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# Guidelines for **ADAPTED** PHYSICAL EDUCATION



CONNECTICUT  
STATE  
DEPARTMENT  
OF EDUCATION

## Preface

The Adapted Physical Education National Standards (APENS) Web site documents the evolution of adapted physical education as a movement that has steadily gained traction in providing opportunities for disabled individuals to access physical education programs and curricula:

The past century has seen a revolution in the way society views people with disabilities and in the way that people with disabilities see themselves. The 21st Century is the beginning of an era where people with disabilities are considered to be individuals who possess a different set of abilities than the majority of the population. As such, they constitute a minority, one with a rich perspective and diverse capabilities which they are ready, willing and able to share with society at large. It has long been known that involvement in physical activity contributes substantially to a person's sense of well-being and so physical education has long been a component of the American education system. For most of these early programs, physical education for people with disabilities consisted of medically inspired efforts toward remediation of their "condition." However, during the second half of the last century, society began to view people with disabilities as having a valuable, while possibly modified, set of abilities. This required a different approach to physical education. Programs in higher education identified the need that



persons teaching physical education must also have the skills, knowledge and ability to address children with disabilities. The specialty of adapted physical education emerged to address the needs of people with disabilities.

People with disabilities constitute a minority in the truest sense of the word, and in the spirit of the times, the federal government enacted legislation mandating equal opportunity in education for this group. In 1990, the Individuals with Disabilities Education Act (IDEA), originally passed in 1975, was reauthorized, requiring that all people with disabilities, of school age, have access to physical education in a normal school environment. It further required that each student with a disability have an Individualized Education Program (IEP) developed which would include a program of adapted physical education appropriate to the individual (APENS 2008, under "APENS History," accessed 8/1/2011).

An outcome of this legislation is that each state must define adapted physical education with respect to complying with the legislation. Purposes of these guidelines include defining adapted physical education, recognizing how individuals with disabilities can benefit from appropriate physical education programming, and calling attention to competencies needed to deliver appropriate physical education services to students with disabilities.

An APE program should be far-reaching, comprehensive and meet the diverse needs of students with disabilities:

The adapted physical education program is designed to allow students with a wide range of disabilities and needs to meet the goals and standards of the general physical education program. In meeting the needs of students in all grades, the adapted physical education program may be conducted as the student's only physical education program, a supplemental program or by adapting to individual needs within a regular class. The adaptations are the result of teacher recommendations, assessments/evaluations, IEPs of eligible students and child study team members. Consultation with the school nurse is also important when dealing with certain medical conditions. Special attention to individual needs, both physical and cognitive, and levels of psychomotor development are important components of the program. The determination of activities in which the student will participate should be based on the student's ability to safely and successfully participate and the skills or fitness level identified for improvement or reinforcement. When the student is in a general physical education class, an activity will be offered which meets the student's needs and abilities (Berkeley Heights, NJ, Public Schools, *Adapted Physical Education Curriculum and Program Description* [Berkeley Heights, NJ: 2005], 1).

In *Adapted Physical Education and Therapeutic Recreation in Schools*, Etzel-Wise and Mears (2004, 223) describe the important role of the physical educator in, "the recognition, identification, referral, evaluation, and ability of students with special needs. In fact, the physical educator is often the first person to witness the identifiable behaviors that are the basis for the referral process. Quality of movement can predict disorders and disabilities, and the highly stimulating activities and environment of the physical education classroom appear to elicit identifying behaviors." It is incumbent upon the physical educator to be aware of typical as well as atypical behaviors and motor patterns and performance and to understand the process of accessing and activating resources and services that ensure the success of every student.



## Foreword

Physical activity plays an important role in the academic success of students and the quality of life of children, families and communities. To that end, physical education contributes to enhancing physical activity among all students. The practice of Adapted Physical Education (APE) is predicated on the belief that each student has the ability and a desire to move, to be active, and to participate meaningfully with peers. All students, including those with disabilities, should experience a quality physical education program that meets their individual needs and provides them the opportunity to reach their maximum potential. Participation and activity are necessary components of physical, emotional, intellectual and social health. Health affects educational outcomes, behaviors and attitudes, and the attainment of educational and personal goals is dependent on the achievement of good health.

The purpose of this document, the *Connecticut Adapted Physical Education Guidelines*, is to clarify and underscore the importance of physical education "in the context of meaningful physical participation within a community of peers" for students with disabilities in a school environment. This guide brings useful information to those responsible for creating high-quality, developmentally appropriate programs for all students in all settings and encourages collaboration in order to fully meet the needs of all students.

The *Connecticut Adapted Physical Education Guidelines* defines APE best practice for Connecticut schools and is intended for use by adapted physical education teachers and general physical educators, teachers and other specialists, administrators, parents and guardians. Several prominent issues for students needing APE are addressed in this guide including: physical fitness and assessment; obesity in disabled children and adolescents with disabilities; and the role of schools and families in promoting healthy weight and overall well-being. Physical activity, therapeutic recreation and sports participation are also discussed, along with popular and emerging technology in adapted physical education.

I encourage all Connecticut school districts to use the *Connecticut Adapted Physical Education Guidelines* to ensure that practices are



in place for all students, including those with disabilities, to engage in lifelong physical activity.

Stefan Pryor  
Commissioner of Education

## Executive Summary

For over 35 years, adapted physical educators have played a critical public education role in supporting students with disabilities. During this same time period, parents, administrators, related service providers, teachers, and students have asked for clarification regarding the specific role of adapted physical education within the public school environment. The purpose of this document, *Connecticut State Department of Education Guidelines for Adapted Physical Education*, is to clarify these guidelines and to underscore the importance of physical education "in the context of meaningful physical participation within a community of peers" for students with disabilities.



This guide describes the steps for determining appropriate placement of a student in an APE and/or general physical education program. The document adheres to the intent of the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act and its accompanying amendments.

This state guidelines document for adapted physical education (APE) will assist APE teachers in assessing, planning and implementing their instructional programs which are based on the Connecticut curriculum framework for physical education and the annual goals of the Individualized Education Program (IEP). The guide provides rationale for providing APE students who are identified as needing individualized and specialized physical education in accordance with federal law and state statute. The guide explains the laws and statutes that are the basis for APE. The information is organized with the intention of providing guidance that will properly place and serve students in the most appropriate physical education program.

The [legal mandates section](#) describes federal legislation including Section 504 of the Rehabilitation Act of 1973, and explains commonalties and differences under Section 504 and the IDEA. Clarification of the qualifications to teach adapted physical education is included. The guide defines [APE best practice for Connecticut schools](#) and promotes collaboration between special educators and adapted physical educators. Adapted physical

education is defined along with the assessment continuum in APE. An extensive resource bank of assessment instruments is provided which is intended to equip the planning and placement team, including the adapted physical educator, in the referral process and making appropriate eligibility and placement decisions. Transitions through the developmental stages are addressed as well as service delivery models and curriculum and instruction within the most inclusive environment possible.

Timely education initiatives such as Scientific Research-Based Interventions (SRBI) and Student Success Plans (SSP) are explained as they apply to students with special needs. Several prominent issues for APE students are addressed, including physical fitness and assessment, obesity in disabled children and adolescents, and the role of schools and families in promoting healthy weight and overall well-being. Physical activity, therapeutic recreation and sports participation are also discussed, along with popular and emerging technology in adapted physical education.

A section is included for [frequently asked questions](#) about adapted physical education services, and [fact sheets](#) are provided for adapted physical education teachers and general physical educators, for teachers and other specialists, for administrators and for parents and guardians.

The [appendix](#) sections of the guide include comprehensive lists of adapted physical education assessment tools and resources. Suggested modifications for children with disabilities for the Connecticut Third Generation Physical Fitness Assessment are also included in the guide.



# Acknowledgments

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## Purpose

For over 35 years, adapted physical educators have played a critical public education role in supporting students with disabilities. During this same time period, parents, administrators, related service providers, teachers, and students have been asking for clarification regarding the specific role of adapted physical education within the public school environment. The purpose of this document, the *Connecticut State Department of Education Guidelines for Adapted Physical Education*, is to clarify and to underscore the importance of physical education—in the context of meaningful physical participation within a community of peers—for students with disabilities in a school environment.

This state guidelines document is intended to define the role and responsibilities of adapted physical education and adapted physical educators, and assist APE teachers in assessing, planning and implementing their instructional programs which are based on the Connecticut curriculum framework for physical education and the annual goals of the Individualized Education Program (IEP). The guidelines provide rationale for providing APE students who are identified as needing individualized and specialized physical education in accordance with federal law and state statute. The guidelines explain the laws and statutes that are the basis for APE. The information is organized with the intention of providing guidance that will properly identify and serve students in the most appropriate physical education program:

1. [Frequently Asked Questions](#)
2. [Legal Mandates](#)
3. [Defining APE Best Practice for Connecticut Schools](#)
4. [Fact Sheets](#)
5. [Appendixes](#)

These guidelines describe the steps for determining the appropriate setting and instruction for a student in an APE and/or general physical education program. The document adheres to the intent of the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act and its accompanying amendments.

***"Competent, confident, joyful moving for a lifetime"***

**Connecticut State Department of Education  
Mission Statement for Adapted Physical  
Education**

The practice of Adapted Physical Education is predicated on the belief that each student has the ability and a desire to move, to be active, and to participate meaningfully with peers. All students, including those with disabilities, should experience a quality physical education program that meets their individual needs and provides them the opportunity to reach their maximum potential. Participation and activity are necessary components of physical, emotional, intellectual and social health. Health affects educational outcomes, behaviors and attitudes, and the attainment of educational and personal goals is dependent on the achievement of good health. Through physical education, adapted physical education addresses the health and energy balance of individual students and guides them toward becoming well-informed, health literate individuals, as well as competent, confident and joyful movers.

## Abbreviations and Acronyms

**AAPAR:** American Association for Physical Activity and Recreation

**ADA:** Americans with Disabilities Act

**APE:** Adapted Physical Education

**CAPE:** Certified Adapted Physical Educator

**CFR:** Code of Federal Regulations. 34 CFR sec/104.3 (j) (1), Title 34 education, Subtitle B Regulations of the Offices of the Department of Education. Chapter I — Office for Civil Rights, Department of Education

Part 104 — nondiscrimination on the basis of handicap in programs or activities receiving federal financial assistance (j) handicapped person — (1) handicapped persons means any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. *CFR 300.43(a)* Defines "transition services" to mean a coordinated set of activities for a child with a disability that:

- Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment); continuing and adult education, adult services, independent living, or community participation;
- Is based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and
- Includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation.

**CSDE:** Connecticut State Department of Education

**DAPE:** Developmentally Appropriate Physical Education

**FAPE:** free and appropriate public education

**GPE:** general physical educator

**IDEA:** Individuals with Disabilities Education Improvement Act of 2004

**IEP:** individualized education program

**IPEP:** Individualized Physical Education Plan

**ITP:** individualized transition plan

**LEA:** local education agency

**LRE:** least restrictive environment

**MVPA:** >50%MVPAÂ more than 50 per cent moderate-to-vigorous physical activity

**NASPE:** National Association for Sport and Physical Education

**NCPERID:** National Consortium for Physical Education and Recreation for Individuals with Disabilities

**OT:** occupational therapy / occupational therapist

**PE:** physical education

**PL:** Public Law. PL 94-142, PL 108-446,Â Public Law 108-446

**PPT:** Planning and Placement Team

**PT:** Physical Therapy / Physical Therapist

**Section 504:** Section 504 of the Rehabilitation Act of 1973 is a civil rights law. It was developed to protect the community of people with disabilities who, due to an impairment or disabling condition, may not otherwise have been able to access programs and services funded (in part or whole) by the federal government.

**USC:** United States Code. United States Code, Title 20 section 1414 (a) and (b) Sub-Section 1414. Evaluations, eligibility determinations, individualized education programs, and educational placements: (a) Evaluations, parental consent, and reevaluations (b) Evaluation procedures.



## Section 1

# Frequently Asked Questions

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4. What skills does an Adapted Physical Educator need?
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## Section 2:

# Legal Mandates

## Qualifications to Teach Adapted Physical Education

### *Who teaches adapted physical education?*

The adapted physical education teacher (APE) is the person responsible for developing an appropriate physical education plan for individuals with disabilities. The APE teacher is a physical educator with highly specialized training in the assessment and evaluation of motor competency, physical fitness, play, and leisure, recreation and sport skills. The APE teacher has the skills necessary to develop an individualized physical education program and to implement the program.

The APE teacher is a direct service provider, not a related service provider, because special physical education is a federally mandated component of special education services [USCA 1402(25)].

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### *What qualifications must a physical educator have in order to work as an APE in the state of Connecticut?*

If specially designed instruction, such as adapted physical education (APE), is required in a student's individualized education program (IEP), then the services must be provided by a qualified teacher. Adapted Physical Educator certification is not required in Connecticut, however a currently certified physical educator is legally qualified to provide adapted physical education for students who require specialized physical education as defined in the IEP.

Connecticut does not license adapted physical education teachers.

The Connecticut State Department of Education offers educator certification in physical education. Current requirements are an undergraduate degree in physical education, meeting standards on physical education content area examination, and a completed application for educator certification with endorsement 044 (physical education PK-12). Go to the [Connecticut educator certification Web site](#) for more information.



It is largely the initiative of the physical educator and adapted physical educator, and the needs of the school and district, that precipitate the development APE expertise An adapted physical educator must be able to address adapted physical education, must be trained in gathering data through observation of performance, diagnostic tests, curriculum-based instruction, communication with parents and staff, and use of

performance and behavioral checklists. The educator should also be knowledgeable in administering and scoring assessments, interpreting scores, and recommending appropriate programming. Knowledge of physical education standards and benchmarks, as well as lifestyle analysis for transition planning, is important.

While the Connecticut State Department of Education does not currently have an adapted physical education endorsement, it acknowledges the existence of and recommends that adapted physical educators be nationally certified through CAPE. CAPE certification, however, is not a licensing requirement.

AAPAR's Adapted Physical Activity Council (APAC) and National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) have developed a joint position statement describing the characteristics of a "Highly Qualified Adapted Physical Education Teacher." The position statement is included as an appendix to this document and can also be accessed on [AAHPERD's Web site](#).

## ***What responsibilities should an Adapted Physical Education Specialist assume?***

The adapted physical educator has an important role in designing an individualized educational plan for students with disabilities so that they can participate to the fullest extent possible in school physical education. Typical responsibilities of the Adapted PE specialist include:

- Providing direct services (hands-on teaching)
- Completing comprehensive motor assessments of individuals with disabilities and making specific program recommendations (assessment specialist),
- Consulting with physical education and special education staff who are providing physical education instruction for individuals with disabilities
- Serving as an IEP (Multi-disciplinary Team or Admission, Review, Dismissal) Committee member who helps develop the IEP in the psychomotor domain
- Advocating for the student and parent
- Coordinating the development of curricular materials, intra- and inter-agency collaborations to meet the needs of individuals with disabilities, and
- Monitoring progress on IEP's (Texas Women's University, [Project INSPIRE](#)).

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## ***What skills does an Adapted Physical Educator need?***

According to the [Web site](#) of Texas Women's University's Project INSPIRE, "the Council for Personnel Preparation for the Handicapped (sic) endorsed the following recommendation for competencies in adapted physical education:

- Knowledge of motor characteristics, behaviors, and developmental sequences (including birth through age 21) associated with various disabilities in relation to normal motor development;

- Knowledge of neurological basis of normal and abnormal motor control and sensory motor integration methods for teaching physical education to individuals with severe disabilities, nonambulatory individuals, and individuals with multiple disabilities;
- Skills in psychomotor assessment and a variety of physical education techniques and procedures for implementing the individual education plan; and
- Developmental teaching methods/materials and gymnasium organizational abilities in physical and motor fitness, fundamental motor skills and skills in aquatics, dance, individual and group games and sports for individuals with disabilities and/or motor problems."

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***What if a school district does not have an adapted physical educator on staff to provide the service determined necessary by the Planning and Placement Team (PPT)?***

If the PPT determines that the student requires APE services to meet that student's educational needs and to receive a free and appropriate public education, then the district must find a way to provide the service. Substitution of related services in place of adapted physical education is not an acceptable alternative. Providing adapted physical education services can be done through a number of methods:

- Through district support of professional development, generate qualified, in-school or district-wide expertise to meet students' physical education programming needs.
- Consult with district personnel for an appropriately certified local/private service provider.
- Secure appropriately certified contracted services from a local provider.
- With mutual agreement by the school district and the parents, find others who are appropriately certified and have specific training in the area of need.



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## Legal Basis for APE

### ***What is the basis for physical education services for students with unique learning needs?***

Physical education is explicitly included in the definition of special education, according to the IDEA. This has been the case since the original law, PL 94-142 Children who do not have qualifying conditions for physical education under the IDEA may be entitled to individualized physical education services and programs under Section 504 of the Rehabilitation Act of 1973.

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## Federal Legislation

Federal and state laws govern special education services that are to be provided for students with disabilities in a public school setting and provide some protections for students with disabilities attending private schools.

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## The Individuals with Disabilities Education Improvement Act

The original federal law, known as Public Law 94-142 or the Education for All Handicapped Children Act (1975), set a mandated precedent ensuring that students with disabilities receive a free and appropriate public education. PL 94-142 further mandated that physical education services, specially designed if necessary, must be made available to every student receiving a free and appropriate public education (FAPE). Through the various re-authorizations of PL 94-142, now termed the IDEA (Individuals with Disabilities Education Improvement Act, 2004), physical education continues to be an area of curriculum specifically placed within the definition of

special education. The IDEA is thus a federal law that governs the provision of special education services for children with disabilities.

The United States Code defines special education as the following: specially designed instruction, at no cost to 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
- Instruction in physical education
- Physical education is distinctly outlined as an essential area of instruction for students with disabilities, protected under the IDEA.

According to the IDEA *a child with a disability* means a child with mental retardation, hearing impairment including deafness, speech or language impairment, visual impairment including blindness, serious emotional disturbance, orthopedic impairment, autism, brain injury, learning disability, deafblindness, or multiple disabilities or other health impairments that require special education or related services (OSE/RS, 2006).

The IDEA defines physical education as the development of

- Physical and motor fitness
- Fundamental motor skills and patterns
- Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports)

Physical education includes special physical education, adapted physical education, movement education, and motor development.

The IDEA further specifies:

- General physical education services, specially designed if necessary, must be made available to every child with a disability receiving a free and appropriate public education.
- Each child with a disability must be afforded the opportunity to participate in the general 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 individualized education program (IEP).

Additional information is available on the [IDEA Web site](#).

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## ***What if a student has a disabling injury, illness or condition that interferes with learning in physical education, but does not meet the criteria for a learning disability and an Individual Education Program?***

### **Section 504 of the Rehabilitation Act of 1973**

Section 504 of the Rehabilitation Act of 1973 is a federal civil rights law designed to protect the rights of individuals with disabilities. Specifically, it prohibits organizations and employers who receive financial assistance from any federal department or agency from excluding individuals with qualifying disabilities from participating in or having access to programs. It was developed to protect the community of people with disabilities who, due to an impairment or disabling condition, may not otherwise have been able to access programs and services funded (in part or whole) by the federal government. The integrity of this act is upheld through a meaningful evaluation process. It was designed to eliminate discrimination against any student with a disability in any program offered by the school district. Public schools receive funding from the federal government; therefore Section 504 of the Rehabilitation Act applies to the public school environment.

**Section 504** of the Rehabilitation Act of 1973 states that:

No otherwise qualified individual with a disability shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any other program or activity receiving Federal financial assistance.

The development of a 504 plan is always in the context of general education. Providing an individualized education program (IEP) is a means of Section 504 compliance. Since the IDEA governs the IEP process, this document does not discuss special education in terms of Section 504. Compliance with the IDEA results in compliance with Section 504 of the Rehabilitation Act.

In the absence of an IEP, to be protected under Section 504, a student must be determined to have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or be regarded as having such an impairment.



Section 504 requires that school districts provide a free and appropriate public education to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities (34 CFR sec/104.3 [j] [1]). Major life activities include functions such as caring for oneself, walking, writing, learning, breathing, performing manual tasks, seeing, hearing, speaking, working, and

even broader issues such as emotional illness. However, the limitation of a major life activity due to disability must have relevance to the educational environment. The relevance need not be directly related to a limitation in learning, but it must be related to an inability to receive a free and appropriate education due to the impairment.

An evaluation process conducted by the school determines whether a student qualifies for services or accommodations under Section 504. Formal testing is not required. The evaluation process refers to a collection of information from a variety of sources. If a determination is made that a student's disability substantially limits a major life activity and confounds access to a free and appropriate public education (FAPE), then a 504 plan is developed to document necessary accommodations for that student to access a free and appropriate public education.

The determination of specific services and accommodations under a 504 plan is made at the district level. This determination is made after the evaluation process, which must first determine that the student in question does indeed have an impairment or has been regarded as having an impairment that substantially limits one or

more life activities. Typically, weaknesses in performance areas such as motor planning, visual motor integration, sensory processing, etc., do not qualify as impairments that substantially limit a major life activity, resulting in the denial of FAPE. However, exceptions to this general guidance may arise, and these are determined at the district level after an evaluation process.

The relationship between Section 504 and the Individuals with Disabilities Education (IDEA) can be confusing. Both laws involve students with disabilities because all students who qualify as "disabled" under the IDEA (Special Education) are considered to also be disabled under Section 504. In other words, Section 504 covers all the disability categories identified by the IDEA. Section 504 prohibits discrimination against students with disabilities in special education in addition to other mental and physical impairments not identified under the IDEA. Some of these disabilities are: Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), asthma, diabetes, and a host of other medical conditions. Section 504 disabilities generally are served in regular education programs with accommodations. (Source: U.S. Department of Education, 2012. [Frequently Asked Questions About Section 504 and the Education of Children with Disabilities](#); and Colorado Department of Education 2007, 6-7. Reprinted and adapted with permission.)

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## **Similarities and Differences Between Section 504 and the IDEA**

### ***What is the difference between the IDEA and Section 504?***

The following section describes the elements that the IDEA and Section 504 have in common as well as the differences between them.

#### Common Elements

Both the IDEA and Section 504 include the following requirements:

- A free appropriate education must be provided.
- Students with disabilities must be educated with non-disabled students to the maximum extent possible.
- Operating guidelines must be developed to identify, locate and serve all disabled students living in the school district.
- Evaluation and service/accommodation procedures must be established.

## Differences

Important differences between the IDEA and Section 504 are:

- The definition of a disability under Section 504 is much broader than the categorical definitions under the IDEA. Section 504, because it is a discrimination law, also protects all special education students.
- Section 504 is a civil rights law. There is no funding associated with compliance. It is not a program or intervention system. The district must simply "accommodate" for the disability. Special Education, under the IDEA, is partially federally funded. Interventions are specific and compliance is strictly monitored.
- Section 504 is monitored by the Office for Civil Rights. The IDEA is monitored by the Department of Education.
- Section 504 covers all activities of the district and includes employees, parents, or anyone coming to school sponsored activities. The IDEA only covers specific students who must meet very clear eligibility requirements.
- The definitions of "disability" are different.
- Evaluation to determine eligibility is different for each law. Section 504 does not require as comprehensive an evaluation to determine if there is a disability as must be done under the IDEA.
- Observations, medical information and professional judgments are considered legitimate sources of evaluation under Section 504. There are no timelines for evaluation under Section 504 as there are under the IDEA. under Section 504 evaluations may be completed "within a reasonable period of time."
- Section 504 is intended to "level the playing field" usually by



eliminating barriers and providing reasonable accommodations. The IDEA requires a program of services with measurable and individual goals which must regularly be documented.

(Source: Northside Independent School District, San Antonio, Texas, [Special Education Department Web page](#). Reprinted and adapted with permission).

Public schools receive funding from the federal government, therefore Section 504 of the Rehabilitation Act applies to the public school environment. ([Your Rights Under Section 504 of The Rehabilitation Act](#), U.S. Department of Health and Human Services, Office for Civil Rights, Washington, D.C. 20201)

Additional information is available from the [U.S. Department of Education](#), the Connecticut State Department of Education's [Bureau of Special Education](#), and [Wrightslaw.com](#).

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## **Defining APE Best Practice in Connecticut Schools**

### ***How is APE delivered?***

[Adapted physical education](#) should be available to students with disabilities who are eligible for special education. Direct service APE is provided by a qualified specialist to students who have needs that cannot be adequately addressed in the regular physical education program. In addition to APE, other service delivery options include APE collaboration and APE consultation, specially designed physical education, modified physical education, and general physical education.

Provision of APE is based on the same process of referral, assessment, and individual program planning that other special education services follow. An assessment and evaluation of motor skills performance is considered by the PPT in determining how specialized physical education is to be delivered.

The State must ensure that public agencies in the State comply

with the following:

(a) General. Physical education services, specially designed if necessary, must be made available to every child with a disability receiving a free and appropriate public education, unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.

(b) General physical education. Each child with a disability must be afforded the opportunity to participate in the general physical education program available to nondisabled children, unless

(1) The child is enrolled full time in a separate facility; or

(2) The child needs specially designed physical education, as prescribed in the child's IEP.

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

(d) Education in separate facilities. The public agency responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services in compliance with this section (U.S. Department of Education, 2004. [Sec. 300.108 Physical education](#)).

Federal law guarantees the opportunity for students to participate in physical education regardless of physical, cognitive, or emotional abilities. Finding the least restrictive environment (LRE) for each learner is both a federal mandate and a best practice. The environment is considered to be least restrictive when it matches individual abilities and appropriate services and provides students with as much independence as possible.

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## **Continuum of Service**

The continuum of adapted physical education services should emphasize meaningful student participation in developmentally and age-appropriate curriculum content.

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## **Adapted Physical Education Service Delivery**

There are several configurations commonly utilized for delivery of adapted physical education. The selection of the delivery configuration is determined by the needs of the student and the selection of service delivery method that best meets that student's learning needs as determined by the PPT. The configurations are listed from least restrictive to increasingly restrictive.

### General Physical Education Setting

Some students may receive adapted physical education services indirectly through consultation. That is, the adapted physical education teacher consults with the general physical education teacher and/or the paraprofessional frequently to give specific curricular modifications for a student and to monitor student progress in physical education.

In the general physical education setting

- The general physical education teacher provides instruction.
- The student participates successfully in the general physical education setting.
- The student understands basic rules and concepts.
- The student follows instructional transitions

### General Physical Education Setting with a General Physical Education Teacher Making Curricular Accommodations

In the general physical education setting with a general physical education teacher making curricular accommodations

- Primary responsibility for instruction resides with the general physical education teacher.
- The general physical education teacher makes curricular accommodations if needed.
- The student participates successfully in the general physical education curriculum with modifications made by the physical education teacher.

Modifications and interventions that are attempted for a particular student, and the student's response, should be documented for a specified time before a referral is made for adapted physical

education.

APE Teacher Consultation with General Physical Education Teacher (paraprofessionals may be included in this approach)

If it is determined that adapted physical education is the appropriate intervention

- The Adapted Physical Education teacher consults with the general physical education teacher, assistants and other professionals working with the student.
- A paraprofessional may be needed to assist the student in the general physical education class.

Consultation may also include: providing staff inservice, communicating with staff and parents, providing resources, modifications and adaptations of the program, including instructional strategies, facilities, and equipment.

The APE teacher works collaboratively with the general physical education teacher within the general physical education classroom. (Paraprofessional is included)

The Adapted Physical Education teacher collaboratively works with the general physical education teacher and assistant and assists the student so that they can successfully participate in the general physical education setting. The Adapted Physical Education Teacher may team teach with the general physical education teacher.

Collaborative Consultation

Collaborative consultation is a process in which the adapted physical education teacher works with other members of the IEP team to plan individualized instruction. Collaborative consultation results in a program that is coordinated with all the services and educational programs and activities in which the student is involved.

Direct APE Instruction provided to a student(s) by an APE Teacher

Some students may have difficulty functioning within the general physical education environment, and they may benefit from receiving adapted physical education instruction in a different educational setting that meets their individualized educational needs according to the IEP and the recommendation of the IEP

team It is taught by an APE teacher either independently, with or without paraprofessionals, or in a team teaching situation with either a general physical education teacher or a special education teacher.

- If the student's identified educational needs require the support from an APE teacher
- The student participates in general physical education and receives individualized instruction from the Adapted Physical Education Teacher.
- Instruction may take place in the general physical education setting, small group, individualized setting, or in a combination of settings supported by the Adapted Physical Educator (adapted and reprinted with permission from Colorado Department of Education 2007, 18-22).

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## Least Restrictive Environment

Adapted physical education is a comprehensive service delivery system put in place to assure that a child with a disability and identified needs has an appropriate physical education program. Problems within the psychomotor domain can be addressed by ecologically based assessments, individualized programming, modification of traditional physical education activities and equipment, and by providing instruction in a variety of ways. Adapted physical education should not be conceptualized as a placement or setting; rather, it is a composite of beliefs and practices designed to assure high quality physical education for all students. These services are delivered in many forms, ranging from general physical education class with few modifications, to physical education class with support, adaptations, specialized equipment and compensatory rules, to physical education class augmented with additional adapted physical education instruction. Although this occurs rarely, the needs of some students with disabilities are best met in separate adapted physical education classes, but this last offering should be pursued only after all other options have been explored in an effort to provide quality programming for the student.

*By 2012 and beyond, the expectation prevails that schools will provide an inclusive environment that provides for all learners the opportunity to succeed and to thrive.*

The 'Least Restrictive Environment' section of the IDEA clearly makes this point:

To the maximum extent appropriate, children with disabilities, including those in public or private institutions or other care facilities, are educated with children who do not have disabilities; and special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature and severity of the disability is such that education in regular classes cannot be achieved satisfactorily (U.S. Department of Education, 2004, [Sec. 300.114 LRE Requirements](#)).

Additional information related to the IDEA is available at <http://idea.ed.gov>.

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### ***What does LRE mean, and how does this apply to physical education?***

**Least restrictive environment** (LRE) refers to a mandate in the IDEA that students with disabilities should be educated alongside students without disabilities whenever possible. Removal of students from the general physical education setting should only occur when such a placement cannot be achieved satisfactorily, even when the student is provided support (Block, 2000). All services and supports depend on the IEP committee's recommendations about the individual's unique needs, appropriate education, and LRE.

There are a variety of placement options for physical education such as full-time general physical education without any extra support, APE consultant for general physical education, part-time APE (fixed schedule such as every Tuesday and Thursday or alternating schedule which APE intervenes during specific skill development), or full-time APE. For example, a high school student who uses a walker might have difficulty participating in activities that require eye hand coordination such as basketball or hockey; therefore, an APE teacher may provide assistance during these units "fixed schedule." On the other hand, this same student might do well in a wrestling unit where no extra help is needed. Therefore, a flexible schedule, the student would be placed in the general physical education class with an APE specialist providing

consultative support for the wrestling unit.

When activities are inappropriate (e.g., unsafe, very competitive, regulation games) the APE specialist can pull the student out of general physical education and work on more appropriate activities. The key issue and concern should be where the students' unique needs could appropriately be achieved while considering the least restrictive environment mandates (adapted and reprinted with permission from <http://www.pelinks4u.org>).

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### ***What are the least restrictive environment (LRE) options in physical education that the Planning and Placement Team should address?***

**Instruction in the least restrictive environment (LRE)** refers to adapting or modifying the physical education curriculum and/or instruction to address the individualized abilities of each student. This means that to the maximum extent appropriate, children with disabilities are educated with children who are nondisabled and that the removal of children with disabilities from the general education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Adaptations are made to ensure that each student is afforded an opportunity for safe and meaningful participation in the LRE Placement decisions are outlined in the IEP and may include one or more of the following options:

- The general physical education setting
- The general physical education setting with a general PE teacher making curricular accommodations
- APE teacher consultation with general PE teacher (paraprofessional can be included)
- APE teacher collaboration within the general physical education program (paraprofessional can be included)

Direct APE instruction provided to a student on a one-on-one or small group basis by an APE with support from the paraprofessional as appropriate. (See [service delivery models](#))

For all practical purposes, Adapted Physical Education **IS** developmentally appropriate education. It is adapting, modifying, and/or changing a physical activity so it is as age and grade appropriate for a person with a disability as it is for a person without a disability.

The Adapted Physical Educator is a direct service provider, not a related service provider. Physical education is a federally mandated component of special education services. This means that physical education must be provided to the student with a disability as part of that student's special education. This is contrasted with physical therapy and occupational therapy which are related services (adapted and reprinted with permission from Colorado Department of Education 2007, 10).

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## **Reporting and Documentation**

### ***What are the reporting and documentation requirements for IEPs?***

The adapted physical educator will report on student progress at the following intervals:

- Initial IEP assessment
- Quarterly progress reports
- Annual IEP review
- Triennial progress review and comprehensive assessment
- As appropriate to the program and/or requested by family/administration

The adapted physical educator will document student progress regularly for the following purposes:

- Monitor progress toward specific skill development.
- Inform instructional practices.
- Develop information towards consulting with general PE teachers, other teachers, and related service providers.

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## Initial, Annual and Triennial Evaluations

A re-evaluation of each student is conducted if conditions warrant or if the student's parents request and the school agrees to a re-evaluation. At a minimum, students are re-assessed once every three years. For a three-year evaluation, APE teachers must complete an appropriate adapted physical education comprehensive assessment. The purpose of an evaluation or re-evaluation is to determine whether the child has or continues to have a disability and, if so, to determine educational needs.

According to IDEA – Reauthorized Statute 34 CFR 300.303 and 20 U.S.C. 1414(a)(2):

(A) A reevaluation shall occur

(i) not more frequently than once a year, unless the parent and the local educational agency agree otherwise; and

(ii) at least once every three years, unless the parent and the local educational agency agree that a reevaluation is unnecessary.

(B) Additional requirements for evaluation and reevaluations (in addition to the previously outlined requirements):

Review of existing evaluation data.

As part of an initial evaluation (if appropriate) and as part of any reevaluation under this section, the IEP team and other qualified professionals, as appropriate, shall review existing evaluation data on the child, including:

(i) evaluations and information provided by the parents of the child;

(ii) current classroom-based, local, or state assessments and classroom-based observations; and

(iii) observations by teachers and related services providers.

Each district must conduct an individual evaluation of each student's educational needs before the initial provision of special education and related services to a student with a disability. Annual PPT meetings are conducted to identify the strengths and weaknesses of the student, to determine upcoming goals and objectives for the year, and to discuss appropriate educational programming for the upcoming year based upon monitoring data to assess a student's progress toward IEP goals and objectives. For an annual PPT meeting, the APE teachers complete a summary of

student performance, provide progress monitoring data, and outline appropriate goals and objectives tied to Connecticut physical education standards and performance indicators for the student (U.S. Department of Education, 2011. [Questions and Answers on Individualized Education Programs \(IEPs\), Evaluations, and Reevaluations](#)).

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## **Secondary School Reform in Connecticut and Comprehensive Student Support Systems**

### ***What are secondary school reform and student support systems as they apply to adapted physical education?***

As part of Secondary School Reform in Connecticut, Comprehensive Student Support Systems are being developed for implementation in all schools throughout the state. "Designing secondary schools where all students can learn and achieve at high levels requires attention to the needs of the whole child. Student success drives Connecticut's Plan for Secondary School Reform with the expectation that all students can and will succeed" ([Secondary School Reform in Connecticut Comprehensive Student Support Systems](#)).

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## **Student Success Plans**

On July 11, 2011, the Connecticut General Assembly passed Public Act 11-135 which includes a provision requiring each local and regional board of education to implement Student Success Plans (SSP). Commencing July 1, 2012, schools must create student success plans for each student in Grades 6-12.

**Figure 1. Student Success Plan**

The Student Success Plan (SSP) is an individualized student driven plan that will be developed to address every student's needs and interests to help every student stay connected in school and to achieve postsecondary educational and career goals. The SSP will begin in the 6th grade and continue through high school to provide the student support and assistance in setting goals for social, emotional, physical and academic growth, meeting rigorous high school expectations, and exploring postsecondary education and career interests. The Student Success Plan and supporting structures such as student portfolios and academic/personal records should be electronic and portable following the student from school to school and district to district.

**Student Success Plan implementation should foster, support, monitor and document:**

- Regular mentor/advisor, student and family interaction
- Progress in meeting rigorous expectations
- 21st Century Skills
- Engagement, academic, career, and social/emotional/physical skills with connection to school/community
- Goal setting and related activities for:
  - academic growth
  - career exploration and planning
  - personal, social/emotional and physical growth
- Compilation of student best work samples and other SSP related documents in a portfolio system that includes Capstone Experiences
- Opportunities for workplace development and demonstration
- Written student reflection on personal strengths and areas that need improvement
- Communication between school and parent/guardian, and among school personnel
- Identification of students who need proactive support and intervention
- Active, responsible student participation in the plan development and continued evolution.

([Connecticut State Department of Education](#), 2011)

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### **Core Components of Effective Student Success Plans**

An effective Student Success Plan is built around three core components:

- Academic Development

- Career Development
- Social, Emotional and Physical Development

(Aligned with [Connecticut Secondary School Reform Plan](#) and [Connecticut Comprehensive School Counseling Program Guide](#))

The **Social, Emotional and Physical Development** component is particularly relevant to students who receive adapted physical education services. The Student Success Plan supports positive social, emotional and physical development, allowing students to more fully engage in the school environment and take the risks necessary for optimal academic performance. Student success within may be exemplified through establishing and maintaining positive interpersonal relationships, managing feelings and emotions, engaging in behaviors supportive of positive physical health, demonstrating an appreciation for the needs of others, and embracing opportunities for academic, career, and postsecondary success.

Specific Model Criteria for the SSP:

- Effective decision-making skills
- Empathic interactions and community service
- Utilizing supportive resources
- Healthy and safe life skills/choices
- Broadened awareness of self within a global context

These specific model criteria are closely aligned with the development objectives of the [Healthy and Balanced Living Curriculum Framework for Physical Education](#)

(Connecticut State Department of Education, 2006)

### **Figure 2. Aligning Student Success Plans (SSPs) with IEPs, SOPs, Section 504 Plans, and Individualized Healthcare Plans**

Students with disabilities have multiple plans to address their specific needs, including Individualized Education Programs (IEPs) that contain transition goals and objectives in postsecondary education/training and employment/career as well as independent living skills, if appropriate. Students with disabilities who have IEPs also are required to have a Summary of Performance (SOP) that identifies their academic and functional performance levels when they exit high school, accommodations and services that they have received throughout high school

and provides a self-reflection of the student's strengths, needs, and goals.

Students with disabilities who do not receive special education services might have a Section 504 Plan that describes the accommodations and related services necessary to provide them with equal access to educational curricula and activities. Students with disabilities or medical conditions, regardless of whether they have an IEP or a Section 504 Plan or neither, might also have an Individualized Healthcare Plan (IHP) that addresses specific healthcare needs.

The Student Success Plan cannot replace any of these plans since they are each legal documents that detail specific services, treatment or accommodations to which students with disabilities or medical conditions are entitled. However, all students should have a SSP and for students with disabilities, it would be in addition to one or more of the document previously mentioned. Students with disabilities should be integrated into the SSP process and have access to students with and without disabilities as well as adults in the advising/mentoring component that is used to develop and implement the SSP.

Because of the confidential nature of IEPs, SOPs, and Section 504 and IHC plans, CSDE recommends that the SSP should be attached to these legal documents and can inform their development throughout a student's school career. Specific information from these legal documents that is not confidential or does not imply that a student has a disability or a medical condition could be incorporated directly into the SSP (e.g., postsecondary goals, career interests and preferences, use of technology) for better alignment. However, students and staff must be provided with guidance regarding privacy and confidentiality laws and the public use of confidential information in the SSP that could directly or inadvertently reveal that a student has a disability or medical condition. Nonetheless, the person(s) responsible for the legal documents should be collaborating with the SSP advisor/mentor as well as the student and his/her family to develop and keep the SSP up to date in an appropriate manner. CSDE believes that the wealth of information in the SSP can be a critical element in developing these other documents/plans to support the college and career readiness of students with disabilities.

(Connecticut State Department of Education, Bureau of Special Education, 2-28-12.)

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## **Transitions through Developmental Stages**

***What is meant by "Transitions through***

## ***Developmental Stages?"***

"Transition is movement or change without interruption. It should be a smooth flow from one place or situation to another. The process of transitioning children and youths with disabilities, as well as those without disabilities, occurs many times throughout their educational lives. The process begins at home, continues through early childhood education, middle or junior high school, and senior high school education, and culminates in postsecondary education or training. Each time the student moves to a new level or school, transition services should be addressed so he or she can successfully progress from one level to the next in his or her educational journey. Transition services make it easier to travel from one level to another in as smooth a manner as possible. A progression of this nature is needed in order for students with and without disabilities to become productive, independent citizens" (Folsom-Meek, Nearing and Bock, 2007, 38).

Amendments to the Individuals with Disabilities Education Improvement Act (IDEA, 2004) do not include transition-service guidelines for infants and toddlers and transition services for youths and young adults. IDEA Part C outlines the obligations of the states' early intervention system ([Birth to Three in Connecticut](#)) that would assist the child and family in a smooth and effective transition out of early intervention services to special education and/or other community supports and services. While the transition plan for a student receiving special education services is designed to prepare him or her for life after high school, transition can start before a child enters preschool (Folsom-Meek, Nearing and Bock, 2007).

The transition process should begin when the child and family are first introduced to the school system. In order to build relationships and earn trust, start by providing families with written information and engaging them in a variety of activities. Collaborating and building partnerships among families and early care and education agencies serving the child (e.g., Birth to Three system, Head Start, child care, preschool/school and other special services) is critical (Connecticut State Department of Education, [Family-Friendly Services for Preschool Special Education](#), 13).

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## Early Childhood

A preschool-age child is defined as a child aged 3 years or older not yet attending Kindergarten (Connecticut General Statutes, Title 10, Chapter 164, § 10-16p). Preschoolers with developmental delays, defined as failure to meet certain developmental milestones, such as sitting, walking, and talking, at the average age often possess concomitant delays **impeding** their abilities to learn and demonstrate age-appropriate behaviors in activities of daily living. Such delays include (but are not limited to) motor, psycho-social, speech/language, emotional, and cognitive (McGraw-Hill, 2002).

In *Using Occupational Therapy Strategies By Adapted Physical Educators And Classroom Teachers For Preschoolers With Developmental Delays*, Murata and Maeda (2007) state that, "delays in the motor domain, such as in fundamental motor patterns, can correlate negatively with a preschooler's ability to learn, play, and interact with others and the environment. Fundamental motor patterns provide the infrastructure for learning activities of daily living, games, and sports. Further, a child who does not develop adequate fundamental movements may exhibit lower self-concept and social development. Preschoolers with developmental delays need motor skills acquisition to interact with the environment and to learn and perform daily living skills



In the same article, Murata and Maeda describe the motor domain as, "a major component of many preschool programs in special education and is an integral part of a preschooler's developmental growth." Language in Public Law 108446 (Individuals with Disabilities Education Act) further supports the inclusion of a motor coordination and development program. Motor programs for children ages 3-5 in the form of a semi-structured physical activity or movement

program are mandatory per the IDEA. The importance of providing



developmentally-appropriate physical activity is highlighted to an even greater degree when consideration is given to preschoolers with developmental delays. Preschoolers should be provided with a movement program that has exploration and guided discovery as its foundation, with spiraling learning concepts facilitated by teacher interaction when needed in order to address delays in motor patterns. Collaboration with related services, if needed, should be integrated within a movement program (Murata and Madea, 2007).

A collaborative approach is especially beneficial when preschool classroom teachers are responsible for implementing a developmentally-appropriate motor program. Classroom teachers are typically not movement specialists in schools, and general educators including preschool teachers often have insufficient knowledge and skills related to motor development or in teaching to the psychomotor domain. It is logical for preschool classroom teachers to seek assistance from various resources with whom to collaborate, such physical educators, adapted physical educators and related services personnel such as physical therapists and occupational therapists. (Murata and Maeda 2007).

Early childhood special education as defined by the federal law known as the Individuals with Disabilities Education Act (IDEA) is for 3-, 4- and 5-year-old children with disabilities who require special education. In Connecticut, special education and related services are available to eligible children by age 3 and are provided by local and regional school districts.

Information and resources related to Early Childhood Special Education can be found on the [corresponding section of the Connecticut State Department of Education's Web site](#). Additional Connecticut State Department of Education resources include [Ready By 5 & Fine By 9 / Connecticut's Early Childhood Investment Framework 5-9 \(2006\)](#); [Connecticut Preschool Framework, 2006](#); [Connecticut Preschool Assessment Framework, 2008](#).

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### **Transition to Elementary and Secondary Grades**

Regardless of abilities or disabilities, a healthy body allows one to function better in all aspects of life, and it is that concept that



suggests that the adapted physical education (APE) specialist can contribute to all components of transition services, and not just to the recreation and leisure component of community participation. While providing for a coordinated transition from one stage of a student's education to another is highly recommended, it is not required in the Code of Federal Regulations. Technically and legally, transition services are required to assist students in moving to adult life (see [Transition to Adult Life](#) below).

Additional members are needed for transition planning along with the regular PPT members. The amendments to the IDEA (2004) mandate that PPT members include the student, parents or family, special education teacher(s) (including the APE specialist), and general education teacher(s). Representatives of community agencies are not required by the IDEA at the elementary level, but should be considered integral members of IEP transition teams because this is the group of professionals who provide post-school opportunities and support and with whom the student must learn to relate and cooperate during adult life. Seaman, DePauw, Morton, and Omoto, (2003) assert that although students may or may not have previously been part of their PPT, they are important contributors to their transition planning and according to IDEA 2004, must be invited to any PPT where transition planning is being discussed. Student preferences and interests form the foundation of transition planning. Student and family interests and input in the decision-making process adds value and meaning to the transition planning done by the rest of the PPT. Consequently, cooperation and collaboration between and among all team members is essential for the success of the youth or young adult (Folsom-Meek, Nearing and Bock, 2007).

The Individuals with Disabilities Education Act Amendments of 1997 recognized the importance of early planning for post-school life (IDEA 1997; PL 105-17, 20 U.S.C. sec.1400 ). The 2004 amendments require that by the student's 16th birthday, transition services must be provided by the local education agency. Transition services are defined as a coordinated set of activities designed within an outcome-oriented process that promotes movement from school to post-school activities including community participation. Community participation is the area within transition services in which the general or adapted physical

educator can address programming needs in physical activity (Sayers, Shapiro and Webster, 2003).

Although IDEA 1997 does not require the local education agency to consider transition activities and sites for students with disabilities before the student's 16th birthday, it does suggest that services could be provided earlier if the PPT feels this is appropriate.

Therefore, one should consider the student's abilities, interests, and opportunities for community-based sport and recreation participation while the student is in elementary school. Doing so should help the student to become physically active during his or her elementary and middle school years and to develop skills and interests for maintaining that activity later in life (Sayers, Shapiro and Webster, 2003; deFur, 2000).

"Research indicates that sport and recreation participation improves and enhances self-concept, competence, and social skills of individuals with disabilities (Martin and Mushett, 1996,75; Ravesloot, Seekins, and Young, 1998, 81). Yet, individuals with disabilities have been found to engage in fewer recreation activity programs and sports than their peers without disabilities (Hodge and Dattilo, 1995, in Sayers et al., 2003). For example, during leisure time, individuals with intellectual disability report spending their time watching television, listening to the radio, and talking on the phone (Hodge and Dattilo, 1995 in Sayers et al., 2003.) The lack of involvement in sport and recreation activities during leisure time may be largely attributed to the lack of exposure to selected activities throughout the school years (Hodge and Dattilo, 1995 in Sayers et al., 2003) and no doubt contributes significantly to the pattern of overweight, obesity and obesity-related conditions and diseases prevalent in disabled populations (U.S. Department of Health and Human Services, 2007). Such findings highlight the need to teach individuals with disabilities functional community-based lifetime sports and recreation skills at as early an age as possible. Early teaching can enable students with disabilities to acquire the skills necessary to successfully transition into a variety of community sport and recreation programs as adults" (Sayers, Shapiro and Webster, 2003).

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## Transition to Adult Life

It is the APE teacher's responsibility to recognize and teach students with disabilities how to overcome the barriers for transition into adult community life or post-secondary school opportunities. In order to achieve this APE teachers need to concentrate on activities in the community that promote a physically active lifestyle while enhancing the health and wellness of students with disabilities. Upon graduation, students with disabilities should know how to plan their activity, perform their activity and become personally responsible for participating in recreational activities on a regular basis. Benefits are not limited to recreation and fitness for employment, however. In addition to a healthy lifestyle, health-related physical fitness, motor competence and mobility, and overall wellness will contribute to the student's post-secondary goals in education and employment as well as independent living and community participation.

According to the Code of Federal Regulations 300.43(a) (IDEA, 2004), the term "transition services" means a coordinated set of activities for an individual with a disability that:

- (1) Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of a child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.
- (2) Is based upon the individual child's needs, taking into account the child's strengths, preferences, and interests.
- (3) Includes instruction, related services, community experiences, the development of employment and other post-school adult-living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation (U.S. Department of Education 2007, *IDEA Regulations: Secondary Transition*; U.S. Department of Education 2006, *Individualized Education Program [IEP]*; and U.S. Department of Education 2006, *Topical Brief: Changes in Initial Evaluation and Reevaluation*).

For students receiving transition services or who are of transition age, physical education program planning shifts away from a

school setting toward community or postsecondary education settings. Goals and objectives for physical education fall primarily within the areas of recreation/leisure and physical fitness skills necessary to support vocational, health, and daily living activities and community participation. At this level, the goals and objectives in adapted physical education should emphasize the student's interests and preferences as related to physical fitness and participation in recreation and leisure activities.

The adapted physical educator's role in supporting transition services is to facilitate the student's use of community recreation and fitness resources. To achieve this, the adapted physical educator might conduct classes in the community, but will often collaborate with the transition specialist or special education teacher in conducting physical education instruction in these settings. This will usually result in less frequent direct instruction by the adapted physical educator, with increased consultation of the adapted physical educator with the transition coordinator, special education teacher, or community recreation leader.

Adapted physical education services for students receiving transition services or who are of transition age are likely to differ from those on IEPs of younger students in several ways:

- Activities are more frequently conducted in community or postsecondary settings.
- Goals and objectives are closely related to student interests and preferences rather than to Connecticut PE standards.
- Activities are part of a coordinated set of activities that promotes movement from school to post-school living.
- Less direct instruction from the adapted physical educator and more collaborative consultation.
- Emphasis is on assisting students to achieve their post-school goals.

Schools prepare students to be productive, contributing adults in their community. Students with disabilities need instruction to occur in many places, including home, school, and community settings. For students receiving transition services, physical education program planning and curriculum options incorporate community or postsecondary settings. Recreation and leisure become the

objectives for physical education in an effort to support vocational, health, or daily living activities and life-long community participation. These objectives should be aligned with the individual student's interests, preferences and postsecondary goals. For example, staying healthy and being physically fit are critical for obtaining full-time competitive employment, or for dealing with the stress of being a college student, or meeting the challenges of a demanding work environment and being a responsible citizen.

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## **Termination of Services**

The following criteria should be considered for termination of APE services and can be determined at an IEP review meeting with PPT agreement:

- Student has met all APE objectives on his/her IEP.
- Student is performing successfully in the general PE curriculum with minimal adaptations by the general PE teacher.
- Student has met graduation requirements for PE and does not intend to take further PE classes.
- Student has physician waiver/exemption from PE.
- Student is able to receive reasonable benefit from general physical education alone.
- Student is functioning within typical range of motor skills.
- Student is able to adapt and modify his/her own activity with the general educator's assistance.

Student is able to participate in recreation and leisure programs in transition programs.

### Section 3:

## Defining APE Best Practice for Connecticut Schools

### *What is adapted physical education?*

Adapted physical education is an individualized program of instruction created for students with disabilities that enables success in physical education. In the context of APE, "adapt" means "to adjust" or "to fit" modifications to meet the needs of students.

APE is a subdiscipline of physical education and encompasses the same components associated with physical education, providing safe, personally satisfying and successful experiences for students of varying abilities. The curricular purposes of adapted physical education align with those of physical education. The Individuals with Disabilities Education Improvement Act (IDEA) includes in the definition of adapted physical education physical and motor fitness, fundamental motor skills and patterns, skills in aquatics and dance individual and group games and sports, including lifetime sports, designed to meet the unique needs of individuals ages 0-21.

APE should be diversified and include developmental and remedial activities. APE is a direct service, not a related service. APE services should include assessment and instruction by qualified personnel prepared to gather assessment data and provide physical education instruction for children and youth with disabilities and developmental delays.

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## Defining APE Best Practice for Connecticut Schools

Federal (IDEA) laws mandate that special education and related services be provided to students with individualized educational

programs (IEPs). Special education includes physical education as a direct educational service (34 CFR §300.39(a)(1), Federal Register), while physical therapy, occupational therapy, and therapeutic recreation are related services. The related services are mandated if needed, to ensure that the students with Individual Education Programs (IEP) receive the intended benefits of their special education programs.

Students who exhibit problems with motor performance, physical mobility, and functional independence that interfere with their ability to participate in and benefit from their educational programs should receive APE. Students with unique learning needs are often referred to occupational therapy, physical therapy, and therapeutic recreation for individualized programs. While these service providers share many commonalities in their roles and concerns, they are not interchangeable, and may be provided to children with disabilities at the specific recommendation of the Planning and Placement Team (PPT)

In Connecticut, physical education services are recognized as part of the legal mandate to provide a free and appropriate public education for children and youth who qualify for special education services. The benefits include:

- Promotion of physical activity as part of an active lifestyle
- Development of fundamental motor skills necessary for participation in sports with peers
- Enhancement of self-esteem and self-image
- Increased physical independence, self-help skills or skills that promote independence and self-sufficiency and/or mobility
- Decreased health-related complications
- For early childhood or young childhood, development of functional and developmentally appropriate motor skills that allow the child to play and participate in an educational environment with typically developing peers

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## **Inclusion**

## ***What is inclusion and should all students with disabilities be included in PE?***

The IDEA definition of **inclusion** means to educate to the maximum extent appropriate in public or private institutions, students with disabilities and students who are not disabled together. Inclusion and least restrictive environment are not synonymous terms. The mandate is for education in the least restrictive environment, which is the environment in which they would be educated in if not disabled.

Inclusion is the practice of ensuring the participation of student with disabilities in the general education setting. It is important for students with disabilities to participate in general physical education with age-appropriate peers. Full inclusion is the ideal least restrictive environment (LRE) if it meets the needs of the student. In this case, the general physical education classroom would be the least restrictive environment, one alternative of which is inclusion into the general PE class. The key question as to whether a student with a disability should be included is, can his/her individual and unique needs be appropriately achieved with supplementary aides and services (Block, 2000). To remove a student with a disability from the general PE environment, the burden is on the school system to clearly justify and document why this student's needs cannot be achieved in general physical education.

*Each general physical educator may require a different level of support or varied intensity of consultation when supporting a student with a disability within the general physical education environment.*



Because the IDEA has a strong commitment to educating all students together, it is very difficult to justify why students with disabilities cannot be included successfully in physical education with proper resources and adjustments to the curriculum and

instruction. For example, if a student is visually impaired, they can be a partner to a student who has normal vision, therefore during a basketball game they can run together, help in catching a ball and giving directions for passing and shooting. Simple modification to rules, standards, and equipment will help allow students with disabilities to participate meaningfully and successfully. However, the PPT and the APE teacher may determine that APE services, *in*



*addition to general physical education*, appropriately prepares the student with the individualized support he or she needs to benefit from general physical education.

Each public agency must ensure that, 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 nondisabled; 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 is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily ([Connecticut State Department of Education, 2007](#))

In **general physical education**, each child with a disability must be afforded the opportunity to participate in the general physical education program available to nondisabled peers, 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.

Benefits of LRE for Students with Special Needs:

- Affords a sense of belonging to a the school community
- Provides a stimulating environment to learn
- Provides opportunities for the development of friendships
- Enhances self-respect and affirmations of individuality
- Frequently results in greater motivation to perform
- Provides peer role models
- Provides opportunities to be educated with same-aged peers
- Mirrors the community at large and the post-school world

Benefits of LRE for All Students:

- Provides opportunities to experience diversity of society on a small scale in a classroom
- Develops an appreciation that everyone is unique and has abilities
- Develops sensitivity toward others' limitations and unique skills

Develops respect for others with diverse characteristics

- Increases abilities to be peer helpers and to help teach all classmates (Bronson and Raschke, 1999)

LRE in the general physical education setting should be considered and determined on an individual basis so that the child with a disability:

- may reasonably be expected to achieve IEP goals within a year
- can participate and demonstrate learning in the general education setting
- can demonstrate competency in state and district-wide physical fitness or skills assessment or alternative tests to match the child's unique needs (Tripp and Pilectic, 2004; Connecticut State Department of Education, 2009).

Program decisions are made on an individual basis and are determined by the assessment team during the IEP process. All placement decisions should result in a safe and meaningful program for the student. Modifications and adaptations should be based on:

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

Note: The recommended list may or may not be applicable to every student with a specific disability (IDEA LRE provisions §§300.114 through 300.117).

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### ***To comply with LRE, must students with unique learning needs always be included in the regular PE setting?***

Inclusion means educating students with disabilities in the regular education setting. The inclusive approach is encouraged and is

*While there are many opportunities for social interaction in physical education, the major purpose of physical education is to help students become active, efficient, and healthy movers." —Martin Block, 2000*

compatible with LRE provisions of the IDEA. To the greatest extent possible, children with disabilities should be educated with non-disabled peers. However, the continuum of alternative environments may be used if it is determined that full inclusion is not appropriate. For placement along the restrictive least restrictive continuum primary consideration must be given to the environment in which the student's learning needs are best met. Physical education placement in special or separate classes should occur only when the nature or severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (IDEA, 1997).

Successful inclusion is implemented when the quality of the student's learning experience is not compromised by placement in the regular curriculum setting.

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## **Curriculum and Instruction**

Many students needing APE participate in general physical education. Adapted physical education (APE) programs should align with the general physical education curriculum. The student needing APE is entitled to receive instruction in the psychomotor, cognitive, and affective domains that is comparable to that received by non-disabled students. The student's instructional program should be provided in the least restrictive environment (LRE). An appropriate individualized curriculum is intended to provide experiences that teach and reinforce skills necessary for safe and successful participation in the physical education setting.

Program activities should be selected to promote and enhance the skill development of the student. Teaching methods and instructional strategies must be designed to meet each student's unique learning style. These principles should guide the APE in the design of activities and development of instructional strategies:

- All students can learn.
- Students must be educated in the least restrictive environment.
- Essential, age-appropriate skills should be taught within the

student's developmental level.

- Activities should be designed to meet the goals of both APE and general PE programs.
- APE and general PE should be based on Connecticut's content standards for comprehensive physical education (CSDE, 2006, [Healthy and Balanced Living Curriculum Framework](#)).

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## ***What types of activities are required in adapted physical education?***

PL 105-17, IDEA, defines physical education as 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 intramurals and lifetime sports). Thus, physical education can include some or all components of the definition. Adapted physical education is referred to within the IDEA as physical education, special physical education, movement education, and motor development. Basically, APE encompasses the same activities as general physical education. However, APE activities are individually prescribed for students with disabilities while the regular PE curriculum is assumed to be appropriate for all typically developing students. For example, all fourth-grade students might take the Connecticut Physical Fitness Assessment and then work on physical fitness components. A child with a disability might need alternative ways to determine and practice functional physical fitness (e.g., demonstrating enough upper body strength to shoot a basketball at an 8-foot-high basket; enough aerobic endurance to play a modified soccer game for 10 minutes without stopping and sitting down) (Adapted and reprinted with permission from <http://www.pelinks4u.org/>). For physical education curriculum guidance, refer to Connecticut's [Healthy and Balanced Living Curriculum Framework for Physical Education](#) (CSDE, 2006).

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## ***How can regular physical education activities be adapted to include students with***

*Change the word "adapted" to "modified" and you have the idea of Adapted Physical Education. It is GOOD teaching which adapts (modifies) the curriculum, task, equipment, and/or environment so that ALL students can fully and meaningfully participate in physical education. — Colorado Department of Education 2007, 10)*

## ***disabilities?***

Making developmentally appropriate adaptations and modifications to physical education activities such as exercises, games, rhythms and sports in order to provide the opportunity for students to be successful is the purpose of adapted physical education. Adapted physical education can happen in classes ranging from regular physical education (for mainstreamed students, for example) to self-contained classrooms. Individualized PE can be provided in a group setting. Instruction, skills and activities should be geared to each student's unique abilities to the greatest extent possible. Wherever appropriate, students receiving adapted physical education should be included in the regular physical education class.

Too often students with disabilities have been made to sit out of physical education, or to assume sedentary roles such as scorekeeper and timekeeper, reinforcing that people with disabilities had to be passive in areas of physical pursuit, thus contributing to a pattern of obesity and shortened lifespans.

Adapted physical education shares the physical education goal of achieving >50%MVPA (more than 50 per cent moderate-to-vigorous physical activity), and sedentary alternative programs should be minimized or avoided. To develop active adapted physical education programs, educators work with parents, students, teachers, administrators, other professionals and the community.

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*"Games are for everyone, but not always in their traditional configurations."*

*– G. Don Morris Included with permission.*

*"You can modify any game to include anyone, accommodating a wide spectrum of abilities, interests, needs, and resources."*

*–Morris and Stiehl, Changing Kids' Games, 1999, 1.*

## **Universal Design for Learning**

Universal design for learning and universal design for instruction are terms that are used interchangeably. A traditional approach to instructional design might be to "teach to the middle," thus planning for what most students need and then modifying activities for those with unique needs and characteristics. In universal design, instruction is designed from the start with all learners in mind, thereby communicating that all students, as well as their unique abilities and characteristics, are valued, and establishing from the very beginning opportunities for all to learn.

Individuals bring a wide range of skills and abilities, needs, and interests to any learning situation. The universal design approach provides a framework for creating instructional goals, methods, materials, and assessments that work for everyone--not a single, one-size-fits-all solution but rather flexible approaches that can be customized and adjusted for individual needs.

There are implications of this approach in all domains of learning. Cognitively, recognition networks process what is learned through all of the senses – hearing, seeing, feeling, experiencing. Strategic networks are activated for how it is learned, planned, performed and expressed. The multiple ways that students can express what they know, get engaged, stay interested, motivated, challenged and excited contribute to development in the affective domain. The psychomotor domain, the primary realm of learning for physical education, involves planning skills, tasks and applications for physical and perceptual motor learning. When instructional design is approached with the abilities of all learners in mind, opportunities abound for all to learn and succeed.

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*"Placement in physical education never should be solely for social development, nor is it appropriate for students with disabilities to only have passive role such as scorekeeper." - Martin Block, 2000. Included with permission.*

## Differentiated Instruction

Learners often have a unique set of attributes that must be taken into account when teaching. In order for all students to succeed to the greatest extent that they can, teachers must accommodate many levels of functioning and learning within each group of students they teach. They must adjust and vary their approach based on the skills and unique learning needs each learner presents. Within a generalized teaching approach, many aspects of instruction can be modified to enhance instruction. A skilled educator keeps in mind the learner's abilities and makes changes to instruction on an individual – or differentiated – basis. Instruction should be focused on the *abilities* of each student, making modifications only as needed.

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***Is it acceptable to place a student in general PE and occasionally have the student go to APE to***

### ***work on particular skills?***

Yes. The PPT identifies the appropriate service delivery model based on the evaluation of the student's needs. The student may leave the general PE class to work individually with the APE teacher to learn and refine a skill (see [APE Service Delivery](#) in section 2).

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### ***What is community-based programming?***

Recreation is typically addressed in the physical education curriculum as lifetime physical activity skills or similar. However, helping students to make connections with physical activity opportunities in the community outside of school is, in part, the responsibility of the physical education teacher. The PE specialist plays a major role in recognizing opportunities in the community and identifying the skills the student needs to participate successfully. It is recommended that the PE specialist participate in the development of the ITP (individualized transition plan).

Once the recreation and leisure activity possibilities in the student's community have been evaluated, and the student's interests and capabilities have been assessed, plans can be developed for the student's participation in and pursuit of physical activities in the wider community outside of the school setting. Of particular focus in the overall assessment are activities that the family can enjoy together. Evaluate the student's skills in order to determine what must be learned to enable the student to be an active participant. By the time the student is 14, these activities should be addressed in the recreation section of the ITP (see [Transition to Elementary and Secondary Grades](#)).

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## **Evidence-Based Practice**

### **Scientific Research Based Interventions (SRBI)**

In the past few years, two important federal laws relevant to the challenges outlined above have impacted school districts across



the country, including those in Connecticut. The No Child Left Behind Act of 2001 (NCLB), a reauthorization of the Elementary and Secondary Education Act (ESEA), contains numerous provisions aimed at ensuring the academic growth and achievement of all students regardless of their race, ethnicity, fluency in English, disability or socioeconomic status. And in 2004, a major federal reauthorization and revision of the Individuals with Disabilities Education Improvement Act (IDEA 2004) was passed, with accompanying federal regulations published in 2006.



IDEA 2004 and its 2006 regulations allow school districts to use data from a process known as response to intervention (RTI) as part of the identification procedures for students with learning disabilities. RTI is the practice of providing scientific, research-based instruction and intervention matched to students' needs, with important educational decisions based on students' levels of performance and learning rates over time (NASDSE, 2005). In RTI, instructional and

social-emotional/behavioral supports for students are not premised on a particular label, program or place, but rather are provided based on students' needs.

Federal regulations associated with IDEA 2004 explicitly encourage schools to implement research-based interventions that facilitate success in the general education setting for a broad range of students. Furthermore, IDEA 2004 permits districts to use up to 15 percent of their special education funds to develop and implement coordinated, early intervening services for students in kindergarten through Grade 12 who need additional academic or behavioral support to succeed in the general education environment, but who have not been identified as requiring special education or related services (20 U.S.C. §1413[f], 34 C.F.R. §300.226).

The Connecticut State Department of Education developed an RTI process it refers to as *scientific research-based interventions*



(SRBI) to emphasize the central role of general education in the intervention process and the importance of educational practices that are scientific and research-based. RTI developed for use in Connecticut schools is referred to as SRBI ([Using Scientific Research Based Interventions: Improving Education for All Students – Connecticut's Framework for RTI \(2008\)](#), Connecticut State Department of Education).

In describing RTI, Winnick (2011, 127) states: "Consistent with an emphasis on individualized, evidence-based instruction, [SRBI] integrates assessment and intervention in such a way that student learning is maximized and behavior problems are minimized from an early age. When appropriately implemented, SRBI has the potential to improve the educational experiences and learning of all students and to identify at a much earlier point those learners who are at risk for failure. This relatively recent approach is in accordance with No Child Left Behind and the 2004 reauthorization of IDEA."

Literature associated with special education provides evidence that RTI has mainly addressed academic performance and social behavior. The principles also apply to physical education in a field of practice in which physical educators have for many years applied systematic, problem-solving approaches to teaching physical education. Typically, the physical educator teaches broad spectrum heterogeneous groups of students, and effective practice requires that differentiated instruction be implemented routinely. While RTI has not been specifically emphasized in physical education the principles and the framework associated with it may be implemented in the development of movement skills that are the foundation of the physical education curriculum.

"Although much about [SRBI] is appealing for the general physical educator as well as for the adapted physical educator, a major advantage is the early use of valid and reliable curriculum-based assessments that inform specific interventions. Equally important, the [SRBI] approach requires ongoing monitoring to ensure that teaching is bringing about improvement in targeted movement skills and that needed interventions are implemented appropriately" (Winnick, 2011, 127).

This continuous progress monitoring adds much-needed

accountability for teaching students to achieve identified outcomes consistent with curricular goals and individual short- and long-term student goals. Identification of students at risk can be made much earlier in the students' learning lifespan and learning needs can be effectively addressed in the general physical education classroom setting along with typically developing peers. If there is a need for a more intensive approach, it can be addressed within the SRBI framework.

The RTI process described by Winnick (2011, 128) is consistent with [Connecticut's SRBI process](#). Generally, needs are addressed within a three-tiered intervention approach where more intensive and structured interventions provided are based on well thought-out assessment data.

Through the implementation of an SRBI framework, students are provided with an appropriate level of *scientifically based* instruction focused on their educational needs (CSDE, 2008). This important component of SRBI is outlined in [figure 3](#). In the context of physical education, the three-tiered intervention approach would work something like this:

A valid and reliable curriculum-based assessment would be administered to all students in the school. Based on initial screening, at-risk students would be identified. Identified students would receive individualized instruction within the general physical education setting (tier 1), with their progress on deficient areas being monitored weekly for four to eight weeks. If progress does not reach the stated goal after this period, the student will enter tier 2. About 80 percent of students would be expected to meet goals in tier 1 instruction.

Within tier 2, students receive intensive small-group instruction, along with instruction provided in tier 1. Small-group instruction would continue for 8 to 16 weeks with progress being monitored weekly. If a student makes progress sufficient to meet stated goals, the student continues with tier 1 services consisting of quality, standards-based physical education instruction based on the curriculum, along with individualized instruction within the general physical education setting and would discontinue tier 2 small-group instruction. If progress is not maintained, tier 2 small group intensive instructions would be reinstated.

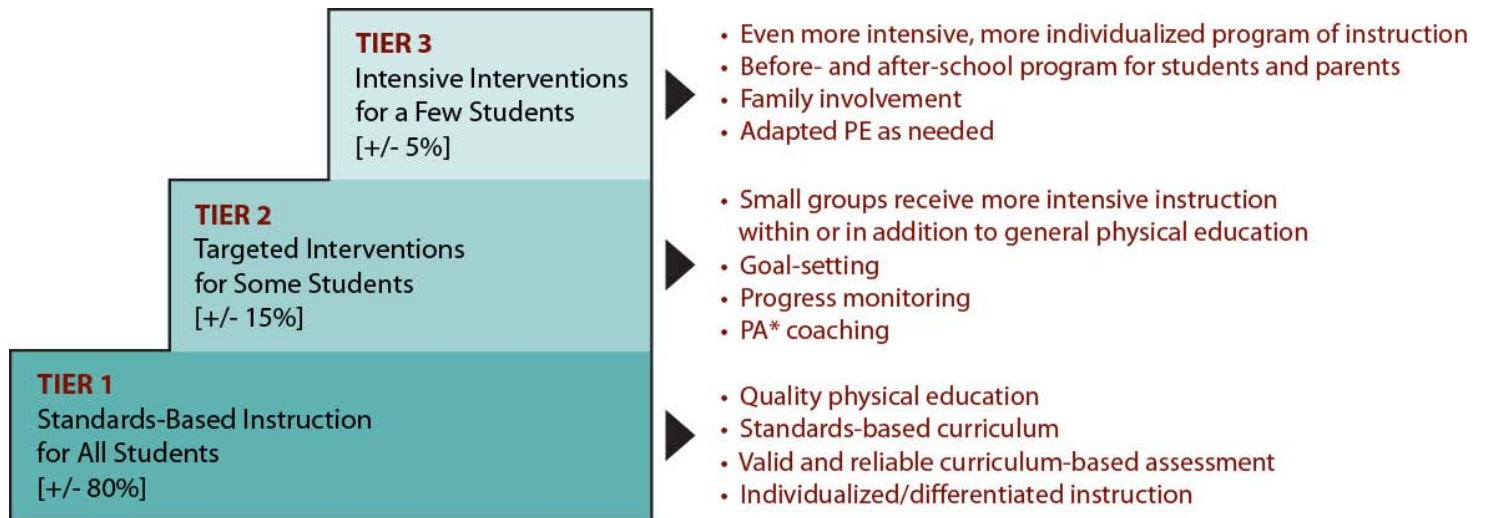
If the student's response to tier 2 intervention is not adequate to achieve the state benchmarks, as demonstrated by lack of improvement on weekly assessments, the student would be evaluated comprehensively utilizing a multi-disciplinary approach. The result may lead to a tier 3 intervention, which would be an even more intensive, more individualized program of instruction. About 5 percent of students would be expected to require tier 3 intervention. Tier 3 interventions may include one-to-one direct instruction within the general physical education setting or an additional physical education session outside of the regularly scheduled physical education class, for example. Tier 3 interventions may also include parent and family involvement and adapted physical education services.

In the SRBI system, teachers use not only summative data (measurement of learning outcomes), but continuous formative data (ongoing assessment), to determine whether an intervention or instructional program is effective and whether or not the student is "responding" to the intervention. Additionally, students move through the SRBI tiers fluidly. Specifically, students who are nonresponders in tier 1 are moved to tier 2. If students are successful in tier 2, they move back to tier 1. However, if they are unsuccessful in tier 2, they move into Tier 3.

The CSDE has developed these SRBI guidance documents:

- [Early Childhood SRBI: An Introductory Brochure on Supporting All Students](#)
- [Scientific Research-Based Intervention \(SRBI\) Executive Summary](#)
- [Connecticut's Framework for RTI Using Scientific Research-Based Interventions-SRBI: Improving Education for All Students \(Full Publication\)](#).
- [Family Guide to SRBI](#)

**Figure 3. Three-Tier Model for Ensuring Student Success in Physical Education**



Connecticut's SRBI framework features these components: identification of the focus of the intervention plan, description of the setting in/to which the intervention system will be applied, curriculum and instruction considerations, the range of appropriate interventions, assessments to be administered, interventionists expected to be involved, the data analysis and decision making processes, and family involvement.

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## Role of Paraprofessionals in APE

### The Role of Paraprofessionals in Assisting Adapted Physical Education Teachers

Paraprofessionals and instructional assistants can play an important role in assisting students with disabilities in the general physical education setting. These individuals assist in the provision of adapted physical education services under the supervision of an adapted physical education teacher. Support personnel enhance the level of instruction in the physical education setting in numerous ways:

- Providing extra verbal and visual cues for students with disabilities
- Modeling desired movement or behavior
- Providing simplified instructions
- Encouraging involvement of other students/peer buddies during physical education

- Assisting students so they can successfully participate in the general physical education setting
- Monitoring student behavior
- Assisting students with transitions in the classroom

Typically, the physical education and adapted physical education teacher are responsible for planning and communicating the role and responsibilities of paraprofessionals. Training and ongoing communication are essential so that paraprofessionals fully understand their specific role in assisting the adapted physical education teacher and supporting the student's PE program.

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## Special Education and Adapted Physical Education: Team Collaboration

Collaboration is defined as "experts sharing information, bringing their areas of expertise onto common ground where all parties are informed and understand, communicating openly and demonstrating mutual respect for one another" (Murata and Maeda, 2007). In the context of early childhood education, Murata and Maeda (2007) define collaboration as, "Using occupational therapy strategies by adapted physical educators and classroom teachers for preschoolers with developmental delays." Positive outcomes of collaborative approaches to benefit children include shared vision and ownership that incorporates credence that every member of the team is responsible for the child's learning; knowledge and awareness of the child's needs and current strategies and intervention methods; and opportunities for continued open lines of communication, remaining in contact with one another for monitoring and making suggested changes.

This systemic approach ensures that all teachers are working toward common goals and that all students receive instruction in the same core competencies regardless of which teacher they happen to have. Without this kind of approach, no matter how competent and hardworking individual teachers may be, the lack of coordination and consistency across classrooms or grades may

*"Collaboration is an approach to creating innovative solutions to barriers to student success. Effective collaborative teams work together to*

render the educational system ineffective for many students (CSDE, 2008).

"Collaboration in education is the act of all stakeholders purposefully working together to achieve one goal. The goal is for each child to be given the opportunity to benefit from the educational services available through their school placement. The need for collaboration among school personnel has never been as great as it is today. There is an expectation that principals, teachers, support staff, parents and students must work together to ensure a meaningful education for all students. Students of all ability levels are expected to perform at grade level. Teachers must equip themselves with the tools to facilitate growth in each of their students, often within the general education setting" (Winship, 2011).

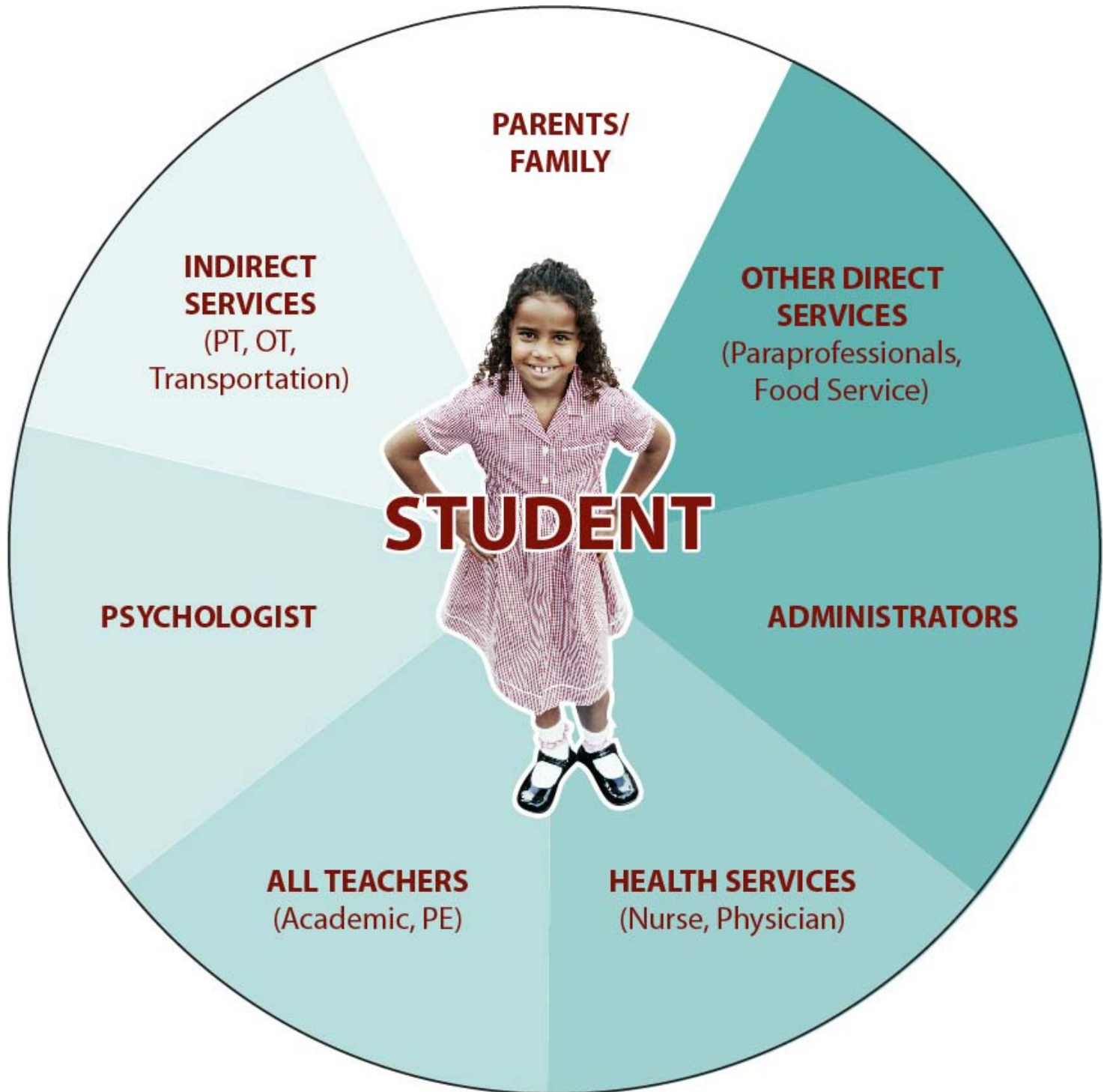
In collaborative problem solving, all teachers and team members bring strengths to the classrooms and educational settings, but collaborating with other education professionals helps teachers make informed decisions and learn new ways of supporting children. It is challenging, but very important, to make sure that teachers have time to collaborate with other professionals when making decisions about children ([State Education Resource Center, 2010](#)).

In their article, *Integrating Services, Collaborating, And Developing Connections With Schools*, Lawson and Sailor, (2000) assert the need to approach collaboration with vigor and purpose and the vital role for all in the collaborative process: "Meeting the needs of students with disabilities within general physical education classes is difficult for any teacher who works in isolation. In order for students of varying abilities to be provided with the opportunity to experience success, an entire team of professionals must effectively execute their role in setting the stage for each student's success. Collaboration among regular and adapted physical educators, physical therapists, occupational therapists, teachers of special education and of all subjects, school board members, program and curriculum developers, college instructors and institutions of higher learning, administrators, and parents is vital for success" (Lawson and Sailor, 2000, 12).

*find solutions to the challenges that barriers present. The spirit of collaboration nurtures continuous growth and adaptation to meet the needs of all students."*  
(Jodie Winship, *The Spirit of Collaboration*, 2011)

#### **Figure 4. Collaboration Wheel**





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## **APE Process**

### ***How is need for APE determined?***

Eligibility for Adapted Physical Education

AAPAR's Adapted Physical Activity Council (APAC) and National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) have published a joint [Position Statement on Eligibility Criteria for Adapted Physical Education Services](#) that aims to help teachers, school administrators, local education agencies (LEA) and parents determine when it is appropriate to deliver special education services to a child in physical education and to appreciate the continuum of placements and services to consider when providing this instruction (AAPAR/NASPE, 2010).

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### ***Who should receive adapted physical education services?***

The criteria for eligibility for APE services should focus on whether the student can participate in and benefit from general physical education in a successful and meaningful way. Traditional assessment practices have relied heavily on the use of standardized tools that compare a student to a normative sample of same-aged peers. Frequently, eligibility and program development decisions have been made solely on the basis of a quantified score. Arguably, each APE assessment should look somewhat different, with eligibility determinations being based upon a variety of factors—what Rainforth and York-Barr (1997, 135) and Block (2000) call the ecology of the student -- as opposed to the results of a single formal assessment tool. (*Adapted with permission: Colorado Department of Education, Colorado Guidelines for Adapted Physical Education, 2007, 17*)

There is a two-part process to determine if a child qualifies for APE services. First, a child has to be identified as a "student with a disability" according to definitions presented in the IDEA (1997). Once a student is determined to have a disability, then specific motor and fitness testing can take place to determine if the student qualifies for APE services. A school district should create standards for qualifying APE services (e.g., a 2 year delay or more in motor or physical fitness).

The IDEA requires that all assessments be implemented by a



qualified person (in your district this may be the general physical educator), also more than one test is administered (e.g., standardized fitness test, behavioral checklist, teacher-made sport skills test). For example, the Brockport (Winnick and Short, 1999) physical fitness test for physical and mental disabilities could be used as a standardized test. Block (2000) has a behavior checklist that examines how well a student follows directions, interacts with peers, and how well the student performs in a general physical education setting. A teacher-made cross country skiing test (components of standing, turns, and downhill run) or basketball test (components and accuracy of the dribble, chest pass, jump shot, and lay-up) could be used to determine sport skill ability. Assessment results are then presented and discussed at the PPT meeting to make a final determination if the student qualifies for APE services (reprinted and adapted with permission from <http://www.pelinks4u.org/>).

See [appendix B](#) for a listing of assessment information.

If a student with a disability needs specially designed APE, that program must be addressed in all applicable areas of the individual education program. Students who can participate fully in general physical education without specialized modifications or with only minor modifications may not need IEP goals and objectives. However, the IDEA mandates physical education services for all students with disabilities from 3 to 21 years of age. Winnick (2000) suggests elementary age students with disabilities should receive 30 minutes daily and secondary students 45 minutes for three days per week. Regardless whether a state requires physical education or not, students with disabilities are required to have some form of physical education. For example, if general physical education is not required for non-disabled high school students, students with disabilities should still receive physical education services. The responsibility of the school district is to provide all services that the IEP committee determines are appropriate for the student (<http://www.enotes.com/>).

*"Access to general physical education curriculum and instruction is the objective in determining eligibility."  
—Martin Block, 2000*

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***Who decides what educational services a student with a disability receives?***

Each student's unique needs are discussed during a PPT meeting. Participants in this meeting include a representative of the school's administration, a qualified interpreter of the assessment(s), regular classroom teacher, special education teacher, physical education teacher, one or both of the student's parents, the student when appropriate, and other individuals related to the student's education (e.g., speech therapist, occupational therapist, physical therapist, music therapist, etc.). These individuals jointly will decide what educational services are appropriate that includes physical education services a student might receive. The IEP process is required to address the student's physical needs. Further, all students with disabilities are required to have physical education whether general or adapted.

The following questions are considered by the planning and placement team to determine eligibility for APE services:

- Does the student exhibit substantial delays in the development of fundamental movement skills, fundamental motor skills and patterns and/or skills in aquatics, dance, individual, dual and team sorts, and lifetime physical activities?
- Is there measurable lack of success in the general PE curriculum or environment despite modification provided by the general physical education teacher or general education teacher at the preschool or elementary level?
- Is the student's physical and motor fitness substantially below that of same age peers?
- Is the student able to physically navigate safely in a school environment and access, participate in and benefit from the school environment?
- Does the manifestation of disability interfere with the student's ability to participate in his/her physical education program or at play?
- Is the student able to receive measurable and meaningful benefit from general physical education without modification of the physical education program by an APE teacher?
- Does the student require special support (e.g. a paraprofessional, modification of rules, tasks, equipment) in order to participate safely and effectively in general physical education?

- Does the student require an individualized program in physical education in order to achieve physical education standards
- Is remission of skills or other negative change likely without adapted physical education intervention?

Consideration should additionally be given to the following factors:

- Fitness as it relates to the student's ability to be successful in general physical education.
- Cognitive skills as they relate to the student's ability to be successful in general physical education. (Low cognition, however, is not an appropriate basis for APE eligibility. Refer to assessment and eligibility.)
- Ability to participate and play with peers in recreational activities and recess.
- Sufficient health status, physical endurance and stamina as needed to safely engage in activity (reprinted and adapted with permission from <http://www.pelinks4u.org>).

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## Related Services

It is not uncommon for physical education to be lumped together with other seemingly similar services since there appears to be more resemblance to physical therapy, recreation, and even occupational therapy in some contexts than to classroom instruction. True physical education uses movement as a medium to teach, but that is where the resemblance to these related services ends. Related services are defined in the law as services that may be provided only if required to help a child with a disability benefit from special education. Thus, physical therapy, for example, is a related service that may be recommended to help a child benefit from physical education. This benefit can be accomplished by increasing range of motion, improving gait, or teaching a child to transfer to the pool deck so he or she can learn to swim and eventually be included in regular education programs.

Over the years, local education agencies (LEAs) have sometimes

configured their physical education services in ways that make it confusing to interpret if compliance has been achieved. While some children can be appropriately served in a general physical education class, many students need adapted physical education because they cannot safely or successfully participate in the unrestricted activities of the general or specially designed physical education program. These needs may be the result of developmental delays.

General descriptions of the disciplines of adapted physical education, physical therapy, occupational therapy, and therapeutic recreation are as follows:

**Adapted Physical Education** promotes physical and motor fitness, fundamental motor patterns and skills, and life time sports, skills, and games. Adapted physical education is a direct service.

**Physical Therapy** enhances general gross motor development, posture, balance, and functional mobility. Physical therapy is a related service.

**Occupational Therapy** promotes participation in school activities by removing barriers and developing skills including fine motor, sensory processing, social-emotional and perceptual skills. The outcome of therapy is increased independence in the school environment. Occupational therapy is a related service.

**Therapeutic Recreation** increases access to and participation in community based recreational programs. Therapeutic recreation is a related service.

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### ***Can therapy (e.g., physical therapy), therapeutic recreation or athletics be substituted for physical education?***

The IDEA clearly identifies physical therapy, occupational therapy, music therapy, dance therapy, and therapeutic recreation as related services which cannot substitute for direct services (i.e., physical education). This means related services and providers cannot replace a physical educator or a physical education program. The objective of related services is to provide additional support to direct services.

Athletics is an extracurricular activity. Extracurricular activities cannot be substituted for physical education for a student with a disability. However, students with disabilities have the right to participate in athletics. Public Law 93-112 Section 504 specifically mentions physical education, intramurals, and interscholastic athletics, noting that where these services are provided for individuals without disabilities, people with disabilities must also be afforded the opportunity to participate, without discrimination on the basis of their disability. In other words, students with disabilities have a right to participate on the regular athletic teams provide by schools, or the school must provide appropriate special athletic opportunities such as Special Olympics or Wheelchair Sports, and funding should be made available (Stein, 1978). Therefore, if a student is interested in competing in winter sports such as alpine skiing, cross country skiing, figure skating, speed skating, snowboarding, or snowshoeing, then the school should provide means to achieve this endeavor. Note that, although students might attend school in a district that provides particular sport competitions, they can participate in other districts as well as regional games. Special Olympics and other competitive organizations will let athletes participate in regional games, if the local district does not provide that opportunity (U.S. Department of Education, 2004, [Sec. 300.34 Related services](#)).

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## **Referral process**

### ***How do you refer a student for adapted physical education services?***

Before a child is referred to a planning and placement team, alternative procedures and programs in general education must be explored and, where appropriate, put into place in the classroom and used (CSDE 2007). A parent, teacher, or other person may refer for study at a child study conference any child who is having difficulty in physical education. The name of the group conducting child study conferences varies from district to district; common names include "pupil study team," "planning and placement team"

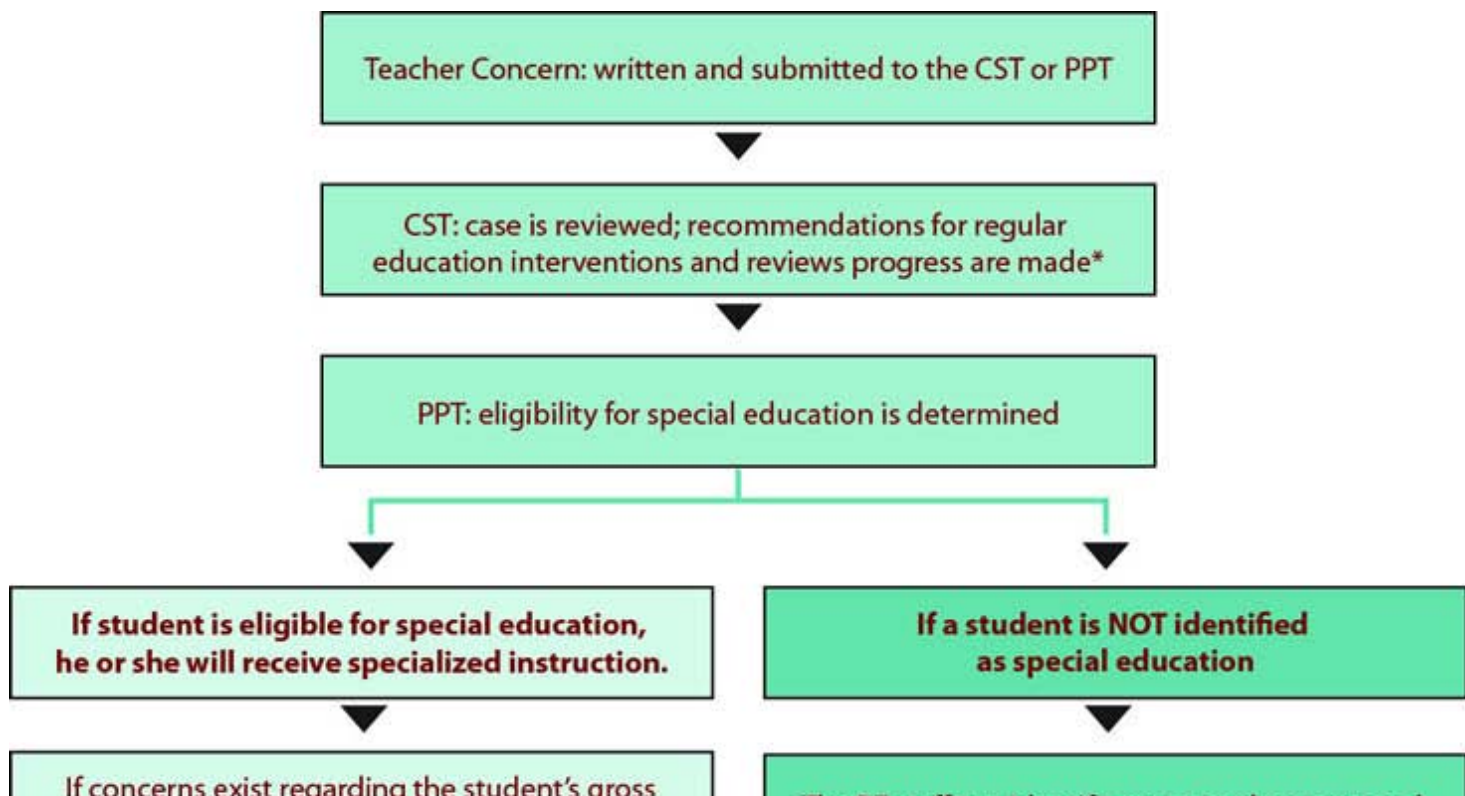
and IEP committee. A concerned parent, teacher or other staff may make this contact through the student's teacher or other school personnel. Referral policies differ from district to district, and the local school district should be consulted for specific information.

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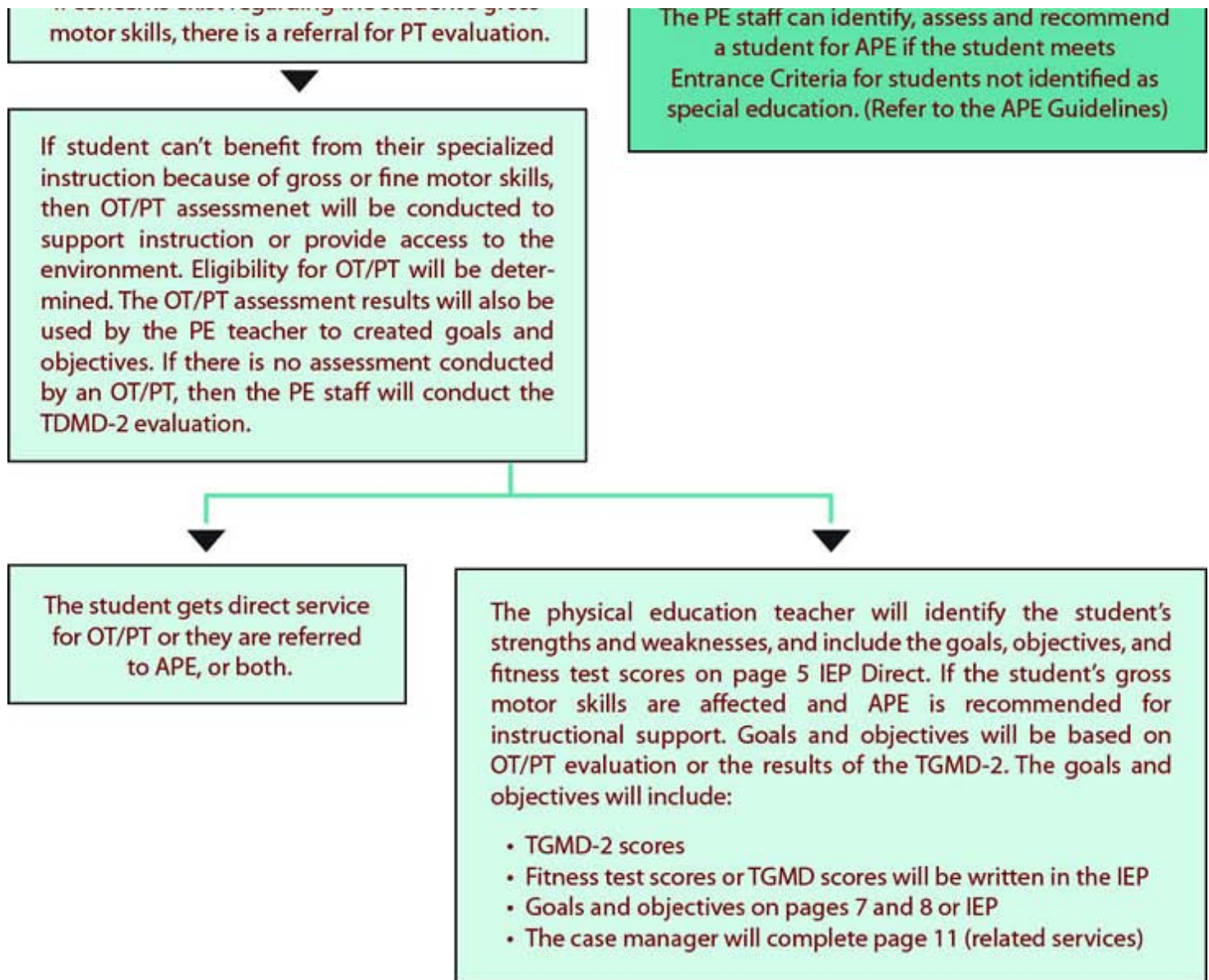
### ***How would the general physical education teacher and/or parents of students with disabilities recommend APE?***

If the general physical educator or parent feels the student with a disability would benefit from specially designed physical education instruction, then they can contact the school principal or the director of special education and request a referral for APE. After parental consent is given the student would then be formally assessed in motor, fitness, and behavioral skills. Once the assessment is completed, the PPT meeting or a conference will be arranged during which the assessment results are discussed. The PPT meeting determines the level of support needed for appropriate PE. If the student's parents are not satisfied with the school system response to their concerns about their child, then there are due process procedures that can be pursued.

**Figure 5. Identification and Program Planning Process**







CST = Child Study Team; PPT = Planning and Placement Team.

\*Note: Not all school districts have a Child Study Team for pre-referral to the PPT. Ultimately, eligibility for special education, including adapted physical education, is determined by the PPT.

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### **Referral Process - continued**

PPT 101: Understanding the Basics of the Planning and Placement Team Meeting (Connecticut State Department of Education and

Department of Developmental Services) states that:

- Written request for an evaluation of a student who is suspected of having a disability and who may require special education or related services. For example, a written referral (ED621) should be submitted requesting that a student be evaluated to determine if he or she is a child with a disability that requires special education.
- Referral can be made by parent or guardian, school personnel, professional or agency personnel with parent permission, or the student (if 18 years or older).
- The district will convene a Planning and Placement Team (PPT).
- The PPT convenes to discuss the referral and review available information.
- If additional evaluation data is needed, the student's PPT will design an individualized evaluation to assess the student's educational, including physical education, needs.

The PPT includes:

- Parents and when appropriate, the student;
- At least one regular educator if the child is or may be placed in regular education;
- At least one special educator;
- District representative who is knowledgeable of general education curriculum and can allocate resources;
- Someone who can interpret evaluations; and
- Others who have knowledge or expertise related to the child.

Evaluation of the student:

- May include information collected by the school district through informal and formal observations, a review of previous school work or Birth to Three System records, standardized tests, and information provided by teachers, service providers and parents.
- The PPT will design an individualized evaluation based on areas of concern that prompted the referral.
- The parents are provided written notice of consent to evaluate.



The PPT completes the ED622 which will include a description of the tests and procedures the district will use to make a determination for special education eligibility.

- The evaluation must be completed, and for children who are determined eligible for special education, an IEP developed within 45 school days from the date of the written referral (not including time needed to obtain consent for evaluation).

Results of the evaluation:

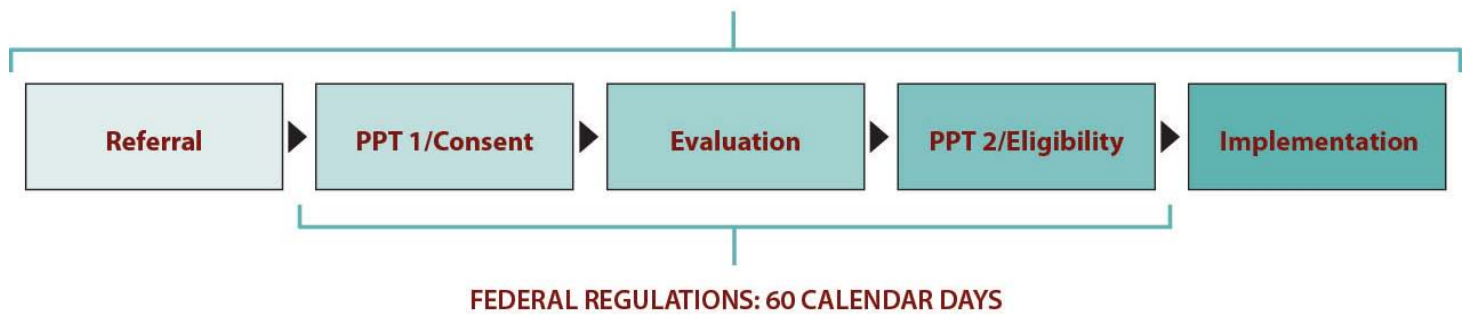
- A second PPT will be scheduled to review the results of the evaluation.
- The information will be reviewed to determine:
  - Does the child have a disability?
  - Does the disability have an adverse effect on the child's education?
  - Does the child require special education and related services?

Parents have the right to request a complete set of their child's educational records including evaluation reports.

- Disability Categories for Special Education:
  - Autism
  - Deaf-blindness
  - Deafness
  - Developmental delay (3-5 year olds)
  - Emotional disturbance
  - Hearing impairment
  - Intellectual disability (mental retardation)
  - Multiple disabilities
  - Orthopedic impairment
  - Other health impairment
  - Specific learning disability
  - Speech or language impairment
  - Traumatic brain injury
  - Visual impairment

## **Figure 6. Referral Timeline**

## CONNECTICUT STATE REGULATIONS: 45 SCHOOL DAYS



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## Eligibility for Adapted Physical Education

Upon completion of the administration of assessments and other evaluation measures, if a determination is made that a child has a disability and needs special education and related services, including adapted physical education, an IEP must be developed for the child in accordance with [IDEA Sec. 300.320 through 300.324](#).

Adapted physical education services should be addressed as appropriate if the results of assessments indicate that performance in general physical education is adversely affected as a result of the student's disability.

A student with a disability must have access to and the ability to equally participate and benefit from programs designed to develop physical and motor fitness, fundamental motor skills and patterns, and skill in aquatics, dance, and individual and group games and sports.

Adapted physical education is defined by federal law (i.e., the Individuals with Disabilities Education Act) as a special education instructional program and must be provided to all students with disabilities if needed to meet their individual physical education needs. Students are considered eligible for special education, including physical education, if they are identified as having one of the 14 disabilities named in the law, and because of that disability are determined to require special education. Each student must be provided the opportunity to participate in general physical education with non-disabled peers, unless the student is enrolled full-time in a

separate facility or demonstrates the need for specially designed physical education. (U.S. Department of Education, 2004, [Sec. 300.306 Determination of eligibility.](#))

It is NASPE and AAPAR's position, however, that any student who has unique needs for instruction in physical education, regardless of disability, is entitled to receive appropriate accommodations through adapted physical education (NASPE, 2010).

NASPE and AAPAR recommend that students be considered eligible for adapted physical education services if their comprehensive score is 1.5 standard deviations below the mean on a norm-referenced test, or at least two years below age level on criterion-referenced tests or other tests of physical and motor fitness. Those tests include, but are not limited to, fundamental motor skills and patterns, and skills in aquatics, dance, individual games, group games and/or sports. The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 identifies physical education as a component of special education that provides for an equitable education experience for students ages 3-21 that is a free, appropriate, public education in the least restrictive environment.

Procedures for determining eligibility and education-related need for special services are outlined in federal regulations (U.S. Department of Education, 2005L SS 300 / D / 300.306 / c) (NASPE 2010).

In a traditional model, standardized test results dictate whether a student receives APE services. The traditional method, however, is often flawed due to a disconnection between standardized test results and the specific general physical education program offered within a student's school. Eligibility determinations are complex. The entire ecology of the student must be taken into consideration. Standardized scores and standard deviations from the mean on a formal assessment are not singular, defining criteria upon which to determine eligibility.

If a student demonstrates deficits in the motor, behavioral or cognitive areas, but is participating successfully in general PE, then the student would not require the specialized services of adapted physical education. Likewise, students with disabilities of a

temporary nature, such as broken bones or short-term illnesses, are not eligible for APE solely on the basis of a temporary disability. Students who a physician has determined may not safely participate in general PE may not participate in APE.

### **Figure 7. Guidelines for Determining Eligibility under Special Education for APE and Developing and Implementing Goals for IEP in APE**

#### Example 1: Guidelines for Determining Eligibility Under Special Education for APE

- Student is recommended through the Student Intervention Team for evaluation OR has been identified through testing performed by OT/PT
- Student displays social behaviors that interfere with the learning of self or others for 1/3 or more of the class period
- Student is not performing at their ability level in a group setting
- Student is below average in two or more components of the CT physical fitness test
- The Test of Gross Motor Development (TGMD) to be used as a piece of assessment
- The student is below 1.5 SD or more in two or more components of norm referenced test
- The P.E. staff needs to have the names of students who have been identified or recommended for APE in JUNE for the following year
- The P.E. staff needs a copy of TGMD
- The P.E staff needs access to electronic data bank to be able to write goals and objectives.

#### Example 2: Developing and Implementing Goals for IEP in APE

##### Developing goals

- Read confidential file
- Identify student's condition : *Physical* – Orthopedic, *Cognitive* – Intellectual, *Social* – Emotional, *Sensory*, *Multiple Disabilities*
- Evaluate student to determine present level of performance – Motor Skills Test
- Collaborate with Team to determine if student meets criteria for services
- Identify strengths and weaknesses
- Focus goals on grade specific activities per curriculum
- Write goals using this information

##### Implementing goals

- Identify student's team members (OT, PT, SPED)
- Share information with team
- Schedule student for services to provide a balanced program if possible

- Monitor weekly progress
- Update IEP report as frequently as designated in the IEP
- Hand in report to SPED team manager in a timely matter
- Document progress

*Developed by Tina Yenker and Julie Booth for Glastonbury Public Schools. Adapted and reprinted by permission.*

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## Assessment in Adapted Physical Education

"Assessment is the first step in developing the Individual Education Program (IEP) for an individual with disabilities. It focuses on identifying activity needs of the individual, and is the interpretation of measurements obtained through testing. Assessment is also used to make decisions about placement and program planning. It forms the foundation for the instruction given to an individual with disabilities so he/she can safely and successfully participate in physical education class" (reprinted and adapted with permission from PECentral, 2012: [Adapted Physical Education Assessment Instruments](#)).

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## Conducting Evaluations

The IDEA requires that, in conducting evaluations, the local education agency (LEA):

- (A) use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent that may assist in determining
- (i) whether the child is a child with a disability; and
  - (ii) the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general education curriculum
- (B) not use any single measure or assessment as the sole criterion

for determining whether a child is a child with a disability or for determining an appropriate educational program for the child; and (C) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

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## **Additional Assessment Requirements**

Each local educational agency must ensure that

- (A) assessments and other evaluation materials used to assess a child under this section
  - (i) are selected and administered so as not to be discriminatory on a racial or cultural basis,
  - (ii) are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally,
  - (iii) are used for the purposes for which the assessments or measures are valid and reliable,
  - (iv) are administered by trained and knowledgeable personnel, and
  - (v) are administered in accordance with any instructions provided by the producer of such assessments;
- (B) the child is assessed in all areas of suspected disability;
- (C) assessment tools and strategies used provide relevant information that directly assists persons in determining the education needs of the child.

(U.S. Department of Education, 2006, [Topical Brief: Changes in Initial Evaluation and Reevaluation](#))

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### ***What is an assessment?***

**Assessment** is the process of gathering information about a student to make an informed decision. As part of special education, assessment serves as the foundation for determining a pupil's strengths, needs, and eligibility for special education support services through the use of formal and informal procedures. The interpretation of assessment information guides decision making related to eligibility, student-based educational needs, possible

goals and objectives, program services, and placement options.

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## ***Who performs an APE assessment?***

Adapted PE assessment must be made by a Connecticut State Department of Education (CSDE) certified PE teacher who is able to address adapted physical education, trained in gathering data through observation of performance, diagnostic tests, curriculum-based instruction, communication with parents and staff, and use of performance and behavioral checklists. The educator should also be knowledgeable in administering and scoring assessments, interpreting scores, and recommending appropriate programming. Knowledge of physical education standards and benchmarks, as well as lifestyle analysis for transition planning, is important.

Collaboration between the APE teachers and other specialists can be beneficial in identifying appropriate assessment instruments and protocols. Special educators, physical and occupational therapists and school psychologists

### Discipline Referenced Assessment Instruments

The IDEA requires that, in conducting evaluations, the local education agency (LEA):

- (A) use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent that may assist in determining
  - (i) whether the child is a child with a disability; and
  - (ii) the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general education curriculum
- (B) not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability or for determining an appropriate educational program for the child; and
- (C) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors. (USC, Title 20 section 1414 [a] and [b]) (U.S. Department of Education, 2004. [Sec. 300.304 Evaluation procedures](#)).

Selecting appropriate assessment tools is essential in developing accurate student information to develop program and determine placement. Each district must ensure that the tests and evaluation instruments are valid for the specific purpose used.

There are numerous standardized norm- or criterion-referenced tests available. These assessments are to be used in conjunction with observation-based assessment of the student within the environment in which he or she must perform. The specific formal assessment tool chosen should be guided by steps 1, 2, and 3 of an ecological approach to assessment, outlined earlier in this chapter.

Assessments must measure ability, and should describe a child's strengths and needs and not solely the child's disability. It is important to understand what an assessment measures as well as the instrument's assets and limitations.. A test which is intended to measure motor skill performance or physical fitness must not discriminate on the basis of the student's disability. The student with a learning disability who has difficulty following verbal directions may not perform at his/her ability level if only verbal directions are given. The student may need visual cues and demonstration in addition to the verbal instructions. A formal, standardized test that does not allow for demonstration of a student's strengths and needs may be an inappropriate test for the student. The IDEA also specifies that assessment cannot be limited to use of a single instrument. (Reprinted and adapted with permission from Colorado Department of Education, *Colorado Guidelines for Adapted Physical Education*, 2007, 15. See [appendix B](#) for a list of assessments)

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## **Assessment Instruments for Adapted Physical Education**

***What are some assessment instruments that are specifically for use in adapted physical education?***



In *Determining Eligibility for Adapted Physical Education: Selection and Application of Assessment Tools*, Foster (2010) describes the process of determining whether a student is eligible for an APE program in the school setting. The report includes gathering objective data related to the student's abilities and needs, and discusses the determination of unique need as a critical component of this process as well as of the development of an IEP which includes goals and objectives related to physical education. The report provides useful information for those who participate in the information gathering process in the selection of assessment tools which provide objective, measurable, reliable and valid data related to a student's diagnosis or condition. Lists of assessment tools used with children with special needs can be found at the PE Central Web site, and also includes a discussion of types of tests, with specific examples of each type, which can be used for assessments related to adapted physical education. Information provided for each assessment tool includes a basic description of the tool and its properties as well as students/persons with whom it could be used. Additional information related to each tool can be accessed through the cited references. The report includes a table of [Applications of Assessment Tools Related to Determination of Unique Need for Adapted Physical Education Programs](#).

Also included on the [Adapted Physical Education Web site](#) is [Popular Scales Used for Assessing Kids with Special Needs](#) (Hogberg 2012).

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### ***How can a physical education teacher or adapted physical education teacher get training to administer assessments?***

Request training from the district director of special education. Once the district determines the appropriate test, other districts that use the particular test can be contacted, or an inquiry can be made of university programs that prepare students in the subdiscipline of APE. They generally have on staff or can recommend qualified individuals who can train school personnel to use a specific assessment instrument for evaluation of students with disabilities. It is recommended that a school provide in-service training on a range of tests that evaluate students with various disabilities. The

district should have a selection of tests that it uses most frequently across the district and should train and update district personnel in their administration and analysis of results.

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## **Assessment Data for Placement Decisions**

Best practice dictates that information from assessment data is used to determine whether a student needs support in physical education, and how much support the student needs to be successful in general physical education. Such support may be in the form of accommodations to the curriculum and/or instruction. Forms of support include, but are not limited to use of a peer buddy, use of adapted equipment, consultation from an APE, or direct service from an APE.

The following should be considered in determining the most appropriate, least restrictive, physical education placement:

- Psychomotor, cognitive, and affective factors that would affect the student's ability to participate successfully and safely in general physical education
- Capability of the student to benefit from an APE program, including such considerations as ability to understand cause and effect; demonstration of emotional behavior to benefit from one-on-one instruction, capability for voluntary movement, ability to interact with another person
- Results of a comprehensive, ecologically based physical/motor assessment conducted by a CSDE certified PE teacher, qualified in APE.

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## **Assessment and Ecologically Relevant Assessments**

### ***What is an Ecological Approach to Assessment?***

Traditional assessment practices incorporate the use of a standardized assessment tool to compare a student objectively with a normative sample of same-aged peers. While the information obtained from standardized assessment can be of value, such assessment does not take into consideration the multiple factors that influence a student's performance within an environment.

An **ecological approach to assessment** in adapted physical education emphasizes the real-life skills necessary for a student to participate meaningfully in general physical education and community-based recreation (adapted and reprinted with permission from Colorado Department of Education, *Colorado Guidelines for Adapted Physical Education*, 2007).

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### ***What is an ecological inventory?***

An ecological inventory is an evaluation of the entire community surrounding and affecting a student with a disability. The inventory should focus on the abilities and interests of the student in her or his present environment as well as anticipated future environment. The purpose of the ecological inventory is to prepare for the activities the student will most likely enjoy and participate in successfully. All recreational and leisure possibilities, associated costs and equipment needs should be considered as well as anticipated transportation requirements and availability, and cognitive, affective and psychomotor skills needed for participation.

Rainforth and York-Barr (1997, 137) propose that an educational assessment of greatest validity and rigor consists of four main steps:

1. Developing an Assessment Plan
2. Assessing Performance in Natural Environments
3. Analyzing Performance Discrepancies and Generating Hypotheses (as to the origin of performance discrepancies – collaborative team exercise)
4. Conducting Diagnostic/Discipline-Referenced Assessment
5. A resource guide of adapted physical education assessment tools, including gross motor assessments and health-related physical fitness assessments, is included as [appendix B](#) in the

*The use of assessment data to determine placement highlights the importance of the ecological approach to assessment. The APE assessment must evaluate the student within the general PE environment in order to determine the appropriate placement for meaningful student participation. (Adapted with permission: Colorado Department of Education, Colorado Guidelines for Adapted Physical Education, 2007, page 16)*

appendix section of this guide.

### **Step 1. Developing an Assessment Plan**

Assessment planning is guided by the reason for a referral and is coordinated by the team members contributing to the overall assessment. During the planning stage, the team decides on what priority environments and activities to focus the assessment. As related to adapted physical education, an ecologically relevant assessment will focus upon physical education environments and physical education performance activities.

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

- Fine and gross motor skills
- Motor development
- Motor skill performance in natural contexts as related to PE standards and objectives
- General physical education functioning, including safety
- Mobility
- 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 emotional disturbances

### **Step 2. Assessing Performance in Natural Environments**

An emphasis on natural environments is the cornerstone of an ecological assessment. An analysis of the person-environment fit serves as the foundation upon which decisions can be made for modifying the environment, equipment, curriculum, or manner of instruction, or for developing instructional strategies towards remediating deficits. In other words, only through observing a student within the natural environment can one determine which accommodations will benefit the student's successful participation within the least restrictive environment. The student's ability to participate in both school activities and school environments

provides the context for observing and analyzing areas of performance strengths and weaknesses.

In step 2, members of the assessment team observe the student engaging in priority activities in the members' discipline-related environments. In APE, this may include:

- General Physical Education
- Recess
- School-related sports activities
- Recreation/leisure activities
- Field trips

### **Step 3. Analyzing Performance Discrepancies and Generating Hypotheses**

"After performance information is recorded and the assessment is completed for a specific environment, discrepancies are identified between the way in which designated activities are performed by the student and the way in which they are performed by a person without disabilities. For each discrepancy, team members begin to hypothesize about factors that may contribute to the student's performance difficulties." (Rainforth and York-Barr, 1997, 135)

This process of analyzing functional performance difficulties and generating hypotheses can serve as a basis from which instructional interventions and programming decisions are made. Each team member conducting a portion of the educational assessment, such as educator, psychologist, speech and language therapist, occupational therapist, physical therapist, and adapted physical educator, may have a slightly different hypothesis regarding a specific performance deficit. A psychologist may be able to offer input related to behavior, regarding a specific performance-based discrepancy. The occupational therapist may have a sensory-related hypothesis to account for behavior during physical education. The adapted physical educator may account for a PE performance discrepancy from a motor perspective. In this collaborative manner, the expertise of multiple disciplines is available toward problem solving and generating appropriate strategies toward supporting student performance.

### **Step 4. Conducting Diagnostic/Discipline-Referenced Assessments**

The diagnostic portion of an assessment is the most formal component of assessment, utilizing standardized protocols and measurement tools. It has traditionally been the area of emphasis both in general educational assessment and in discipline-referenced assessment. Discipline-referenced assessment refers to an individual educational assessment conducted from a specific discipline perspective as part of a comprehensive educational assessment. The diagnostic/discipline-referenced assessment is most appropriately administered as the final area of a comprehensive educational evaluation. Assessing student performance in natural environments, analyzing discrepancies, and generating hypotheses serve to guide the diagnostic/discipline-referenced assessment. Information from steps 2 and 3 of the assessment process serves to identify educational performance priorities, thereby informing which diagnostic assessment to conduct.

The diagnostic/discipline-referenced portion of assessment should be chosen to offer specific insight related to performance within particular areas of educational priorities identified within steps 2 and 3. It is designed to focus on a student's performance difficulties within the educational context as opposed to simply generating a standardized score related to a normative sample of peers. The score generated from a standardized assessment is not important. Rather, the interpretation of that score, as it relates to educational performance, is the value of standardized assessment in a comprehensive assessment plan.

The purpose of the standardized or formal assessment in step 4 is to offer additional information related to performance difficulties already assessed through observation, progress monitoring data, and parent/teacher interview.

(Adapted with permission: Colorado Department of Education, *Colorado Guidelines for Adapted Physical Education*, 2007, 11-13)

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## **Documentation**

***Is documentation required for students with***

## ***special needs?***

Yes. The required documentation for students with special needs is the individualized education program (IEP).

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## **Individualized Physical Education Program (IPEP)**

### ***What is an Individualized Education Program (IEP)?***

A Parent's Guide to Special Education, CSDE 2007, describes the Individualized Education Program (IEP) as:

A written education program for a child with a disability that is developed by a team of professionals (administrators, teachers, therapists, etc.) and the child's parents; it is reviewed and updated at least yearly and describes the child's present performance, what the child's learning needs are, what services the child will need, when and for how long, and identifies who will provide the services. (CSDE, 2007)

The IEP is a federally required document that lays out the program from which special education instruction and intervention is based. The IDEA states that a free, appropriate public education in the least restrictive environment must include an individualized education program (IEP) for every student with a disability. Each student should have goals and short-term objectives. Goals are for one year (e.g., students will demonstrate all the correct components of an overarm throw; student will show a 20 percent increase on upper body strength). Short-term objectives are designed to be incremental steps (taking about two-three months) that lead to achievement of the long term goal. Using the throwing goal above as an example, a short term instructional objective might be: John will demonstrate stepping in opposition when performing the overarm throw four out of five trials. Note how these short term instructional objectives have clear, measurable criteria.

Short term instructional objectives should be created so that there is a reasonable likelihood for success, and general physical education teachers are expected to do their best to help each

*"Because ability to participate is the key criterion, it makes sense that assessment information ... should focus on the skills and behaviors that are necessary in general physical education."*  
 —Martin Block, *A Teacher's Guide to Including Students with Disabilities in General Physical Education, 2000.*  
*Included with permission.*

student with a disability master the objective. A reasonable standard for successfully meeting the IEP objective for the student is (a) if all skills are achieved, then objectives are probably not challenging enough and/or (b) if no skills were achieved, then objectives are probably too hard and skills should be broken down into simpler components. There should be a balance between obtaining objectives and challenging the student without creating feelings of failure. The physical education teacher is expected to help the student to work toward stated goals. However, the teacher is not held accountable for the achievement of the goals. Assessment should always be an ongoing process, and it is the ongoing process of assessment and adjustment of goals accordingly for which the teacher is accountable.

The IDEA requires that an IEP must be written according to the needs of each student who meets eligibility guidelines under the IDEA and state regulations, and it must include the following components:

#### IEP Components

A list of PPT recommendations must be recorded.

There is no requirement for meeting minutes to be kept.

Prior written notice:

- must detail the decisions made regarding identification, eligibility, evaluation, or educational placement;
- must record actions proposed or refused, an explanation of why the action was refused or proposed and the basis for the proposed or refused action; and
- must be provided at least 5 days before the decisions are put into place.
- special education, related services and other supports must allow for a child to:
  - advance toward annual goals;
  - progress in the general education curriculum;
  - participate in extra-curricular and non-academic activities; and
  - be educated and participate with children who do not have disabilities to the maximum extent appropriate.

#### Present level of academic achievement and functional performance



- describes area of strengths, concerns and needs;
- records the impact of the disability on participation in the general education curriculum; and
- records parent and student input and concerns.

### Measurable Goals and Objectives

IEP goals and short-term objectives/benchmarks are measurable and objective statements written by the adapted physical educator and should align with a child's present levels of academic achievement and functional performance. The goals and objectives are reflective of the general education and physical education instructional content and monitored/evaluated according to evaluation procedures and performance criteria set forth in the IEP and district policy to ensure that goals and objectives are being met in a timely manner.

Annual goals should be reasonably achievable by the child in one academic year. They must:

- relate to identified areas of need;
- be specific and measurable; and
- note how and when progress will be measured and reported.

### Accommodations and Modifications

Accommodations – changes the "how" of what is taught. A change is made to the teaching or testing procedures to provide a student with access to information and to create an equal opportunity to demonstrate knowledge and skill. Does not change the instructional level, content or criteria for meeting a standard.

Modifications – changes the "what" we teach.

A modification is a change in what a student is expected to learn and/or demonstrate. While a student may be working on modified course content, the subject area remains the same as the rest of the class.

The IEP also:

- details special education, related services and the amount of time the student will spend with nondisabled peers; and
- includes related services required by the child to benefit from

their special education. Related services can include assistive technology, audiology, counseling, physical, occupational or speech/language therapy, school nurse, psychological or social worker services, transportation (CSDE, [IEP Manual and Forms](#), 2010; and CSDE, [Parents Guide to Special Education](#), 2007).

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## ***How frequently should a student receive adapted physical education services?***

### **Frequency of Intervention**

The PPT makes specific recommendations for the frequency of service provision according to the needs of the student. Monitoring student performance is necessary to determine if the amount of service is appropriate to promote progress toward the student's IEP goals and objectives. Ongoing progress monitoring is an integral component to ensure that the educational needs of students are met through the implementation of effective intervention strategies with appropriate frequency.

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## ***What if a student's IEP does not include physical education goals, and the PPT thinks they are warranted based on the student's needs and disability?***

Physical education is defined by federal law as part of special education. So, students with disabilities should have IEP goals in physical education if the PPT thinks they are warranted based on the needs and disability of the student. The APE teacher is responsible for developing IEP goals for students with disabilities, and the goals should be developed in consultation with the entire PPT that is working with the student and the student's parents. The first step to correct the incomplete IEP is to reconvene the PPT and ask for the team's input regarding physical education goals for the student. Then, the APE teacher should state that he or she wants to and should be involved in all future PPT meetings to as an essential part of the process of developing and monitoring the best

possible and most appropriate educational program for each of her or his students.

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### ***Is extended school year (ESY) provided in the APE area?***

It may be. This is determined by the IEP committee. Every child with an IEP has the right to have ESY explored as part of his or her PPT meeting. Extended school year services are provided when necessary to the provision of FAPE.

Regression may be a consideration in determining whether ESY is provided. That is, skills that have been mastered are lost during the course of a break, and recouping these skills takes a greater span of time than the span of the break. Documentation of skill levels pre- and post-break is required to make this determination. State Standard 1 in Connecticut indicates both regression/recoupment criteria and nonregression criteria for determining ESY services:

- nature and severity of student's disability (nonregression);
- student is likely to lose critical skills or fail to recover these skills within a reasonable time as compared to typical students;
- student's progress in the areas of learning are crucial to attaining self-sufficiency and independence from caretakers (nonregression); or
- other special circumstances (ESY Update 28, January 10, 2002).

(Reprinted and adapted with permission from Conaster, P., Editor [2004]. P.E. Links 4 U: [Adapted physical education](#), Vol.6 No.1; Colorado Department of Education, 2007, 28.)

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### ***Can APE be a stand-alone service on an IEP?***

Typically a student is determined to be eligible for special education services before being considered for APE services. PE is a direct, not a related, service and as such it can conceivably be the only service on an IEP. It is possible that a student presents with a disability that does not interfere with success in any area except

physical education. Reasons for failure to thrive in physical education may be specific to the environment, or to specific perceptual-motor disabilities, for example. In this situation, careful consideration by the IEP team will determine whether APE services will be a stand-alone IEP service. While the incidence of APE as a stand-alone IEP service would be infrequent, under federal law the IEP process may determine a student to be eligible for APE as a stand-alone service if the student needs such a service to access the physical education curriculum. Consultation may be designed to assist the staff in providing APE as a stand-alone service or providing support in an inclusive physical education program.

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### ***What is an IPEP, and is it legally required?***

An Individualized Physical Education Program (IPEP) is not a legally required document. Most physical educators and adapted physical educators develop and maintain IPEPs for their students who have special physical education needs. This voluntary method of documentation is useful in identifying students' needs and progress, and in reporting to the PPT.

#### **Figure 8. Individualized Physical Education Program (IPEP)**

According to IDEA, students aged 3-21 with disabilities must have an individualized education program (IEP) developed by a planning committee. Although not covered by federal law, an **individualized physical education program (IPEP)** should also be developed by a planning committee for those who have a unique need but who have not been identified by the school as having a disability. Each school should have policies and procedures to guide development of all individualized plans.

Some students with disabilities might not meet the eligibility criteria to qualify for federally mandated special education services provided by IDEA. Students with conditions such as HIV or AIDS, asthma, seizure disorder, diabetes, attention deficit/hyperactivity disorder (ADHD), or mild physical or learning disabilities may not require intensive special education services. These children may not be eligible for special education IEPs, but they might be entitled to appropriate accommodations and services tailored to meet their needs as provided in a section 504 disability accommodation plan (See page 14).

In physical education there might be a third group of students (in addition to those covered by IDEA and section 504) who require individualized programs. These students do not qualify as

having a disability that affects their education as defined under federal law, but they do have unique needs in physical education. Students who are recuperating from injuries, are recovering from noncommunicable diseases, are overweight, have low skill levels, or have deficient levels of physical fitness might fall into this category based on district criteria. Although this group of students is not eligible for special education accommodations according to federal law, it is recommended that school districts develop IPEPs to document programs modified to meet students' unique physical education needs. A unique need is apparent when a student cannot safely or successfully participate in the general physical education program

Excerpts from Winnick, J. (2011, 80). *Adapted Physical Education and Sport*, 5th Ed.. Human Kinetics. Reprinted by permission.

### **Figure 9. Guidelines for an Adapted Physical Educator**

Be familiar with Federal and State legislation mandates for Physical Education and Adapted Physical Education, and apply appropriate practice.

Be familiar with Connecticut State Department of Education Physical Education Standards.

Provide information regarding total program planning for students with disabilities to educate personnel and parents/guardians.

Observe, screen, assess, and evaluate students with disabilities, interpret assessment results, and plan for appropriate intervention services.

Observe students in the general physical education class to ensure proper accommodations are being provided to meet the student's APE goals and objectives.

Maintain appropriate records on students following district policy.

Establish a relationship with administrators, school personnel, parents/guardians, and non-school agencies to facilitate the education of students with physical/motor disabilities.

Be available as a resource for administrations, teachers, para-educators, general physical education teacher, and parents/guardians.

Assist school personnel in implementing appropriate Adapted Physical Education programs by recommending modifications in the existing physical education program, suggesting adapted equipment, methods and materials, and informing teachers of contra-indicated activities.

Be available for ongoing consultation and collaboration with teachers, para-educators, and PE teachers to carry out specific goals and components of the adapted physical education program.

Write assessments reports and progress notes, provide a three-year evaluation, and attend staff meetings.

Travel to school locations and areas served.

(Physical Education Committee of the Connecticut Association of Health, Physical Education, Recreation and Dance, 2010. Internal document. Adapted and reprinted with permission.)

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## ***What are the caseload, or workload, limits for adapted physical education teachers?***

### **Workload/Caseload**

The Connecticut State Department of Education does not make recommendations for a specific caseload number for adapted physical educators. Caseload decisions are made at the administrative or district levels. Quantified caseload values do not capture the multiple responsibilities of the APE practitioner. The CSDE recommends that class sizes do not exceed that of other subject areas. It is best to engage with local administration in conversations related to workload and class size.

The distinction between caseload and workload can be significant. Workload includes all the activities required and performed by the APE. Workload demands will vary depending upon the size of a district and distance between schools. Caseloads must be sized appropriately to allow APEs to engage effectively in their workload activities, including:

- Providing appropriate and effective intervention
- Conducting evaluations
- Collaborating with teachers and parents
- Carrying out related activities
- Completing necessary paperwork
- Completing compliance tasks within working hours

To inform discussion regarding workload and caseload, a systematic examination of activities and duties is suggested. An effective way to determine workload demands is to disaggregate

the APE's daily activities and document the amount of time spent in each activity, for example:

- Travel
- Set-up
- Collaborative team meetings
- PPT meetings and IEP preparation
- Consultation with team members
- IEP service time, consultation and direct
- Documentation
- Progress reporting
- Planning
- Consultation with general physical education teachers related to students not receiving APE
- Manufacturing or assembling of adaptive/assistive equipment (adapted and reprinted with permission from Colorado Department of Education 2007, 30).

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### **Special Issues for APE Students**

The Surgeon General reports that students with disabilities are in comparatively poorer physical health, and are at greater risk of health-related disease, than the general population (U.S. Department of Health and Human Services, 2007). In *Successful Inclusion in the Regular Physical Education Setting*, Wilsey and Forrester (2009) provide persuasive data documenting, "that children with disabilities tend to have lower levels of physical fitness, higher levels of obesity, and participate less in extracurricular school-based or after-school physical activity programs than their peers without disabilities."

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### **Physical Fitness Assessment**

To the greatest extent possible students with special needs should be provided with the general physical education curriculum, including physical fitness education and health-related fitness assessment. Connecticut's [Third Generation Connecticut Physical Fitness Assessment](#) (effective 2009) requires implementation of a

physical fitness assessment program in which all students in Grades 4, 6, 8 and 10 participate in health-related physical fitness assessments of aerobic capacity, muscular strength and endurance, and flexibility.

Certain variations or accommodations may be provided for students with disabilities who need special assistance on the physical fitness tests. Variations or accommodations should be specified in the student's IEP or Section 504 Plan. Suggested modifications of the fitness tests for children with disabilities are included in the appendix section of this guide. [Appendix B](#) includes a comprehensive listing of assessment instruments. [Appendix D](#) includes suggested modifications for children with disabilities for the Connecticut Third Generation Physical Fitness Assessment. Modifications should be made only when necessary and appropriate. Students' health-related fitness status should be monitored, checked for progress as least as often as non-disabled students' status, and should influence individual physical education programs (IEP or IPEP). To the greatest extent possible, physical education programs for disabled children should emphasize moderate-to-vigorous physical activity (MPVA).

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### **Obesity in Disabled Children and Adolescents**

Children with disabilities are twice as likely as non-disabled children to be overweight or obese. Social participation, already negatively impacted as an effect of disability, is further impaired by overweight. In addition, obesity amplifies numerous health risk factors prevalent in disabled children and adolescents, just as in the non-disabled population. However, disabled individuals have shown a tendency to be less physically active, and this is especially the case in children with developmental delays. Patterns of physical inactivity are established at an early age and continue throughout youth and adolescence, and persevere into adulthood. Adults with disabilities are more often overweight than are non-disabled adults.

Physical impairments and psychomotor delays, sensory, or cognitive disabilities often prevent





disabled children from participating in sports or recreational pursuits with healthy children and adolescents. Complications arising from their underlying conditions can limit disabled children from actively pursuing exercise or sports. Pain, for example, is known to affect

children with cerebral palsy or children who overuse certain muscle groups (i.e., the shoulders in those using wheelchairs or walking aids). Poor physical fitness, an impaired balance, and poor physical coordination are examples provided by Rimmer, (Rimmer et al., 2007) that further impede active participation in sports groups.

In most places, people with disabilities are conspicuously absent from public fitness and recreational facilities. The lack of facilities for people with disabilities in fitness centers, playgrounds and other recreation and sports centers present further barriers to exercise and physical activity. Lack of availability of accessible facilities is another factor that prevents or limits exercise that is sufficiently active to promote good health. Narrow footpaths or paths in poor condition may present obstacles as do lacking ramps for wheelchair access (Rimmer, 2005).

Another factor that prevents or impedes participation by disabled individuals in physical activity and exercise in public and popular facilities is the lack of staff who are trained to assist or coach using the specialized methods and equipment that disabled people require. It is hard to know for sure whether lack of interest, awareness or skills, lack of accessibility, or lack of trained personnel are greater obstacle to participation. All of these factors must be addressed to increase opportunities for disabled individuals to engage in meaningful and beneficial physical activity and exercise.

Overprotective parents may pose another obstacle for disabled children in that they may not allow their children to play outdoors. Unsafe neighborhoods may have the same effect, where children

with disabilities may be at greater risk of accidents, vilified, or exposed to violence. Impaired mobility, financial expenses for special equipment, and lacking exercise facilities have been described as the most common barriers to exercising for disabled children and adolescents (Murphy and Carbone, 2008, 1061).

In view of the many barriers to exercise it is not surprising that disabled children spend more time watching television and playing computer games (U.S. Department of Health and Human Services, 2000). The same behavior is also associated with obese children without disabilities (Giammattei, 2003, 882). Intellectual and physical disabilities, behavioral problems, and learning disabilities impair social contact between children and adolescents with disabilities and their healthy peers. Okely conducted a study of the relationship between body composition and fundamental movement skills expected to be useful for children and adolescents in their future adult lives. The study's findings conclude, not surprisingly, that exercise competence, which is often reduced in disabled children and adolescents, is also important for successful participation in community life (Okely et al., 2004, 246).

Important skills for APE programs to address include social adjustment and relationship-building. Disabled people's frequent lack of participation commonly triggers feelings of isolation and entails a risk of excessive eating as a compensatory mechanism for this social deficit. Adolescents with impaired mobility encounter difficulty in forging friendships. Children with mental retardation play less often with other children compared with their healthy peers; and children with disabilities are often not accepted by their class mates, have fewer social contacts, and experience a higher rate of teasing. Socially limiting factors include negative prejudices towards disabled people from the persons surrounding them.

In the study of public fitness and recreational facilities, Rimmer (2005) found that many young wheelchair users are also excluded from social events due to fact that the houses of their friends, restaurants, and other places where social activity including recreation, play, dance, physical activity and exercise commonly occur lack ramps. All these factors result in exclusion from many school programs as well as community based programs.

Offering a health intervention in obese children or adolescents with

disabilities is likely to have many benefits. Rimmer, Rowland and Yamaki (2007) studied obesity and secondary conditions in adolescents with disabilities and concluded that if overweight is reduced successfully, harmful associated and resulting conditions can often be reduced and many secondary effects can be improved. This, in turn, has a positive impact on the underlying disease and the quality of life of the affected children (Rimmer et al., 2007).

Effective health promotion for children and adolescents with disabilities should be based on their abilities and interests and take into account their physical, cognitive, and/or sensory impairments. "Emphasis on exercise and nutrition is a recommended approach in a health-related physical fitness program that is developed and adhered to in a multidisciplinary setting. To most effectively promote physical activity among children and adolescents, Murphy and Carbone include in such a setting dieticians, psychologists, exercise specialists, and doctors (who ideally should also be specialized in treating the disabilities of children and adolescents)" (Murphy and Carbone, 2008, 1061).

It is important that parents are included in conversations, plans and interventions so that assumptions can be addressed, fears and anxieties relating to exercise can be reduced, overprotecting behavior can be discussed, and eating and nutrition patterns can be analyzed. Just as when treating obese children without disabilities, the physical education, physical activity and physical fitness program should be fun, and should involve opportunities for collaboration with parents and caregivers. In children and adolescents with or without disabilities, exercise promotes muscular strength and physical fitness, reduces stereotypical movement patterns and thus reduces pain and fatigability. In *Exercise and Sports in Children and Adolescents with Developmental Disabilities: Positive Physical and Psychosocial Effects*, Dykens explains that exercise promotes friendships, creativity, integration, social acceptance, self-confidence, and, ultimately, quality of life" (Dykens et al., 1998, 559). Increasing muscular strength and physical fitness additionally reduces injuries, osteoporosis, or bone fractures, as well as dependence on others (McBurney et al., 2003; Murphy and Carbone, 2008).

There are several key points that summarize the seriousness of the problem of obesity in disabled children and adolescents:

- Disabled children and adolescents and those with chronically illness have an increased risk for overweight and obesity. The risk groups include primarily children and adolescents with spina bifida, functional mobility impairments, developmental delays, learning difficulties, mental retardation, audiovisual impairments, autism, attention deficit (hyperactivity) disorder, asthma, or juvenile arthritis.
- Obesity in disabled or chronically ill children and adolescents exacerbates complications that arise from the disability itself and further restricts participation and quality of life of the affected children and adolescents.
- Obese children and adolescents with disabilities may require more specialized interventions and training methods than established therapeutic and training plans for non-disabled children and adolescents
- Specially structured, sustainable, effective prevention and intervention programs for obese children and adolescents with disabilities are a relatively new phenomenon and are the subject of increasing interest and development.

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### **Obesity and the Role of Schools and Families in Promoting Healthy Weight**

The current epidemic of obesity associated with inactivity is a global health care concern for all children, including those with disabilities.

Children with disabilities are more likely than other children to be sedentary, placing them at higher risk of obesity and associated health conditions. Children with certain developmental disorders have higher prevalences of being at risk of overweight and being overweight than do children without developmental disorders (Bandini et al., 2005). "Physical consequences of inactivity for persons with disabilities include reduced cardiovascular fitness, osteoporosis, and impaired circulation. In addition, the psychosocial implications of inactivity include decreased self-esteem, decreased social acceptance, and ultimately, greater dependence on others for daily living. Overall, the participation of

children with disabilities in sports and physical activities can decrease complications of immobility" (Murphy and Carbone, 2008. *Pediatrics* Vol. 121 No. 5 May 2008, 1057).

Childhood obesity has reached epidemic proportions, affecting more than 9 million children and teens in the United States alone. According to the American Academy of Pediatrics (AAP), one of the ways to alleviate this problem starts with parents

and other family members. Family members play an important part in the physical activity behavior of children. This applies especially to children with disabilities. Disabilities present challenges to independent participation in physical activities such as sports and recreation, including access, transportation, costs, cognitive capacity and self-confidence, among others. Disabled adolescents may have fewer friends with whom to participate in recreational activities. When challenges are too many or too great, the result is a sedentary lifestyle and limited social interaction.

Obesity is an important health concern and youth are affected at an alarming rate from conditions and diseases associated with physical inactivity. Equally important is the association between physical health and mental health.

The AAP American Academy of Pediatrics offers health strategies for parents in *A Parents Guide to Childhood Obesity: A Road Map to Health*. The guide offers practical advice on how parents can help their children manage their weight. The guide examines the many effects of childhood obesity, from low self-esteem to serious medical conditions, and what parents can do to prevent them. The guide offers sensible solutions to achieving a healthy weight, beginning with prenatal care and culminating in adolescence (American Academy of Pediatrics, 2011).

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## Recreation Access for the Disabled

Physical activity offers opportunities for families to have fun together while interacting and sharing interests. Increasingly, programs and facilities are available and accessible to all. Outdoor recreation opportunities are widely available and accessible to disabled persons and their families. The Department of Environmental Protection is working to ensure that all visitors have access to the many outdoor recreational opportunities available at

Connecticut state parks and forests. Accessible parking and picnic tables can be found at all park and forest recreation areas. Public buildings at most state parks are also accessible, and many areas are undergoing conversion to accessible facilities.

The majority of state parks provide accessible restroom facilities. Additionally, many of the bathhouse facilities at state campgrounds have an individual, unisex bath addition on the buildings. The unisex bathroom enables a child or an adult to get assistance from any parent or partner. Some areas have campsites that are designated for use by individuals with disabilities with close proximity to restroom facilities and electrical outlets. Features at some state parks include accessible swimming, beach surf chairs, accessible fishing sites and platforms and wheelchair accessible trails. For more information, go to the [Department of Energy and Environmental Protection Web site](#).

All people can benefit from including children and adults, disabled and non-disabled. Children of all abilities participating together in sports and recreational activities promotes inclusion, minimizes deconditioning, optimizes physical functioning, and enhances overall well-being. Despite these benefits, children with disabilities are more restricted in their participation, have lower levels of fitness, and have higher levels of obesity than their peers without disabilities. Decisions regarding each child's participation must be well-informed and must consider overall health status, individual activity preferences, safety precautions, and availability of programs and equipment that meet the specific needs of each child. Murphy (Murphy and Carbone, 2008) suggests that health consultation visits encourage pediatricians, children with disabilities, and parents to collaboratively generate goal-directed activity prescriptions or programs. Numerous barriers to participation need to be recognized and addressed. Anticipated obstacles include the child herself or himself, family, financial, and societal barriers. The goal is inclusion for all children with disabilities in appropriate activities.

Although national initiatives from the U.S. Department of Health and Human Services (i.e., [Healthy People 2010](#); [CDC's National Physical Activity Initiative](#); [Let's Move](#)), the Centers for Disease Control, and the American Academy of Pediatrics stress the daily

participation of all students in programs of physical education, this goal remains unmet. According to a 2000 study, only 8 percent of American elementary schools, 6.4 percent of middle schools, and 5.8 percent of high schools with existing physical education requirements provided daily physical education classes. More than three fourths of elementary, junior/middle, and senior high schools allow students to be exempted from required physical education; cognitive and physical disabilities are among the most common reasons for these exemptions (U.S. Department of Education, 2006). The combined advocacy efforts of well-informed pediatricians, parents, educators, and others are needed to ensure and promote the participation of all children in sports and physical activity programs, each according to his or her abilities (Murphy and Carbone, 2008).

The *Surgeon General's Report on Physical Activity and Health* (1999) makes the following recommendations for addressing health disparities among disabled populations:

- Provide quality, preferably daily, K–12 accessible physical education classes for children and youths with disabilities.
- Provide community-based programs to meet the needs of persons with disabilities.
- Ensure that environments and facilities conducive to being physically active are available and accessible to people with disabilities, such as offering safe, accessible, and attractive trails for bicycling, walking, and wheelchair activities.
- Ensure that people with disabilities are involved at all stages of planning and implementing community physical activity programs.
- Encourage health care providers to talk routinely to their patients with disabilities about incorporating physical activity into their lives

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### **Physical Activity/Therapeutic Recreation in and Outside of School**

Physical activity and exercise are good for everyone. According to the U.S. Surgeon General, an active lifestyle that includes regular exercise can:

- Lower risk of developing heart disease, stroke, type 2 diabetes and osteoporosis



- Lower blood pressure if it is mildly elevated
- Help with weight management by increasing metabolism
- Help to improve cholesterol level
- Improve ability to cope with stress
- Provide psychological benefits such as improved self-image and self-confidence, better sleep and more positive outlook on life

An increase in physical activity can help one maintain independence. Those with a disability may feel limited in ability to engage in physical activity. However, avoiding physical activity increases risk of obesity, type 2 diabetes, pressure sores, infections, fatigue, depression and osteoporosis. These conditions can result in even greater limitations, including the loss of independence. Balance muscle groups. Due to disability, muscles are more prone to underuse, overuse or misuse. For example, use of a wheelchair may result in highly developed anterior muscles, and cause the need for upper back muscle development in order to balance posture and physique.

Improve quality of life. Going to the gym, park or swimming pool can be fun, especially if one engages in these activities with family and friends.

Common barriers for people with disabilities include not having information about options, lack of money to buy equipment, transportation problems, and fatigue ([Adaptive Physical Fitness Programs for People with a Disability](#); U.S. Department of Health and Human Services Centers for Disease Control and Prevention. *A Report of the Surgeon General: Physical Activity and Health Persons with Disabilities*).

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## **Sports Participation**

Although recreational activities may be enjoyable and beneficial for people with disabilities, organized sports participation can enhance physical ability, physical fitness and quality of life for disabled persons. Besides the benefits of physical activity, playing organized sports can help improve motor skills, mood and self-esteem. Companionship is a benefit of sharing an activity with others. Minor modifications and adapted sports, such as slowing



down the pace of an activity, using modified equipment, limiting size of playing areas, can make many sports more enjoyable and inclusive for players of all ability levels (reprinted and adapted with permission from <http://www.family-friendly-fun.com>).



Sports participation enhances the psychological well-being of children with disabilities by providing opportunities to form friendships, express creativity, develop a self-identity, and foster meaning and purpose in life (Dykens et al., 2007, 768). In a study of involvement in Special Olympics and its relations to self-concept and actual competency in participants with developmental disabilities, Weiss found that Special Olympics participants show heightened self-esteem, perceived

physical competence, and peer acceptance when compared with nonparticipants (Weiss et al., 2003, 290). Parents of Special Olympics athletes reported that their child's participation promoted social adjustment, life satisfaction, family support, and community involvement (Klein and Zigler, 1993). Such events provide a much-needed venue for informal peer support and sharing of experiences among families of children with disabilities (Murphy et al., 2007, 185). Participation in regular physical activity can foster independence, coping abilities, competitiveness, and teamwork among children with disabilities (Patel and Greydanis, 2002, 820).

Currently, a wide variety of sporting activities is accessible to children with disabilities, and guidelines are available to assist pediatricians in recommending activities appropriate for children with specific conditions. In *Promoting the Participation of Children With Disabilities in Sports, Recreation, and Physical Activities*, Murphy and Carbone describe a "participation possibility chart," developed by the American Academy of Orthopedic Surgeons, to outline sporting options for individuals with the most frequently occurring physical disabilities (Murphy and Carbone, 2008) Rather than exclusion from sports participation, the goal is inclusion for all children with disabilities in appropriate activities. It is important that

children are empowered with an "I can do" attitude rather than discouraged by the message "you can't do that" (Wilson, 2002).

Properly designed and implemented programs of sports and physical activities for children with disabilities should target cardiovascular endurance, flexibility, balance, agility, and muscular strength and accessibility, safety, and enjoyment (Wind et al., 2004). In *Physical Activity for the Chronically Ill and Disabled*, Durstene describes strategies to minimize the risks of illness or injury to children with disabilities during sporting activities should be implemented before participation (Durstene et al., 2000).

Special Olympics is an international organization that provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities. Founded in 1968 by Eunice Kennedy Shriver, the Special Olympics movement has grown from a few hundred athletes to nearly four million athletes in over 170 countries in all regions of the world. In addition to large-scale statewide, regional, national and international events, Special Olympics sporting events occur frequently throughout the year, many held locally. Hundreds of thousands of coaches, educators and volunteers worldwide offer their time to train athletes, organize competitions and plan events. For more information about Special Olympics go to [www.specialolympics.org](http://www.specialolympics.org), and in Connecticut go to <http://www.soct.org/about/>.

In communities around the world, from the United States to Southeast Asia, Special Olympics athletes and their teammates without intellectual disabilities practice and play together on Unified Sports® teams. Unified Sports® is a moving and exciting initiative for athletes of all ages, from youth to adults. By combining approximately equal numbers of athletes with and without intellectual disabilities on sports teams for training and competition, Unified Sports® teams provide the public direct opportunities to experience first-hand the capabilities and courage of Special Olympics athletes. All Unified Sports® players, both athletes and partners, are of similar age and matched sport-specific skill ability. Unified Sports® teams are placed in competitive divisions based on their skill abilities, and range from divisions of lower skills (with a skill-learning focus) to high level competition. By having fun

together in a variety of sports ranging from basketball to golf to figure skating, Unified Sports® athletes and partners improve their physical fitness, sharpen their skills, challenge the competition and help to overcome prejudices about intellectual disability. Unified Sports® is a fast-growing program in Connecticut; for information about Unified Sports® in Connecticut go to:

<http://www.soct.org/programs/unified.shtml>.

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## **Technology and APE**

Technology is becoming more accessible, and there are many different ways to implement technology to enhance students' physical development. Much of the technology available is designed to help the physical education teacher with preparation, instruction and management of the classroom and of record-keeping. Technology is also becoming more widely used to help students with disabilities. CD-ROMs that have been developed for various sports can be used to help teach students rules of games and how they are played. Physical education sign language can be learned via online courses and CD-ROM. Other examples include videos on basic motor skills and information on teaching students with disabilities and equipment for individuals with disabilities. Video files can also be used to demonstrate proper technique.

The internet is a great resource for students and APE teachers to find opportunities to continue being physically active. It is an important advantage for students to have access to resources so that they can navigate through the internet and find area events they can be a part of or public facilities where they can become members. There are many websites that show how to do activities, when physical activity events are going on, and where one can be physically active, whether it is in a park, gym or fitness club, or walking for a cause.

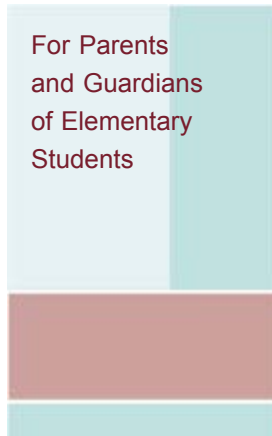
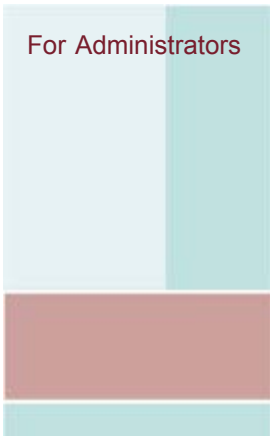
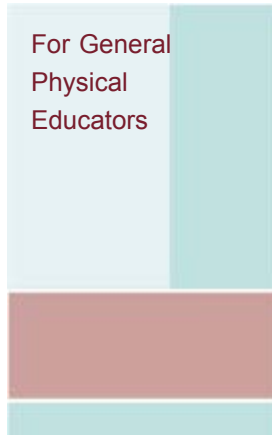
APE teachers can develop an updated website regarding a fitness workout plan, in which students, who may need to stay at home some of the time or for extended periods of time, can download and follow at home with a sibling or parents. Students can be taught how to keep track of their physical fitness goals and record the data using various online features .

One of the simplest instructional technologies is the pedometer which can easily be introduced into any lesson to teach how to use to keep track of steps. Pedometers can also be calibrated to count other types of physical movements. Teachers can play appropriate and motivating music for aerobic activities through an MP3 player or compact disc. Video games, exergaming and fitness equipment are becoming increasingly predominant in physical education classes and can be used outside of school as well.

Information and resources pertaining to technology in physical education can be found on the [PE Central Web site](#), which has a [Web page](#) dedicated to adapted physical education, or through web searches, list-serves and online discussion groups.

Interdisciplinary collaboration with others who work with students with special needs will yield helpful ideas about strategies and modalities the classroom teacher uses, which might also be used in the gymnasium. In the *Physical Education Technology Playbook*, Castelli and Holland-Fiorentino (2008) describe numerous modalities and technologies that can be utilized to engage students and to add manageability for teachers such as computer software to organize and maintain assessment information.

# Fact Sheets



## **Guidance Summary for Adapted Physical Education Teachers**

**Physical Education** is defined as: 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) and (ii) includes special PE, APE, movement education, and motor development (IDEA; Federal Register 1997: 42480; CFR 300.17)

**Adapted Physical Education** is defined as a program to meet the unique needs of an individual with a disability who is unable to be successful in the general PE program/environment. It is personalized and specially designed to address the individualized needs of students who have disabling conditions that require modifications to the general program of physical education in order to benefit from instruction. APE teachers support the general physical education program by working towards Connecticut Physical Education Standards (IDEA, Public Law 105-17).

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

When the manifestation of disability is suspected of preventing a student from benefiting from general physical education, adaptations/modifications to the physical education curriculum and/or instruction should be made prior to referring a student to adapted physical education. If the general PE teacher is uncertain of how to adapt to the student's needs an informal consultation with the APE might be appropriate. For those students with significant manifestation of disability it may be appropriate to make an immediate referral to the APE teacher.

Some general physical educators are unclear as to how they can modify instruction, equipment and participation for their students who have disabilities. In such cases, the APE teacher may provide consultation to these teachers for the purpose of helping them identify different instructional strategies, modifications, and/or adaptations which may allow for meaningful participation in the least restrictive environment. Often, students with 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."

Once the child is identified as having a disability, is determined by the IEP team (PPT) 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.

A student typically is determined to be eligible for special education services prior to being considered for APE services.

The following criteria are considered by the IEP team to determine eligibility for APE services:

- Lack of success in general PE curriculum or environment despite modification/adaptation provided by general PE teacher
- Results of physical/motor assessment
- Determination that the problem interferes with the student's ability to participate in his/her physical education program or at play
- The student is unable to obtain reasonable benefit without modification or adaptation to the educational program by an Adapted Physical Education Teacher
- Positive change in the student as a result of intervention by the Adapted Physical Educator or or negative change without intervention would be likely

If the student demonstrates deficits in the motor, behavioral or cognitive areas, but is participating successfully in general PE, then the student would not require the specialized programming of adapted physical education. Likewise, students with disabilities of a temporary nature, such as broken bones or short-term illnesses, are not eligible for Adapted PE. Students who a physician has determined may not safely participate in general PE may not participate in Adapted PE.

Adapted PE assessment must be made by a certified PE teacher, highly qualified to address adapted physical education needs

trained in gathering data through diagnostic tests; curriculum based instruction, observations, checklists, etc. The educator should similarly be highly qualified in scoring assessments, interpretation of scores, and recommendation of appropriate programming. Knowledge of physical education standards and benchmarks, as well as leisure lifestyle analysis for transition planning is essential.

### **Least Restrictive Environment: (IDEA)**

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.

Students are entitled to receive instruction in the least restrictive environment. The least restrictive environment refers to adapting or modifying the physical education curriculum and/or instruction to address the individualized abilities of each child within general education, to the degree possible. Placement decisions are documented on the IEP. Within the general physical education setting adaptations are made to ensure that each student will experience success in a safe and accessible environment. The least restrictive environment should allow for meaningful participation in the physical education curriculum and activities.

Placement may include any of the following:

- The general physical education setting.
- The general physical education setting with a general PE teacher making curriculum accommodations.
- APE teacher consultation with general PE teacher (paraprofessional to be included).
- APE teacher collaborative teaching with general PE teacher (paraprofessional to be included).
- Direct APE instruction provided to student(s) by an APE teacher outside of the general physical education setting.

### **Adapted Physical Education Teacher, Occupational**



## **Therapist, Physical Therapist**

Occupational and physical therapy services are related services under the IDEA. The purpose of school based occupational and physical therapy is to support a student's access to special education programming.

Physical education is a federally mandated component of special education services. APE is a primary rather than related service. This means that physical education needs to be provided to the student with a disability as part of the child's special education. Physical education and adapted physical education are educational programs. OT and PT are support services whose objective is to facilitate access to educational programming. When a student receives multiple services such as: APE, OT, or PT, a collaborative approach among service providers is required to ensure generalization of skills across environments. In a collaborative model each service provider will be reinforcing the objectives and activities of the other service providers in order to maximize the student's benefit from special education programming.

## **General Physical Education Teacher & APE Teacher may play a role in the Individual Transition Plans (ITPS).**

The transition curriculum revolves around three main areas: instruction, community living and employment. Physical education programming, in the area of instruction, might focus on helping the student access community recreation centers and leisure activities.

(Source: Colorado Department of Education 2007, 34-36.

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## **Guidance Summary For General Physical Educators**

**Physical Education** is defined as: 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) and (ii) includes special physical education, adapted physical education, movement education, and motor development (IDEA; Federal Register 1997, 42480; CFR 300.17).

**Adapted Physical Education** is defined as: A program to meet the unique needs of an individual with a disability who is unable to be successful in the general PE program/environment. It is personalized and specially designed to address the individualized needs of students who have disabling conditions that require modifications to the general program of physical education in order to benefit from instruction. APE teachers support the general physical education program by working towards Connecticut Physical Education Standards (IDEA; Public Law 105-17).

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

When the manifestation of disability is suspected of preventing a student from benefiting from general physical education, adaptations/modifications to the physical education curriculum and/or instruction should be made prior to referring a student to adapted physical education. If the general PE teacher is uncertain of how to adapt to the student's needs, an informal consultation with the APE might be appropriate. For those students with significant manifestation of disability it may be appropriate to make an immediate referral to the APE teacher.

Some general physical educators are unclear as to how they can modify instruction, equipment and participation for their students who have disabilities. In such cases, the APE teacher may provide consultation to these teachers for the purpose of helping them identify different instructional strategies, modifications, and/or adaptations which may allow for meaningful participation in the

least restrictive environment. Often, students with 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."

**Least Restrictive Environment:** (IDEA)

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.

Students are entitled to receive instruction in the least restrictive environment. The least restrictive environment refers to adapting or modifying the physical education curriculum and/or instruction to address the individualized abilities of each child within general education, to the degree possible. Placement decisions are documented on the IEP. Within the general physical education setting adaptations are made to ensure that each student will experience success in a safe and accessible environment. The least restrictive environment should allow for meaningful participation in the physical education curriculum and activities. Placement may include any of the following:

- The general physical education setting.
- The general physical education setting with a general PE teacher making curriculum accommodations.
- APE teacher consultation with general PE teacher (paraprofessional to be included).
- APE teacher collaborative teaching with general PE teacher (paraprofessional to be included).
- Direct APE instruction provided to student(s) by an APE teacher outside of the general physical education setting

**Adapted Physical Education Teacher, Occupational Therapist, Physical Therapist**

Occupational and physical therapy services are related services

under the IDEA. The purpose of school based occupational and physical therapy is to support a student's access to special education programming.

Physical education is a federally mandated component of special education services. APE is a primary rather than related service. This means that physical education needs to be provided to the student with a disability as part of the child's special education. Physical education and adapted physical education are educational programs. OT and PT are support services whose objective is to facilitate access to educational programming.

When a student receives multiple services such as: APE, OT, or PT, a collaborative approach among service providers is required to ensure generalization of skills across environments. In a collaborative model each service provider will be reinforcing the objectives and activities of the other service providers in order to maximize the student's benefit from special education programming.

**General Physical Education Teacher & APE Teacher may play a role in the Individual Transition Plans (ITPS).**

The transition curriculum revolves around three main areas: instruction, community living and employment. Physical education programming, in the area of instruction, might focus on helping the student access community recreation centers and leisure activities.

(Source: Colorado Department of Education 2007, 37-38.  
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## Guidance Summary for Teachers and Other Specialists

**Physical Education** is defined as: 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) and (ii) includes special physical education, adapted physical education, movement education, and motor development (IDEA; Federal Register 1997, 42480; CFR 300.17).

**Adapted Physical Education** is defined as a program to meet the unique needs of an individual with a disability who is unable to be successful in the general PE program/environment. It is personalized and specially designed to address the individualized needs of students who have disabling conditions that require modifications to the general program of physical education in order to benefit from instruction. APE teachers support the general physical education program by working toward Connecticut Physical Education Standards (IDEA, Public Law 105-17).

### **Adapted Physical Education Teacher, Occupational Therapy, Physical Therapy:**

Occupational and physical therapy services are related services under the IDEA. The purpose of school based occupational and physical therapy is to support a student's access to and benefit from special education programming.

Physical education is a federally mandated component of special education services. APE is a primary rather than related service. This means that physical education needs to be provided to the student with a disability as part of the child's special education. Physical education and adapted physical education are educational programs. OT and PT are support services whose objective is to support or facilitate access to educational programming.

When a student receives multiple services such as: APE, OT, or PT, a collaborative approach among service providers is required to ensure generalization of skills across environments. In a collaborative model each service provider will be reinforcing the objectives and activities of the other service providers in order to

maximize the student's benefit from special education programming.

**Occupational therapy and physical therapy services/activities are not an appropriate substitute for APE instruction. Keep in mind, OTs and PTs are related services providers, not certified as educators and therefore not qualified to deliver physical education instruction or adapted physical education instruction.**

### **Referring Students to APE:**

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

When the manifestation of disability is suspected of preventing a student from benefiting from general physical education, adaptations/modifications to the physical education curriculum and/or instruction should be made prior to referring a student to adapted physical education. If the general PE teacher is uncertain of how to adapt to the student's needs, an informal consultation with the APE teacher might be appropriate. For those students with significant manifestation of disability it may be appropriate to make an immediate referral to the APE teacher.

Some general physical educators are unclear as to how they can modify instruction, equipment and participation for their students who have disabilities. In such cases, the APE teacher may provide consultation to these teachers for the purpose of helping them identify different instructional strategies, modifications, and/or adaptations which may allow for meaningful participation in the least restrictive environment. Often, students with 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."

### **Use of Instructional Assistants:**

The primary role of the paraprofessional when supervised by the Adapted Physical Educator is to support the educational program

developed for the student. This might include attending general physical education with the student, providing additional practice outside of scheduled class time, or assisting in educationally planned recreational experiences in transition programs.

Paraprofessionals are to assist the APE teacher & general physical education teacher. Services provided are under supervision of the APE teacher. Paraprofessionals can provide valuable assistance to the APE teacher during the implementation of APE services. A paraprofessional can help in a variety of ways, some of which include lifting students, positioning, providing instructional prompts, monitoring and reinforcing student behavior, setting up and cleaning up equipment, leading a small group, reinforcing skills and supervising student safety. Paraprofessionals are assigned to classrooms or individual students and their duties may include attending APE & general physical education with the students. In these cases, the paraprofessional should be prepared to work under the supervision of the APE teacher during APE instruction and the general PE teachers during general PE in order to support the students' meaningful access to PE programming.

(Source: Colorado Department of Education 2007, 39-40.  
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## Guidance Summary For Administrators

### The National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID)

([www.ncperid.org](http://www.ncperid.org)) defines adapted physical education as the following:

Adapted Physical Education is physical education which may be adapted or modified to address the individualized needs of children and youth who have gross motor developmental delays. This service should include the following:

1. Assessment and instruction by qualified personnel for children with disabilities and developmental delays.
2. Accurate assessment data, diagnosis, and curriculum-based data collected by qualified personnel.
3. Individualized Education Program (IEP) Goals and Objectives/Benchmarks written by qualified personnel.
4. Instruction in a Least Restrictive Environment (LRE); placement may include one or more of the following options:
  - The general physical education setting
  - The general physical education setting with a general PE teacher making curriculum accommodations.
  - APE teacher consultation with general PE teacher (paraprofessional included).
  - APE teacher collaboratively teaching with general PE teacher (para professional included).
  - Direct APE instruction provided to student(s) by an APE Teacher.

### Federal Legislation:

The IDEA requires the provision of equal access to public education. According to the federal mandate, Public Law 108-446 (2004) [www.copyright.gov/legislation/pl108-446.pdf](http://www.copyright.gov/legislation/pl108-446.pdf):

*The term special education means specially designed instruction at no cost to parents or guardians, to meet the unique needs of a child with a disability, including*

*(A) Instruction conducted in the classroom*

***(B) Instruction in physical education***



A student with a disability must have access to physical education programming. The term (physical education) means development of: (A) physical and motor fitness; (B) fundamental motor skills and patterns, and (C) skills in aquatics, dance, individual and group games and sports (including intramural and lifetime sports) (IDEA; Federal Register 1997, 42480; CFR 300.17).

Physical education is standards based and the APE teacher works toward the Connecticut Physical Education Standards. Adapted physical education is a diversified program of physical education having the same goals and objectives as general physical education, but modified to meet the unique need of each student. Physical education needs to be provided to the student with a disability as part of the child's special education.

***The IDEA's inclusion of physical education in its definition of special education underscores the importance of physical education for students with disabilities.***

**Least Restrictive Environment:** [20 United States Code (U.S.C.) Sec. 1412(a)(5)(A)]

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.

Students are entitled to receive instruction in the least restrictive environment. The least restrictive environment refers to adapting or modifying the physical education curriculum and/or instruction to address the individualized abilities of each child within general education, to the degree possible. Placement decisions are documented on the IEP. Within the general physical education setting adaptations are made to ensure that each student will experience success in a safe and accessible environment. A least restrictive environment allows for meaningful participation in the physical education curriculum and activities.

**Qualifications of the Adapted Physical Education**

**Teacher:**

In Connecticut, the Adapted Physical Educator must hold a valid licensure in Physical Education, K-12. It is also suggested that the APE teacher become Nationally Certified through the National Consortium for Physical Education and Recreation for Individuals with Disabilities, earning a CAPE (Certified Adapted Physical Education) certification. Course work in APE is strongly recommended. Additional education and/or experience in special education is beneficial.

**Caseloads:**

Caseload determinations should be made based on workload as opposed to caseload calculations. The best practice is to first consider all of the factors listed on page XX of the Guidelines and determine the impact on each APE Teacher. There will be a wide range of caseloads and the APE teacher should be involved in determining actual assignments and caseloads. Factors to be considered in caseload determinations include: IEP writing, assessment/reports writing, planning time, parent contact time, case management and other duties as assigned, direct teaching time including collaboration-consultation, and travel time including car time, setting up and taking down equipment, as well as gathering and returning students.

**Adapted Physical Education Teacher, Occupational Therapist, Physical Therapist:**

Occupational and physical therapy services are related services under the IDEA. The purpose of school based occupational and physical therapy is to support a student's access to special education programming.

Physical education is a federally mandated component of special education services. APE is a primary rather than related service. This means that physical education needs to be provided to the student with a disability as part of the child's special education. Physical education and adapted physical education are educational programs. OT and PT are support services whose objective is to facilitate access to educational programming.

***Occupational Therapy and Physical Therapy services/activities***

***are not an appropriate substitute for APE instruction. Keep in mind, OTs and PTs are related services providers, not certified as educators and therefore not qualified to deliver physical education instruction or adapted physical education instruction.***

### **Use of Instructional Assistants:**

The primary role of the paraprofessional when supervised by the Adapted Physical Educator is to support the educational program developed for the student. This might include attending general physical education with the student, providing additional practice outside of scheduled class time, or assisting in educationally planned recreational experiences in transition programs.

Paraprofessionals are to assist the APE teacher & general physical education teacher. Services provided are under supervision of the APE teacher. Paraprofessionals can provide valuable assistance to the APE teacher during the implementation of APE services. A Paraprofessional can help in a variety of ways, some of which include lifting students, positioning, providing instructional prompts, monitoring and reinforcing student behavior, setting up and cleaning up equipment, leading a small group, reinforcing skills and supervising student safety. Paraprofessionals are assigned to classrooms or individual students and their duties may include attending APE & general physical education with the students. In these cases, the paraprofessional should be prepared to work under the supervision of the APE teacher during APE instruction and the general PE teachers during general PE in order to support the students' meaningful access to PE programming.

(Source: Colorado Department of Education 2007, 41-43.  
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## **Guidance Summary for Parents/Guardians of Elementary Students**

**Physical Education** is defined as: 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) and (ii) includes special PE, APE, movement education, and motor development (IDEA; Federal Register 1997, 42480; CFR 300.17).

**Adapted Physical Education** is defined as a program to meet the unique needs of an individual with a disability who is unable to be successful in the general PE program/environment. It is personalized and specially designed to address the individualized needs of students who have disabling conditions that require modifications to the general program of physical education in order to benefit from instruction. APE teachers support the general physical education program by working towards Connecticut Physical Education Standards (IDEA, Public Law 105-17).

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

Access to general physical education curriculum and instruction, with the implementation of adaptations and modifications, is the objective in determining eligibility. Eligibility for APE services may vary from school to school and district to district depending upon the general physical education teacher's ability to modify instruction and or activities independently to allow for meaningful student participation. The criterion for eligibility for APE services should focus on whether the student has the ability to participate in general physical education in a successful and meaningful way.

Many children with disabilities can participate in the general physical education program because their disability requires only modifications or adaptations to the PE activities, curriculum, and/or instruction. Often times a student's disability doesn't 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. When it is determined that a student will benefit from receiving additional support in order to meaningfully participate in the physical education curriculum and activities, the following placement continuum should be considered:

- The general physical education setting.
- The general physical education setting with a general PE teacher making curriculum accommodations/modifications.
- APE teacher consultation with general PE teacher (paraprofessional to be included).
- APE teacher collaboratively teaching with general PE teacher (para professional to be included).
- Direct APE instruction provided to student(s) by an APE teacher outside of the general physical education setting

**Adapted Physical Education, Occupational Therapy, and Physical Therapy are *NOT* interchangeable services.**

Occupational and physical therapy services are related services under the IDEA. The purpose of school based occupational and physical therapy is to support a student's access to special education programming.

Physical education is a federally mandated component of special education services. APE is a primary rather than related service. This means that physical education needs to be provided to the student with a disability as part of the child's special education. Physical education and adapted physical education are educational programs. OT and PT are support services whose objective is to facilitate access to educational programming.

When a student receives multiple services such as: APE, OT, and PT, a collaborative approach amongst service providers is required to ensure generalization of skills across environments. In a collaborative model each service provider will be reinforcing the objectives and activities of the other service providers in order to maximize the student's benefit from their special education

programming.

***Occupational therapy and physical therapy services/activities are not an appropriate substitute for APE instruction. Keep in mind, OTs and PTs are related services providers, not certified as educators and therefore not qualified to deliver physical education instruction or adapted physical education instruction.***

The National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) offers *Physical Education -- A Guide for Families and Educators*:

[www.ncperid.org/files/NCPERIDbrochure.doc](http://www.ncperid.org/files/NCPERIDbrochure.doc).

(Source: Colorado Department of Education 2007, 44-45.  
Reprinted and adapted by permission.)

## Guidance Summary for Parents/Guardians of Middle School and High School Students

**Physical Education** is defined as: 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) and (ii) includes special PE, APE, movement education, and motor development (IDEA; Federal Register 1997, 42480; CFR 300.17).

**Adapted Physical Education** is defined as a program to meet the unique needs of an individual with a disability who is unable to be successful in the general PE program/environment. It is personalized and specially designed to address the individualized needs of students who have disabling conditions that require modifications to the general program of physical education in order to benefit from instruction. APE teachers support the general physical education program by working towards Connecticut Physical Education Standards (IDEA, Public Law 105-17).

*Quality physical education programs provide opportunities for students to develop 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 majority of children identified as eligible for special education and related services are capable of participating in the general physical education curriculum to varying degrees with some adaptations and modifications.

Access to general physical education curriculum and instruction, with the implementation of adaptations and modifications, is the objective in determining eligibility. Eligibility for APE services may vary from school to school and district to district depending upon the general physical education teacher's ability to modify instruction and or activities independently to allow for meaningful student participation. The criterion for eligibility for APE services should focus on whether the student has the ability to participate in general physical education in a successful and meaningful way.

Many children with disabilities can participate in the general

physical education program because their disability requires only modifications or adaptations to the PE activities, curriculum, and/or instruction. Often times a student's disability doesn't 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. When it is determined that a student will benefit from receiving additional support in order to meaningfully participate in the physical education curriculum and activities, the following placement continuum should be considered:

- The general physical education setting.
- The general physical education setting with a general PE teacher making curriculum accommodations/modifications.
- APE teacher consultation with general PE teacher (paraprofessional to be included).
- APE teacher collaboratively teaching with general PE teacher (para professional to be included).
- Direct APE instruction provided to student(s) by an APE teacher outside of the general physical education setting.

### **Least Restrictive Environment:**

Students are entitled to receive instruction in the least restrictive environment. The least restrictive environment refers to adapting or modifying the physical education curriculum and/or instruction to address the individualized abilities of each child within general education, to the degree possible. Placement decisions are documented on the IEP. Within the general physical education setting adaptations are made to ensure that each student will experience success in a safe and accessible environment. The least restrictive environment should allow for meaningful participation in the physical education curriculum and activities.

### **General Physical Education Teacher & APE Teacher may play a role in the Individual Transition Plans.**

The transition curriculum revolves around three main areas: instruction, community living and employment. Physical education programming, in the area of instruction, might focus on helping the



student access community recreation centers and leisure activities. The student may become aware of the resources for pursuing lifelong recreation opportunities.

**Adapted Physical Education, Occupational Therapy, and Physical Therapy are NOT interchangeable services.**

Occupational and physical therapy services are related services under the Individuals with Disabilities Education Act (IDEA). The purpose of school based occupational and physical therapy is to support a student's access to and benefit from special education programming.

Physical education is a federally mandated component of special education services. APE is a primary rather than related service. This means that physical education needs to be provided to the student with a disability as part of the child's special education. Physical education and adapted physical education are educational programs. OT and PT are support services whose objective is to support or facilitate access to educational programming.

When a student receives multiple services such as: APE, OT, and PT, a collaborative approach among service providers is required to ensure generalization of skills across environments. In a collaborative model each service provider will be reinforcing the objectives and activities of the other service providers in order to maximize the student's benefit from special education programming.

**Occupational therapy and physical therapy services/activities are not an appropriate substitute for APE instruction. Keep in mind, OTs and PTs are related services providers, not certified as educators and therefore not qualified to deliver physical education instruction or adapted physical education instruction.**

(Source: Colorado Department of Education 2007, 46-47. Reprinted and adapted by permission.)

# Appendixes

Appendix A: Highly Qualified Adapted Physical Education Teacher, AAPAR's Adapted Physical Activity Council (APAC) and National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) Position Statement

Appendix B: Adapted Physical Education Assessment Tools

Appendix C: Online Resources

Appendix D: Suggested Modifications for Children with Disabilities for the Connecticut Third Generation Physical Fitness Assessment

## Appendix B: Adapted Physical Education Assessment Tools

### Gross Motor Assessments

#### **Assessment of Basic Language and Learning Skills**

**(ABLLS)** educational tool used frequently with applied behavior analysis (ABA) to measure the basic linguistic and functional skills of an individual with developmental delays or disabilities.

#### **Adapted Physical Education Assessment Scale -**

**Secondary (APEAS2)** Los Angeles USD, Los Angeles, CA The test measures four areas of motor performance and adaptive behaviors - those behaviors that, in spite of adequate motor performance, limit a student's ability to safely and successfully participate in general physical education. The following behaviors and skill levels in students ranging from 4 1/2 to 17 years old are measured:

- Perceptual Motor Function
- Object Control
- Locomotor Skills
- Physical Fitness
- Adaptive Behaviors

[www.aapar-apeas.org](http://www.aapar-apeas.org)

**Basic Motor Ability Test-Rev. (BMAT-r)**, 2nd Ed, 1974, Lea and Febiger, Philadelphia, PA

<http://pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=BMATest&Mode=summary>

**Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)**, 2005. Pearson:

<http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAa58000> widely used motor proficiency test

**DEVPRO Motor Skills Software and Assessment** 1999-2007 C & D Kofahl Enterprises, [www.devprosoftware.com](http://www.devprosoftware.com) and [www.pearsonassessment.com](http://www.pearsonassessment.com)

DEVPRO is a developmental, criterion-referenced assessment

appropriate for chronological ages birth to 11 years old. It addressed 22 different skill areas, defining over 950 highly task-analyzed skills. It is very appropriate to use for severely handicapped students, both physically and mentally disabled, up to age 22, who are developing basic gross motor and perceptual-motor skills.

**HELP Strands, Curriculum-Based Developmental Assessment (Developmental Strands Birth to 3, Pre-School)**, Adapted from HAWAII EARLY LEARNING PROGRAM by Stephanie Parks, VORT Corporation 1994, Palo Alto, CA  
[www.vort.com /](http://www.vort.com/)

**Hughes Basic Gross Motor Assessment Manual**, 1979, by Jeanne E. Hughes

**Ordinal Scales** Development Scales of Gross and Fine Motor Development, Western Psychological Services, 1985, Los Angeles, CA  
[www.wpspublish.com](http://www.wpspublish.com)

**Peabody Developmental Motor Scales, 2nd Ed, (PDMS-2) PRO-ED**, Austin TX  
<http://www.therapro.com/Peabody-Developmental-Motor-Scales-Second-Edition-PDMS-2-P7618.aspx>

**PE Central Adapted Physical Education Assessment Instruments**

<http://www.pecentral.org/adapted/adaptedinstruments.html>

**Test of Gross Motor Development (TGMD)**, 1985, PRO-ED, Inc., Austin, TX  
<http://www.proedinc.com/customer/default.aspx>

**Beery-Butkiewicz Developmental Test of Visual-Motor Integration (VMI) 6th Ed.** 2010, Modern Curriculum Press, Parsippany, NJ  
<http://www.mhs.com/product.aspx?gr=edu&prod=bvmi5&id=overview>

**Physical Health Fitness Assessments**

**AAPHERD Health Related Fitness Test and Test Manual**, AAHPERD, 1980, Reston, VA

[www.aahperd.org](http://www.aahperd.org)

**Brockport Physical Fitness Manual** designed to test the fitness of youths from ages 10 through 17 that have various disabilities. 1999, Winnick, J.P. & Short, F.X., Human Kinetics, Champaign, IL

[www.humankinetics.com](http://www.humankinetics.com)

**Connecticut Physical Fitness Assessment, 3rd Generation**, Connecticut State Department of Education, 2009

[www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=320980](http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=320980)

**FitnessGram / ActivityGram** Winnick, J.P. & Short, F.X. 1999, HUMAN KINETICS Champaign, IL

<http://www.fitnessgram.net/home/>

**Physical Best**, The AAHPERD Guide to Physical Fitness Education and Assessment, AHPERD, 1988, Reston, VA

[www.americanfitness.net/](http://www.americanfitness.net/)

**Popular Scales Used for Assessing Kids with Special Needs**

<http://www.pecentral.org/adapted/adaptedassessmentchart.pdf>

**Presidential Youth Fitness Program**, 1993, President's Council on Physical Fitness and Sport, Poplars Research Center, Bloomington, IN

[www.presidentialyouthfitnessprogram.org](http://www.presidentialyouthfitnessprogram.org)

The Physical Fitness Test measures the physical fitness of kids and teens.

The Adult Fitness Test measures an adult's aerobic fitness, muscular strength, flexibility, and other aspects of health-related fitness

## Appendix C: Online Resources

### Adapted Physical Activity, Physical Education and Sport

#### Adapted Physical Education National Standards (APENS)

Web site gives specific information re: the competencies/knowledge needed by an individual who is recognized as a CAPE [a Certified Adapted Physical Educator]

#### Adapted Physical Education Resource Manual, American Association for Physical Activity and Recreation

Internet-linked resources related to adapted physical education. Includes

- Disability Advocacy Organizations
- Disability Sport Organizations
- Equipment Companies
- Education Websites and Lists
- Family Support Organizations
- Human Resources
- Media (Print and Video)
- Specialists in the Field

#### American Association for Physical Activity and Recreation

##### APE Aerobics

advice for integrating all people into your aerobics classes, regardless of ability or disability.

#### National Center on Physical Activity and Disability (NCPAD)

#### National Consortium of Physical Education and Recreation for Individuals with Disabilities (NCPERID)

Includes information about the APENS exam

#### Palaestra: Forum of Sport, Physical Education & Recreation for Those with Disabilities

Journal that provides information for those interested in enhancing the active lives of individuals with disabilities.

#### PE CENTRAL

Web site for K-12 teachers, with a section devoted to adapted physical education

## PELINKS4U

Web site designed to foster healthy activity and healthy lives. The site shares current information about physical education, wellness, health, and advocacy. It hosts a monthly page re: adapted physical education.

## Project Inspire

Information related to individuals with disabilities. Some of the information include: instructional techniques, inclusion strategies, sport organizations, health and safety issues, and even a parent page to assist with activities in the home and community.

## Project MOBILITEE

Contains an assessment and curriculum guide specifically designed to assist educators in developing physical education programs for students who are moderately and severely disabled.

## Wrights Law

Special Education Law and Advocacy

## Disability Issues

### Access to Recreation

Wide range of products from Fishing Aids to Crochet Aids, Exercise Equipment to Rehabilitation Equipment, Wheelchairs to Wheelchair Ramps and hundreds of other items

### Disability Etiquette

Tips for Interacting With Individuals With Disabilities, American Association

Disability information and resources.

[www.makoa.org/index.htm](http://www.makoa.org/index.htm)

[The International Center for Disability Resources on the Internet](#)

[International Paralympic Games.](#)

Includes descriptions of Paralympic sports.

### National Center on Accessibility

Resource that provides information regarding accessible products and services available to the public.

### National Sports Center for the Disabled

Therapeutic recreation organization providing leadership and expertise in adaptive sports

### Parent Special Needs

Information resource and blog post for parents of children with special needs

### Special Olympics.

Official Web site of the Special Olympics

### TASH

International association for people with significant disabilities, their family members, others

### Unified Sports

Program of Special Olympics that combines approximately equal numbers of athletes with and without intellectual disability

## Physical Education Associations

### AAHPERD

American Alliance for Health, Physical Education, Recreation and Dance

### CTAHPERD

Connecticut Association for Health, Physical Education, Recreation and Dance

### CT Cadre of Physical Education Trainers

Connecticut-based best-practice-based professional development to promote physical education and adapted physical education program improvement

## Additional Resources



[CSDE Web site](#)

[Special Education Web page](#)

[Physical Education Web page](#)

[Guidelines for Physical Therapy in Educational Settings, CSDE 1999](#)

[Guidelines for Occupational Therapy in Educational Settings, CSDE 1999](#)

[HBLC Curriculum Framework](#)

[NASPE / AAPAR Position Statement on Criteria for Adapted Physical Education](#)

[Adapted Physical Education and Sport, 5th Ed., Joseph Winnick, Editor, Human Kinetics, 2010.](#)

[Fitness Programming and Physical Disability, Patricia Miller, Editor, Human Kinetics, 1995.](#)

[Adapted Physical Education National Standards, National Consortium for Physical Education and Recreation for Individuals with Disabilities, Human Kinetics, 1995.](#)

[Adapted Adventure Activities: A Rehabilitation Model for Adventure Programming and Group Initiatives, Ellmo and Graser, Kendall-Hunt, 1995.](#)

[Bridges to Accessibility: A Primer for Including Persons with Disabilities in Adventure Curricula, Mark Havens, Project Adventure, 1992.](#)

[Inclusive Physical Activity, Susan Kasser, Rebecca Lytle, Human Kinetics, 2005](#)

[ACSM's Exercise Management for Persons With Chronic Diseases and Disabilities - 3rd Edition, American College of Sports Medicine, J. Larry Durstine, Geoffrey Moore, Patricia Painter, Scott Roberts, 2009](#)

[Changing Kids' Games \(2nd Ed.\). Morris, G.S.D., & Stiehl, J. , Champaign, IL: Human Kinetics, 1999.](#)

## **Appendix D: Suggested Modifications for Children with Disabilities for the Connecticut Third Generation Physical Fitness Assessment**

### **Aerobic Capacity** General Accommodations

#### **PACER**

1. Does not have to follow cadence.
2. Go up, and wait for peers to go up and back, then join peers again going back.
3. Walk one and run one (same if in wheelchair).
4. Run (push wheelchair) with a partner who can help with cadence and encouragement.
5. Set individual goals for child with disabilities (challenging but realistic).

#### **One Mile Walk/Run**

1. Run (or push wheelchair) width and walk length (or vice versa).
2. Have smaller targets such as cones every 100 yards that child can run to and touch, then rest, then run to next cone.
3. Hold a bean bag and run drop it into bucket 100 yards away. Then pick up another bean bag to run and drop into another bucket 100 yards away.
4. Run (push wheelchair) with partner who can help with pace and encouragement (child who is blind can hold hands with peer or can hold a small rope between peer and child who is blind).
5. Set individual goals for child with disabilities (challenging but realistic).

### **Upper Body Strength and Endurance** General Accommodations

#### **90 Degree Push-Up with Cadence**

1. Put something under child such as a book to make the distance the child has to go shorter.
2. Do reverse pushup - start in up position and slowly go down

trying to resist flopping to the ground; repeat.

3. Have something on the back like a book to help get a feel for a straight back.
4. Put marks on the floor to help child understand correct hand position.
5. Physically assist child a few times to help get into correct position.
6. Practice against a wall to get correct straight back position.
7. Do modified push-up (knees bent)
8. Have a partner encourage and reinforce child.
9. Set individual goals for child with disabilities (challenging but realistic).
10. Push self up from wheelchair by pushing up in arm rests (similar to dips)

### **Abdominal Strength and Endurance** General

Accommodations

#### **Curl-Up with Cadence**

1. Do without cadence
2. Physically assist a few times to show how to do it correctly.
3. Have visual and tactile cues for where hands should start and how far they should go.
4. Do reverse sit up - start in up position and resist as you fall back to mat.
5. Repeat several times.
6. Allow child to hold onto knees and just lean back and forth to get some work on abdominals.
7. Hold child's hands or hold stick and gently assist child allowing child to do as much work as possible.
8. Have child do sit ups on inclined wedge (or mats) to make it easier to sit up.
9. Have a partner encourage and reinforce child.
10. Set individual goals for child with disabilities (challenging but realistic).

### **Flexibility** General Accommodations

#### **Back-Saver Sit and Reach**

1. Physically assist a few times to show how to do it correctly.

2. Start with easy task for success (e.g., touch knees). Then gradually ask child to move farther down leg.
3. Hold for shorter amount of time (e.g., 1-2 seconds), rest, and then repeat.
4. Put tape marks on leg as a visual/tactile goal.
5. Have a partner encourage and reinforce child.
6. Set individual goals for child with disabilities (challenging but realistic).

**Shoulder Stretch** (Optional test, not reported)

1. Physically assist a few times to show how to do it correctly.
2. Start with easy task for success (e.g., just bring one hand to the lower back and other hand to back of neck). Then gradually ask child to try to reach fingertips of both hands toward each other.
3. Hold for short amount of time (e.g., 1-2 seconds), rest, and then repeat.
4. Put tape marks on back as a tactile cue for child.
5. Have a partner encourage and reinforce child.
6. Set individual goals for child with disabilities (challenging but realistic).

**Body Composition** (optional) General Accommodations

**Skinfold** Measurement none needed

**Body Mass Index** (BMI) none needed

Adapted and reprinted with permission from: *Suggested Modifications for Children with Disabilities for the FITNESSGRAM*.  
Martin E. Block, Ph.D., Kinesiology Program, University of Virginia.

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## Glossary

**accommodations.** Adaptations that address the needs of the student by removing the effects of the disability but not altering the performance outcome.

**adapted physical education.** A physical education program designed to meet the unique needs of an individual with a disability who is unable to fully participate in the general physical education program.

**Americans with Disabilities Act (ADA).** (P.L. 101-336) is the most comprehensive civil rights legislation adopted to prohibit discrimination against people with disabilities. Public and private businesses, state and local government agencies, private entities offering public accommodations and services, transportation and utilities are required to comply with the law. The ADA was signed into law by President George Bush on July 26, 1990, extending civil rights protections to individuals with physical or mental disabilities in the following areas: employment (Title I); public transportation and state and local government services (Title II); public accommodations (Title III); telecommunications (Title IV); miscellaneous (Title V).

**assessment continuum.** The process of gathering evidence about a student's progress and level of achievement within the instructional cycle, that is, while learning is happening. Assessments along the continuum can be a combination of formative and summative.

**assistive technology.** technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Can include mobility devices such as walkers and wheelchairs, hardware, software, and peripherals that assist people with disabilities in accessing computers or other information technologies. For example, people with limited hand function may use a keyboard with large keys or a special mouse to operate a computer, people who are blind may use software that reads text on the screen in a computer-generated voice, people with low vision may use software that enlarges screen content, people who are deaf may use a TTY (text telephone), or people with speech

impairments may use a device that speaks out loud as they enter text via a keyboard.

**athletics.** Sports activities conducted outside of the normal school day schedule. Athletics are typically extracurricular, extramural, or intramural, and are not considered part of the regular school curriculum. Student with disabilities cannot be excluded from these activities solely on the basis of their disability.

**balance.** A skill-related component of fitness that relates to the maintenance of equilibrium while stationary or moving

**body composition.** The proportion of fat-free mass (e.g., muscle, bone, vital organs, and tissues) to fat mass in the body.

**body mass index (BMI).** A formula used to calculate ratio between height and weight.

**broad spectrum heterogeneous groups.** Groups of students that include all levels of ability, as opposed to grouping of students with narrower ranges of ability.

**cardiovascular endurance.** A component of health-related fitness that describes the ability of the heart, blood vessels, and respiratory system to supply oxygen and nutrients to the muscles during exercise.

**Child Study Team.** Team that convenes for the purpose of discussing suspected exceptionalities of students. The team typically consists of the student's parents and educational professionals serving the child, who convene to develop long- and short-range goals for child's progress. The child study team and the PPT may be the same, or they may be two different groups with each group having some of the same members. If Child Study and PPT are different groups, the Child Study Team typically meets before any special education testing takes place and serves an advisory function to the PPT.

**collaborative consultation.** A process for providing services to special education students in which adapted physical education specialists collaborate with regular education staff, general classroom teachers, teachers of special education, and other school professionals and/or paraprofessionals and parents to plan, implement and evaluate interventions carried out in the adapted,

regular, modified or specially designed physical education program for the purpose of ensuring each student's success in the educational system.

**competence.** Sufficient ability, skill, and knowledge to meet the demands of a particular task.

**competencies.** What a person must know and is able to do. In the context of physical education, competencies addressed through the Healthy and Balanced Living Curriculum Framework are: personal and academic achievement through development of skills needed to live a healthy and balanced lifestyle; access, evaluate and use information from various sources to achieve overall health and well-being; comprehend concepts related to health and fitness and implement realistic plans for lifelong healthy and balanced living; and make plans and take actions that lead to healthy and balanced living for themselves and for the world around them.

**community-based programming.** Helping students to make connections with physical activity opportunities in the community outside of school. The PE specialist plays a major role in recognizing opportunities in the community and identifying the skills the student needs to participate successfully. It is recommended that the PE specialist participate in the development of the ITP (individualized transition plan). Once the recreation and leisure activity possibilities in the student's community have been evaluated, and the student's interests and capabilities have been assessed, plans can be developed for the student's participation in and pursuit of physical activities in the wider community outside of the school setting. Of particular focus in the overall assessment are activities that the family can enjoy together.

**concomitant delays.** Delay in development or learning process that is connected to another or underlying condition

**Connecticut Curriculum Framework.** Refers to the Healthy and Balanced Living Curriculum Framework for Physical Education, which is based on the national content standards for physical education, and which provides a blueprint for how students can live an active and healthy life. The goal of the Framework is to show the linkages between the components of comprehensive school health education and comprehensive physical education that lead to a

healthy and balanced life. The Framework supports students in making connections and applying skills for a lifetime of health and well-being. Four overarching curricular outcomes equip students to live actively and fully in a state of personal, interpersonal and environmental well-being: skills, literacy, concepts and plans, and advocacy. Schools serve children from the Pre-kindergarten level through Grade 12, which represents a continuum of development. The Framework reflects appropriate expectations at the Prekindergarten, Grade 4, Grade 8 and Grade 12 levels that build on one another.

### **Connecticut Third Generation Physical Fitness**

**Assessment.** The Connecticut Physical Fitness Assessment Program includes a variety of health-related physical fitness tests designed to assess muscle strength, muscular endurance, flexibility and cardiovascular fitness. The assessment is administered annually to all students in Grades 4, 6, 8 and 10 in Connecticut schools.

**content standards.** Define what students should know and be able to do as a result of the physical education program of instruction. Content standards are the foundation of the curriculum. The standards address motor skill performance; applying concepts and strategies; engaging in physical activity; physical fitness; responsible behavior; and benefits of physical activity.

**continuum of services.** The range of services which must be available to the students of a school district so that they may be served in the least restrictive environment.

**contraindicated.** Is not advisable, should not be done.

**coordination.** A skill-related component of fitness that relates to the ability to perform tasks smoothly and accurately.

**criterion-referenced assessment.** Describes how well a student performs compared with a predetermined and specified standard of performance, as opposed to a norm-referenced assessment where a student's performance is compared with a normative sample of other students.

**cues.** Short words, phrases and gestures that describe the correct technique for performing a skill.

**developmental stages.** Children pass through three stages before they can demonstrate the mature form for a movement or motor skill: initial stage, elementary stage, and mature stage.

**developmentally appropriate programs.** Developmental appropriateness recognizes age and individual differences among children and includes these differences in instruction plans. Developmentally Appropriate Physical Education is referred to as DAPE.

**direct service, direct service provider.** Direct service personnel are those professionals identified in the federal laws as having a primary educational responsibility for individuals with disabilities. In addition to the physical educator and adapted physical educator, other professionals provide direct educational service to individuals with disabilities. They include the special educator, a vision specialist working with a blind/visually impaired individual, and a hearing specialist working with a deaf/hearing impaired individual. The 1999 Reauthorization of the IDEA includes the orientation and mobility specialist as a direct service provider.

**disability.** Defined by the IDEA as autism; deaf-blindness; deafness; developmental delay (3-5 year olds); emotional disturbance; hearing impairment; intellectual disability (mental retardation); multiple disabilities; orthopedic impairment; other health impairment; specific learning disability; speech or language impairment; traumatic brain injury; visual impairment. A student with a disability is one who by reason thereof, needs special education and related services.

**disabilities of a temporary nature.** Include those arising from accidents (e.g. a broken leg) and conditions from which individuals are expected to recover or significantly improve. If the student's short-term disability interferes with access to physical education, a Section 504 plan may be appropriate.

**ED622.** Parent Notice of Referral to Determine Eligibility for Special Education and Related Services, includes a description of the tests and procedures the district will use to make a determination for special education eligibility

**educational outcomes.** Knowledge, abilities, or attitudes students should possess upon completing a given program of

instruction. What the curriculum, program and teacher intended for students to know and be able to do as a result of planned instruction and educational experiences.

**emerging technology.** An emerging technology is one whose science, basic principles and theory are recognized as having useful applications that can meet needs of students, educators and others. An example of an emerging technology that has found common application is the use of heart rate monitors to determine effort in physical education.

**emotional health.** Generally considered a component of well-being and quality of life, emotional health is defined by how one thinks and feels; one's ability to cope with situations and life events. Considered a dimension of overall health in combination with physical, social and intellectual health.

**energy balance.** Balance of calories consumed through eating and drinking compared to calories burned through physical activity.

**exergaming.** Term used for video games that are also a form of exercise. Exergaming relies on technology that tracks body movement or reaction.

**extracurricular activities.** Activities that are conducted outside of the normal school curriculum and are typically conducted outside of the normal school day. Examples of extracurricular activities are sports teams and clubs, theater, special interest groups and recreational activities and trips. The CT State Board of Education endorses the following policy regarding opportunities for physical activity before and after school: All elementary, middle and high schools shall offer extracurricular physical activity programs, such as physical activity clubs or intramural programs. All high schools, and middle schools as appropriate, shall offer interscholastic sports programs. Districts shall offer a range of activities that meet the needs, interests and abilities of all students, including boys, girls, students with physical and cognitive disabilities, and students with special health care needs. After-school, child care and enrichment programs shall provide and encourage — verbally and through the provision of space, equipment and activities — daily periods of moderate to vigorous physical activity for all participants.

**extended school year (ESY).** Services are designed to support a student with a disability as documented under the Individuals with Disabilities Education Act (IDEA) to maintain the academic, social/behavioral, communication, or other skills that they have learned as part of their Individualized Education Program (IEP). In order for a student to receive ESY services, there must be substantial evidence of regression and recoupment issues during the previous IEP year and/or there is evidence of emerging skills which are often referred to as "breakthrough" skills. The focus of the services provided to the student as part of an ESY program are not upon learning new skills or "catching up" to grade level, but rather to provide practice to maintain previously acquired or learned skills. In some cases a student who has received ESY services previously may not be eligible in future years. Students with certain disabilities (i.e. autism or a severe behavior issue) would qualify for ESY every year.

**federal law and state statute.** Federal law is defined as a body of law at the highest or national level of a federal government, consisting of a constitution, enacted laws and the court decisions pertaining to them. The federal law of the United States consists of the United States Constitution, laws enacted by Congress, and decisions of the Supreme Court and other federal courts. A statute is a law established by an act of legislature. Statutes are enacted to prescribe conduct, define crimes, appropriate funds, and in general promote the public welfare. In the State of Connecticut, when a bill is passed by the legislature and signed by the governor, it becomes a state statute. When a bill is passed by Congress and signed by the president, it becomes a federal statute.

**flexibility.** A component of health-related fitness that describes the range of motion at a joint. The ability to move joints of the body through a normal range of motion.

**fundamental movement skills.** Basic movements that involve the combination of movement patterns of two or more body segments. Locomotor, nonlocomotor, and manipulative skills are all considered fundamental, as they constitute the basis of specialized movement and manipulative skills.

**gym.** Abbreviation for gymnasium, a large space used for physical activity and physical education instruction. Euphemistic reference to



the subject of physical education as "gym" or gym class, and physical education teachers as "gym teachers" is outdated and disparaging.

**health.** Optimal well-being that contributes to the quality of life. More than freedom from disease and illness. Optimal health includes high-level mental, social, emotional, spiritual, and physical wellness within the limits of one's heredity and personal abilities.

**health literate.** A health literate person is a critical thinker; problem-solver; responsible, productive citizen; self-directed learner; and effective communicator who has developed the skills needed to live a healthy and balanced life; can access, evaluate and use information from various sources to achieve overall wellness; can comprehend concepts related to wellness and implement realistic plans for a lifetime of optimal well-being; and can make plans and take actions that lead to healthy and balanced living for themselves and the world around them.

**health-related physical fitness.** Consists of those components of physical fitness that have a relationship to good health: body composition, aerobic capacity, flexibility, muscle endurance, and muscle strength.

**healthy weight.** A body weight that is believed to be maximally healthful for a person, based chiefly on height but modified by factors such as gender, age, build, and degree of muscular development.

**higher education.** Formal education beyond the secondary (high school) level. A generally accepted definition of higher education is that acquired at a college or university.

**inclusion.** Placement of students with disabilities in the general education classroom with peers without disabilities.

**inclusive environment.** An inclusive environment is one that creates a sense of belonging and encourages and supports its members with acceptance of age, gender, ability, culture, and a range of self-identity factors.

**individual activity.** Physical activities that require only one participant. Examples include weight training, yoga, archery, and jogging.

**individualized education plan (IEP).** A written document that describes a student's current level of educational achievement, identifies goals and objectives for the near future, and lists educational services to be provided to meet those goals.

**individualized healthcare plan (IHP).** Written document that outlines the provision of student healthcare services intended to achieve specific student outcomes. The IHP is developed collaboratively with information from the

family, the student, the student's healthcare providers, and school staff, as appropriate. The IHP includes medical orders implemented at school. Evaluation identifies progress toward achieving student outcomes. The IHP is reviewed at least annually, updated as needed, and revised as significant changes occur in the student's health status or medical treatment.

**Individuals with Disabilities Education Act (IDEA).**

Public Law 105-17. Law that outlines rights and regulations for students with disabilities in the U.S. who require special education. Under the IDEA, all children with disabilities are entitled to a Free Appropriate Public Education (FAPE) in the Least-Restrictive Environment (LRE), and some are entitled to Early Intervention (EI) and Extended School Year (ESY). The law specifies how schools must provide or deny services, and how parents can ensure that school districts provide needed services for children. The latest revision of this act is IDEA 2004, implemented October 2006.

**instructional program.** Planned instruction prescribed by a written curriculum with stated goals, and learning objectives and intended outcomes.

**intellectual health.** Academic knowledge, creativity, general knowledge, and common sense. Intellectual health influences decision-making. In the context of health and wellness, intellectual health requires a balance, maintaining proper nutritional habits and exercising, for example, as essential components to energy levels and development of healthy individuals. Considered a dimension of overall health in combination with emotional, physical, and social health.

**intervention.** Strategies identified or developed to provide

support and instruction to students who are struggling to learn.

**least restrictive environment (LRE).** Least restrictive environment refers to the IDEA's mandate that students with disabilities should be educated to the maximum extent appropriate with peers without disabilities. The LRE mandate ensures that schools educate students with disabilities in integrated settings, alongside students with and without disabilities, to the maximum extent appropriate.

**locomotor skills.** Basic motor skills involving a change of position of the feet and/or a change of direction of the body. Locomotor skills include walking, running, hopping, jumping, skipping and galloping.

**mainstreamed classrooms.** Educational idea that a child with special needs should be placed into a regular classroom as much as possible and a special education classroom as little as possible, making the student part of the community and less isolated.

**manifestation of disability.** Behavior that is related to an individual's disability (i.e. difficulty staying on task and not taking appropriate materials to class as well as not treating peers and teachers with respect are all manifestations of depression and ADHD)

**medically inspired efforts.** In the context of adapted physical education, historical pattern of practitioners to remediate the condition or disability of individuals toward normalcy.

**minority.** Differentiation based on one or more observable human characteristics, including ethnicity, race, gender, wealth or sexual orientation, unique ability or disability.

**modification.** Adaptations that address the needs of the student by fundamentally altering the performance outcome. Modification may also apply to changing equipment and tasks to increase opportunity for students to succeed.

**motor development.** The study of change in movement behaviors and motor skills across the life span.

**motor learning.** The study of change in a person's ability to perform a motor skill.

**motor patterns.** See "movement patterns"

**motor skills.** A skill that requires voluntary body and/or limb movement to achieve its goal. A skill where the primary determinant of success is the movement component itself. Physical activity that is directed toward a specific function or goal. The term may be used to refer to one discrete skill (e.g., throwing) or a more general ability to perform physical skills competently as in a set or combination of motor skills needed to perform an activity or sport.

**movement patterns.** An organized series of related physical / psychomotor movements.

**obesity and overweight, obesity-related conditions.**

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. Research has shown that as weight increases to reach the levels referred to as "overweight" and "obesity," the risks for the following conditions also increases: Coronary heart disease; type 2 diabetes; cancers (endometrial, breast, and colon); hypertension; high blood pressure); dyslipidemia (for example, high total cholesterol or high levels of triglycerides); stroke; liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis (a degeneration of cartilage and its underlying bone within a joint); gynecological problems (abnormal menses, infertility).

**occupational therapy.** Promotes participation in school activities by removing barriers and developing skills including fine motor, sensory processing, social-emotional and perceptual skills. The outcome of therapy is increased independence in the school environment. Occupational therapy is a related service.

**perceptual-motor disabilities.** Perceptual-motor disabilities include a wide range of learning difficulties. Auditory learning disabilities make it hard to differentiate between similar spoken words, to store what has been heard in long-term memory, to follow oral directions, and to comprehend abstract reasoning in a lecture. Visual learning disabilities can cause problems in discriminating between similar letters, in copying shapes and figures, using

computerized answer sheets, making sense of graphs and charts, lining up numbers in math problems, and taking notes from the board or an overhead. Spatio-motor disabilities can make it difficult for students to orient themselves to a printed page, to copy a sequence of actions (as in a lab procedure), to write legibly, or to handle lab equipment. Perceptual disabilities can affect students' social skills, making it difficult for some students to read communication cues, such as body language, facial expression, and tone of voice. Students who have problems with sequential thinking are likely to have trouble with tasks which must be done in a very linear fashion. Computer programming might prove especially difficult for such a student; math calculations may also be a problem. Following a detailed line of thought in a textbook or a lecture could also be frustrating. Students who have problems with simultaneous thinking tend to have problems putting things together and integrating knowledge into a larger picture. For instance, synthesizing specific ideas into a thesis statement for a composition might be difficult for students with perceptual-motor disabilities.

**physical activity.** Bodily movement of any type and may include recreational, fitness, and sport activities such as jumping rope, playing soccer and lifting weights, as well as daily activities such as walking to the store, taking the stairs or raking leaves. Health benefits similar to those received during a physical education class are possible during periods of physical activity when the participant is active at an intensity that increases heart rate and produces heavier than normal breathing

**physical education.** A planned, sequential PK-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional and social development, using a well-defined curriculum, and offering the best opportunity to teach all children the skills and knowledge needed to establish and sustain an active lifestyle. Physical activity is crucial to the development and maintenance of good health. The goal of physical education is to develop physically educated

individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. The physically educated person is defined as one who has learned the skills necessary to perform a variety of physical activities; knows the implications of and benefits from involvement in physical activities; participates regularly in physical activity; is physically fit; and values physical activity and its contribution to a healthful lifestyle

**physical fitness.** Physical fitness can have several meanings. In the context of physical education, health-related fitness is generally the goal. The other common categories of physical fitness are also defined below. Health-related physical fitness: Health related fitness focuses on optimum health and prevents the onset of disease and problems associated with inactivity. Maintaining an appropriate level of health related fitness allows a person to meet emergencies; reduce the risk of disease and injury; work efficiently; participate and enjoy physical activity (sports, recreation, leisure); and look one's physical best. Physical fitness should be the result of the balance of activities that are provided in the physical education programs at school and continued by the family and in other community activities outside of school. The health-related components of fitness are muscular strength; muscular endurance; cardiovascular endurance; flexibility; body composition. Skill-related physical fitness: Those components of physical fitness that relate to an enhanced performance in sports: agility, balance, coordination, power, speed, and reaction time. Sport-related physical fitness: see "skill-related physical fitness." Trade-related or occupational fitness: specific qualities and levels of physical fitness required by workers on physical jobs or trades to ensure safety, productivity and performance of work activities. Construction workers, for example, require strength, flexibility and endurance sufficient to lift heavy materials, fit into limited workspaces and perform under physical strain.

**physical health.** A good body health, which is healthy because of regular physical activity (exercise), good nutrition, and adequate rest. Another term for physical health is physical wellbeing, defined as something a person can achieve by developing all health-related components of his/her lifestyle including proper nutrition, bodyweight management, abstaining from drug abuse, avoiding alcohol abuse, responsible sexual behavior (sexual health),

hygiene, and adequate sleep. Considered a dimension of overall health in combination with emotional, intellectual and social health.

**physical therapy.** Enhances general gross motor development, posture, balance, and functional mobility. Physical therapy is a related service.

**Planning and Placement Team (PPT).** A team or committee of people whose responsibility is to study all aspects of the student's performance and needs and develop a plan to address them. The PPT includes parents and when appropriate, the student; at least one regular educator if the child is or may be placed in regular education; at least one special educator; district representative who is knowledgeable of general education curriculum and can allocate resources; someone who can interpret evaluations; and others who have knowledge or expertise related to the child.

**postsecondary.** After high school.

**psychomotor development.** Progressive acquisition of skills involving both mental and motor activities.

**public school environment.** See school environment.

**Quality Physical Education Program.** Components of a Quality Physical Education Program recommended by the Connecticut State Department of Education and best practice. Opportunity to Learn: Instructional periods totaling 150 minutes per week (elementary) and 225 minutes per week (middle and secondary school) during the school day for the entire school year. Qualified physical education specialist providing a developmentally appropriate program. Teacher-to-pupil ratio no greater than 1:25 for optimal instruction. Adequate and safe equipment and facilities. A comprehensive curriculum that reflects national/state physical education standards. Appropriate facilities, equipment and materials. Meaningful content. Instruction in a variety of motor skills that are designed to enhance the physical, mental, and social/emotional development of every child. Fitness education and assessment (e.g., Third Generation Physical Fitness Assessment, Connecticut State Department of Education) to help children understand, improve, and/or maintain their physical well-being. Development of cognitive concepts about motor skill and fitness.

Opportunities to improve their emerging social and cooperative skills and gain a multicultural perspective. Promotion of ongoing appropriate physical activity throughout life. Appropriate Instruction. Full inclusion of all students. Maximum practice opportunities for class activities. Well-designed lessons that facilitate student learning. Out-of-school assignments that support learning and practice. No use or withholding of physical activity as punishment. Regular assessment to monitor and reinforce student learning. Reasonable accommodations. One aim of the Americans with Disabilities Act was to make educational institutions more accessible for the disabled. This aim covers "reasonable accommodations" such as modification of application and testing protocols and environments; allowing students to tape-record or videotape lectures and classes; modification of class schedules and extra time allotted between classes; notetakers, interpreters, and readers; specialized computer equipment; special education; accommodation also includes physical changes to an educational institution's buildings, including installing hardware for accessibility and safety, proximal parking, ramps, curbs and elevators, and widened doorways.

**recess.** The Connecticut State Board of Education endorses the following policy regarding recess: All elementary school students shall have at least 20 minutes a day of supervised recess, preferably outdoors, during which schools should encourage moderate to vigorous physical activity and provide space, equipment and an environment that is conducive to safe and enjoyable activity. Districts shall ensure that students with special physical and cognitive needs have equal physical activity opportunities, with appropriate assistance and services. Districts shall discourage extended periods (i.e., periods of two or more hours) of inactivity. When activities, such as mandatory schoolwide testing, make it necessary for students to remain indoors for long periods of time, schools shall give students periodic breaks during which they are encouraged to get up from their chairs and be moderately active. Districts shall prohibit withholding of recess or the use of exercise as punishment, and shall develop alternative practices for promoting appropriate behavior.

**related service, related service provider.** Related services are provided so the individual with disabilities can benefit



from instruction. The primary function of related services personnel is to assure that the individual's educational goals on the Individual Education Plan (IEP) can be met. The following are related service personnel: occupational therapist; physical therapist; recreation therapist; speech and language therapist.

**school age.** Old enough to attend school. The IDEA defines school age as 3 to 21 years.

**school environment.** Includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, biological or chemical agents, and physical conditions such as temperature, noise and lighting. The psychological environment includes the physical, emotional and social conditions that affect the well-being of students and staff.

**Section 504 of the Rehabilitation Act.** Civil rights law that provides that no otherwise qualified individual with a disability, solely by reason of that disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. An important intent of section 504 is to ensure that individuals with a disability receive intended benefits of all educational programs and extracurricular activities.

**self-contained classroom.** Compared to standard classrooms with a large number of peers, self-contained classrooms are typically smaller settings with a fewer number of students. Created to help foster enhanced support for students with special needs or specific difficulties, self-contained rooms are generally comprised of ten or fewer students with unique learning needs who are most commonly instructed by a special education teacher.

**social health.** In the individual context, how well a person interacts and deals with these situations. Individual response to other people's reactions to the individual. How well one interacts with social institutions and whether one conforms to accepted societal morals and norms. The degree of social skill that a person develops or acquires as they grow and matured will affect how well they are able to adjust to the norms of society. Social health for the

individual is also indicated by looking at a person's relationships with others, degree with which a person merges with others and is able to cooperate and work together with others in society, stress management, resistance to illness and speed of recovery.

**special education.** Special education means specially designed instruction, at no cost to the parent, 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

**students with disabilities.** The term "student with a disability" means a student with mental retardation, a hearing impairment (including deafness), speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities; and who by reason thereof, needs special education and related services.

**students with special needs.** Refers to students who are marginalized in physical education, students whose cultural and religious practices require special consideration, English learners, students with long-term and short-term medical needs, at-risk learners, advanced learners, and students with disabilities.

**supplementary aids and services.** Aids, services and other supports that are provided in general education classes, other education-related settings, in extracurricular and nonacademic settings, to enable student with disabilities to be educated with nondisabled children to the maximum extent appropriate according to the IDEA (34 CFR 300, 42).

**therapeutic recreation.** Increases access to and participation in community based recreational programs. Therapeutic recreation is a related service.

**unique learning needs.** Wide range of individual learning characteristics, including strengths as well as difficulties.

**vigorous physical activity.** Vigorous-intensity physical activity generally requires sustained, rhythmic movements and refers to a level of effort a healthy individual might expend while, for example,

jogging, participating in high-impact aerobic dancing, swimming continuous laps, or bicycling uphill. Vigorous-intensity physical activity may be intense enough to result in a significant increase in heart and respiration rate.

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