CHAPTER 1 - INTRODUCTION TO ADAPTED PHYSICAL EDUCATION GUIDELINES

PURPOSE

Adapted Physical Education services are specified in an Individualized Education Program (IEP) and they shall meet the standards adopted by the State Board of Education [Education Code Section 56363(a)]. The purpose of this document is to identify program guidelines that clarify adapted physical education services provided to students with disabilities who require highly specialized services to meet their individual goals for physical education that includes movement education and motor development. These guidelines contain legal requirements, standards (program, credential, and curriculum), and best practices to be used when identifying, assessing, planning, and implementing quality physical education programs. When determining appropriate adapted physical education services, educational personnel, other agency and community personnel, parents, and students may reference these guidelines. Educational personnel include, but may not be limited to, teachers, support personnel, and administrators. Examples of other agency and community personnel include physical therapists, occupational therapists, Regional Center case carriers, social workers, medical personnel, to name a few.

The Adapted Physical Education Program Guidelines:

- clarify eligibility for adapted physical education services
- identify physical education service delivery options
- provide information to evaluate, improve and maintain quality adapted physical education services throughout California
- provide criteria for conducting a self-review and monitoring adapted physical education services
- provide a resource for special education local planning areas (SELPAs), county offices of education, and local education agencies (LEAs) to use in developing local plans, policies, and procedures to address the physical education needs of students with disabilities
- provide standards that are consistent with federal and state laws and regulations
- clarify the differences and similarities among adapted physical education and physical and occupational therapies
- provide curriculum standards for Adapted Physical Education
- clarify the role and responsibilities of an Adapted Physical Education Specialist

RATIONALE FOR PHYSICAL EDUCATION

The many benefits of physical activity have been documented through years of research. These benefits include increased muscular strength, stimulation of bone growth, cardiovascular fitness, and flexibility or range of motion which enable the body to move and function more efficiently and contribute to personal health. In addition, individuals can attain higher levels of functional movement skills, fundamental movement patterns and skills, and sport skills through physical activity. The attainment of these skills and patterns promotes a higher quality of life and greater

opportunity for social interaction with others. Other studies have identified physical activity as a factor linked to faster reaction time and greater memory for the elderly.

Quality physical education programs provide opportunities for students to attain movement and sport skills that can be applied to physical activities across the lifespan. Opportunities are also provided for students to develop increased levels of lifetime physical and health fitness, which contribute to an active lifestyle.

The benefits of physical activity are well documented for all ages (Surgeon General Report, 1996). The President's Council on Physical Fitness & Sport (1999) has published a position statement regarding physical activity and individuals with disabilities. Individuals with disabilities, for the most part, can gain very similar benefits from physical activity and the accrued physical fitness as people without disabilities.

LEGAL REFERENCE TO PHYSICAL EDUCATION

Federal Law

The most significant federal legislation, which has impacted physical education services for individuals with disabilities, was the Education of All Handicapped Children Act of 1975, PL 94-142. This legislation identified physical education as a curriculum area that was to be provided for ALL children with disabilities (handicapping conditions). To date, physical education continues to be the only curriculum area identified in federal law. PL 94-142 and its current reauthorization PL 105-17, Individuals with Disabilities Education Act (IDEA 1997), ensure that all children, regardless of disability, receive physical education (20 U.S.C. sec. 1400-1487). Some of these children require specialized instruction in physical education. As a result of these needs, different service delivery models of physical education programs have evolved.

At the federal level, there are three types of laws and regulations that govern special education services. They are public laws, education codes, and federal regulations. The Individuals with Disabilities Education Act (IDEA), which was re-authorized in 1997 and is one of the many re-authorizations of PL 94-142, continues to identify the curriculum content area of physical education for individuals with disabilities. As this federal law changes, the Federal Education Code, Title 20 (20 U.S.C.) is modified and includes all of the provisions of IDEA. The Code of Federal Regulations (34 CFR), which interprets the Federal Education Code, is amended as the codes change and contains more complete descriptions of programs and services. These various laws and regulations will often be referenced in this document by their abbreviations.

In the 34 Code of Federal Regulations, adapted physical education is defined as a part of special education. The term of "special education" in 34 CFR sec. 300.17(a) is defined as follows:

> *(1) Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including*
> *Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and*
> *Instruction in physical education. (1997).*

The regulation continues in section (b) with:
"Physical Education" is defined as follows:
(i) The terms mean the development of:
(A) Physical and motor fitness;
(B) Fundamental motor skills and patterns; and
(C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).
The term includes special physical education, adapted physical education, movement education, and motor development.

California Law

As at the federal level, several laws, education codes, and regulations govern education at the state level. In California, adapted physical education is defined in the California Code of Regulations, CCR, Title 5, under sec. 3051.5(a) and is listed as a Designated Instruction and Service (DIS) in California Education Code Section 56363(b)(5). **All statutory citations apply to the California Education Code unless otherwise stated.**

> 5 CCR sec. 3051.5.(a) *Adapted physical education is for individuals with exceptional needs who require developmental or corrective instruction and who are precluded from participation in the activities of the general physical education program, modified general physical education program, or in a specially designed physical education program in a special class. Consultative services may be provided to pupils, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular physical education program or specially designed physical education programs.*

All children, unless excused or exempt under section 51241, are required to have an appropriate physical education program. In addition, these services should be provided in such a manner that promotes maximum interaction between children with disabilities and their non-disabled peers (sec. 51210 and 51222). These codes along with federal legislation ensure the rights of all children to have an appropriate physical education program with peers.

Need for Adapted Physical Education for Individuals with Various Disabilities

Some children may need an adapted physical education program as they cannot successfully participate in activities of the general or specially designed physical education programs. These needs may be the result of movement delays or difficulties, physical disabilities, health and physical factors, emotional disorders, behavior difficulties, or cognitive delays.

Physical education for individuals with disabilities has undergone several name changes since programs were first established in the 1950s. Initially, the program was referred to as corrective physical education and was offered to students with physical disabilities that were either acute or chronic. Other names for the program have included remedial physical education, adaptive physical education, and adapted physical education. Some of these name changes have been linked to the enactment of Public Law 94-142 and its reenactments. In addition, the changes

reflect a shift from rehabilitative programs, which followed a medical model, to those which emphasize active and healthy lifestyles. These reflect the educational model.

Adapted vs. Adaptive

In California, the physical education program designed for individuals with disabilities is called adapted physical education as it is in 34 CFR. The program is ***adapted*** to meet the needs of each student through modifications and accommodations. The student is not required to adapt to the conditions of the program as would be implied with adaptive physical education as in adaptive behaviors.

Program Advisory Clarifying Adapted Physical Education Program Services

Students with disabilities, who are eligible for special education and related services, have a right to a free and appropriate public education to meet their unique needs. These educational services may include adapted physical education. In addition, the fields of adapted physical education, physical education, and special education have developed professional practices which are effective in providing quality services for individuals with disabilities.

Based upon these requirements, policies, practices and procedures, the California Department of Education worked collaboratively with the State Council on Adapted Physical Education of the California Association for Health, Physical Education, Recreation, and Dance (CAHPERD) to develop the Program Advisory Clarifying Adapted Physical Education Services. In 1993, the Deputy Superintendent of Specialized Programs for the California Department of Education signed this advisory into effect. One purpose of the Program Advisory was to describe the variety of physical education services available for children with disabilities with the intention of assisting districts, counties, and regions to establish consistent programs throughout California. The other purpose of the Advisory was to identify practices which could be used as guidelines for adapted physical education programs. The Program Advisory, with the support of the California Department of Education, was revised and expanded into this document which is supported by the Division of Special Education as the California Adapted Physical Education Guidelines.

Educational Reform

As a result of educational reform, curriculum standards are being written for the various subject areas. These standards provide the basis for curriculum development. Curriculum standards indicate what students, at a given grade level, should know and be able to do. The National Association on Sport and Physical Education (NASPE) of the American Alliance of Health, Physical Education, Recreation, and Dance has written grade level standards for physical education (1995).

In 1998, the California Department of Education published "Challenge Standards for Student Success: Physical Education." These standards were part of a special project in California and

the Physical Education Challenge Standards are a companion document to the Physical Education Framework (1995). The Adapted Physical Education Curriculum Standards in this document have been written by the adapted physical education guidelines committee using the California Challenge Standards for Physical Education, the Physical Education Framework, and the NASPE Standards.

Collaboration

A collaborative approach is recommended for adapted physical educators which maximizes the quality of education for students with a disability. For example, when a student receives two or more services, (e.g. APE and PT) often, the child's disability is such that it is interfering with a given movement performance. Assistive devices and specific exercises identified by a therapist often are needed to help the child. In these cases, the Adapted Physical Education specialist, as well as the special education teacher, should to be aware of how to use the specialized equipment and how to perform the exercises. On the other hand, children may perform skills with their peers during physical education that they are not motivated to perform in therapy sessions. By communicating with the therapist, the Adapted Physical Education specialist can keep the other professionals informed about skill transfer to the educational settings that involve group participation.

USE OF THESE GUIDELINES

These guidelines contain references to existing legal requirements, standards (program, credential, and curriculum), and best practices.

- Legal requirements are indicated with the reference to the document referring to federal or state laws and regulations and their identifying citations. **All statutory citations apply to the California Education Code unless otherwise stated.**
- Program standards developed for these guidelines are indicated by the box around the **standard**.
- Credential standards are located in Appendix M and N and have been approved by the California Commission on Teacher Credentialing.
- Curriculum standards are addressed in Chapter 10 and located in Appendix F.
- Best practice examples are addressed under each program standard throughout the document.

CHAPTER 2 - ROLES AND RESPONSIBILITIES

ADAPTED PHYSICAL EDUCATION SPECIALIST CREDENTIAL

2.1 STANDARD: The person providing Adapted Physical Education shall have a specialist credential. Refer to Appendix L for the credential standards.

Legal Reference: *The person providing instruction and services shall have a credential authorizing the teaching of adapted physical education as established by the Commission on Teacher Credentialing.* 5 CCR sec. 3051.5(b).

This credential authorizes the holder to provide instruction and services to individuals with exceptional needs who are precluded from participation in the activities of either the general physical education program or a specially designed physical education program in a special class, in grades twelve and below including preschool, and in classes organized primarily for adults.

Discussion: Since the early 1970s, various universities in have California offered a certificate to those students who completed coursework and fieldwork in the area of adapted physical education. In the mid 70s, a number of the university instructors wrote a document entitled "Scope and Content of Adapted Physical Education." This was later used by the California Commission on Teacher Credentialing (CTC) as the means by which adapted physical education teachers were credentialed. In 1979, CTC first authorized the credentialing of adapted physical education teachers, and by 1985 all teachers in adapted physical education had to be credentialed. There were originally 21 universities who submitted their "scope and content" documents to CTC and were approved to credential adapted physical education teachers.

It was soon evident that the "scope and content" document was not fulfilling the criteria needed to be an adapted physical education teacher in California. A number of University Coordinators of Adapted Physical Education met, and with the support of CTC, wrote the existing program quality standards for the Adapted Physical Education Specialist. This document was approved in December 1993 and university programs began the review process in 1997. As of the fall of 1999, all California universities must receive CTC program approval prior to enrolling students in their credential program. An estimated 12 universities will be approved by CTC to issue the Adapted Physical Education Specialist Credential.

In order to teach adapted physical education to students of all ages, the teacher should possess a credential authorizing the teaching of physical education (single subject physical education, general secondary, multiple subject, etc.) and have the adapted physical education specialist credential.

Note: All statutory citations apply to the California Education Code unless otherwise stated.

Although an individual has an adapted physical education specialist credential, all adapted physical education specialists may not be qualified to provide the same services as their professional preparation, experience, and knowledge of specific methods vary. Therefore, specific consideration for service providers may be necessary.

Best Practice: A teacher who has an Adapted Physical Education Specialist Credential should be hired to teach adapted physical education. If a credentialed person cannot be found, the employer should employ an individual who is currently enrolled in a CTC approved Adapted Physical Education credential program.

2.2 STANDARD: The role and responsibilities of the adapted physical education specialist include assessing and identifying an individual's needs; collaborating or consulting with other service providers; and providing direct Adapted Physical Education service.

Legal Reference: 5 CCR sec. 3051.5(b) and sec. 56320(f)(g).

Discussion: An Adapted Physical Education specialist is part of the multidisciplinary assessment team whose responsibilities include **assessing and identifying** a child's needs in the area of movement skills. To accomplish this, the Adapted Physical Education specialist must choose appropriate assessment methods and instruments; administer the assessment; interpret the data; describe the present level of performance; and recommend the appropriate physical education service based upon the student's identified needs.

Adapted Physical Education specialists **provide consultation to and collaborate with** teachers, assistants/aides, parents, administrators, and other professionals. Examples of other professionals include, but are not limited to, physical therapists, occupational therapists, speech and language pathologists, special education teachers, orientation and mobility specialists, teachers of the visually impaired, hearing impairment specialists, assistive technology specialists, psychologists, school nurses, and recreation specialists.

Adapted Physical Education specialists **provide direct adapted physical education service** to students, identified through the individual education program (IEP) team process, who need specialized instruction. Appropriate goals and objectives/benchmarks are included in the student's IEP. Progress toward goals and objectives/benchmarks are reported at the same frequency as progress is reported for non-disabled peers.

Best Practice: Through appropriate assessment and interpretation of data, the needs of the student, goals and objectives are identified. Children with disabilities often receive services from several teachers and specialists. Through consultation and collaboration among these professionals, the quality of instruction and intervention tends to be enhanced as information and strategies are shared.

2.3 STANDARD: An instructional aide provides assistance to students receiving Adapted Physical Education under the supervision of a credentialed Adapted Physical Education Specialist.

Legal Reference: Instructional Aide: *The role of the instructional aide in adapted physical education is to assist and supplement the adapted physical education specialist or the classroom teacher in carrying out supportive instruction in …improving the quality of educational opportunity for pupils…* EC sec. 45341. The term "instructional aide" is defined in EC sec. 45343.

Discussion: Instructional aides assist in the provision of adapted physical education services under the supervision of a qualified adapted physical education specialist. These individuals may also be referred to as assistants or paraprofessionals. (For additional information, best practice, and suggestions for working with instructional aides in adapted physical education, refer to Appendix J.)

Instructional aides can provide valuable assistance to the adapted physical education specialist during the implementation of direct Adapted Physical Education services. An aide can help in a variety of ways, some of which include setting up and cleaning up equipment, lifting students, positioning, providing instructional prompts, monitoring and reinforcing student behavior, leading a small group, reinforcing skills, and supervising student safety.

In some situations, instructional aides are assigned to classrooms or individual students and their duties may include attending adapted physical education with the students. In these cases, the instructional aide should be prepared to work under the supervision of the adapted physical education specialist during adapted physical education instruction. In other situations, an instructional aide may be solely assigned to an adapted physical education specialist and works under the specialist's supervision.

Best Practice: An aide, who assists with adapted physical education instruction, should be in good physical health, be flexible and patient, have an ability to work with individuals who have a variety of disabilities, have knowledge of special education laws and student rights, understand the need for student confidentiality, and possess good communication skills. Instructional aides are to assist the credentialed Adapted Physical Education Specialist and services provided are under the supervision of the credentialed Specialist.

STUDENT STUDY TEAM OVERVIEW

2.4 STANDARD: The adapted physical education specialist may be one of the appropriate specialist of a Student Study Team when a student is having movement difficulty in an educational setting.

Legal Reference: Section 52800 tells us that the SST process, identified by the California Department of Education in 1983, is based on a specific problem-solving model for general education students. The SST model includes the following components:

- staff, parents, and when appropriate, the student are a part of the SST
- the SST is structured for effectiveness and efficiency, using "group memory" and "action plan" techniques to record the essence of each meeting and support follow-through on plans and suggestions
- the SST process maximizes use of school and community resources
- the SST serves as a resource for personal growth and staff development for the team
- meetings of the Student Study Team are the most obvious part of the SST process, but it also involves all of the actions necessary for the team to collect relevant information and to follow-through with tasks assigned at a SST meeting

SST Members: Since the goal of the SST is to provide an effective support system to classroom teachers, other staff, and students for resolving educational concerns, the actual people attending any SST meeting may vary depending on need. Education Code Section 54726 lists the members of the SST, which includes the pupil whenever appropriate, the pupil's parents or guardians, one of the pupil's teachers, the school principal or the principal's designee, other appropriate resource teachers or specialists, and whenever appropriate, representatives of public or private community organizations. Careful selection of SST members offers local schools the opportunity to involve potential implementers, persons with a variety of competencies and skills, and those who know the child the best.

Discussion: The Student Study Team (SST), also known as the Student Success Team, is a function of general education. If a student is having difficulty in class, a referral to the SST can be initiated by the teacher, parent, counselor or school administrator. Once referred, the SST begins the process of reviewing the student's progress and develops alternative methods of meeting the student's needs. The SST process is built upon a professional problem solving approach that provides aid and support to the teacher who is to carry out appropriate interventions. If alternative strategies have been found to be inadequate, a referral to special education may be indicated.

The SST process provides a cadre of trained professionals, who have expertise in child growth and development, instructional strategies, behavior management, and curriculum at a local school. These individuals collect information, and meet to discuss and create alternatives for students who are experiencing school difficulties. Some examples of reasons for referral to the SST are low test scores, attention difficulties, uneven performance across subjects, increased absences, poor coordination, play difficulties, disorganization, developmental immaturity, inappropriate peer interactions, radical change in behavior, medical concerns or issues, and consideration of accelerated instruction.

Best Practice: The Main Components of the SST Process are Sequenced as Follows:

- relevant information is collected prior to a SST meeting
- the student's strengths are discussed in order to maximize their use for learning
- the areas of concern are objectively identified
- all relevant information is presented (eg, medical, social, cultural, achievement, etc)
- any questions are recorded

- all possible solutions are brain stormed by the SST
- the list of unanswered questions and brain stormed solutions are prioritized in action plans which specify skill(s) to be developed and strategies to be used
- the SST process specifies which persons will be responsible for what and by when
- the SST process specifies a follow-up date for evaluation of progress

2.5 STANDARD: A SST Process may transition to a Section 504 Plan.

Legal Reference: The term Section 504 (or simply 504) refers to Section 504 of the Rehabilitation Act of 1973. (34 CFR sec. 1041.1; 29 U.S.C. sec. 794.) This federal law ensures equal access to facilities and services for individuals with disabilities. (The reader is referred to Appendix O of this Guideline for a more thorough description of Section 504 and its application to education and adapted physical education.)

Subpart D of Section 504, which refers to pre-school, secondary, and adult programs that benefit from federal financial assistance, specifically mentions nonacademic services such as physical education and athletics. In part, the legislation states "that such programs must provide nonacademic services to assure equal opportunity in participation."

Discussion: At times it seems that there is a very fine line between the SST process and the 504 process. This is probably because they are both general education functions aimed at focusing resources to improve student success. Neither has special education funding as does the special education process.

When the SST process comes to a point at which the student is suspected of having a disability, the SST should plan an assessment. The SST needs to determine whether an assessment should be conducted to determine eligibility for special education or to be conducted to identify accommodations and services under Section 504.

Section 504 is a general education law. Therefore, there is not a continuum of services or service delivery model identified or required. It is recommended that LEAs address these issues based on student needs.

If the decision of the SST is for a 504 assessment, then 504 team participants must be identified to develop the assessment plan. In many cases, it naturally follows that the individuals on the SST will make up the 504 team. When that occurs, the team must shift its focus slightly by moving away from the SST process and into the 504 process. This requires slightly more stringent procedures such as notification of parental rights, developing a more formal assessment plan, and, if the student is found to be eligible, developing a written 504 plan that must be implemented. The flow chart at the end of this chapter may assist the reader in understanding when and how the SST process may lead into the 504 process.

Adapted Physical Education specialists, who participate in the 504 process, may experience an increase in caseload and will find a need for additional time to attend planning meetings and to

provide consultation to general physical educators. These factors can be addressed by the local education agency (LEA).

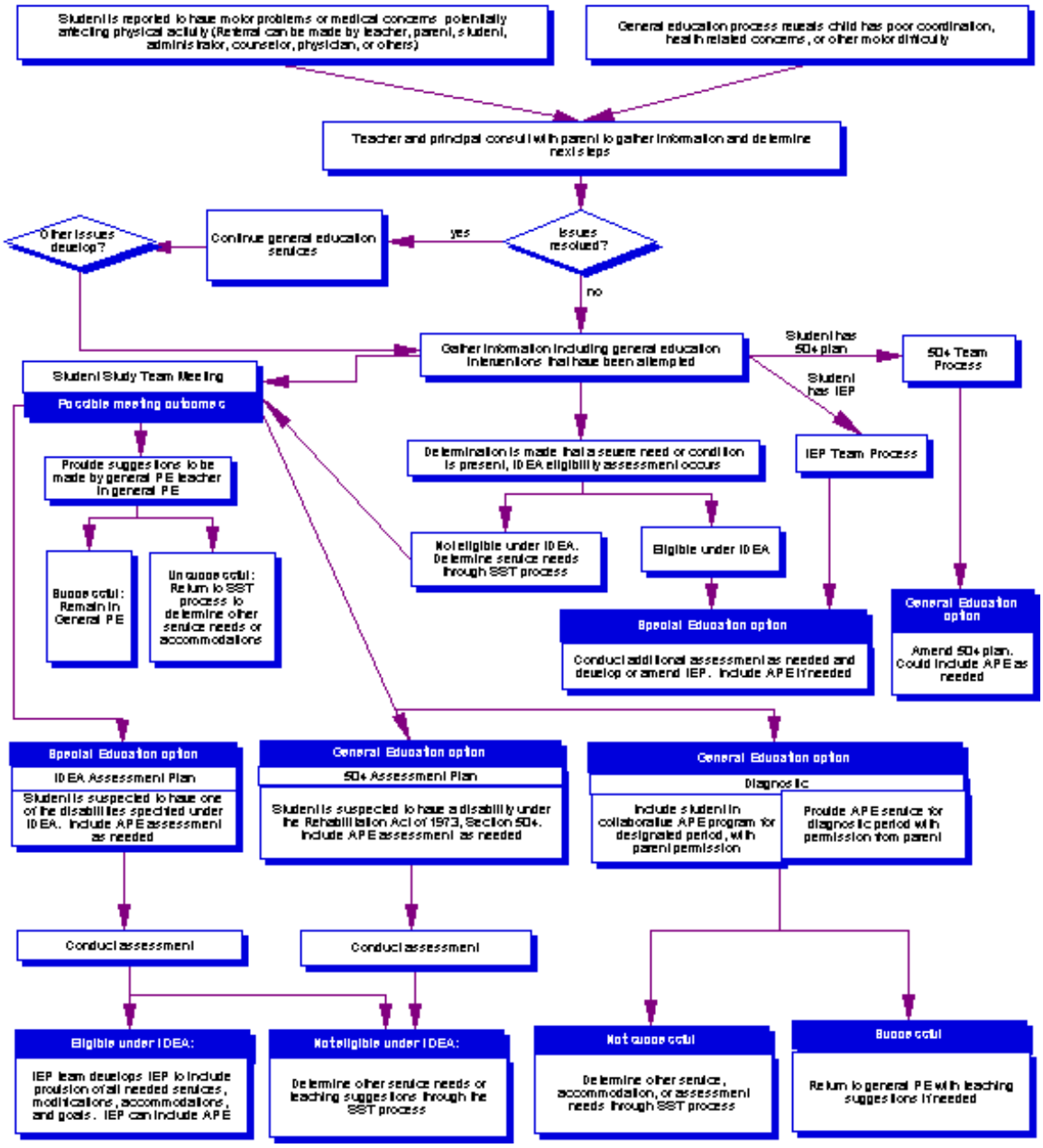
In addition, the Adapted Physical Education specialist will need to have a clear understanding of the differences between accommodations and modifications and how these may be used to meet curriculum standards and grading requirements. These issues are currently being discussed in the fields of education and special education. Adapted physical educators can look to educational publications, professional organizations, the California Department of Education, and the U.S. Office of Civil Rights for information, policies, rulings and guidance. Some information is currently available from these sources, but additional information and clarification is expected to continue to emerge.

Best Practice: An adapted physical education specialist may be involved in the SST or 504 processes for a general education student. The circumstances of each individual student will guide the specific involvement (or lack of involvement) of an Adapted Physical Education specialist. It may be helpful to refer to the next page to view a flow chart titled *Adapted Physical Education Involvement in the SST Process*. The chart in Appendix O compares the legal provision of IDEA and Section 504.

An adapted physical educator might be part of the SST or 504 team for a particular student, as one of the *appropriate specialists* indicated in the code section referenced above (EC §54726). Examples include:

- An adapted physical educator is asked to attend a SST meeting because the referral is an issue related to physical activity such as the student's gross and fine motor difficulties, poor performance in physical education, or lack of stamina.
- A SST meets and decides that the student needs an assessment for eligibility for a Section 504 plan, and that it should include gross motor testing by the adapted physical education specialist. The school principal provides the Adapted Physical Education specialist with a copy of the SST meeting notes and requests that the assessment be done by the date indicated. Following local policies regarding parent notification and permission for assessment, the Adapted Physical Education specialist obtains permission to assess; completes the assessment; and reports the results.
- A student, with asthma, has received an assessment and has been found ineligible for services or accommodations under Section 504. The Adapted Physical Education specialist is asked to attend the SST meeting because the team will be discussing other ways to address student specific issues such as poor attendance, fatigue, and reluctance to participate in physical activities.
- The adapted physical education specialist is part of the SST for a student, who has a single upper limb amputation, and the parents do not want him to be assessed under IDEA or Section 504.
- A sixth grade student, who received adapted physical education in grades first through third, is now failing physical education. The adapted physical education specialist is asked to provide records and a summary of student's participation and progress in their prior adapted physical education program.

APE Involvement in the SST PROCESS



CHAPTER 3 - PROVISION OF ADAPTED PHYSICAL EDUCATION SERVICES

CHILD FIND

3.1 STANDARD: Procedures exist for locating, referring, and evaluating children who may require special education including the designated instruction and service (DIS) of adapted physical education (APE).

Legal Reference: *All individuals with disabilities residing in the State, including pupils with disabilities who are enrolled in elementary, secondary schools and private schools, regardless of the severity of their disability, and who are in need of special education and related services, shall be identified, located, and assessed.* (Sec. 56301; 20 U.S.C. sec. 1412(a)(3); 34 CFR sec. 300.125.)

Discussion: Children with suspected disabilities are to be located, referred, and evaluated for special education and related services. Adapted physical education (APE) is defined in the Individuals with Disabilities Act (IDEA) under the definition of special education. When a child has been identified as one of the thirteen areas of disability, he/she may require a range of services, or solely the services of Adapted Physical Education.

Best Practice: Each local education agency (LEA) should include Adapted Physical Education in its local plan which describes procedures for locating, referring, and evaluating children who may need special education.

IDENTIFICATION

3.2 STANDARD: Each Special Education Local Planning Area (SELPA) must have a local plan which identifies a continuous child-find system that includes procedures for identification.

Legal Reference: *Each district, special education local plan area, or county office shall establish written policies and procedures for a continuous child-find system which addresses the relationships among identification, screening, referral, assessment, planning, implementation, review, and the triennial assessment* (sec. 56301.)

Discussion: The Individuals with Disabilities Act (IDEA) defines many parameters of the referral, assessment, and review processes. Although screening pertains to all children, no state or federal statutes or regulations define the term “screening,” and many interpretations exist regarding its definition. Often, the purposes of screening within general education are to identify other adaptations, accommodations, or modifications, or to determine whether formal assessment is needed for the purpose of identifying a child's needs and potential special education services.

Note: All statutory citations apply to the California Education Code unless otherwise stated.

Screening should not be confused with assessment, as placement decisions in special education cannot be based upon information obtained from screening. While screening policies and procedures are left to local control and must be stated in the local plan, IDEA specifies that before a child is assessed, an assessment plan must be developed and signed parental permission must be obtained. Care must be exercised not to single the child out when screening as this is assessment and would require an assessment plan.

The screening process could include:

- review of school records
- consultation with the classroom teacher or other school staff.
- parent interview/report.
- Student Study Team action plan or 504 accommodation plan.
- observation of an entire class.
- Physical Fitness Test Results

Screening may entail a review of any general education program, such as a teacher's class or an entire grade level. In this traditional definition, regardless of the instrument used, students can respond in an individual setting as long as all students within the common group receive the same treatment. The most common example of this type of screening is the mass testing of an entire classroom. All individuals in the class are seen for brief periods of time, often in the corner of the room or outside the classroom door. Since all members of a given group (all kindergartners, second graders, or children new to a school) receive the same treatment, this type of screening is not considered to be individual in nature, as it does not target a specific child. It is important to ensure that children are not singled out.

At times, an adapted physical education specialist may be asked to informally look at a child to determine if there may be a need for Adapted Physical Education assessment. If done, this could be interpreted as an assessment and would require parent permission and due process assurances.

If a specific child has been identified through the Student Study Team (SST) or 504 process, signed parental consent for screening is recommended even if the specialist plans to observe the child in a group setting. The method and purpose of screening should be clearly stated on the assessment plan. For example the following may be written, "Screening will include observation during physical education, review of records, and use the district's movement screening instrument to determine whether or not additional assessment for adapted physical education is needed."

If a teacher asks the Adapted Physical Education specialist about a specific child, the specialist can provide consultation to the teacher by providing suggestions on how to teach different movement skills and can give some general intervention strategies. See other suggestions listed above in the bullet format.

Best Practice: Adapted physical education specialists should review the SELPA plan and follow all stated procedures regarding screening. It is suggested that the adapted physical education specialist screen children in group settings after informing parents of the school procedure or screen a specific child only after receiving signed parental consent. Information

obtained from screening can be used to determine the need for a referral to Adapted Physical Education or to identify other adaptations, accommodations, or modifications and is not sufficient to recommend that a child receive Adapted Physical Education services.

The student's ability to participate in the general physical education curriculum and to achieve student performance standards should always be considered as part of any referral for adapted physical education assessment. In many cases, the general physical educator is qualified and responsible for conducting screening procedures. It is especially helpful when the screening procedures are based on the curriculum. Please refer to Appendix B for examples of screening tools. Many of these were developed at the district or SELPA level.

ADAPTATIONS, ACCOMMODATIONS, AND MODIFICATIONS

3.3 STANDARD: Adaptations, accommodations, and modifications within the existing general physical education program shall be documented before a child is referred to adapted physical education.

Legal Reference: *A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.* (sec. 56303.)

Discussion: When movement skill ability is suspected as contributing to or resulting from a disability, adaptations, accommodations, and modifications should be tried within the general or specially designed physical education program for a child before a referral to adapted physical education (APE) is made. Appropriate and meaningful intervention strategies should be based upon the child's needs and age and upon the physical education curriculum. It is recommended that interventions and their outcomes be documented for a reasonable period of time.

In some instances, the disability of the child is so apparent that a referral to Adapted Physical Education is appropriate without implementation of adaptations, accommodations, and modifications. However, on the IEP, there should be documentation that adaptations, accommodations, and/or modifications have been considered. This will meet the letter of the law and will assist in communicating with future examiners and service providers. (sec. 56344.)

Best Practice: Some general physical educators are unclear as to how they can modify instruction, equipment, and participation for their students who have mild disabilities. In these instances, the Adapted Physical Education specialist may provide consultation to these teachers for the purpose of helping them identify different instructional strategies, modifications, and adaptations. Often, students with mild disabilities can participate successfully in general physical

education if rules are modified, equipment is changed, the student is permitted to play a specific position on a team, or provided with a peer tutor or "buddy."

REFERRAL TO ADAPTED PHYSICAL EDUCATION

3.4 STANDARD: A student, who receives general or specially designed physical education, will be referred to Adapted Physical Education when adaptations, accommodations, and modifications have had limited or no success.

Legal Reference: *A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.* (sec. 56303)

Discussion: The Student Study Team (SST) and Section 504 Team processes are conducted as general education functions. The team members meet to collaborate and identify strategies for increasing student success in general education programs. Children, who receive physical education in a general setting, may be referred to a SST or to a Section 504 Team if they are having difficulty in their physical education program. After reasonable interventions have been attempted and documented, a determination may be made by the team that a referral to Adapted Physical Education is appropriate to determine the child's needs. Please refer to Chapter 2 and Appendix O for a review of the SST and Section 504 processes.

If the student is eligible for special education under IDEA, and is enrolled in general or specially designed physical education, an IEP team meeting may be held to determine appropriate adaptations, accommodations, or modifications to attempt within the current physical education setting. If the nature of the disability is such, that the identified adaptations, accommodations, and modifications are determined to be inappropriate, a referral to Adapted Physical Education may be made without implementation of the interventions.

The teacher, responsible for physical education, may independently identify and implement various interventions in either a general or specially designed physical education setting.

Best Practice: A referral to Adapted Physical Education is made after adaptations, accommodations, and modifications have been attempted and documented and the outcomes have been determined to be limited or unsuccessful. In some cases, the severity of the disability is such that a referral to Adapted Physical Education is made by the team or an individual as adaptations, accommodations, and modifications, which have been considered, are determined to be inappropriate. In other words, a direct referral for adapted physical education assessment is most appropriate.

ASSESSMENT

3.5 STANDARD: An assessment plan will be developed for the purpose of collecting data that will be used for determining the needs of the student and the appropriate level of adapted physical education service.

Legal Reference: Section 56320 - 56329 describes the requirements of the proposed assessment plan including components, timelines, and parent rights. Other time lines, which effect special education, are found in sec. 56043.

The individualized education program (IEP) team shall review the assessment results, determine eligibility, determine the contents of the individualized education program, consider local transportation policies and criteria...and make program placement recommendations. (sec. 56340 - 56347.) From this description of the duties of the team, the purpose of the assessment can be inferred.

Discussion: Areas that may be addressed in the assessment plan to determine the need for physical education and the appropriate level of service include but are not limited to:

- fine and gross motor skills
- motor development
- general physical education functioning, including safety
- mobility
- health and physical fitness
- sport and recreation skills, including the application of motor skills to various environments
- other skills related to physical education curriculum and standards
- effects of cognitive delays
- effects of behavioral difficulties
- effects of emotional disturbances

Best Practice: As part of a multidisciplinary team, it is recommended that the Adapted Physical Education specialist develop an assessment plan that outlines an assessment procedure designed to reveal the strengths and needs of the child in relation to the school's physical education program. This requires careful review of the referral information in order to select the most appropriate types of assessment. Methods of assessment may include:

- Informal measures and observation such as rubrics and task analysis
- Administration of formal assessment instruments
- Interviews and consultation with other school personnel, parents, and the student
- Review of records and the results of assessment conducted by other professionals

It is important that the Adapted Physical Education Specialist conduct an appropriate assessment of each child. In cases where assessment is difficult, more emphasis should be placed on ensuring that the students understand the requests of the teacher. There may be times when informal versus formal assessment tools may give a better indication of abilities. Observations, interviews, review of records, and increased dependence on parent input will assist in determining the functional level of the student.

3.6 STANDARD: All children, who are referred for adapted physical education, shall be assessed following the same procedures and timelines defined in the law for special education.

Legal Reference: Assessment requirements for initial placement in special education are described in sec. 56320 and apply to initial placement in adapted physical education. Timelines are described in sec. 56043. Once signed parental consent for assessment has been received, the

team has 50 days to complete the evaluation and hold an individual education program (IEP) meeting. (sec. 56043(d).)

Discussion: All assessment procedures and timelines, legally required for special education placement, must be followed for placement in adapted physical education.

Best Practice: The Adapted Physical Education specialist is part of the multidisciplinary assessment team and must conduct an appropriate assessment. Once a child has been referred to Adapted Physical Education and signed parental consent has been received, a proposed assessment plan shall be presented within 15 days. (sec. 56043(a).) Results of the assessment must be presented and the IEP developed within 50. (sec. 56043(d).

3.7 STANDARD: The child shall be assessed in all areas related to the suspected disability.

Legal Reference: *The pupil is assessed in all areas related to the suspected disability including, where appropriate, health and development, vision, including low vision, hearing, motor abilities, language function, general ability, academic performance, self-help, orientation and mobility skills, career and vocational abilities and interests, and social and emotional status.* (sec. 56320(f).)

Discussion: When determining eligibility for special education, the Adapted Physical Education specialist may be involved in this process, especially if the suspected disability involves physical and movement abilities.

Best Practice: The documented reasons for referral, leads to the development of the assessment plan which identifies the areas to be assessed. An Adapted Physical Education specialist is part of the multidisciplinary team and may be involved in the assessment if the suspected disability involves physical and movement abilities.

3.8 STANDARD: No one evaluation procedure may be used as the sole criterion for determining the appropriateness of adapted physical education services.

Legal Reference: IDEA requires that, in conducting evaluations, the LEA: *(1) use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information from the child's parent, to establish the child's eligibility and to determine the content of the child's IEP, including information relating to enabling the child to be involved in and progress in the general education curriculum; (2) not use any single procedure as the sole criterion for determining a child's eligibility or for determining an appropriate educational program for the child; and (3) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.* (20 U.S.C. sec. 1414(a) and (b).)

No single procedure is used as the sole criterion for determining an appropriate educational program for an individual with exceptional needs. (sec. 56320(e).)

Discussion: Since adapted physical education is defined in IDEA as special education and may be the only special education placement for a child, Adapted Physical Education assessments should follow this principle. Accurate and thorough assessment information is obtained when

several assessment procedures are utilized. Placement in adapted physical education cannot be based upon the results of one assessment procedure or test, even if the test assesses different aspects of movement.

Best Practice: It is recommended that the Adapted Physical Education specialist be prepared (and trained) to utilize the many types of assessment procedures that are available, and to select those that are most appropriate for each child being assessed. In addition to formal assessments (see appendices C and D for lists), observations, teacher made tests, interviews, and review of the student's records are assessment procedures that can be utilized.

3.9 STANDARD: Assessment data are used by an adapted physical education specialist to establish a motor profile for each referred child for the purpose of developing an appropriate physical education program.

Legal Reference: *The personnel who assess the pupil shall prepare a written report or reports as appropriate of the results of each assessment*. (sec. 56327). *The decision as to whether or not the assessment results demonstrate that the degree of the pupils' impairment requires special education shall be made by the individualized education program team, including assessment personnel in accordance with sec. 56341(d).*

Discussion: Data obtained from assessment in various procedures are used by adapted physical education specialists to establish a motor profile for each referred child. Results from the formal tests, which have been administered, often are reported in different units of measure. It makes sense to compare and contrast them with one another as well as with the information obtained from informal assessment procedures. At times, standardized assessments, which fall under the formal assessment category, may not be appropriate due to the nature of the disability. In these situations, different assessment procedures, such as developmental scales, may need to be employed.

In general, an Adapted Physical Education specialist analyzes all of the collected data and to explains it in terms of a motor profile of student strengths and needs. This is usually done in written form in the assessment report (see Appendix E) and is verbally summarized at the IEP meeting. The interpreted results contribute to the process of developing the individualized education program (IEP) as type(s) and frequency, duration and location of physical education service along with possible goals and objectives/benchmarks are recommended.

Best Practice: The assessment process should begin with parents and teachers and promotes the use in a variety of formal and informal measures within the home, school, and community. It is critical that the assessment procedures and practices utilized are appropriate and nonbiased and address the cultural and linguistic characteristics of the child.

Adapted Physical Education specialists are advised to receive pre-service training in their professional preparation courses on assessment methodology. This pre-service training should include a thorough understanding of statistical concepts and evaluation principles including but not limited to:

- validity
- reliability
- normal distribution, mean and standard deviation
- various types of normative scores (e.g., percentile rank, stanine, standard score)
- developmental norms versus statistical norms
- Criterion referencing

There are a great number of variables in terms of the appropriateness of test selection, areas of need, functional skill issues, general motor skill differences, and inclusion goals for each child. It is recommended that pre-service training include a thorough understanding of these test selection variables as well. Adapted physical education specialists are advised to continue to update their knowledge in this area throughout their careers.

ELIGIBILITY AND PLACEMENT GUIDELINES

3.10 STANDARD: A student may be considered for adapted physical education services when the IEP team determines that the child is eligible for special education.

Legal Reference: Once the child is identified as having a disability, is determined by the IEP team to be eligible for special education, and the results of assessment indicate that performance in physical education is adversely affected, then specific physical education services must be addressed as stated in 34 CFR sec. 300.307. The individual child may be considered for adapted physical education services if the IEP team determines that the child is eligible to receive special education and/or related services.

> *A pupil shall qualify as an individual with exceptional needs, pursuant to Section 56026 of the Education Code, if the results of the assessment as required by Section 56320 demonstrate that the degree of the pupils' impairment as described in Section 3030 (a through j) requires special education in one or more of the program options authorized by Section 56361 of the Education Code. The decision as to whether or not the assessment results demonstrate that the degree of the pupils' impairment requires special education shall be made by the individualized education program team, including assessment personnel in accordance with Section 56341(d) of the Education Code. The individualized education program team shall take into account all the relevant material which is available on the pupil. No single score or product of scores shall be used as the sole criterion for the decision of the individualized education program team as to the pupils' eligibility for special education. The specific policies and procedures for implementation of these criteria shall be developed by each special education local plan area and be included in the local plan pursuant to sec. 56220(a.).*
> 5 CCR sec. 3030.

Discussion: Adapted physical education is identified as a Designated Instruction and Service (DIS) in California Education Code 56363(a) and is provided for children with disabilities. Adapted physical education is included in the definition of special education in regulation 300.17(a)(1) of the 34 Code of Federal Regulations, which therefore defines Adapted Physical Education as special education. **Adapted physical education is not a disability category.** This service or program is available to those children who have been identified as having a disability that is defined in IDEA. **(Adapted physical education can be the only service that is received.)**

In rare cases, a student may attend an adapted physical education class or receive services from an Adapted Physical Education specialist as determined through the general education processes of Student Study Team (SST) and/or Section 504 (of the Rehabilitation Act of 1973). When this occurs, special education funding does **not** apply. Therefore, administrators must carefully analyze the effect of such a placement on caseload, consultation time, class size, and general education funds.

Best Practice: When developing an IEP, the Adapted Physical Education specialist should make sure the child is identified as having one of the disabilities listed in 20 U.S.C. sec. 1414(b)(4) and (5). Before identifying adapted physical education service for that child, the Adapted Physical Education specialist must also ensure that the assessment results indicate that performance in physical education has been adversely affected and that the child needs the special education service of adapted physical education.

3.11 STANDARD: Assessment results are used to determine if placement in adapted physical education is appropriate.

Legal Reference: There are no specific placement criteria established in federal or state statutes or regulations for adapted physical education services while state criteria does exist for language and speech disorders and specific learning disabilities.

Discussion: Many local education agencies (LEAs) have adopted local guidelines which identify normative scores. Frequently, poor performance on motor tests indicates that the pupil is demonstrating difficulty with movement skills or performance. Scores and age-equivalents commonly used by LEAs to indicate poor performance are: a raw score which falls 1.5 standard deviations below the mean, a raw score which ranks at the 7th percentile or below, or an age equivalent which indicates the child is functioning at 30% below chronological age.

Sometimes, the nature of disability is such that even though the student performs within normal limits on standardized motor tests or on developmental scales, performance in physical education continues to be adversely affected. In these specialized cases where emotional disturbance, mental retardation, and behavior difficulties interfere with educational performance in physical education, the IEP team may determine that adapted physical education services are appropriate.

A student may score poorly on a motor test but may be able to successfully participate in one or more of the other physical education placements. In these cases, the IEP team may determine that adapted physical education services are not appropriate.

The specific criteria to be used should be delineated in each LEA's local plan and should guide the decisions of the IEP team.

Best Practice: The adapted physical education specialist should consult the local plan or district's/county's guidelines for suggested placement criteria which include functioning levels and use of statistical scores. The IEP team has the final decision regarding placement decisions.

TEMPORARY DISABILITIES

3.12 STANDARD: A student, who is identified as having a temporary disability, is not eligible for adapted physical education.

Legal Reference: *Temporary physical disability means a disability incurred while a pupil was a regular education pupil and which at the termination of the temporary physical disability the pupil can, without special intervention, reasonably be expected to return to his or her regular education class.* (sec. 56026(e), 56441.11(c)(B), 5 CCR sec. 301(af).)

Discussion: Student's with disabilities, which are temporary in nature, are not eligible for special education and/or related services as the disability will diminish significantly or will disappear over time. Some examples are broken bones, pulled ligaments and muscles, and infections. Since Adapted Physical Education is a special education service, children with temporary disabilities are not eligible for Adapted Physical Education services. However, some students with temporary disabilities may need accommodations within general or specially designed physical education. In rare cases, an administrative placement with an Adapted Physical Education Specialist may be done as a regular education function.

Best Practice: The adapted physical education specialist may be a resource to the general physical educator by suggesting adaptations, accommodations, and modifications for children with these conditions. The Adapted Physical Education specialist may be included in the SST or Section 504 processes.

PHYSICAL EDUCATION PROGRAMS AND SERVICES

3.13 STANDARD: Once a child is identified as having a disability and is determined to be eligible for special education by the IEP team, specific physical education services must be identified after considering a full continuum of program options.

Legal Reference: 34 CFR. sec. 300.307 physical education.

(a)General. Physical Education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE.

(b)Regular Physical Education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to non-disabled children unless-–

The child is enrolled full time in a separate facility: or-

The child needs specially designed physical education as prescribed in the child's IEP.

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

(d)Education in Separate Facilities. The public agency responsible for the education of a child with a disability who is enrolled in a separate facility shall ensure that the child receive appropriate physical education services in compliance with paragraphs (a) and (c) of this section.

Sec. 56031 defines special education, and in doing so, states in part, *"Special education provides a full continuum of program options, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and instruction in physical education, to meet the educational and service needs of individuals with exceptional needs in the least restrictive environment. Individuals with exceptional needs shall be grouped for instructional purposes according to their instructional needs."*

Adapted physical education is one program option, which is listed as a designated instruction and service in the California Code of Regulations (5 CCR 3051), and is therefore subject to the following requirements:

(a) General Provisions.

(1) Designated instruction and services may be provided to individuals or to small groups in a specialized area of educational need, and throughout the full continuum of educational settings.

(2) Designated instruction and services, when needed as determined by the individualized education program, shall include the frequency and duration of service.

(3) All entities and individuals providing designated instruction and services shall be qualified. (Refer to 5 CCR sec. 3051.5 for statute regarding credential requirement)

One of the conditions states must meet, in order to receive federal funding for special education, is to provide for education in the least restrictive environment. This is defined, in general, as

> *To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and service cannot be achieved satisfactorily.* (20 U.S.C. sec. 1412(a)(5).)

There are no specific state adapted physical education entry criteria. However, once the child is identified as having a disability which is affecting physical education performance, and the child is determined to be eligible for special education by the IEP team, specific physical education services must be addressed as stated in 34 CFR sec. 300.307.

Discussion: Strong foundations in both state and federal laws have led to the development of a range of physical education program options. It is recommended that each SELPA specify this range. In addition, modified physical education is part of general or regular physical education programming and therefore need not be listed as a separate type of general physical education. (However, modification or accommodations should be listed on the child's IEP). These authors recommend that the service delivery model reflect modified physical education as included within general physical education.

Physical Education Service Delivery Options:

Physical Education:
This option encompasses a full spectrum of game, sport, fitness, and movement activities, including physical and motor fitness, fundamental motor skills and patterns, and skills in aquatics, dance, and individual and group games and sports. The student participates with or without accommodations adaptations, or modifications that can be made by the general physical education teacher. The IEP should accurately reflect any accommodations, adaptations, or modifications that are necessary for the student to participate successfully in the general physical education program. Refer to Appendix M for the California Commission on Teacher Credentialing's Physical Education Single Subject Credential Standards.

Specially Designed Physical Education:
This physical education program is for a special education class with minimal or limited adaptations, accommodations, or modifications and is provided for the children and taught by the person who normally teaches physical education for this population. 5 CCR sec. 3051.5(a).

Adapted Physical Education:
Adapted physical education is a service provided by a credentialed adapted physical education specialist to students who have needs that cannot be adequately satisfied in other physical education programs as indicated by an assessment and IEP process. Adapted Physical Education service may be provided through direct instruction, team teaching, the appropriate use of instructional aides (see standard 2.3), or collaborative consultation, as long as appropriate goal(s) and objective(s) are indicated and accurately monitored by the adapted physical education specialist. All Adapted Physical Education services should be accurately indicated on the student's IEP with appropriate goals and objectives/benchmarks recorded and monitored by the adapted physical education specialist. The frequency and duration of adapted physical education service will be based upon the needs of the student and should be listed on the IEP. The listed will indicate the frequency with which the adapted physical education specialist provides service for the student. Collaborative consultation is one method of providing service on behalf of the students, to assist the student in participating successfully in the less restrictive settings of General Physical Education or Specially Designed Physical Education. Refer to Appendix L for the California Commission on Teacher Credentialing's Adapted Physical Education Specialist Credential Standards.

Best Practice: All three recommended physical education program options should be available to all students. The IEP team must determine which combination of services would best meet the student's needs and will also meet the mandated number of minutes required (elementary = 200minutes/10 days; secondary = 400minutes/10 days) for physical education.

Collaborative consultation is a professional interaction process that is effectively utilized within all of these programs to help meet the needs of the student.

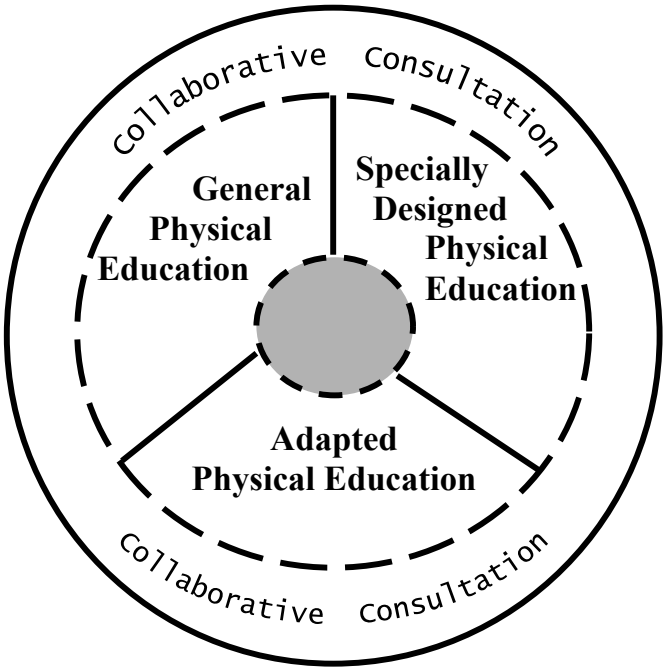
Some Applications:

> Children, who attend high school, have several types of physical education classes available to them. A student with a learning disability, who has difficulty participating in team sports, may be successful in a general physical education program of aerobics or weight training. Given the lifetime value of these activities, dismissal from adapted physical education may be appropriate. Or, if the student has specific needs, s/he may participate in a general physical education class for just a semester and then may return to one or more of the other physical education program options.
>
> Children, who attend middle or elementary school, may engage in certain sports in a general physical education setting and may or may not simultaneously receive adapted physical education. Other children with disabilities may need a collaborative Adapted Physical Education program to meet their specific needs as the Adapted Physical Education specialist is instrumental in helping the student attain movement skills.

PHYSICAL EDUCATION SERVICE DELIVERY

General Physical Education:
Movement activities are provided by the general PE teacher and may include accommodations, adaptations, or modifications which are made by the general PE teacher.

Specially Designed Physical Education:
Physical education programming, for a special education class, that requires minimal or limited adaptations, accommodations, or modifications, and is taught by the person, general or special educator, who normally teaches physical education for this population.



Adapted Physical Education:
Adapted physical education is a physical education program for children with disabilities who have needs which cannot be solely met in general or specially designed physical education. It is taught by a credentialed APE specialist either independently, with or without aides, or in a team teaching situation with either a general or special educator. Frequency and duration of services, and goals and objectives/ benchmarks, which are monitored by the APE specialist, are identified on the IEP. Students receiving APE are counted on the APE specialist's caseload.

Collaborative Consultation: Collaborative consultation in and of itself is not a service. It is a process by which an adapted physical education specialist works, with other members of the IEP team, to plan individualized instruction. Collaborative consultation results in a program that is consistent with the curriculum, setting, and needs of the student and is coordinated with other services and educational activities in which the student participates.

APE Collaborative Consultation could be identified on the IEP as a service that is provided on behalf of the student and assists the student in participating in the less restrictive settings of General or Specially Designed PE. If a student is only receiving APE Collaborative Consultation, the student may be counted on the APE specialist's caseload if a goal and supporting objectives/benchmarks have been identified on the IEP and are monitored by the APE specialist.

PARTICIPATION WITH NON-DISABLED PEERS

3.14 STANDARD: The majority of children identified as eligible for special education and related services are capable of participating in the general education curriculum to varying degrees with some adaptations and modifications.

Legal Reference: *To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and service cannot be achieved satisfactorily.* (20 U.S.C. sec. 1412(a)(5).)

Physical Education (34 C.F.R. sec. 300.307(a)(b).

General. Physical Education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE.

Regular Physical Education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to non-disabled children unless-–

The child is enrolled full time in a separate facility: or-

The child needs specially designed physical education as prescribed in the child's IEP.

Discussion: Many children with disabilities can participate in the general physical education program because their disability requires only minor adaptations, or does not affect their performance in physical education at all. Students with disabilities must have the opportunity to be successful in general physical education, until it is determined that they cannot be. Sometimes, assessment results indicate that general physical education will not be safe or appropriate for an individual with a disability. However, when interpreting assessment information, it is recommended that the IEP team, with significant input from the Adapted Physical Education specialist, consider actual outcomes of opportunities the student has had to participate in general physical education.

Best Practice: Several disabilities, which require specialized instruction in the classroom, require only minor adaptations in the physical education setting and do not require adapted physical education. For example, a student with a learning disability, who is not demonstrating movement skill difficulties, may only need to have the rules for a game explained a few extra times by the physical education or special education teacher to ensure understanding and participation. For a written assignment or test, the student may just need someone to read the contents aloud or the child may need some extra time to complete the written work. These accommodations are minor in nature and do not require adapted physical education intervention. In the case of a child who is deaf and does not have significant movement difficulties, the only accommodation needed is a physical education teacher who can use the student's mode of communication or to be accompanied by an aide to sign.

For students with disabilities, which impact movement performance, sport-specific participation is recommended. The Adapted Physical Education specialist must consider the disability

condition, functional movement and cognitive abilities of the child, available support staff, and possible peer support when determining adaptations and modifications that will enable the student to participate in general or general physical education.

Examples of sport specific participation in physical education include:

- A student with Down Syndrome and the associated cervical vertebrae defects, does not participate in diving, gymnastics, wrestling, or other activities that may put pressure on the neck. However s/he may have the ability to participate in all other physical education curricular areas.
- A student with uncontrolled seizure disorder does not participate in activities around water, heights or involving moving equipment (e.g., roller skates or bicycles). However s/he may have the ability to participate in all other physical education curricular areas.

3.15 STANDARD: Physical education services should be provided in a manner that promotes maximum interaction between children with disabilities and their non-disabled peers.

Legal Reference: *To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and service cannot be achieved satisfactorily.* (20 U.S.C. sec. 1412(a)(5).)

Physical Education.(34 CFR sec. 300.307(a)(b).)

General. Physical Education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE.

Regular Physical Education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to non-disabled children unless-–

The child is enrolled full time in a separate facility: or-

The child needs specially designed physical education as prescribed in the child's IEP.

Special education is an integral part of the total public education system and provides education in a manner that promotes maximum interaction between children or youth with disabilities and children or youth who are not disabled, in a manner that is appropriate to the needs of both. EC56031

Discussion: This standard can be met by selecting from the three different physical education service delivery models when considering physical education placement for individuals with disabilities. Children will then be afforded the opportunity to participate, to the maximum extent possible, with their non-disabled peers. The service delivery model includes general physical education, specially designed physical education, and adapted physical education. Refer to Adapted Physical Education Program Standard 3.13 for a more complete description of these settings.

Best Practice: It is recommended that general and adapted physical educators use a collaborative consultation approach to provide the maximum amount of joint participation between disabled and non-disabled children. For example, a middle school student with a physical disability, such as post poliomyelitis or spinal bifida, who has limited lower extremity function with functional use of the upper extremities, could engage in sport-specific participation with non-disabled peers. This participation could occur in a combination of the modified general physical education and adapted physical education settings in which the Adapted Physical Education specialist team-teaches with the general physical education teacher. For the sport of softball, the student could participate in skill practice for throwing, catching, and batting with limited to no adaptations. During the game, some modifications would be required, such as playing a position that required less potential running; playing a position with a partner; and having another teammate run the bases after the student hits the ball. In hockey, the student could play a defensive position, such as goalie or fullback, which does not require as much running. Several adaptations can be made for almost all sports and activities. The Adapted Physical Education specialist can assist the general physical education teacher with these. But, there are times when available adaptations are so minimal that participation is severely restricted. For the student with one of the previously identified physical disabilities, the sports of soccer and football and the running events in track and field are such examples. During these units, Adapted Physical Education services provided only by the Adapted Physical Education specialist would probably better meet other identified needs of the student, which may include age-appropriate recreational skills.