDOMINAL PUMPING

The purpose of this exercise is to increase the tone of the abdominal muscles, which may eventually contribute to relieving dysmenorrheal. In a hook-lying position, with the feet and knees together, heels one inch apart, and hands on the abdomen, the abdominal and glutei muscles are contracted. The pelvis is rotated so that the top of the coccyx comes forward and upward and the hips are slightly raised from the floor. The abdomen is distended and retracted. The hips are lowered slowly, vertebra by vertebra, until the original starting position is attained. The exercise is to be repeated 8 to 10 times.

KNEE-CHEST POSITION

The purpose of this exercise is to stretch the extensors of the lumbar spine and strengthen the abdominal muscles. The exercise is performed by bending forward at the hips and placing the hands and arms on a mat. The chest is lowered toward the mat, in a knee-chest position and held as close to the mat as possible for 3 to 5 minutes. This exercise should be performed once or twice a day.

EPILEPSY

Of all the disabilities with which man is afflicted, none has been more misunderstood or maligned that epilepsy.

The exact cause of epilepsy is not known; it is believed to be an improper functioning of the brain-regulating mechanisms that produces lack of consciousness and possible seizures or convulsions. Medical treatment can effectively reduce the number of seizures.

Several different classifications are used for the various types of epilepsy.

The most severe type is the grand mal generalized motor seizure. It is characterized by loss of consciousness, rigidity and falling. Thrashing of the body, frothing at the mouth and involuntary cries are other symptoms. Although the attack may last only a few minutes, the stuporous sleep that follows may last for several hours.

The petit mal should not be interpreted as simply a minor form of the grand mal, for the difference is the kind of seizure rather than the degree. It results in unconsciousness for a short duration. Mental processes cease during the attack and conscious physical activity is suspended although automatic action may continue. Muscular twitching and rolling or blinking of the eyes or the fixing of the eyes upon some object is characteristic of this type of attack. Recovery is immediate.

Psychomotor attacks constitute another type of attack affecting a small number of epileptics. Consciousness is not lost during the attack but there is not recall of the attack afterward. The attack is characterized by extremely odd behavior in which the patient may have a temper tantrum or otherwise demonstrate unsocial behavior.

Minor motor seizures are manifested in several ways. There can be a sudden loss in muscle tone in the muscle of the back causing the patient to fall forward; a sudden involuntary contraction of a group of muscles of the trunk or extremities; or a sudden contraction of unconsciousness unless they culminate in a grand mal seizure.

Any teacher who has students with epileptic histories should be prepared for a possible attack during class hours, although epileptic to be admitted to regular schools must usually demonstrate relative freedom

form attack. Nevertheless, the teacher should know the first aid measures to be taken in the event of a seizure.

1. Place the victim on the floor away from all possible hazards such as hot radiators, furniture and sharp objects.
2. Loosen any restraining clothing, such as a tie or belt.
3. Do not place anything in the mouth and do not restrain them.

If the victim is hazy following the attack, he should be removed to a quiet place to rest. If he lapses into sleep, he should be kept warm and permitted to rest as long as necessary. It is important that no stimulants or depressives be administered to the victim during the attack.

The epileptic, unless specific activities have not been recommended, may be included in all of the planned activities of the physical education program. However, students who are subject to frequent seizures should not be permitted to engage in climbing activities in which there is danger of severe injury from falling during an attack. Swimming may be permitted under close supervision.

The development of the heart and vital capacity through exercise appears to have greatly improved some epileptics.

HERNIA

A hernia is a protrusion of a loop of an organ or tissue through an abnormal opening within the body. Hernias may occur in many different areas of the body, but the abdominal region is the most frequent. The most common hernia involves the inguinal canal that is located in the groin and serves as the passage for the spermatic cord in the male and the round ligament in the female.

The frequency of inguinal hernia is higher in the male than the female and higher among the obese. Inguinal hernia may occur where there is abdominal pressure against weak abdominal muscles. Lifting heavy weights with the epiglottis closed is a frequent cause. Blows to the abdominal region are another cause. Surgery is indicated in the cure of hernia.

Students who have hernias should avoid such activities as weight-lifting, boxing, wrestling or football which may cause increased pressure on the abdominal area or in which a blow to that area is likely to occur. For severe hernia cases, running games are also contraindicated. Rope climbing and activity on the bar and parallel ladders are not recommended. Games in which students may safely participate as horseshoes, swimming, bowling, casting, golf, table tennis, volleyball and basic skill games which are not chiefly running.

Exercises to strengthen the abdominal walls are of value and offer some protection until surgery can be performed. They are also of great benefit to the patient after surgery. The breath should not be held during exercises.

MENORRHAGIA

Menorrhagia is a condition of unusually heavy flow during the menstrual period. Because of the large amount of blood that is lost, the individual is likely to be tired and somewhat anemic. Exercise, which is helpful to dysmenorrheal because it increases the flow, is not desirable in cases of menorrhagia.

Consequently, such girls should be excused from physical education unless permission for them to participate has been given by their physicians.

TUBERCULOSIS

Tuberculosis is caused by a tiny rod-shaped bacillus that is found in the body discharges of an infected person. Because the germ is resistant to disinfectants, heat and drying, it is easily spread by soiled hands, nasal and throat discharges, drinking cups and flies. When the germs enter the body tissue, they cause nodules or tubercles that increase in size by extension or joining with other tubercles. Sometimes, the body is able to build a fibrous wall around the tubercles, thereby preventing the further spread of the disease and making recovery possible. When the body is unable to stop the process of spreading, however, much tissue is destroyed and death eventually occurs.

Tuberculosis appears in a number of different forms and may locate in any part of the body although the apex of one of the lungs is the most common site. An individual may have such a mild reaction to the presence of the disease that it passes unnoticed. A more severe form of tuberculosis or re-infection may have serious consequences. In some instances, the infection may spread so quickly throughout the body as to cause death in a few weeks; in precautionary health measures throughout their lives.

Common symptoms during early stages of the infection are:

1. Excessive fatigue, particularly unexplained lack of pep and energy in the late afternoon.
2. Loss of appetite and frequent indigestion.
3. In girls, scanty or lack of menstrual flow.
4. Afternoon fever and restlessness or inability to sleep well at night.

A sustained and painful cough, possible pain in the side or chest, and the production of sputum with possible evidence of blood are late symptoms of the disease and usually indicate advanced involvement.

The physical education teacher may not have opportunities to observe any of these signs except the first, but if his suspicions are aroused by the lack of enthusiasm and energetic participation of a formerly active, cooperative student, he should do whatever seems advisable to encourage the student to see his doctor or to take advantage of chest x-ray units.

Treatment of tuberculosis patient begins to show improvement in physical condition, some activity is permitted. It may be as long as two years before full activity may be resumed and even then there are usually some restrictions. Students with arrested cases who are returning to school require rest periods throughout the day. The physical education teacher should receive specific information from the student's doctor as to when he may be permitted to participate, how long he should work out and which restrictions and limitation he must observe. Young children may participate in most of the basic skill games appropriate to their age with the exception of these games requiring sustained running. Mild participation in dancing and the rhythmic games and in swimming may also be permitted to all age groups. The strenuousness of the program should be gradually increased so that the strength and endurance of the patient may be developed to the desired level.

VII. INCLUSION OF STUDENTS WITH DISABILITIES IN REGULAR PHYSICAL EDUCATION CLASSES

Modifications and adaptations should be based on:

a. Knowledge of the student's strengths and weaknesses,
b. Requirements of the course(s) or classes under consideration,
c. Parameters of time/space/personnel available in each situation,
d. Input from the student's staffing team,
e. Consideration of the student's IEP goals and objectives,
f. Physician recommendations.

Note: The recommended list may or may not be applicable to every student with a specific disability.

To implement inclusion successfully, Dr. Leonard Kalakian, Ph.D., Professor, Department. of Human Performance, Mankato State University, Mankato, MN, recommends the following:

(Correct answers to each of the following questions are highly desirable, if not essential, in determining, on an individual basis, if/when inclusion is, indeed, warranted.)

· Is the student with disability education being/going to be compromised by her/his placement in the inclusion setting? Correct answer: NO. Rationale: Student with disability should not have quality of his/her learning experience compromised by placement in the regular curriculum setting.

· Is education of students without disability, into whose class student with disability is being included, being/going to be compromised by the latter's inclusion? Correct answer: NO. Rationale: Students without disability should not have quality of their education compromised by virtue of student with disability having been placed into the regular curriculum setting.

· Can student with disability reasonably be expected to participate successfully (with or without resource assistance) in lessons integral to the inclusion setting? Correct answer: YES. Rationale: Anything less than an in good conscience "yes" is not inclusion in the true spirit of inclusion. Often, it is mere "geographic proximity" achieved by whomever to promote agendas not necessarily compatible with educational best practices.

Adapted Physical Education as a Stand Alone Service

Physical education is afforded stand alone service status quite simply by virtue of its explicit inclusion within the PL 101-476 definition of special education. Persons suggesting otherwise should be directed to this definition. Nothing in the mandate suggests a student must receive some "prerequisite" kind of special education service (i.e., special education classroom placement) as a prerequisite to his/her eligibility for adapted physical education. A common argument, one without merit in absence of qualification, is that a student assigned to an inclusion setting for classroom instruction obligatorily follows her/his classmates to regular physical education. Not true. Students with disabilities are legally entitled to an appropriate education, including physical education, in the least restrictive environment. While inclusion for classroom instruction purposes may be appropriate, inclusion for physical education instruction may or may not. Needs of the individual, not a "one size fits all" mentality is an essential ingredient in purposeful physical education placement.

Model for including students with disabilities in regular physical education (RPE)

1. DETERMINE WHAT TO TEACH
   · Determine student's present level of performance.
   · Prioritize long-term goals and short-term instructional objectives.
2. ANALYZE THE REGULAR PHYSICAL EDUCATION CURRICULUM
   · What RPE activities match the student's IEP?
   · What RPE activities do not match the student's IEP but still seem important for the student?
   · What RPE activities are inappropriate for a particular student?
   · What is the teaching style of the regular physical educator?
3. DETERMINE MODIFICATIONS NEEDED IN REGULAR PHYSICAL EDUCATION
   · How often will student receive instruction?
   · Where will student receive instruction?
   · How will student be prepared for instruction?
   · What instruction modifications are needed to elicit desired performance?
   · What curricular adaptations will be used to enhance performance?
   · How will performance be assessed?
4. DETERMINE HOW MUCH SUPPORT THE STUDENT WITH DISABILITIES WILL NEED IN RPE

   Base on type of activities and abilities (cognitive, affective, and psychomotor) of student.
   · Utilize the “continuum of support” model (Block 1994, following).
5. PREPARE REGULAR PHYSICAL EDUCATOR
   · Discuss the amount of support that will be provided.
   · Discuss the availability of consultation with adapted physical education specialist and special education teacher.
   · Explain that he or she is responsible for the entire class, not just the student with disabilities.
   · Explain that his or her work load should not be increased.
6. PREPARE REGULAR EDUCATION STUDENTS
   · Talk about students with disabilities in general.
   · Role-play various types of disabilities.
   · Invite guest speakers with disabilities to your class.
   · If the student attends special education class, allow other students to visit the special education classroom and meet student.
   · Talk specifically about the student who will be coming to RPE (focus on abilities).
   · Discuss ways regular students can help student with disabilities and RPE teacher.

   PREPARE SUPPORT PERSONNEL
   · Discuss specific student with whom they will be working.
   · Discuss the student's physical education IEP.
   · Discuss their responsibilities in RPE.
   · Discuss to whom they can go if they have questions.

From Block, M.E. A Teacher’s Guide to Including Students with Disabilities in Regular Physical Education).Paul H. Brookes Publishing Co., 1994., p. 50.

The following is an example of one way to establish a continuum of support to regular physical education:

LEVEL 1 NO SUPPORT NEEDED

1.1 Student makes necessary modifications on his or her own.
1.2 RPE teacher makes necessary modifications for student.

LEVEL 2 APE CONSULTATION

2.1 No extra assistance is needed.
2.2 Peer tutor “watches out" for student.
2.3 Peer tutor assists student.
2.4 Paraprofessional assists student.

LEVEL 3 APE DIRECT SERVICE IN RPE Ix/WEEK

3.1 Peer tutor "watches out" for student
3.2 Peer tutor assists student.
3.3 Paraprofessional assists student.

LEVEL 4: PART-TIME APE AND PART-TIME RPE

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

LEVEL 5: REVERSE MAINSTREAM IN SPECIAL SCHOOL

5.1 Students from special school go to regular physical education at regular school 1-2xs per week.
5.2 Nondisabled students come to special school 2-3xs per week for reverse mainstreaming.
5.3 Students with and without disabilities meet at community-based recreation facility and work out together.

From Block, M.E. A Teacher’s Guide to Including Students with Disabilities in Regular Physical Education), Paul H. Brookes Publishing Co., 1994., p. 79.

VIII. INDIVIDUAL ASSESSMENT OF STUDENTS WITH DISABILITIES

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Bruininks-Oseretsky Test of Motor Proficiency	AGS Publishing 4201 Woodland Rd. Circle Pines, MN 55014	Bilateral coordination, visual motor control, balance, running speed, agility	General - 4.5-14.5 years	Norm referenced
Ohio State Univ. Scale of Intra Gross Motor Assessment (OSU-SIGMA)	Mohican Publishing Co. P.O. Box 295 Loudonville, OH 44842	Gross motor skills	Pre-school –14 years	Criterion referenced
I CAN Program	Hubbard Scientific Co. P.O. Box 2121C Fort Collins, CO 80522	Gross motor skills, locomotor, object control, rhythm, object projection	elementary age	Criterion referenced
Riley Motor Problems Inventory, Revised	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Gross motor, fine motor, oral motor, balance	4-9 years normal-slowly developing	
Stott-Moyes-Henderson Test of Motor Impairment	Brook Educational Pub., Ltd. Box 1171 Guelph, Ontario, Canada NIH-6N3	Balance, gross motor, fine motor	5-16 years normal-slowly developing	
Southern California Sensory Integration Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Motor skills, balance, space visualization, coordination, tactile kinesthesia	4-10 years normal-slowly developing	
Lincoln-Oseretsky Motor Development Scale	AGS Publishing 4201 Woodland Rd. Circle Pines, MN 55014	Gross and fine motor skills	6-14 years normal	Norm referenced

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Basic Gross Motor Assessment	G. E. Miller, Inc. 540 Nepperhan Ave. Yonkers, NY 10701	Gross motor, balance, manipulative skills	5.6-12.6 years minor motor problems	
Valett Developmental Survey of Basic Learning Ability	CPP, Inc. 3803 E. Bayshore Rd. PO Box 10096 Palo Alto, CA 94303		2-7 years	
Test of Gross Motor Development	Pro-ED. Publishing Co. 8700 Shoal Creek Blvd. Austin, TX 78757	Gross motor, fine motor, manipulative	3-10 years normal and delayed development	Norm referenced
Movement Patterns Achievement Profile (MPAP)	AAHPERD 1900 Association Dr. Reston, VA 20191	Gross motor, locomotor, balance, manipulative, body image	2.5-5 years physical disabilities	
Cratty Six-Category Gross Motor Test	Charles C. Thomas Publisher Ltd. 2600 South First St. Springfield, IL 62704	Gross motor, locomotor, balance, tracking, throwing	4-16 years normal 5-20 years EMH 5-24 years TMH	Norm referenced
Godfrey Kiphard Movement Pattern Test	Appleton-Century-Crofts 292 Madison Ave. New York, NY 10017	Gross motor control	normal and children with disabilities	
Oregon Data-Based Physical Education Program	Dept. of Physical Education Oregon State University Corvallis, OR 97331	Gross motor	severely handicapped	

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Rarick-Factor Structure of MR	University of California Dept. of Physical Education Los Angeles, CA 90025	Gross and fine motor	6-12 years MR	
Vineland Adaptive Behavior Scales	AGS Publishing 4201 Woodland Rd. Circle Pines, MN 55014	Gross motor, fine motor, communication, daily living skills, social skills	birth-adult handicapped and non-handicapped	
Gesell Development Schedules	The Gesell Institute of Human Development 310 Prospect Street New Haven, CT 06511	Motor, language, personal-social, adaptive	4 weeks-6 years	
McCarthy Screening Test	Harcourt Assessment 19500 Bulverde San Antonio, TX 78259	Right/left orientation, coordination, verbal memory	2.5-14 years those considered to be "at risk"	
Bayley Scales of Infant Development	Harcourt Assessment 19500 Bulverde San Antonio, TX 78259	Mental and motor scales	2 months-2.5 years normal and disabled	
Denver Developmental Screening	Denver Developmental Materials, Inc. P.O. Box 371075 Denver, CO 80237-5075	Gross and fine motor, personal-social, language	birth-6 years delayed development	

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Peabody Developmental Motor Scale	Pro-ED. Publishing Co. 8700 Shoal Creek Blvd. Austin, TX 78757	Gross and fine motor	birth-7 years	
Brigance Diagnostic Inventory	Curriculum Assoc., Inc. 153 Rangeway Rd. North Bellerica, MA 01862	Gross and fine motor, speech and language, early academic, pre-ambulatory motor skills	0-7 years	Norm referenced
Learning Accomplishments Profile (LAP)	Chapel Hill Training-Outreach Project 800 Eastowne Drive Chapel Hill, North Carolina 27514	Locomotor, balance, rhythm, eye-limb coordination	1 month-6 years	Norm referenced
Purdue Perceptual-Motor Survey	Roach & Kephart Merrill Publ PO Box 508 Columbus, OH 43216	Balance, posture, body image and differentiation, perceptual motor match, ocular control	6-10 years	Norm referenced
Bender-Perdue Reflex Test	Academic Therapy Publishers 20 Commerical Blvd. Novato, CA 94949	Tests for signs of Symetric Tonic Neck Reflex Immaturity	6-12 years	
Smart Start Preschool Movement Curriculum	Janet A. Wessel and Lawrence L. Zittel Pro-ED., Pub. 8700 Shoal Creek Blvd. Austin, TX 78753	Motor skills	preschool all abilities	

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Body Image Screening Blind Children	American Foundation for the Blind 11 Penn Pl #300 New York, NY 10011-2018	Body laterality, directionality	8-19 years blind children	
Skan-a-Graf Permagrid	Reedco, Inc. 5 Easterly Ave. Auburn, NY 13021	Posture, structural deviation	all	
Southern California Post-Rotary Nystagmus Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Vestibular function	early childhood	
M.O.V.E. (Mobility Opportunities Via Education)	Bakersfield Public Schools 5801 Sundale Ave. Bakersfield, CA 93309	Gross motor	all ages physical disabilities	

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Bender Visual Motor Gestalt Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual motor functions	3 years -adult normal and with disabilities	
Developmental Test of Visual-Motor Integration Beery-Buktenica	Follett Educational Corp. 2233 West St. River Grove, IL 60171-1895	Visual motor integration	2-18 years	
Frostig Developmental Test of Visual Perception	Stoeling Corporation 1350 S. Kostner Ave. Chicago, IL 60623	Visual perception	4-8 years	Norm referenced
Motor-Free Visual Perception Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual perception, processing, kinesthetic awareness	4-8 years	
Test of Visual-Perceptual Skills (TVPS)	Pro-ED. Publishing Co. 8700 Shoal Creek Blvd. Austin, TX 78757			
Wepman Spacial Orientation Memory	Language Research Assoc., Inc. P.O. Box 2085 Palm Springs, CA 92246	Spacial memory	7 years -adult	

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
AAHPERD Health Related Fitness	AAHPERD 1900 Association Dr. Reston, VA 22091	General fitness	8-18 years	Norm referenced
AAHPERD Special Fitness Test for Mildly Retarded Persons (adaptation of Youth Fitness Test)	AAHPERD 1900 Association Dr. Reston, VA 22091	General fitness	8-18 years mild MR	Norm referenced
AAHPERD Youth Fitness Test	AAHPERD 1900 Association Dr. Reston, VA 22091	General fitness	10-17 years	Norm referenced
Buell Adaptation of AAHPERD Youth Fitness Test	AAHPERD 1900 Association Dr. Reston, VA 22091	General fitness	10-17 years blind	Norm referenced
Fait Physical Fitness Battery for Mentally Retarded	Fait, H.F. & Dunn, L.M. Oregon St. Univeristy HPER Dept. Corvallis, OR 97331	General fitness	9-20 years moderate MR	Norm referenced
Fit-N-Dex	Cramer Products, Inc. P.O. Box 1001 Gardner, KS 66030	General fitness	normal	
Motor Fitness Testing Manual for the Moderately Mentally Retarded	AAHPERD 1900 Association Dr. Reston, VA 22091	General fitness	6-20 years moderate MR	Norm referenced
Project ACTIVE	VEE Inc. P.O. Box 2093 Neptune City, NJ 07753	General fitness	6-16 years MH, LD, EH	Norm referenced
Project UNIQUE: Physical Fitness Test	State University of NY College of Brockport Brockport, NY 14420	Fitness, motor skills, agility, health	10-18 years orthopedically handicapped	Norm referenced

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Presidential Physical Fitness Award Test	President's Council of Physical Fitness and Sports Presidential Physical Fitness Aware Program: Instructor's Guide Washington, DC 20001	Cardiorespiratory endurance, flexibility, agility, leg strength, abdominal strength, arm and shoulder strength	6-14 years	Norm referenced
FITNESSGRAM	Institute for Aerobic Research FITNESSGRAM: User's Manual Dallas, TX	General fitness	school age	Norm referenced
The Brockport Physical Fitness Test (software available)	Human Kinetics P.O. Box 5076 Champaign, IL 61825-5076	Fitness	10-17 years children with disabilities	Criterion referenced

IX. PROFESSIONAL RESOURCES

a). CATALOGS

Physical Education

Things from Bell
230 Mechanic St.
P.O. Box 206
Princeton, WI 54968
1-800-543-1458 (orders)
1-414-642-9591 (fax)

JA Preston Corp.
2010 E. High St.
Jackson, MI 49203
1-800-631-7277 (orders)
1-800-245-3765 (fax)

S&S Worldwide AdaptAbility
P.O. Box 515
Colchester, CT 06415-0515
1-800-288-9941 (orders)
http://www.ssww.com/

Power Systems, Inc.
P.O.Box 12620
Knoxville, TN 37912
1-800-321-6975 (orders)
1-800-298-2057 (fax)

Snitz Manufacturing Co.
2096 S. Church St.
P.O. Box 76
East Troy, WI 53120-0076
1-800-558-2224 (orders)
1-800-432-2842 (fax)

Fitness Wholesale
895 Hampshire Rd. #A
Stowe, OH 44224-1121
1-800-537-5512 (orders)
1-216-929-7250 (fax)

Select Service & Supply Co., Inc.
2905 E. Amwiler Rd.
Atlanta, Georgia 30360
1-800-241-9884

Sporttime
Select Service & Supply Co., Inc.
2905 E. Amwiler Rd.
Atlanta, Georgia 30360
1-800-241-9884
1-800-283-5700 (orders)
1-800-845-153 (fax)

GOPHER Sport
220 24th Ave. NW
Owatonna, MN 55060-0999
1-800-533-0446 (orders)
http://www.gophersport.com/

Rifton
P.O.Box 901
Rifton, NY 12471-0260
1-800-571-8198

Flaghouse, Inc.
Special Populations & Rehab
601 Flaghouse Drive
Hasbrouck Heights, NJ 07082
1-800-793-7900 (orders)
1-800-793-7922 (fax)

Chime Time
2440-C Pleasantdale Rd.
Atlanta, Georgia 30340-1562
1-800-477-5075 (orders)
1-800-845-1535 (fax)

Audio Visual:

1999 Music & Art
Multimedia Resources
Educational Frontiers, 132 West 21st Street
New York, NY 10011
1-800-753-6488 (orders)
212-675-8607 (fax)

Dynamix Music for Fitness
9411 Philadelphia Rd.
Baltimore, MD 21237
1-800-843-6499 (orders)
https://www.dynamixmusic.com/
410-918-1863 (fax)

Kimbo Educational
Dept. C
P.O. Box 477
Long Branch, NJ 07740-0477
1-800-631-2187 (orders)
732-870-3340 (fax)

The Complete Guide to Exercise Videos
Collage Video
5390 Main Street N.E.
Minneapolis, MN 55421
1-800-433-6769
http://www.collagevideo.com/cart/default.aspx

Teacher's Video Company
P.O. Box VSJ-4455
Scottsdale, AZ 85261
1-800-262-8837

Library Video Company
7 E. Wynnewood Rd.
P.O. Box 580
Wynnewood, PA 19096
1-800-843-3620 (orders)
610-645-4040 (fax)
http://www.libraryvideo.com/

Aquatics:

World Wide Aquatics
6015 Benjamin Rd. #312
Tampa, FL 33634-5179
1-866-689-9333
http://www.worldwideaquatics.com/

Adolph Keifer & Associates
1700 Keifer Drive
Zion, IL 60099-4093
1-800-323-4071
1-800-654-swim (fax)
http://www.kiefer.com/

Kast-a-Way Swimwear, Inc.
9356 Cincinnati/Columbus Rd., Rt.42
Cincinnati, OH 45241-1197
1-800-543-2763
http://www.kastawayswimwear.com/

Power Systems, Inc.
P.O.Box 12620
Knoxville, TN 37912
800-321-6975
865-769-8223(fax)
http://www.power-systems.com/

Aquatic Exercise Association
201 Tamiami Trail South #3
Nokomis, FL. 34275
888-232-9283
http://www.aeawave.com/

Other:

AAHERD Periodicals
The American Alliance for Health,
Physical Education Recreation and Dance
1900 Association Drive
Reston, VA 22091
703-476-3400
703-476-3493 (subscriptions)
1-800-321-0789 (information)

Human Kinetics
P.O. Box 5076
Champaign, IL 61825-5076
1-800-747-4457
(great resource for books, etc.)

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c). RECOMMENDED WEB SITES

P.E. Central
http://pe.central.org

Adapted Physical Education

http://pe.central.org/adapted/adaptedmenu.html

Adapted Physical Education National Standards(APENS) Project
p.e. central.org/adaptedapens.html

Individuals with Disabilities Education Act (IDEA) Web Site
http://www.ed.gov/policy/speced/reg/regulations.html

National Consortium on Physical Activity and Disability (NCPAD)
www.ncpad.org/

NCPERID
www.ncpad.org/organizations/index.php?id=1229& State=new % 20 york&city=cortland

Special Olympics- Brevard County-
http://sobrevard.org/bcso2.html

Council for Exceptional Children-
http://www.cec.sped.org/

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

Florida Information Resource Network-
http://www.firn.edu/

Brevard County Public Schools- Physical Education, Health & Physical Fitness Testing
http://elementary pgms,Brevard.k12.fl.us/health_and _pe.htm

Florida Department of Education-
www.fldoe.org

Internet Connections-Physical Education-
http://www.mnea.org/class kids/ed links.htm

Human Kinetics
http://www.humankinetics.com
Adapted P.E. Websites
www.pecentral.org/adapted/adapted sites .html

d). RECOMMENDED TRAINING

TRAINING	SOURCE
Crisis Prevention Intervention	Brevard Public Schools, Viera www.brevard.k12.fl.us
Cardiopulmonary Resuscitation	American Red Cross http://brevardcounty.redcross.org
Water Safety Instructor	American Red Cross http://brevardcounty.redcross.org
First Aid Training	American Red Cross http://brevardcounty.redcross.org
Special Olympics Coaching	Training for various sports through local or county Special Olympics organizations www.sobrevard.org/ bcso2.html
Courses in Adapted P.E	University of Florida Dr. Christine Stopka c stopka @ hhp.ufl.edu

APPENDIX A
BREVARD COUNTY PUBLIC SCHOOLS
ADAPTED PHYSICAL EDUCATION
REFERRAL PROCEDURES

1. The school will send a B2/14 Form-parent invitation to Individualized Education Program (IEP) meeting-to the student's parents. Check the next to the last box to indicate that the meeting is for an IEP review.

2. At the IEP meeting, a B3 Conference Form is completed. This is a recommendation for referral to Adapted Physical Education and why the service has been recommended. (If the parents do not attend the meeting, send a copy home.)

3. An Adapted Physical Education Referral Form will be completed and sent/faxed to:
   Sue Carver, Supervisor of Itinerant Adapted Physical Education Teachers
   ESF, Pod 5
   633-1000 ext. 571
   631-3589

4. The Adapted Physical Education Teacher will determine how to best meet the needs and goals of the students through screening or other evaluative processes.

5. The Adapted Physical Education Teacher will complete the Observation Summary Recommendation Form.

6. The school schedules an IEP meeting.
   a. If Adapted Physical Education is recommended, the goals and objectives may be written on the IEP, if appropriate, or incorporated into the goals and objectives developed by school personnel.
   b. If Adapted Physical Education is not recommended, a B3 Conference Form will be completed stating why the student is not recommended.

c. APPENDIX B

BREVARD COUNTY PUBLIC SCHOOLS
REFERRAL TO RECEIVE ADAPTED PHYSICAL EDUCATION

Student's Name:_____

School:_____

Student's Grade:_____Date of Birth:_____Teacher:_____

Person Requesting Referral:_____

Reason for Referral:_____

_____

_____

_____

Disability/Placement/Diagnosis:_____

_____

_____

_____

Other Comments:_____

_____

_____

_____

Please return this form to:

Sue Carver, Supervisor of Itinerant Adapted Physical Education Teachers
ESF Pod 5
633-1000 ext. 571
631-3589

APPENDIX C

BREVARD COUNTY PUBLIC SCHOOLS
PHYSICIAN'S RECOMMENDATION FOR
ADAPTED PHYSICAL EDUCATION ACTIVITIES

Student_____Date of Birth_____

Home Telephone_____School_____

Diagnosis:

_____

_____

Description of Impairment: _____

_____

_____

Pertinent Medical Information: _____

_____

_____

Precautions and Contraindications: _____

_____

_____

Special Recommendations: _____

_____

Physician_____Phone_____

Physician's Signature_____Date_____

Parent's Signature_____Date_____

APPENDIX D

BREVARD COUNTY PUBLIC SCHOOLS
ADAPTED PHYSICAL EDUCATION OBSERVATION
SUMMARY RECOMMENDATION

Student Name: _____

School: _____Date:_____

Screening Summary:

Gross Motor Skills: _____

_____

_____

_____

_____

Physical Fitness and Balancing Skills:

_____

_____

_____

_____

Coordination Skills:

_____

_____

_____

Recommendation:

The student WILL/WILL NOT receive Adapted Physical Education services.

_____

Adapted Physical Education Teacher

APPENDIX E

Florida Department of Education

COURSE DESCRIPTION - GRADES 6-8

Subject Area: Physical Education
Course Number: 1500000
Course Title: M/J Adaptive Physical Education I.E.P. or 504 Plan

Previous Course Title: M/J Adaptive Physical Education I.E.P.

A. **Major Concepts/Content.** The purpose of this course is to meet student needs identified in the Individualized Educational Plan (I.E.P.) or 504 Plan.

The content should include, but not be limited to, the following:

-the goals and objectives contained in the student's I.E.P. or 504 Plan

This course shall integrate the Goal 3 Student Performance Standards of the Florida System of School Improvement and Accountability as appropriate to the content and processes of the subject matter.

B. **Special Note.** Assessment of achievement of course requirements will be adapted according to individual student needs and abilities, as noted on the student's I.E.P. or 504 Plan.

The student's I.E.P. or 504 Plan determines if a student may repeat this course. Students with disabilities shall be placed in this course pursuant to directives contained in the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504).

All instruction, evaluation, and assessment shall be consistent with directives contained in the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504).

Enrollment in physical education classes should be consistent with the requirements of Title IX of the Education Amendments of 1972 and with the Florida Educational Equity Act.

This is not an interscholastic extracurricular activity.

C. Course Requirements. These requirements include, but are not limited to, the benchmarks from the Sunshine State Standards that are most relevant to this course. Benchmarks correlated with a specific course requirement may also be addressed by other course requirements as appropriate. Some requirements in this course are not addressed in the Sunshine State Standards.

After successfully completing this course, the student will:

1. Assess his or her individual ability to participate in physical activity.

PE.B.1.3.6 understand the relationships between caloric intake and energy expenditure.

PE.B.1.3.9 understand and apply formal and informal modes of fitness assessments (e.g., for cardiovascular fitness, a mile walk or run is a formal assessment; walking a flight of stairs is informal).

PE.C.1.3.1 know how to modify games and activities to allow for participation of students with special needs (e.g., physical disabilities).

2. Select, from appropriate activities, those that will most effectively enhance his or her physical well-being.

PE.A.3.3.1 know the potential fitness benefits of various activities.

PE.A.3.3.3 know what community resources related to fitness are available.

PE.B.1.3.4 know the difference between muscular strength and muscular endurance, activities that contribute to the improvement of strength and endurance, and the various types of muscular strength and endurance required to perform different activities.

PE.B.1.3.5 know how aerobic activity differs from anaerobic activity.

PE.C.2.3.5 know the ways in which exercising at home can assist in improving physical ability and performance.

3. Participate in activities that will enhance his or her physical well-being.

PE.A.3.3.2 know how to use a journal to document the benefits of participation in physical activity as part of an individual wellness plan.

(**Note:** Journal documentation may be teacher-assisted, as appropriate to the needs of the student.)

PE.B.1.3.1 know how to sustain an aerobic activity, maintaining target heart rate, to achieve cardiovascular benefits.

PE.B.1.3.2 describe and apply the principles of training and conditioning for specific physical activities.

PE.B.1.3.10 plan and participate in an individualized fitness program.

PE.B.1.3.11 analyze the results of fitness assessments to guide changes in a personal fitness program.

PE.B.1.3.13 explore new ways to achieve activity goals in an individual wellness plan (e.g., walking, in addition to playing a team sport).

4. Exhibit, within the constraints of his or her individual condition, an improved state of physical well-being.

PE.B.1.3.12 achieve and maintain appropriate cardiovascular fitness, flexibility, muscular strength, endurance, and body composition.

5. Exhibit a positive attitude and responsible behaviors toward his or her physical self and physical activity.

PE.B.2.3.3 understand the difference between compliance and noncompliance with game rules and know the meaning of fair play in age-appropriate activities.

PE.B.2.3.4 resolve interpersonal conflicts with sensitivity to the rights and feelings of others.

PE.C.2.3.1 identify forms of physical activity that provide personal enjoyment.

PE.C.2.3.3 understand how a commitment to a wellness plan enhances the quality of life (e.g., leads to positive coping skills, healthy eating habits, and regular physical activity).

PE.C.2.3.4 know the long-term physiological, psychological, and cultural benefits that may result from regular participation in physical activity.

6. Demonstrate understanding of health and safety practices in relation to participation in physical activity.

PE.A.1.3.4 know basic skills and safety procedures to participate in outdoor sports.

PE.B.1.3.3 know proper warm-up, conditioning, and cool-down techniques and the reasons for using them.

PE.B.2.3.1 demonstrate appropriate responses to emergency situations associated with physical activity (e.g., remain calm, keep injured person still, and seek help).

PE.B.2.3.2 know the effects of substance abuse on personal health and performance in physical activity.

7. Use technology, as appropriate, to participate in and gain knowledge of fitness, recreation, and individual and team activities.

COURSE DESCRIPTION - GRADES 9-12, ADULT

Subject Area: Physical Education
Course Number: 1500300
Course Title: Adaptive Physical Education IEP or 504 Plan
Previous Course Title: Adaptive Physical Education I.E.P.
Credit: 0.5

Will meet graduation requirements for Physical Education

A. Major Concepts/Content. The purpose of this course is to meet student needs identified in the Individualized Educational Plan (I.E.P.) or 504 Plan.

The content should include, but not be limited to, the following:

-the goals and objectives contained in the student's I.E.P. or 504 Plan

This course shall integrate the Goal 3 Student Performance Standards of the Florida System of School Improvement and Accountability as appropriate to the content and processes of the subject matter.

B. Special Note. Assessment of achievement of course requirements will be adapted according to individual student needs and abilities, as noted on the student's I.E.P. or 504 Plan.

The student's I.E.P. or 504 Plan determines if a student may repeat this course. Students with disabilities shall be placed in this course pursuant to directives contained in Section 300.307 of the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504).

All instruction, evaluation, and assessment shall be consistent with directives contained in Section 300.307 of the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504).

Enrollment in physical education classes should be consistent with the requirements of Title IX of the Education Amendments of 1972 and with the Florida Educational Equity Act.

This is not an interscholastic extracurricular activity.

C. Course Requirements. These requirements include, but are not limited to, the benchmarks from the Sunshine State Standards that are most relevant to this course. Benchmarks correlated with a specific course requirement may also be addressed by other course requirements as appropriate.

After successfully completing this course, the student will:

1. Assess his or her individual ability to participate in physical activity.

PE.A.2.4.1 understand how the laws of motion apply to the acquisition and improvement of skills.

PE.A.2.4.2 know how to analyze, evaluate, and implement the mechanical principles of balance, force, and leverage that apply directly to self-selected activities.

PE.A.2.4.3 know how to evaluate one's own skilled performances.

PE.B.1.4.2 know how to apply the results of fitness assessments to guide changes in a personal program of physical activity and develop a training and conditioning program that enhances individual health-related needs.

2. Assess his or her own lifestyle related to individual condition and participation in physical activity.

PE.A.3.4.3 identify the effects of age, gender, race, ethnicity, socioeconomic status, and culture on physical activity preferences and exercise habits.

PE.A.3.4.4 know the role of physical activity in the prevention of disease and the reduction of health-care costs.

PE.A.3.4.7 understand the utilization of fats, proteins, and carbohydrates as related to physical activity.

PE.B.1.4.5 know how to make changes in an individual wellness plan as lifestyle changes occur.

PE.B.1.4.6 know the correlation between obesity, high blood pressure, and increased physical activity.

PE.B.2.4.5 understand the role of physical activity as a potential vehicle for social interaction and cooperative relations within the family and workplace.

3. Select, from appropriate activities, those that will most effectively enhance his or her physical well-being.

PE.A.3.4.1 know that physical activity reduces certain health risk factors.

PE.A.3.4.2 know how regular physical activity can relieve the stress of everyday life.

PE.A.3.4.5 evaluate the effectiveness and use of community resources related to fitness.

PE.C.1.4.1 understand the influence of age, gender, race, ethnicity, socioeconomic standing, and culture upon physical activity preferences and participation.

4. Participate in activities that will enhance his or her physical well being.

PE.B.1.4.1 know how to maintain appropriate levels of cardiovascular fitness, muscular strength and endurance, flexibility, and body composition necessary for a healthy lifestyle.

PE.C.1.4.2 know how to modify games and activities to allow for participation of students with special needs (e.g., physical disabilities).

PE.C.2.4.2 participate in games, sports, dances, outdoor pursuits, and other physical activities that contribute to the attainment of personal goals and maintenance of wellness.

5. Exhibit, within the constraints of his or her individual condition, an improved state of physical well-being.

PE.A.1.4.1 demonstrate competency or proficiency in self-selected activities.

PE.B.1.4.4 maintain and improve motor skills and knowledge necessary for participation in beneficial physical activity.

6. Exhibit a positive attitude and responsible behavior toward his or her physical self and physical activity.

PE.A.3.4.6 understand the importance of making a commitment to physical activity as an important part of one's lifestyle.

PE.B.2.4.2 know various ways in which conflict can be resolved appropriately in game settings

PE.B.2.4.3 demonstrate responsible behavior while playing sports (e.g., respecting opponents and officials, controlling emotions, and accepting victory and defeat).

PE.B.2.4.4 assume an active leader role, a supportive follower role, and a passive follower role as appropriate

PE.C.2.4.1 identify personal feelings resulting from participation in physical activity.

7. Demonstrate understanding of health and safety practices in relation to participation in physical activity.

PE.B.2.4.1 know risks and safety factors that may affect physical activity throughout life.

8. Use technology, as appropriate, to participate in and gain knowledge of fitness, recreation, and individual and team activities.

PE.B.1.4.3use technology to assess, enhance, and maintain fitness and skill.