

***ADAPTED PHYSICAL  
EDUCATION  
GUIDELINES  
IN CALIFORNIA SCHOOLS***

California Department of Education  
Special Education Division

Approved

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## **PREFACE**

I have always recognized the importance of physical education as a lifelong learning skill. It is a program that builds confidence, promotes social skills, develops motor skills and leads to a healthy life-style. However, some students with disabilities may require adapted physical education in order to benefit from a quality physical education program.

I appreciate the collaboration and support of the CAHPERD State Council on Adapted Physical Education and the work of the committee that resulted in this document. The Adapted Physical Education Guidelines includes standards of excellence in regards to: services, credentials, curriculum and best practices. The intent of this document is to provide a resource for ensuring a quality physical education program for the children within your school community.

Alice Parker  
Director of Special Education

## **ACKNOWLEDGMENTS**

The Adapted Physical Education Guidelines in California Public Schools is the result of the collaborative efforts of many people. The need for these guidelines emanated from the Program Advisory Clarifying Adapted Physical Education Program Services which has been in effect since 1993. The Program Advisory with the support of the California Department of Education and the California Association for Health, Physical Education, Recreation, and Dance (CAHPERD) State Council on Adapted Physical Education was revised and expanded into this document which is supported by the Special Education Division, Dr. Alice Parker, Director.

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hope this document enables educational personnel to plan for quality adapted physical education for students.

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# **CHAPTER 1 - INTRODUCTION TO ADAPTED PHYSICAL EDUCATION GUIDELINES**

## **PURPOSE**

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

The Adapted Physical Education Program Guidelines:

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

## **RATIONALE FOR PHYSICAL EDUCATION**

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

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

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

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

## LEGAL REFERENCE TO PHYSICAL EDUCATION

### Federal Law

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

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

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

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

*Instruction in physical education. (1997).*

*The regulation continues in section (b) with:*

*“Physical Education” is defined as follows:*

*(i) The terms mean the development of:*

*(A) Physical and motor fitness;*

*(B) Fundamental motor skills and patterns; and*

*(C) Skills in aquatics, dance, and individual and group games and sports  
(including intramural and lifetime sports).*

*The term includes special physical education, adapted physical education, movement education, and motor development.*

## **California Law**

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

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

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

## **Need for Adapted Physical Education for Individuals with Various Disabilities**

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

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

linked to the enactment of Public Law 94-142 and its reenactments. In addition, the changes reflect a shift from rehabilitative programs, which followed a medical model, to those which emphasize active and healthy lifestyles. These reflect the educational model.

### **Adapted vs. Adaptive:**

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

### **Program Advisory Clarifying Adapted Physical Education Program Services:**

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

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

### **Educational Reform:**

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

In 1998, the California Department of Education published “Challenge Standards for Student Success: Physical Education.” These standards were part of a special project in California and the Physical Education Challenge Standards are a companion document to the Physical Education Framework (1995). The Adapted Physical Education Curriculum Standards in this document have been written by the adapted physical education guidelines committee using the

California Challenge Standards for Physical Education, the Physical Education Framework, and the NASPE Standards.

**Collaboration:**

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

**USE OF THESE GUIDELINES**

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

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

## **CHAPTER 2 - ROLES AND RESPONSIBILITIES**

### **ADAPTED PHYSICAL EDUCATION SPECIALIST CREDENTIAL**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## STUDENT STUDY TEAM OVERVIEW

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

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

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

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

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

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

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

- Relevant information is collected prior to a SST meeting.
- The student's strengths are discussed in order to maximize their use for learning.
- The areas of concern are objectively identified.
- All relevant information is presented (e.g., medical, social, cultural, achievement, etc.).
- Any questions are recorded.
- All possible solutions are brain stormed by the SST.
- The list of unanswered questions and brain stormed solutions are prioritized in action plans which specify skill(s) to be developed and strategies to be used.

- The SST process specifies which persons will be responsible for what and by when.
- The SST process specifies a follow-up date for evaluation of progress.

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

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

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

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

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

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

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

Adapted Physical Education specialists, who participate in the 504 process, may experience an increase in caseload and will find a need for additional time to attend planning meetings and to provide consultation to general physical educators. These factors can be addressed by the local education agency (LEA).

In addition, the Adapted Physical Education specialist will need to have a clear understanding of the differences between accommodations and modifications and how these may be used to meet curriculum standards and grading requirements. These issues are currently being discussed in the

fields of education and special education. Adapted physical educators can look to educational publications, professional organizations, the California Department of Education, and the U.S. Office of Civil Rights for information, policies, rulings and guidance. Some information is currently available from these sources, but additional information and clarification is expected to continue to emerge.

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

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

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

## **CHAPTER 3 - PROVISION OF ADAPTED PHYSICAL EDUCATION SERVICES**

### **CHILD FIND**

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

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

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

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

### **Identification**

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

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

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

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

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

The screening process could include:

- Review of school records
- Consultation with the classroom teacher or other school staff.
- Parent interview/report.
- Student Study Team action plan or 504 accommodation plan.
- Observation of an entire class.
- Physical Fitness Test Results

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

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

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

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

above in the bullet format.

**Best Practice:** Adapted physical education specialists should review the SELPA plan and follow all stated procedures regarding screening. It is suggested that the adapted physical education specialist screen children in group settings after informing parents of the school procedure or screen a specific child only after receiving signed parental consent. Information obtained from screening can be used to determine the need for a referral to Adapted Physical Education or to identify other adaptations, accommodations, or modifications and is not sufficient to recommend that a child receive Adapted Physical Education services.

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

### ADAPTATIONS, ACCOMMODATIONS, AND MODIFICATIONS

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

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

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

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

**Best Practice:** Some general physical educators are unclear as to how they can modify instruction, equipment, and participation for their students who have mild disabilities. In these instances, the Adapted Physical Education specialist may provide consultation to these teachers for the purpose of helping them identify different instructional strategies, modifications, and adaptations. Often, students with mild disabilities can participate successfully in general physical education if rules are modified, equipment is changed, the student is permitted to play a specific position on a team, or provided with a peer tutor or "buddy."

## REFERRAL TO ADAPTED PHYSICAL EDUCATION

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

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

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

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

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

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

## ASSESSMENT

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

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

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

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

- Fine and gross motor skills.
- Motor development.
- General physical education functioning, including safety.
- Mobility.
- Health and physical fitness.
- Sport and recreation skills, including the application of motor skills to various environments.
- Other skills related to physical education curriculum and standards.
- Effects of cognitive delays.
- Effects of behavioral difficulties.
- Effects of emotional disturbances.

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

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

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

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

**Legal Reference:** Assessment requirements for initial placement in special education are described in sec. 56320 and apply to initial placement in adapted physical education. Timelines are described in sec. 56043. Once signed parental consent for assessment has been received, the team has 50 days to complete the evaluation and hold an individual education program (IEP) meeting. (sec. 56043(d).)

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

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

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

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

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

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

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

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

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

**Discussion:** Since adapted physical education is defined in IDEA as special education and may be the only special education placement for a child, Adapted Physical Education assessments should follow this principle. Accurate and thorough assessment information is obtained when several assessment procedures are utilized. Placement in adapted physical education cannot be based upon the results of one assessment procedure or test, even if the test assesses different

aspects of movement.

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

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

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

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

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

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

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

Validity

Reliability

Normal distribution, mean and standard deviation

Various types of normative scores (e.g., percentile rank, stanine, standard score)

Developmental norms versus statistical norms

## Criterion referencing

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

## ELIGIBILITY AND PLACEMENT GUIDELINES

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

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

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

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

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

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

<b>3.11 STANDARD: Assessment results are used to determine if placement in adapted physical education is appropriate.</b>
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**Legal Reference:** There are no specific placement criteria established in federal or state statutes or regulations for adapted physical education services while state criteria does exist for language and speech disorders and specific learning disabilities.

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

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

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

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

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

## TEMPORARY DISABILITIES

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

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

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

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

## PHYSICAL EDUCATION PROGRAMS AND SERVICES

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

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

- (a) *General. Physical Education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE.*
- (b) *Regular Physical Education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to non-disabled children unless—  
The child is enrolled full time in a separate facility: or-  
The child needs specially designed physical education as prescribed in the child's IEP.*
- (c) *Special Physical Education. If specially designed physical education is prescribed in a child's IEP, the public agency responsible for the education of that child shall provide the services directly, or make arrangements for those services to be provided through other public or private programs.*
- (d) *Education in Separate Facilities. The public agency responsible for the education of a child with a disability who is enrolled in a separate facility shall ensure that the child receive appropriate physical education services in compliance with paragraphs (a) and (c) of this section.*

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

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

- (a) *General Provisions.*
  - (1) *Designated instruction and services may be provided to individuals or to small groups in a specialized area of educational need, and throughout the full continuum of educational settings.*
  - (2) *Designated instruction and services, when needed as determined by the individualized education program, shall include the frequency and duration of service.*
  - (3) *All entities and individuals providing designated instruction and services shall be qualified. (Refer to 5 CCR sec. 3051.5 for statute regarding credential requirement)*

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

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

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

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

## **Physical Education Service Delivery Options:**

### **Physical Education:**

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

### **Specially Designed Physical Education:**

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

### **Adapted Physical Education:**

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

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

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

### **Some Applications:**

Children, who attend high school, have several types of physical education classes available to them. A student with a learning disability, who has difficulty participating in team sports, may be successful in a general physical education program of aerobics or

weight training. Given the lifetime value of these activities, dismissal from adapted physical education may be appropriate. Or, if the student has specific needs, s/he may participate in a general physical education class for just a semester and then may return to one or more of the other physical education program options.

Children, who attend middle or elementary school, may engage in certain sports in a general physical education setting and may or may not simultaneously receive adapted physical education. Other children with disabilities may need a collaborative Adapted Physical Education program to meet their specific needs as the Adapted Physical Education specialist is instrumental in helping the student attain movement skills.

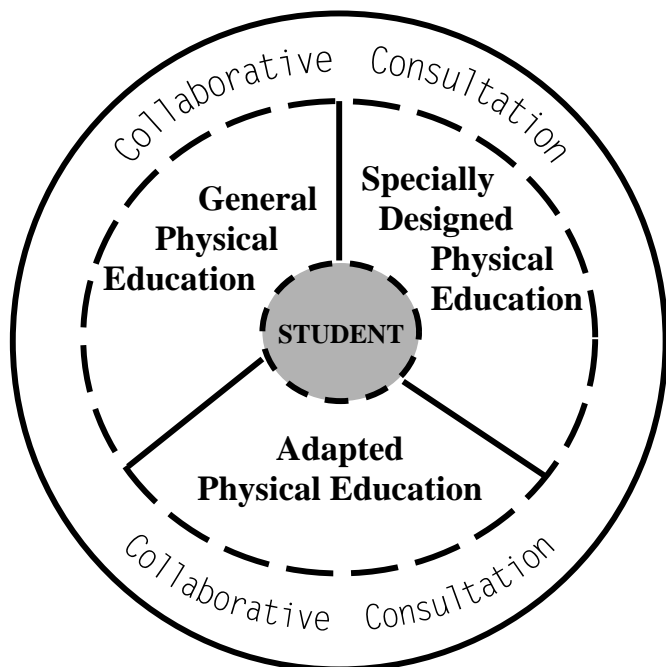
# PHYSICAL EDUCATION SERVICE DELIVERY

## General Physical Education:

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

## Specially Designed Physical Education:

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



## Adapted Physical Education:

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

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

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

## PARTICIPATION WITH NON-DISABLED PEERS

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

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

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

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

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

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

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

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

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

For students with disabilities, which impact movement performance, sport-specific participation is recommended. The Adapted Physical Education specialist must consider the disability condition, functional movement and cognitive abilities of the child, available support staff, and possible peer support when determining adaptations and modifications that will enable the

student to participate in general or general physical education.

Examples of sport specific participation in physical education include:

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

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

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

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

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

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

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

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

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

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

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

## **CHAPTER 4 – INDIVIDUALIZED EDUCATION PROGRAM**

**4.0 STANDARD: Adapted physical education services may be provided to children three to five years of age, based on the child’s individual needs.**

**Legal Reference:** Adapted physical education is part of special education (34 C.F.R. sec. 300.26(b)(2)) and, as such, applies to preschoolers.

The basic federal requirement for special education is very clear and applies to all preschool age children as well (34 C.F.R. 300.307)

State law requires that the present level of educational performance for a preschool age child, as appropriate, include how the disability affects the child's participation in appropriate activities. The continuum of program options shall include, but not necessarily be limited to designated instruction and services. (Sections 56345 and 56361(c)).

**Discussion:** Children three to five years of age may require additional services to meet their developmental needs. The present level of performance on the IEP includes, for a preschool child, how the disability affects the child's participation in appropriate activities. (“Appropriate activities” is the federal term that is often used in lieu of general education curriculum.) Adapted physical education services may be an appropriate designated instruction and service to meet the child’s motor development, recreational/ leisure, fitness and social needs to assist the child in participating in all aspects of the curricular program.

The Adapted Physical Education Specialist is part of the transdisciplinary team for children 3 to 5 years of age. The factors to consider when appropriate support services are being planned include the child’s developmental level and need areas related to the specific disability. If it is determined by the IEP team that adapted physical education services are required, either direct adapted physical education instruction, collaborative consultation with the teacher or parent or a combination of the two can be provided.(Refer to the Physical Education Service Delivery Model in Chapter 3 for additional information regarding the continuum of services.) The adapted physical education service may be provided in a variety of settings including: community settings, the home, special education preschool programs, and other public or private settings such as a Head Start program.

Some preschool children with a disability will need to have the motor aspects of the preschool curriculum adapted in order to access and be successful in that curriculum. Adapted physical education specialists possess many skills for adapting the motor curriculum and motor instruction. Therefore, adapted physical education should be one of the designated instruction and services considered when determining how to meet a preschool child’s motor needs.

**Best Practice:** In the initial assessment, it will be important to remember that schools are required to assess in all areas of suspected disability. This could include motor development, motor skills, play skills and age appropriate levels of strength and endurance. The teacher, occupational therapist, physical therapist, adapted physical education specialist or any combination of these professionals could conduct the motor assessment. (The reader is referred to Chapter 5, for more information on occupational and physical therapy and the roles of these therapists. Another resource is, *Guidelines for Occupational Therapy and Physical Therapy in California Public Schools*, which is published by the California Department of Education.)

The benefits of early education are among the findings of the legislature related to legal requirements for children between the ages of three and five years, inclusive. The specific benefits of early education are listed in Section 56441. Since much of the learning that occurs during early childhood involves movement, play, and experiential learning, it is particularly important to address motor needs at the preschool level. Young children with a disability often need to be taught the skills that other preschool children acquire incidentally, through participation in enriched and stimulating activities and environments. The adapted physical education specialist has skills and knowledge in the teaching of developmental motor skills. (See appendix L, Adapted Physical Education Specialist Credential Standards, for additional information.) Children, who are adequately supported in motor development, will not only reach their potential in motor learning, but will possess a supportive tool for learning in other areas.

In most cases, collaborative consultation to assist in embedding motor skills into the child's daily activities will be best practice, whether or not direct adapted physical education instruction is provided. This is consistent with play-based learning, education in natural environments, and the developmental model, which are foundational components of many preschool programs. Furthermore, California law sets forth a responsibility for early education program staff to consult with other professionals including regular preschool program providers, other specialists, assessment services and direct services (Sec. 56441.6)

Adapted physical education programming should be consistent with the educational philosophy and preschool curriculum model in which the child participates. The following are some examples of adapted physical education service delivery that are appropriate for the educational setting of a preschool child with a disability:

- A child with a disability is enrolled in a general education preschool program, and receives adapted physical education services. At least some of the adapted physical education instruction is conducted with the child's peers, on the playground and/or during regular, gross motor play times. In addition, it is coordinated with the theme-based curriculum of the classroom. Collaborative consultation with the preschool teacher is included. Depending on need, the child may also receive individual or small group instruction from the adapted physical education specialist.
- A preschool aged child with a disability, who receives adapted physical education, is cared for at home by her parents. The parent brings the child to the motor lab at the local elementary school, for adapted physical education instruction once a week. The adapted physical education specialist demonstrates activities, which the parent repeats several times during the week, during regular activities. The parent provides information on the child's progress and behavior in all areas. (This is an example of collaborative consultation with the parent, which is consistent with legal guidelines for "interacting and consulting with family members ...to demonstrate developmentally appropriate activities to implement the child's IEP..." Sec. 56441.3.)
- A preschool child with a disability is enrolled in a special day class. The adapted physical education specialist conducts lessons for the whole class twice a week and at least one session is team-taught with the special day class teacher. Activities for the classroom staff to teach for the rest of the week are provided. The child also receives occupational therapy services. The adapted physical education specialist and occupational therapist have a regularly scheduled telephone call each month to share information and coordinate their services to the child. (This is an example of collaborative consultation with several members of the transdisciplinary team.)

- A preschool child with a disability is enrolled in a special day class and receives speech and language therapy and adapted physical education services, twice a week each. One of those sessions is team taught by the special day class teacher, speech language pathologist, and adapted physical education specialist. (This is another example of collaborative consultation with several members of the multidisciplinary team.)

**4.1 STANDARD: A combination of physical education program options can be used to meet the physical education requirement.**

**Legal Reference:** State law requires *that all students (with or without a disability) receive a minimum number of minutes of physical education instruction every ten days. For elementary school students the minimum is 200 minutes and for secondary students the minimum is 400 minutes. In rare cases, when there is a valid reason that a student with a disability cannot meet the minimum number of minutes of physical education, that should be determined by the IEP team and indicated on the IEP. (34 CFR sec. 300.307; sec. 51222, 51241, 51246, 51210(g).)*

**Discussion:** Providing a combination of service delivery options in both general and special education instruction requires communication, cooperation, and collaboration among the professionals and fosters continuity in the child’s instructional program. It is recommended that: (a) the general classroom teacher, general physical education teacher, or special day class teacher be aware of the goal(s) stated on the IEP, and reinforce skills taught by the adapted physical education specialist; ((b) the adapted physical education specialist, be aware of the general physical education curriculum, and assist with provision of accommodations and modifications; (c) administrators be supportive of creative approaches to collaborative consultation; (d) the IEP team indicate on the IEP how coordination would occur between school personnel.

**Best Practice:** An example of an IEP team assigning an individual with a disability to a combination of physical education programs could be a combination of adapted physical education and general physical education. An elementary aged student might receive two sessions per week in adapted physical education, working on IEP goals and objectives, and for the remainder of the 200 minutes of physical education instruction s/he might attend specially designed or general physical education, taught by the classroom teacher. Occasional periods of team teaching are sometimes required when a combination of physical education program options are assigned for a student with a disability.

**4.2 STANDARD: A statement of the child’s present level of motor performance must be included on the IEP for student receiving adapted physical education.**

**Legal Reference:** *Individualized education program means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section and that includes a statement of the child’s present level of educational performance, including how the child’s disability affects the child’s involvement and progress in the general curriculum; or for preschool children, as appropriate, how the disability affects the child’s participation in appropriate activities. (20 U.S.C. sec. 1414(d)(1)(A); 34 CFR sec. 300.347.)*

The California Education Code identifies the components of the individual education program (IEP).

56345.(a) *The individualized education program is a written statement determined in a meeting of the individualized education program team and shall include, but not limited to, all of the following:*

- (1) *The present levels of the pupil's educational performance, including the following:*
- (A) *For a schoolage child, how the pupil's disability affects the pupil's involvement and progress in the general curriculum.*
  - (B) *For a preschoolage child, as appropriate, how the disability affects the child's participation in appropriate activities.*

**Discussion:** The child's present level of educational performance is often reported for different skill categories on the IEP. The location of the present level of performance varies as each SELPA creates its own IEP forms. Frequently, there is a statement of this type with each goal. In addition IEPs may have a separate section for more general information about present levels of educational performance, that is subdivided into categories (e.g., academic, social emotional, psychomotor, self-help, etc.).

Adapted physical education specialists who are part of an IEP team, may participate in writing present levels of performance in physical education. The Adapted Physical Education specialist should be prepared to address all of the physical education areas which are pertinent to the student and should also be prepared to contribute to the present level statement for any other area that effects physical education. For example, the Adapted Physical Education specialist may have had the greatest opportunity to view the child's social behaviors in games and outdoor activities, and therefore may make an important contribution to the present levels of performance in the area of social skills.

**Best Practice:** When attending the IEP meeting, the Adapted Physical Education specialist should come prepared with statements regarding the student's present levels of educational performance. The specialist should listen carefully to present levels of performance stated by other IEP team members and participate proactively in discussions aimed at building consensus among all team members. Although the Adapted Physical Education specialist should come to the IEP meeting with suggested goals and objectives, s/he may need to adjust the proposed goals and objectives based upon the strengths and needs of the student as described in the present levels of educational performance for related areas.

The IEP should also address the unique needs of the child that arise out of his or her disability and must be addressed in order for the child to progress in the general education curriculum.

**4.3 STANDARD: The final determination of the eligibility is made by the IEP team for a student who has been referred to special education.**

**Legal Reference:** *The decision as to whether or not the assessment results demonstrate the degree the pupil's impairment requires special education shall be made by the IEP team. (5 CCR sec. 3030.)*

**Discussion:** The authority of the IEP team to make decisions has been established in federal law. Since DIS services (including Adapted Physical Education) are special education services, DIS IEP members contribute to the determination as to whether a child has a disability through the interpretation of the assessment findings.

**Best Practice:** All members of the IEP team should carry out their assessment responsibilities and should come to the IEP meeting prepared to report their findings. Adapted Physical Education specialists may be extremely helpful when identifying children whose disabilities fall under the categories of other health impaired and orthopedic impairment.

**4.4 STANDARD: Goals and objectives should reflect the child’s disability along with accommodations and adjustments that will enable the child to be involved and progress in the general physical education curriculum.**

**Legal Reference:** The new emphasis on participation in the general education curriculum under the reauthorization of IDEA, 1997, was not intended by the committee to result in major expansions on the size of the IEP with dozens of pages of detailed goals and benchmarks or objectives for every curriculum standard. The new focus is intended to produce attention to the accommodations and adjustments necessary for disabled children to access the general education curriculum and the special services, which may be necessary for appropriate participation in particular areas of the curriculum due to the nature of the disability. (20 U.S.C. sec. 1414(d).)

**Discussion:** The intent of the new legislation is not for a teacher to write goals and benchmarks for every skill that needs to be attained. Rather, the legislative intent is for the teacher to identify priority goals that are reflective of the most important skills needed to enable the child to be involved and to progress in the general education curriculum. This intent also applies to children who are not participating in a general education program.

**Best Practice:** When writing goals and objectives/benchmarks, select the most appropriate skills as goals. The attainment of these goals should enable the child to participate with peers. Consider age-appropriate skills and skills that will transition to other lifetime activities as these are likely to contribute to progress in the general education program. For example, some skills that may be needed to meet physical education benchmarks and standards in primary grades (e.g., skipping or walking on a balance beam), are not necessary to meet the physical education standards at the high school level. Standards at the high school level stress lifelong physical activity and fitness.

**4.5 STANDARD: Goals and objectives address the child’s unique needs related to the disability.**

**Legal Reference:** IDEA requires that annual goals included in a child’s IEP relate to meeting the child’s needs, that result from the child’s disability, so that the child can be involved in and progress in the general education curriculum. This language should not be construed to be a basis for excluding a child, with a disability, who is unable to learn at the same level or rate as non-disabled children in an inclusive classroom or program. It is intended to require that the IEP’s annual goals focus on how the child’s needs, resulting from his or her disability, can be addressed so that the child can participate, individually, at an appropriate level in the general curriculum offered to all students. (20 U.S.C. sec. 1414(d).)

The California Education Code, sec. 56345 states, in part:

- (2) *The measurable annual goals, including benchmarks or short-term objectives related to the following:*
  - Meeting the pupil's needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.*
  - (B) Meeting each of the pupil's other educational needs that result from the pupil's disability.*

**Discussion:** Some children have disabilities that are severe. To identify general physical education skills for same age peers as goals for these children may be inappropriate. Some of these children need to attain basic body control for the functional skills of sitting, standing and walking. These skills, commonly referred to as motor milestones, are used daily by most individuals.

**Best Practice:** Consider the disability, needs and educational setting of the child when determining appropriate goals. Consider identifying functional movement skills, which will enhance interaction and participation at school, as goals for those who have more severe disabilities.

Being able to walk around campus and sit in the cafeteria are both functional and appropriate skills for a student. An Adapted Physical Education specialist must use good judgement when choosing goals. To think that it is appropriate to write a goal for running the 30-yard dash, when the student needs to attain independent walking, would be an over-interpretation of the intent of the law.

**4.6 STANDARD: Each goal will be written as a measurable annual goal with supporting benchmarks or short term objectives.**

**Legal Reference:** IDEA requires that a child's IEP include a statement of measurable annual goals, including benchmarks, or short-term objectives. (20 U.S.C. sec. 1414(d).)

The California Education Code, sec. 56345 (a) states, in part:

*(2) The measurable annual goals, including benchmarks or short-term objectives related to the following:*

*Meeting the pupil's needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.*

*(B) Meeting each of the pupil's other educational needs that result from the pupil's disability.*

**Discussion:** The current trend in education reform is a shift away from the use of "short-term objectives" and toward the use of "benchmarks." Both the federal and state laws, quoted above, uses "benchmark" and "short term objectives" interchangeably. The federal law goes on to state that the purposes of measurable goals, including benchmarks, or short-term objectives are to assist with accountability and to allow parents to be able to monitor their child's progress.

When writing an IEP, a measurable annual goal needs to be accompanied by sequential, short-term objectives or benchmarks that describe performances that indicate the student is making progress toward the goal. The short-term objective or benchmark should include a projected date of mastery and clear measurable description of the performance. (Sec. 56345(a).)

This represents a shift in thinking about short-term objectives and benchmarks. Prior to reauthorization of IDEA '97, short-term objectives were often written as components of the goal, with the same annual projected mastery date as the goal. Currently, benchmarks or short-term objectives are written with sequential dates of projected mastery. (Sec. 56345(a).)

**Best Practice:** The important thing to remember is that the goal must be measurable. To improve in locomotor skills or to improve in eye-hand coordination is difficult to measure due to the inherent subjectivity and number of skills which can be considered to be locomotor or eye-hand coordination skills.

It is recommended that each local education agency (LEA) have IEP requirements for staff to follow. Some will require that each goal have specific criteria (e.g. 4/5 times) identified so that progress toward the goal can be measured by anyone. Other LEAs will indicate that if the goal addresses only one

behavior or skill, and if the current level of performance clearly indicates the frequency at which the student performs the skill, then it is acceptable to state that the student will improve in the skill.

The Adapted Physical Education specialist ensures that each benchmark or short-term instructional objective leads to the measurable annual goal. (Sec. 56345(a).) The goal could be that the student will participate in a modified soccer game with verbal prompts. The supporting benchmarks or short-term objectives could then be any of the skills (dribbling, passing, receiving, shooting, etc.) and knowledge of rules needed to play the modified game. On the other hand, a goal could be skill-specific such as a student will walk down 4 stairs, alternating foot placement, without support on 2 of 2 trials. Three examples of possible supporting benchmarks and short-term objectives are:

- will walk down stairs, alternating foot placement, with support, on 2 of 2 trials.
- will walk down 2 steps, alternating foot placement without support and with direct verbal prompts on 2 of 2 trials.
- will walk down 4 steps, alternating foot placement without support on 1 of 2 trials.

For additional examples refer to chapter 10, Curriculum and Instruction and Grade Level Guidelines, Appendix F.

It is advised that all measurable annual goals and benchmarks or short-term objectives have projected dates of accomplishment. The goal date is usually set for one year from the IEP. Often, the benchmarks or short-term objective dates match the general education reporting periods.

<b>4.7 STANDARD: Progress toward IEP Adapted Physical Education goals and benchmarks will be reported to parents during required school reporting periods.</b>
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**Legal Reference:** *The IEP includes: A statement of how the pupils parents will be regularly informed, at least as often as parents of non disabled pupils progress in the following:*

- A. The pupils progress toward the annual goals described in paragraph (2)*
- B. The extent to which that progress is sufficient to enable the pupil to achieve the goals by the end of the year. (Sec. 56345.)*

The California Education Code, sec. 56345(a) also states, in part:

*(2) The measurable annual goals, including benchmarks or short-term objectives related to the following:*

*Meeting the pupil's needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.*

*(B) Meeting each of the pupil's other educational needs that result from the pupil's disability.*

**Discussion:** Children with disabilities must receive written progress reports which indicate the progress they are making toward the attainment of goals and supporting benchmarks and short-term objectives at least as often as their non-disabled peers receive report cards. (Sec. 56345(a) (9)(10).) General education teachers send progress reports as well as report cards home to parents. Each LEA has an established schedule and the Adapted Physical Education specialist is advised to adhere to it as should the other special educators.

**Best Practice:** Ongoing assessment of student progress is part of good teaching. It is best for Adapted Physical Education specialists to periodically record student progress. The Adapted Physical Education specialist must plan effectively as the recording of progress can be time consuming. Often a LEA has developed an IEP goal and objective form that permits the recording of progress. The Adapted Physical Education specialist needs to follow local policies and procedures.

**4.8 STANDARD: The IEP must stipulate how much time the child spends in each of the various physical education programs.**

**Legal Reference:** *Designated instruction and services, when needed as determined by the individualized education program (IEP) shall include the frequency, duration and location of services. (Sec. 56345(a)(6).)*

**Discussion:** The IEP must indicate not only the type or types of physical education programs in which the child participates, but the frequency and duration of any adapted physical education services. Recently, requirements for stating the location in which DIS services will be provided have emerged, such as on campus and/or in the community.

**Best Practice:** The Adapted Physical Education specialist who is part of an IEP team should ensure that the type or types of physical education program and the frequency, duration, and location of any adapted physical education service are contained in the IEP.

**4.9 STANDARD: A child will continue to receive Adapted Physical Education until the IEP team determines services are no longer needed.**

**Legal Reference:** *The state is required to have a plan that includes procedures for analyzing the exit criterion for special education programs. (Sec. 56600.5(1).)*

**Discussion:** When a student demonstrates that he/she can successfully participate in the general physical education program without significant adaptations, the IEP team will generally come to a consensus decision to exit the student from adapted physical education. General education accommodations and support for the teacher or student will need to be listed on the IEP. This will facilitate a smooth and successful transition into general education. Students may be exited from adapted physical education when they demonstrate they have met their general physical education requirements. A student may choose to participate in adapted physical education as an elective

**Best Practice:** The student may still benefit from participation in adapted physical education, it therefore continues to be the responsibility of the IEP team to determine the needs of the student, including the preference of the student. A student who continues to demonstrate a need, even after completing course requirements, may continue to participate in the adapted physical education program.

## TRIENNIAL ASSESSMENT

**4.10 STANDARD: A triennial assessment is conducted at least once every three years but may not require additional testing.**

**Legal Reference:** The evaluation team may dispense with additional tests to determine the child's continued eligibility if the team concludes this information is not needed. These tests must be conducted if the parents so request.

- (1) may not require a formal assessment if the disability has not changed within the last three years.
- (2) The triennial assessment should focus on the child's present level of performance (via teacher observation, criterion reference tests, etc.), including how the child's disability affects the child's involvement and progress in the general physical education program. (20 U.S.C. sec. 1414(c)(1)(2)(4); 34 CFR sec. 300.533.)

*A reassessment of the pupil ...shall be conducted at least once every three years or more frequently if conditions warrant a reassessment, or if the pupil's parent or teacher requests a reassessment and a new individualized education program is to be developed. (Sec. 56381(a).)*

**Discussion:** One of the most significant changes in IDEA relates to how the evaluation process should be viewed. For example, over the years, the required 3-year re-evaluation has become a paperwork-intensive process, driven as much by concern for compliance with the letter of the law, as by the need for additional evaluation information about a child. If there is no need to collect additional information about a child's continuing eligibility for special education, any necessary evaluation activities should focus on collecting information about how to teach and assist the child in the way he or she is most capable of learning. (Sec. 56381(a).)

Thus, the statute requires that existing evaluation data on a child be reviewed to determine if any other data are needed to make decisions about a child's eligibility and services. If it is determined by the IEP team and other qualified professionals that additional data are not needed, the parents must be notified of the determination that no additional tests, assessments or data is needed, the reasons for it, and of the parent's right to still request an evaluation. No further evaluations will be required at that time unless requested by the parents. (Sec. 56381(a).)

At times, the nature of the disability is such that within the past three years there has been no change. When this occurs, the nature of the assessment needs to focus on the student's present level of performance and not on re-establishing the existence of the disability for the purpose of eligibility. Parents must give permission to waive the three-year evaluation. (Sec. 56381(d).)

**Best Practice:** The nature of some disabilities are such that they do not change. A student with a neuromuscular disorder who uses a wheelchair may make some gains in body control and mobility but the condition will remain the same. To restate developmental information that there are delays/difficulties, as the child cannot walk independently, run, and skip, due to the disability would be obvious. To administer a formal, standardized assessment, which evaluates locomotor skills, just to come up with a low percentile score, would be meaningless. The nature of the assessment must match the projected needs of the student. If a formal, standardized assessment matches the needs, such a modified fitness assessment, the use is justified. Often for a triennial for students with these types of disabilities, the Adapted Physical Education specialist only needs to identify the student's current level of performance for the purpose of developing an appropriate IEP.

## **CHAPTER 5 - ADAPTED PHYSICAL EDUCATION, OT, AND PT**

**5.1 STANDARD: Adapted physical education, occupational therapy, and physical therapy are all designated instruction and service (DIS) but serve different functions.**

**Legal Reference: Designated instruction and services (DIS), defined:**

*"Designated instruction and services" means specially designed instruction and related services described in subsection (b) of Section 56361 and subsection (b) of Section 56363 of the Education Code, and Section 3051 of Title 5 of the California Code of Regulations, as may be required to assist a pupil with a disability to benefit educationally. (2 CCR sec. 60010(h).)*

### **Adapted physical education**

The term "special education" is defined in part as: 34 CFR sec. 300.26:

*Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including*

*Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and*

*Instruction in physical education.*

*"Physical Education" is defined as follows:*

*(i) The term means 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).*

*The term includes special physical education, adapted physical education, movement education, and motor development.*

*Adapted physical education is for individuals with exceptional needs who require developmental or corrective instruction and who are precluded from participation in the activities of the general physical education program, modified general physical education program, or in a specially designed physical education program in a special class.*

*Consultative services may be provided to pupils, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular physical education program or specially designed programs. (5 CCR sec. 3051.5(a).)*

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

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

## **Occupational and Physical Therapy**

*Occupational or physical therapists shall provide services based upon recommendation of the individual education program team...(5 CCR sec. 3051.6(a)(1).)*

**Section 3051.6(b) Qualifications of therapists:**

*The therapists shall have graduated from an accredited school.*

*A physical therapist shall be currently licensed by the Board of Medical Quality Assurance of the State of California and meet the educational standards of the Physical Therapy Examining Committee.*

*An occupational therapist shall be currently registered with the American Occupational Therapy Association...(5 CCR sec. 3051.6(b).)*

**Discussion:** A pupil may have multiple DIS services which are needed to assist the student in benefiting from the educational program. Adapted physical education, occupational therapy, and physical therapy may not be substituted one for the other even though all three services may work on a similar skill or on the same IEP goal. The need for each DIS is documented as contributing to the child's educational program. Collaboration is recommended among the disciplines (adapted physical education, occupational therapy, and physical therapy) for example; implementing the MOVE program.

**Adapted physical education specialists** are educators who have taken courses in anatomy, physiology, exercise physiology, human development, kinesiology, motor control theory, motor development, cognitive development, learning theory, sport, recreation, dance, behavior management, and have studied the etiology of disabilities and their effects upon movement. Adapted physical education is a combination of the disciplines of physical education and special education.

Adapted physical education specialists use instructional techniques to improve the student's movement performance in:

- Gross motor skills.
- Object control skills.
- Fine motor skills.
- Perceptual motor skills.
- Physical fitness: strength, endurance, cardiovascular, and flexibility.
- Functional skills.
- Motor fitness: speed, power, agility, balance, and coordination.
- Recreation/Leisure/Life-time Activities.
- Sport and game skills.
- Dance.
- Aquatics.

**Occupational therapists** are health professionals who have specific training in human growth and development and remediation of dysfunction. Included in the occupational therapist's education are courses in human anatomy and physiology; human development, especially the motor and psychosocial domains; sensorimotor processing as related to functional activities; kinesiology; analysis of activities of daily living; and the study of occupational roles.

Occupational therapists use purposeful, goal-directed activities to improve student performance in:

- Postural stability.
- Sensory registration and processing.
- Motor planning.
- Visual perception and integration.
- Fine motor.
- Activities of daily living.
- Environmental adaptations/Assistive devices.
- Social play/Organization of behavior.

**Physical therapists** are health professionals with specific training in kinesiology and the remediation of dysfunction. Included in the physical therapist's education are courses in human anatomy and physiology; physical pathophysiology; joint and whole body physiology; gait and posture analysis; human development, especially gross motor development and motor control theories, physical treatment modalities; and cardiopulmonary, orthopedic, and neurological rehabilitation.

Physical therapists use techniques that correct, facilitate, or adapt the student's functional performance in:

- Motor control and coordination.
- Sensorimotor coordination.
- Postural balance and stability.
- Activities of daily living/Functional mobility .
- Environmental adaptations/Accessibility.
- Use of assistive devices.

**Similarities and Differences:** The similarities among the three (Adapted Physical Education, OT, and PT) are many as these disciplines often work on the same types of skills. For example, in both the PT and Adapted Physical Education settings, a student could work on the skills of transferring, sitting independently, walking, and jumping. In both OT and Adapted Physical Education, the student could be working on fine motor skills used in the classroom, functional manipulative skills, and play activities. All three disciplines strive to improve movement performance by improving the motor coordination of skills. The three recognize the importance of the underlying neuromuscular systems that are responsible for the execution of a movement.

In general, occupational and physical therapists are health professionals who have certification or a license while adapted physical education specialists are educators who have a credential. The

methods used often distinguish the disciplines. Some occupational therapists assist the child as they address the fine motor needs of the child in the classroom and during functional activities such as eating.

Both physical and occupational therapists are more knowledgeable than Adapted Physical Education specialists regarding assistive devices to be used to enhance posture, gait, and hand usage. These disciplines have more of a foundation in the medical domain and seek to remediate movement. Adapted physical education falls under the educational domain and can be considered remediation of movement skills. In Adapted Physical Education there also is a focus on modifying and adapting the environment and demands of the task to enable the student to participate in physical activity with non-disabled peers.

Another distinction, which differentiates the three, is the relationship of each to curriculum. While they all may provide services that assist the student with participation in and progress toward the educational curriculum, the Adapted Physical Education specialist is most concerned with assisting the student with the general physical education curriculum. There is no specific curriculum area for occupational or physical therapy.

**Best Practice:** A collaborative approach among these specialists is recommended. When a student receives two or more services, often, the child's disability is such that it is interfering with a given movement performance. Assistive devices and specific exercises identified by a therapist often are needed to help the child. In these cases, the Adapted Physical Education specialist, as well as the special education teacher, should be aware of how to use the specialized equipment and how to perform the exercises. On the other hand, children may perform skills with their peers during physical education that they are not motivated to perform in therapy sessions. By communicating with the therapist, the Adapted Physical Education specialist can keep these professionals informed about skill transfer to the educational settings that involve group participation.

## **CHAPTER 6 - ADAPTED PHYSICAL EDUCATION IN PRIVATE NON-PUBLIC , AND CHARTER SCHOOLS.**

**6.1 STANDARD: A child, who has been placed in a private school by parents, will be assessed if referred to special education.**

**Legal Reference:** *In general, all children with disabilities residing in the State, including children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated.* (20 U.S.C. sec. 1412(a)(10)(A)(ii); 34 CFR sec. 300.451.)

Each district, special education local plan area, or county office shall establish written policies and procedures for a continuous child-find system which addresses the relationships among identification, 34 CFR sec. 300.453 - 300.462, assessment, planning, implementation, review, and the triennial assessment. (Sec. 56301.)

**Discussion:** All children, who are suspected of having a disability, must be assessed, according to the child-find procedures of the LEA, to determine a free and appropriate public education (FAPE). (Sec. 56301.)

**Best Practice:** The adapted physical education specialist should be familiar with all child-find procedures as the specialist is part of the educational team. When a referral comes to the LEA, the Adapted Physical Education specialist will help develop an appropriate assessment plan when the areas of suspected disability include areas specific to adapted physical education.

**6.2 STANDARD: A student enrolled by a parent in a private school is entitled to the amount of support provided to students in public schools in the SELPA.**

**Legal Reference:** Sec. 34 CFR sec. 300.454(a)(b) and 300.455(a)(3). The latter statute states in part *No private school child...is entitled to any service...the child would receive if enrolled in a public school.* Parents who choose to enroll their child in a private school, are entitled to services offered by SELPA funding limits. Children, who have been identified as having a disability, are in need of special education and related services, and are attending a private school are entitled to special education and related services in accordance with 34 CFR sec. 300.453 - 300.462.

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

**Discussion:** Once a child has been assessed and has been found eligible for special education, an IEP must be developed which offers a free and appropriate public education (FAPE). If the parent agrees that the IEP does offer FAPE but wants the child to attend a private school, the LEA is not responsible to provide special education. However, private school students who qualify for adapted special education services are allotted a dollar amount of services. This dollar amount, usually not much, can be used at their discretion. This money is determined by the number of students in the district that are attending private schools. (34 CFR sec. 300.453 - 300.462)

Before IDEA '97, many Adapted Physical Education specialists had private school children come to a public school to receive Adapted Physical Education services. This type of service is no longer required by law. A LEA may select to continue to offer services to private students who had been receiving special education, including Adapted Physical Education DIS, or the LEA may inform parents that these services are no longer legally required. (34 CFR sec. 300.453 - 300.462.)

The ISP is carried out by the personnel at the child's private school. The LEA has a responsibility to provide consultation to the private school staff. The monies allocated for consultation are based upon a proportionate share of funding formula and must be determined by the LEA. Often, the amount is minimal (\$500/private school child) for the year. The type of consultation to be provided needs to be determined by the LEA. Often the SELPA will establish procedures. The proportionate share of funding does not include the expense to the LEA for child-find. (34 CFR sec. 300.453 - 300.462.)

**Best Practice:** The role of the Adapted Physical Education Specialist may be primarily to provide consultation and in-service training on behalf of the student in a private school setting. The Adapted Physical Education specialist needs to ensure that the goals and objectives identified on the ISP are appropriate.

**6.3 STANDARD: A child, who has been found eligible for special education and in need of Adapted Physical Education services and who attends a non-public school, shall receive Adapted Physical Education when the IEP specifies the service.**

**Legal Reference:** *The non-public, nonsectarian school or agency shall provide all services specified in the individualized education program, unless the nonpublic, nonsectarian school or agency and the district, special education local planning area, or county office agree otherwise in the contract or individualized services agreement. (Sec. 56366(a)(5).)*

**Discussion:** The child-find procedures identified in sections 56300 – 56303 must be followed for children who attend nonpublic school. At an IEP meeting, a parent may request adapted physical education services as well as other designated instruction and services. The LEA has a responsibility to provide those services which have been identified by the IEP team. (Sec. 56300 - 56303, sec. 56320 et seq.\* and 56340 et seq.\*)

\* et seq: (Latin) "et sequentes" "et sequentia" "and the following" denominates page reference and statutory section numbers.

**Best Practice:** It is the responsibility of the LEA to ensure that the nonpublic school provides all the services within the individual services agreement. The district, SELPA or county office may be identified as the service provider. When that occurs, the Adapted Physical Education specialist should assist the local education agency in establishing a method of service delivery.

## **CHAPTER 7 - EARLY INTERVENTION**

### **PART C OF IDEA 97 (PL105-17)**

**7.1 STANDARD: An infant who may have or is suspected of having a neuromuscular, musculoskeletal, or other physical impairment may require medically-necessary occupational therapy or physical therapy and should be referred by the parent to California Children Services (CCS) to determine eligibility for physical therapy and/or occupational therapy.**

**Legal Reference:** *Notwithstanding any other provision of law, the State Department of Health Services, or any designated local agency administering the California Children's Services, shall be responsible for the provision of medically necessary occupational and physical therapy by reason of medical diagnosis and when contained in the child's IEP or Individual Family Service Plan (IFSP). Regional Centers, LEAs and multidisciplinary teams shall not presume or determine eligibility, including eligibility for medical services provided through the Department of Health Services when conducting evaluations or assessments of an infant or toddler or their family. (Govt. Code Sec. 7570 et seq.\*)*

**Discussion:** Physical and occupational therapy are identified as early intervention services for children under the age of three and are provided when the IFSP designates services to enhance the child's development. An initial IFSP is developed by the regional center and/or LEA for each eligible infant or toddler, who has been evaluated. Children with solely low-incidence conditions such as visual impairment, hearing impairment, severe orthopedic impairment, or a combination thereof receive services through the LEA. If the present level of physical development indicates the need for further assessment to determine eligibility for physical and/or occupational therapy, a referral should be made to California Children Services. A parent may perform service coordination activities for his or her own infant or toddler in collaboration with the service coordinator assigned by the regional center or the LEA. If the infant or toddler is not found eligible for medically necessary physical or occupational therapy, the LEA or regional center may provide physical and/or occupational therapy for educational purposes. (Govt. Code Sec. 7575.)

\* et seq: (Latin) "et sequentes" "et sequentia" "and the following" denominates page reference and statutory section numbers.

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

**Best Practice:** An infant with current medical records indicating a medical diagnosis and a documented physical deficit should be referred to CCS. If the infant or toddler is ineligible because the child's medical condition is not a medical therapy program eligible condition, the IFSP may consider the need for developmentally necessary physical and/or occupational therapy. Additionally the infant/toddler may benefit from a motor development program as provided by a qualified adapted physical education specialist. (Govt. Code Sec. 7575.)

**7.2 STANDARD: Provision of adapted physical education services to infants and toddlers with disabilities will be provided by qualified personnel.**

**Legal Reference:** *“In implementing subsections (a) (9), a state may adopt a policy that includes making good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants with disabilities. . . .”* (20 U.S.C. sec. 1435(b).)

20 U.S.C. sec. 1432(4) defines, in part, early intervention services as *“...developmental services that -- (F) are provided by qualified personnel. . . .”*

Under 20 U.S.C. sec. 1435(a)(9), *“...policies and procedures relating to the establishment of standards to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including -- (A) establishment and maintenance of standards which are consistent with any State-approved or other comparable requirements which apply to the area in which such personnel are providing early intervention services; and (B) to the extent such standards are not based on the highest requirements in the State applicable to a specific profession or discipline, the steps the State is taking to require the retraining or hiring of personnel that meet appropriate professional requirements in the State; except that nothing in this part, including this paragraph, prohibits the use of paraprofessionals who are appropriately trained and supervised. . . .”*

*“The family is the constant in the child's life, while the service system and personnel within those systems fluctuate. Because the primary responsibility of an infant or toddler's well being rests with the family, services should support and enhance the family's capacity to meet the special developmental needs of their infant or toddler with disabilities.”* (Govt. Codes Sec. 95001 (3).)

**Discussion:** The Federal law leaves it up to the states to determine whether or not an individual is “qualified” to provide early intervention services. The law implies that it recognizes that professionals in various fields, who are qualified to provide services to infants and toddlers with disabilities, may possess different qualifications than those qualified to serve children of other ages.

It is a widely held belief that motor development typically progresses most quickly in the first few years of life. One of the traditional responsibilities of adapted physical education specialists is to teach and promote the development of motor skills. University training programs in physical education and adapted physical education have historically included a significant amount of course content related to typical and atypical motor development in humans. However, since provision of public educational services to infants and toddlers is relatively new, there are many adapted physical education specialists who have not received specific training in teaching motor developmental skills to infants and toddlers. On the other hand, many motor development training programs have included infant and toddler development and some adapted physical education

specialists have received training and practice via pre-service and in-service training programs through other disciplines. Because of this, there is a growing group of adapted physical education specialists in California who are trained and qualified to provide services to infants and toddlers.

**Best Practice:** It is recommended that LEAs should utilize trained and qualified adapted physical education specialists when providing adapted physical education services to infants and toddlers. It is understood that the service delivery model is likely to be different from that for preschool and older children, in that adapted physical education for infants and toddlers involves a greater amount of assessment and collaborative consultation with families and other team members, and a smaller amount of direct instruction to individual children. Additional time may be necessary for service delivery systems involving large amounts of assessment and collaborative consultation as those focusing direct instruction. Therefore, administrators are advised to support scheduling and caseload assignment of adapted physical educators that reflect this service delivery model. For example, more time may be necessary for formal and informal meetings in large and small groups; consulting with, providing demonstrations, and explaining activities and teaching strategies to parents may require meeting with them at times other than the typical school schedule of 8:00 a.m. to 3:00 p.m.; and working with team members and parents is considered to have the same credibility as working directly with children.

Some of the major areas of knowledge and skill that may be necessary for an adapted physical education specialist to master in order to be qualified as a service provider for infants and toddlers are listed below. Most are described in detail in Adapted Physical Activity, Recreation and Sport: Crossdisciplinary and Lifespan. Sherrill, Claudine, 1998. WCB/McGraw-Hill.

Brief list of competency areas for adapted physical education specialists providing services to infants and toddlers:

- Typical and atypical reflexes and postural reactions; sequences and progression of early motor skills and patterns; early sensory and perceptual motor development.
- Body image and self concept.
- Overview of early language development and its relationship to motor development and motor learning.
- Principles of motor development.
- Terminology related to early motor development.
- Diagnostic team assessment approach.
- Family based assessment planning and service delivery.
- Components of the Individualized Family Service Plan.
- Activity-based intervention.
- Transdisciplinary play-based assessment and intervention.
- Formal and informal assessment tools and techniques appropriate for infants and toddlers.
- Stages of play development.
- Social development and inclusion in natural environments.
- Commonly occurring effects of various disabilities on early development.
- Strong collaboration and consultation skills.
- Commonly occurring family concerns and issues related to young children with disabilities.
- Methods for facilitating smooth transitions for young children moving between programs and program models (e.g., infant toddler program to preschool program). Cowden, J. E. and Eason, B. L. (1991). *Pediatric Adapted Physical Education for Infants, Toddlers, and Preschoolers*:

**7.3 STANDARD: Adapted Physical Education services may be provided to infants and toddlers (children under three years of age), and must meet the other criteria delineated in IDEA '97, Part C Early Intervention.**

**Legal Reference:** The reauthorization of IDEA describes programs for infants and toddlers in Part C. Under this Federal law adapted physical education is not specifically listed as a required service that States need to make available for infants and toddlers with a disability. However it is not excluded and therefore adapted physical education can be one of the other early intervention services that “...are designed to meet the developmental needs of an infant or toddler with a disability...” (20 U.S.C. sec. 1431 et seq.)\*

Definition of early intervention found in Part C: “An early intervention program is a coordinated comprehensive, multidisciplinary set of services designed to promote all aspects of development of the infant/toddler with disabilities (or at the State’s discretion, at risk of development of disabilities) within a family context, based on an individual assessment of infant/toddler needs and family concerns, priorities, and resources and identified in an individualized family service plan.” (20 U.S.C. sec. 1432 - 1435.)

Federal law requires that states develop and implement plans to address the needs of developmentally disabled infants from birth through age two. A child born with a developmental disability (e.g., cerebral palsy, spina bifida, etc.) or born with “established risk,” is defined as an infant/toddler individual with a disability. The legislation makes early intervention services from qualified personnel available. Early intervention services delineated in Part C “are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas; physical development; cognitive development; communication development; social or emotional development; or adaptive development. They must meet the standards of the State in which they are provided, the requirements of Part C including family training, counseling and home visits, special instruction, speech-language pathology and audiology services, occupational therapy, physical therapy, psychological services, service coordination services, medical services only for diagnostic or evaluation purposes, early identification, screening, and assessment services, health services necessary to enable the infant or toddler to benefit from other early intervention services; social work services; vision services; assistive technology service; and transportation and related costs that are necessary for the infant’s or toddler’s family to receive another service.” These services are to be provided by qualified personnel, including special educators, speech and language pathologists and audiologists, occupational therapists, physical therapists, psychologists, social workers, nurses, nutritionists, family therapists, orientation and mobility specialists and pediatricians and other physicians. (20 U.S.C. sec. 1431 et seq.)\*

\* et seq: (Latin) "et sequentes" "et sequentia" "and the following" denominates page reference and statutory section numbers.

For infants and toddlers, a major goal of the law is to fully incorporate the family into the process of early intervention. Concerning infants and toddlers, the familiar Individualized Education Program (IEP) required by IDEA Part B is replaced in IDEA Part C by the Individualized Family Service Plan (IFSP). The incorporation of the family into planning represents a sensitivity to both the needs

of the family and those of the child. The IFSP is developed by a multidisciplinary team that includes family members, and is based on an assessment by that team.

Another key provision of this law is that services for infants and toddlers, to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate. Services are provided in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

According to California Early Intervention Act, there is a need to provide appropriate early intervention services individually designed for infants and toddlers from birth through two years of age, who have disabilities or are at risk of having disabilities, to enhance their development and to minimize the potential for developmental delays. (Govt. Code Sec. 95001(1).)

**Discussion:** Physical education is not specifically mentioned in IDEA '97 Part C, for infants and toddlers, as it is in the sections of IDEA relating to older children. Nor is adapted physical education listed as one of the services to be included in the State's plan for provision of educational services to infants and toddlers with disabilities. Therefore, it is considered to be a permissive service that can be utilized within a coordinated comprehensive, multidisciplinary set of services designed to promote all aspects of development of the infant/toddler with disabilities.

**Best Practice:** Many LEAs do provide adapted physical education services to infants and toddlers with disabilities, however the provisions of IDEA '97 governing services to infants and toddlers differ substantially from those governing children of other ages. Adapted physical education services for infants and toddlers with disabilities often fall in the areas of assessment and consultation with family members and other service providers, with a limited amount of direct, ongoing instruction with the child. This is consistent with the developmental needs of all children at this young age, and with the emphasis on services to families stated in the law. In addition, adapted physical education services for infants and toddlers must be delineated on the child's IFSP (Individualized Family Service Plan). (20 U.S.C. sec. 1431 et seq.\*)

Provision of adapted physical education services to infants/toddlers are not intended to replace or duplicate occupation or physical therapy and vice versa. However, an infant or toddler may need adapted physical education to meet additional identified needs. Educators should keep in mind that the purpose of early intervention services under Part C, is to "...*promote all aspects of development of the infant/toddler with disabilities. . . .*" This law provides some funding to LEAs and describes components that are required to be part of a State's early intervention program. However, as with all laws, States are permitted to, and often do utilize other resources, programs and methods for meeting their responsibilities under the law. Providing adapted physical education services is one of the other programs in California that can be utilized if needed to meet an individual infant's or toddler's developmental needs. ). (20 U.S.C. sec. 1431 et seq.\*)

\* et seq: (Latin) "et sequentes" "et sequentia" "and the following" denominates page reference and statutory section numbers.

Examples of Adapted Physical Education Services to infants or toddlers:

The adapted physical education specialist meets the parent and child at a playground with developmentally appropriate equipment to give suggestions and demonstrate fun, play activities that will support the child's development of mobility and body awareness skills.

The adapted physical education specialist goes to a center based infant/toddler program to demonstrate activity based motor instruction to the center staff.

The adapted physical education specialist observes the child while engaged in motor activities at the park, home, or child care center (natural environment) to monitor progress in the application of motor skills to play, mobility, and personal care activities.

The adapted physical education specialist, occupational therapist and physical therapist collaborate to provide an assessment of motor skills for a toddler in preparation for transition to a preschool program. The OT and PT assess specific motor skills in a clinic setting. The adapted physical education specialist assesses the child's motor skills during regular activities in natural environment (e.g., home and child care center).

<p><b>7.4 STANDARD: Adapted physical education specialists conduct developmentally appropriate, multidisciplinary, family-directed assessments of infants and toddlers with disabilities.</b></p>
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**Legal Reference:** *“Assessment and Program Development” -- A statewide system described in 20 U.S.C. sec. 1433 shall provide, at a minimum, for each infant or toddler with a disability, and the infant’s or toddler’s family, to receive -- (1) a multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet such needs; (2) a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the infant or toddler; and (3) a written individualized family service plan developed by a multidisciplinary team, including the parents, as required by subsection (e). (Subsection (e) refers to parental consent.)” (20 U.S.C. sec. 1436.)*

**Discussion:** Legally, the main difference in assessment requirements for infants and toddlers, as compared to older children, is that the assessment is to be family directed, and focuses on the resources, priorities, and concerns of the family. The goal is to determine supports and services needed to help the family meet the child’s developmental needs. (20 U.S.C. sec. 1431 et seq.\*)

Another key factor in assessing infants and toddlers is to utilize techniques that are compatible with a young child’s social and emotional development. For example, developmentally young children do not attend for long periods of time, are not yet able to perform behaviors upon request, and are most comfortable in familiar surroundings with parents or regular caretakers present. (20 U.S.C. sec. 1431 et seq.\*)

\* et seq: (Latin) "et sequentes" "et sequentia" "and the following" denominates page reference and statutory section numbers.

**Best Practice:** Developmental scales, checklists, and structured interview tools are the most appropriate types of formal assessment tools for infant/toddler assessments. Many of these cover multiple disciplines and can be administered by a variety of professionals. Therefore, careful assessment planning will identify which professional is going to utilize a particular tool so the results can be shared with other team members. This not only saves time for the team of assessors, but minimizes stress and effort on the part of the child and family. The adapted physical education specialist is advised to be prepared to utilize information from direct observations of the child, or reported observations of others or review of existing records. The assessment is the beginning of

the consultative relationship with the family. Therefore, building rapport and taking time to understand the concerns and needs of the family are extremely important at this stage.

Refer to Appendix D for a list of assessment tools considered to be generally appropriate for infants and toddlers.

**7.5 STANDARD: Adapted physical education services for infants and toddlers with disabilities utilize developmentally appropriate curriculums, activity based instruction and collaborative consultation models with families, caretakers and other members of the multidisciplinary team.**

**Legal Reference:** The federal law does not mention a specific curriculum or curriculum type. However it emphasizes that the purpose of early intervention is to promote all aspects of development of an individual infant or toddler with a disability. Therefore, it implies that a developmental curriculum is necessary. (20 U.S.C. sec. 1431 et seq.\*)

The federal law emphasizes family involvement and natural environments through sections describing the IFSP and specific wording in other sections. In addition, it specifies a multidisciplinary team approach. Therefore, a collaborative consultative method for delivering adapted physical education services is likely to be the most appropriate for most infants and toddlers with disabilities. (20 U.S.C. sec. 1431 et seq.\*)

Under sec. 95020(a), “...*Each eligible infant or toddler shall have an individual family service plan. The individual family service plan shall be used in place of an individualized program plan required pursuant to sec. 4646 and 4646.5 of the Welfare and Institutions Code, the individual education plan requires pursuant to sec. 56340 of the Education Code, or any other applicable service plan.*”

**Discussion:** The main goal of adapted physical education programs for infants and toddlers with disabilities is to assist them and their families in developing and using motor skills. The motor modality is critical in enabling young children to explore and learn about their world. At this age, learning through activities and exploration is perhaps more important than at any other stage of development. Children at this stage of development learn through daily activities and interactive experiences with their environment. Therefore, learning ought to take place within that context and must be facilitated by regular caretakers, including parents, family members, and any child care providers that may be involved.

\* et seq: (Latin) "et sequentes" "et sequentia" "and the following" denominates page reference and statutory section numbers.

**Best Practice:** Using an activities based instructional approach, the adapted physical education specialist can select from a variety of models, or can combine models, in order to assist with the development of motor skills in infants and toddlers with disabilities. For example:

- Set up a motor development lab at a school, preschool or child care center and bring young children and their families/caretakers in to use it in small group sessions.
- Go to the home, local park, child care facility, play group, parent co-op or other natural settings to explain and/or demonstrate age appropriate activities.

- Conduct parent/caretaker training sessions with or without children present.
- Team teach with other members of the multidisciplinary team.

Other roles and responsibilities of the adapted physical education specialist may include:

- Assisting with the planning and implementation of smooth transitioning of a toddler to a preschool model and setting.
- Assisting parents, caretakers, or other team members in adapting equipment or obtaining specialized equipment that can be used in motor development activities based on individual needs.
- Provide suggestions for incorporating motor activities within daily routines.
- Collaborating with other team members to design activities that meet multiple needs (e.g., combining language and motor goals; combining play and physical therapy goals).

Below is a list of resources for this age group. For a detailed list refer to Appendix C.

- AEPS (O-3 Assessment, Evaluation, Programming Systems) Diane Bricker
- Baley Scales of Infant Development
- Battelle Developmental Inventory
- Brigance Diagnostic Inventory of Early Development
- CARE –R
- DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families
- Developmental Guidelines for Infants with Visual Impairments. Lueck, A. H., Chen, D., and Keklis, L. S., (1997), Louisville: American Printing House for the Blind, Inc.
- Developmentally Appropriate Practices for Young Children-Revised. Bredekamp and Copple Editors
- Hawaii Early Learning Profile (HELP)
- Meeting Early Intervention Challenges: Issues from Birth to Three
- Peabody Developmental Motor Scales
- Pediatric Adapted Physical Education for Infants, Toddlers and Preschoolers. Cowden, Jo and Bobby Eason. University of New Orleans
- National Association for the Education of Young Children, 1509 16<sup>th</sup> Street NW, Washington, DC 20036-1426. Phone: (800) 424-2406, Website:
- National Early Childhood Technical Assistance System (designed to help States regarding the interpretation of the federal mandates of IDEA '97 Part C)
- Resources for Family Centered Intervention for Infants, Toddlers, and Preschoolers Who are Visually Impaired, Volume Two. Morgan, E. C. editor, (1992), Logan: SKI\*HI Institute Department of Communicative Disorders, Utah State University
- The Carolina Curriculum for Handicapped Infants at Risk. Johnson-Martin, et. al., 1986

## **CHAPTER 8 - TRANSITION TO ADULT LIFE**

<b>8.1 Standard: Students who receive Adapted physical education services shall have an Individual Transition Plans (ITPs) beginning at age 14.</b>
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**Legal Reference:** Sec. 56345.1(a) through (d) describes the Individual Transition Plan, which must be included in the student's IEP at age 14. It states in part: The term "transition services" means a coordinated set of activities for an individual with exceptional needs that does the following:

- (1) Is designed within an outcome-oriented process, that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment, including supported employment, continuing and adult education, adult services, independent living, or community participation.*
- (2) Is based upon the individual pupil's needs, taking into account the pupil's 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. (Sec. 56345.1(c))*

**Discussion:** The IEP team becomes the ITP team at or before the student reaches the age of 14. The ITP team retains the responsibility for making educational decisions regarding the student. This responsibility includes the determination of DIS service needs. The availability of the full continuum of special education services continues to be a requirement. (Sec. 56345.1.)

For students with a transition plan, physical education program planning and curriculum options shift away from a school site model, toward a community or post-secondary education setting. Goals and objectives for physical education fall primarily within the areas of recreation/leisure and physical fitness skills necessary to support vocational, health, or daily living activities and community participation. In addition, they are based on meeting student needs in line with his/her interests and preferences. (Sec. 56345.1.)

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 become aware of his/her movement strengths and needs. Additionally, the student may become aware of the resources for pursuing movement goals that are available within the community or post-secondary education setting. Programming in the area of community living might focus on helping the student experience or access

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

community programs or facilities offering physical activities (e.g., YMCA, parks, fitness clubs, or community college classes.) In the area of employment, physical education programming might focus on physical and motor fitness necessary to perform ones job duties, or to travel to a job site. (Sec. 56345.1.)

**Best Practice.** Even if adapted physical education is the only service a student receives, an ITP must be developed. Students who receive adapted physical education, shall have an ITP by the age of 14. (Sec. 56345.1.)

**Adapted Physical Education:**

Recreation and fitness activities are usually conducted off campus, for at least part of the time (e.g. recreation center, community swimming pool, fitness center, YMCA, etc.)

The adapted physical education specialist's role is to facilitate the student's use of community recreation and fitness resources. To achieve this, the adapted physical education specialist 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 education specialist. The adapted physical education specialist might attend the class two or three times at the beginning of each quarter, and then meet with the other specialists once per month. (5 CCR sec. 3051.5.)

The adapted physical education specialist may collaborate with the Community College physical education teacher, and attend the class once out of the three times it meets per week. As part of the assessment process the adapted physical education specialist might include a recreational interest survey and interview/discussion with the student. This would help to identify the student's interests, preferences, and awareness of strengths and needs.

**Specially Designed Physical Education:**

- The adapted physical education specialist might share resources with the special education teacher or community recreation leader.
- The adapted physical education specialist might meet with the special education teacher prior to the beginning of the semester to help plan community based physical activities. (5 CCR sec. 3051.5.)

**Physical Education/Adult Physical Activity:**

- The student takes part in programs in the community or institution of higher learning. The student is able to access and regularly participate in physical activities.
- The student participates independently in disability sport. (5 CCR sec. 3051.5.)

**8.2 Standard: The type of physical education program in which a student with an ITP participates, will be documented on the ITP.**

**Legal Reference:** Sec. 56345.1

**Discussion:** The ITP can be considered an IEP with additional information. Therefore, it should include the type of physical education program (e.g., adapted, specially designed, etc.) in which the student participates. Furthermore, frequency of service, location and goals and objectives should be indicated if the student receives adapted physical education services.

**Best Practice:** Adapted physical education services on an ITP are likely to differ from those on an IEP in the following ways:

- Activities are more frequently conducted in community or post-secondary settings.
- Goals and objectives will be more closely related to the student's interests and preferences.
- Activities will be part of a coordinated set of activities that promotes movement from school to post-school living.
- Relatively greater amounts of collaborative consultation and lesser amounts of direct instruction are appropriate.

When writing goals and objectives the adapted physical education specialist should keep these differences in mind. For examples of appropriate goals and objectives and ITP forms, please refer to Appendix P.

## **CHAPTER 9 - PROGRAM AND ADMINISTRATIVE CONSIDERATIONS**

### **LOCAL PLAN**

**9.1 STANDARD: Each SELPA is to develop policy and implementation procedures within their local plan which describe all Designated Instruction and Services (DIS) including adapted physical education (APE).**

**Legal Reference:** *Each special education local plan area (SELPA) submitting a local plan to the superintendent under this part shall demonstrate that it has in effect policies, procedures, and programs that are consistent with state laws, regulations, and policies. (Sec. 56205.)*

**Discussion:** The California Department of Education, in conjunction with professionals in the field, recommends the following be considered when determining the appropriate physical education service(s) for children who are eligible for special education. Before a referral to special education is made, adaptations, accommodations, and modifications within the existing general education program should be tried and documented when the student, who is receiving general physical education, has a suspected disability which appears to be affecting movement performance and participation. Appropriate and meaningful intervention strategies should be based on the child's needs, age, and curriculum content. These strategies should be documented and reported along with the outcomes for a designated period of time before a referral to adapted physical education is made. (Sec. 56303.)

**Best Practice:** It is recommended that the Adapted Physical Education specialist: (a) ask for a copy of the local plan and provide input for its revision when requested; and (b) follow identified student study team (SST) procedures. Furthermore, it is recommended that all general physical educators (a) be aware of their responsibility to serve all children; (b) receive training in the SST process and receive support for utilizing it when necessary; and (c) be aware of accommodations and modifications that are appropriate for their classes.

Adapted physical education specialists are advised to develop a working relationship with general physical educators and assist in providing suggestions for accommodations and modifications as well as the implications of various disabilities on physical performance. The adapted physical education specialist does not need to be "on call" at all times for individual consultations and requests. The following are some suggestions that will help to manage the time needed for the provision of resources and instructional interventions.

- Maintain a resource library that can be housed within one of the school's libraries.

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

- Maintain an information board that is accessible to general physical educators, for posting of new resources, games, and other information.
- Participate in physical education department or school site staff meetings and training.
- When appropriate, provide in-service training sessions for general physical educators.
- Identify lead teachers at each school to assist with general physical education accommodations and modifications and distribution of information.
- Post messages on a web site, electronic message board, online forum, school bulletin, or in a newsletter.

## FUNDING

**9.2 STANDARD: Children who are identified as an individual with exceptional needs are included in the state child count and may receive adapted physical education as a Designated and Instructional Service.**

**Legal Reference:** *Children receiving adapted physical education, as indicated on their IEP, are included in the state child count as an individual with exceptional needs within the eligible categories. (5 CCR sec. 3030 and 3051.5.)*

**Discussion:** If a student is classified as an individual with exceptional needs and is receiving Adapted Physical Education services, it is imperative that this is indicated on the current IEP and that this information has been put into the current data base. This will enable the LEA to accurately keep parents informed, account for DIS services, and receive appropriate special education funding. (Sec. 56345.) (Occasionally there may be exceptions to this when a 504-accommodation plan is involved.)

**Best Practice:** It is advised that all students receiving Adapted Physical Education be made available to all Adapted Physical Education Specialists for review; and that this information be provided at least a month prior to the December 1, and April 1, student count deadline.

Accurate Designated and Instructional Services information, provided in a timely manner, will ensure accurate management information data. It is also recommended that accurate dates for entering and exiting adapted physical education are communicated to all staff involved with processing student counts.

## CASELOAD

**9.3 STANDARD: Actual caseload numbers will vary based on a number of factors and are determined by each SELPA within the Local Plan.**

**Legal Reference:** Sec. 56200 - 56208

**Discussion:** There is no maximum caseload established for adapted physical education in state or federal statutes or regulations. Caseloads that prevent the adapted physical education specialist from providing the instruction in accordance with the time and frequency indicated on the child's IEP would be out of compliance with state and federal statute and regulations.

Actual caseload numbers will vary based on a number of factors, including, but not limited to those listed below. Adapted physical education specialists may be key people to consult in determining other factors impacting each SELPA.

- Contractual agreements for certificated staff established by individual school districts, county offices of education, or SELPAs defining optimum class/caseload norms and procedures.
- Time needed for assessment and identification.
- Number of schools.
- The number of classes, instructional time or contact hours needed to provide service to assigned students as specified in IEP.
- Varied number of days per week each student receives services.
- Parent requests.
- Amount of time spent providing collaborative and consultative services for general physical education including SST, 504 plans, modified and specially designed physical education.
- Travel time and distance between sites, parking, ingress and egress procedures.
- Assignment type (Itinerant or site based).
- Urban, rural, or suburban conditions.
- Availability of equipment and facilities.
- Mobility of students.
- Availability of resources, such as training and collaboration of support staff, equipment, instructional aids, clerical assistance and technology (e.g., lap top computers).
- Accessibility to student based on school, class, and individual student schedules.
- Additional services or expectations required by administration or other factors.
- Political and social expectations of specific assignments.
- Awareness of calendar differences between schools and districts.
- Case management and coordination among site administrators.
- Full time or part time assignment equivalency.

**Best Practice:** Actual caseloads are determined at the SELPA level. The best practice is to first consider all of the above listed factors and determine the impact on each adapted physical education specialist. There will be a wide range of caseloads. A statewide survey of Adapted physical education programs found that the median caseload across the state was 50 students. Adapted physical education specialists should be involved in determining actual assignments and caseloads. See Appendix I for Scheduling Suggestions and Student IEPs.

## NUMBER OF SITES

**9.4 STANDARD: An appropriate number of sites would allow the adapted physical education specialist to provide effective instruction in accordance with the time, frequency and location as indicated on each child's IEP.**

**Legal Reference:** The IEP shall include the projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications included in the individualized education program. (Sec. 56345(6).)

**Discussion:** There is no state or federally established number of sites that can be effectively served by an adapted physical education specialist. An appropriate number of sites would allow the adapted physical education specialist to provide effective instruction in accordance with the time and frequency indicated on the child's IEP and avoid noncompliance and due process issues.

Some factors to consider when determining the number of sites an adapted physical education specialist can serve effectively are:

- Caseload.
- Number of contact hours needed for each child; preschool through secondary.
- Intensity of child needs.
- Travel time required.
- Number and size of groups or classes.
- Assessment time; different time allowances for duplicated versus unduplicated count.
- Time required for consultative and collaborative services.
- Case management and coordination among site administrators.
- Availability of support from instructional aides and other staff.
- Full time or part time assignment equivalency.

**Best Practice:** The number of sites is best determined by the level of the students (elementary, middle, high school) and variations in the frequency of service provided. It is advised that high school students receive adapted physical education daily; therefore, fewer sites would be assigned to that adapted physical education specialist. Based on a statewide survey of Adapted Physical Education programs the average number of sites is 5 - 7. Number of sites may vary as determined by the factors listed in the discussion section.

## FREQUENCY OF SERVICE

**9.5 STANDARD: All children are required to participate in 200 minutes per 10 days for elementary, and 400 minutes per 10 days for secondary, of physical education instruction.**

**Legal Reference:** *All children are required to participate in 200 minutes per 10 days for elementary, and 400 minutes per 10 days for secondary, of physical education instruction, unless excused or exempt under sec. 51241. Direct adapted physical education service may be provided for all or a part of the required physical education minutes in which the focus of instruction is on the stated goals and objectives/benchmarks. The remainder of the required number of minutes for physical education instruction may be provided in general, modified, and/or specially designed physical education for 200 minutes every 10 school days for elementary and 400 minutes every 10 days for secondary level students. The IEP should clearly indicate the total number of minutes in each service delivery model. (Sec. 51222, 51241, 51246, 51210, 56345(a)(b) and 34 CFR sec. 300.307.)*

**Discussion:** The general classroom teacher, general physical education teacher, or special day class teacher should be aware of the goal(s) stated on the IEP and should reinforce skills taught by the adapted physical education specialist. The IEP team should indicate on the IEP how

coordination would occur between school personnel. It is the responsibility of the district administration to ensure that the student receives the 200/400 minutes of physical education instruction inclusive of adapted physical education instruction. (Sec. 56345.)

**Best Practice:** It is recommended that all general and adapted physical education teachers, with administrative support, work together to ensure that all students receive daily physical education instruction and meet the 200/400 minute requirement.

**9.6 STANDARD: Frequency of Adapted Physical Education services may change for an individual student and must be dependent upon need.**

**Legal Reference:** (a) *General Provisions.*

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

*Designated instruction and services, when needed as determined by the individualized education program, shall include the frequency, location and duration of services. (5 CCR sec. 3051.5.)*

**Discussion:** The needs of children change. As the goals and objectives change, the frequency of Adapted Physical Education services may need to be decreased or increased. Students, transitioning to other physical education settings, may only need Adapted Physical Education services once every 2, 3 or 4 weeks as the responsibility of providing access to core curriculum shifts to other teachers. Students, who are in a transition program, may best be served less frequently in community-based settings that address the transition needs of the student. In other cases, attendance in a special education class on an integrated site may require more Adapted Physical Education services to help the student participate with non-disabled peers while this same student, who attended school on a segregated site, received appropriate physical education in a specially designed program with limited Adapted Physical Education services.

**Best Practice:** Determine the needs of the student and identify the appropriate amount of Adapted Physical Education service the student needs to make progress toward goals and objectives. When identifying the frequency of service, the specialist may choose to identify the minimum number of sessions per year or may identify the average frequency of service per month on the IEP. When scheduling, the specialist could schedule classes at a higher frequency or identify weekly blocks of time which may be used for additional service to ensure that the minimum need is met as school holidays, breaks, and special school events will affect the availability of the student to receive service.

**9.7 STANDARD: Adapted physical education services can be provided using various methods and in different educational settings.**

**Legal Reference:** (a) *General Provisions.*

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

*Designated instruction and services, when needed as determined by the individualized education*

*program, shall include the frequency and duration of services. (5 CCR sec. 3051.5.)*  
*Instructional Aide: The role of the instructional aide in adapted physical education is to assist and supplement the adapted physical education specialist or classroom teacher in carrying out supportive instruction in ...improving the quality of educational opportunity for pupils... (Sec. 45341). The term "instructional aide" is defined in sec. 45343.*

**Discussion:** Adapted physical education services can be provided in many settings. The most common is a program taught by an adapted physical education specialist credentialed to teach adapted physical education. In this situation, the Adapted Physical Education specialist often teaches a small group of students independently.

At times, instructional aides assist an Adapted Physical Education specialist. These professionals may include special education instructional aides from the child's classroom, the student's one-on-one instructional aide, or perhaps an Adapted Physical Education instructional aide. In instances, when the aide assists the Adapted Physical Education specialist with implementation of the lesson, adapted physical education services are being provided. This concept can be expanded as the aide may provide services in one location on campus or in a community setting while the Adapted Physical Education specialist is working with other students at a different location on campus or in the same community setting. At times, the Adapted Physical Education specialist and paraprofessional may work collaboratively with the student(s) and then the aide could provide adapted physical education services at another time(s) during the week by following the lesson plan as provided by the Adapted Physical Education specialist. The paraprofessional must be under the direct supervision of the Adapted Physical Education specialist and is not responsible for developing lesson plans and selecting methods of instruction. This role for instructional aides/assistants and the resulting service model both exist in special education for the resource specialist program and for the designated instruction and service of speech and language services.

Another method of providing adapted physical education involves the collaborative consultative model. In these instances, the Adapted Physical Education specialist team-teaches with another credentialed teacher, special or general education, at the frequency necessary for the student to make progress toward the attainment of adapted physical education goals and objectives. These settings include specially designed and general physical education and afford the student more opportunity to participate in physical education with their peers and non-disabled peers. When the Adapted Physical Education specialist is not present during the lesson, the other teacher is responsible for the lesson and the student's physical education setting then matches that of the class. In these situations, the instructional assistants/aides work under the supervision of the teacher of the class.

No minimum frequency of adapted physical education service exists in federal or state law for the service to be identified on a student's IEP. A student may receive services twice per week, twice per month, or even once per month. LEAs may determine a minimum level of service such as 30 minutes per month of direct service. Therefore, if the specialist collaborates with another teacher and only sees the student once per month, the student would have Adapted Physical Education goal(s) and objectives(s) that would need to be monitored by the Adapted Physical Education specialist and the frequency of Adapted Physical Education service would be once per month. Extreme care needs to be exercised as an Adapted Physical Education

specialist's caseload could be significantly impacted by such a service model. Time considerations must be given for the amount of collaborative consultation needed for the student to make progress towards Adapted Physical Education goals and objectives.

**Best Practice:** Identification of the frequency of adapted physical education service on the IEP may adequately reflect the type of Adapted Physical Education service and who is delivering these services to the child. In addition, other physical education settings responsible for providing access to core curriculum ought to be considered by the IEP team. Accurately informing parents of the specific elements of service delivery, benefits the child and facilitates the implementation of the IEP.

**9.8 STANDARD: All children in grades 5, 7, and 9 shall be given a physical performance test.**

**Legal Reference:** *During the month of March, April, or May the governing board of each school district maintaining any of grades 5, 7, and 9 shall administer to each pupil in those grades the physical performance test designed by the State Board of Education. Each physically handicapped pupil and each pupil who is physically unable to take all of the physical performance tests shall be given as much of the test as his or her condition will permit. (Sec. 60800)*

**Discussion:** One of the goals of physical education instruction is to teach students to maintain a health enhancing level of physical fitness. Students with disabilities can meet this goal, but may require additional program supports, accommodations, or modifications. There are several resources available to assist physical educators in this regard. Examples include Physical Best and Individuals with Disabilities, Project UNIQUE and Brockport Physical Fitness test. These and other resources for adapted physical fitness testing are listed in Appendix C and D, Assessment Tools and Tests by Ages.

**Best Practice:** Adapted and general physical educators should work together, with the support of administration, to insure that all students, including those with disabilities, receive accurate and timely physical performance testing, and that reporting of test results complies with State laws. It is recommended that the adapted physical education specialist be available to consult with general physical educators and provide information on adapted physical performance testing. Suggestions include:

- Maintain a library of adapted physical fitness tests and teaching manuals. Provide general physical educators with access to your library.
- Give formal or informal inservices to general physical educators on the topic of adapted physical performance testing.
- Provide clear, specific instructions for individual students who need adapted physical performance testing.
- Participate in physical performance testing and reporting.
- Use physical performance test data in physical fitness instruction and encourage other physical educators to do the same.

**9.9 STANDARD: A high school student who requires Adapted Physical Education as stated on his/her IEP, should continue to receive adapted physical education even if he/she has met the graduation requirements for physical education.**

**Legal Reference:** It is the responsibility of the LEA to provide all services indicated on the IEP. (Sec. 56345.)

**Discussion:** The student has met the physical education requirements for graduation. Based upon the present level of student performance and the consensus of the IEP team the student can continue receiving Adapted Physical Education services. The parent needs to concur with the decision. (Sec. 56345.)

If the student continues to qualify special education and needs adapted physical education service, but wishes to focus on other areas, he/she may elect to take other courses or class electives. This decision is based on the consensus of the IEP team and the parents that adapted physical education services be discontinued at this time. (Sec. 56345.)

**Best Practice:** Advise IEP team member to consider whether APE should be continued or terminated with respect to:

- the best interest of the student.
- meet legal requirements for provision of a free appropriate public education and least restrictive environment.
- meet SELPA policies and procedures.

## **CHAPTER 10 - CURRICULUM AND INSTRUCTION**

### **ADAPTED PHYSICAL EDUCATION CURRICULUM STANDARDS**

In the spirit of the Americans with Disabilities Act and IDEA, individuals with disabilities shall be given equal access to every opportunity afforded to the general population. With this spirit in mind, individuals with disabilities should be exposed to as much of the General Physical Education Program as they are able to accommodate.

As a result of educational reform, curriculum standards are being written for the various subject areas. The curriculum standards provide the basis for curriculum as the curriculum is written from the standards. Curriculum standards indicate what students, at a given grade level, should know and be able to do. The National Association on Sport and Physical Education (NASPE) of the American Alliance of Health, Physical Education, Recreation, and Dance has written grade level standards for physical education (1995). Consideration should be given to NASPE standards for general physical education when considering these Adapted Physical Education Curriculum Standards. Special Education Association of County Offices, (SEACO) offers alternative curriculum also using NASPE standards for students with moderate to severe disabilities.

In 1998, the California Department of Education published “Challenge Standards for Student Success: Physical Education.” These standards were part of a special project in California and the Physical Education Challenge Standards are a companion document to the Physical Education Framework (1995). The Adapted Physical Education Curriculum Standards that follow have been written by the Adapted Physical Education Guidelines Committee using the California Challenge Standards for Physical Education, the Physical Education Framework, and the NASPE Standards.

***The following standards have been developed for students who require an adapted physical education service and cannot safely and successfully participate independently in the general physical education program. Adapted Physical Education is designed for students to actively participate within the least restrictive environment. Refer to Appendix F, Curriculum Benchmarks Examples.***

### *Movement Skills and Movement Knowledge*

#### **Curriculum Standard 1**

The student will be exposed to a variety of movement activities and will become competent in several, depending on student ability.

#### **Curriculum Standard 2**

The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these while moving.

#### **Curriculum Standard 3**

The student will achieve and maintain a health-enhancing level of fitness.

#### **Curriculum Standard 4**

The student will regularly experience recreation/leisure and fitness activities.

### *Self-image and Personal Development*

#### **Curriculum Standard 5**

The student will demonstrate appropriate behavior while participating in movement activities.

#### **Curriculum Standard 6**

Students will apply recreation/leisure and fitness skills to other life activities.

### *Social Development*

#### **Curriculum Standard 7**

The student will demonstrate appropriate interaction with others while participating in movement activities.

#### **Curriculum Standard 8**

The student will experience a variety of multicultural movement activities.

*These eight standards are repeated at each grade level (K-12) and have from two to seven exit expectations for each standard. These exit expectations are sequential and age and grade level appropriate and reflect the grade level theme. Refer to Appendix F.*

## MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE

**Curriculum Standard 1:** The student will be exposed to a variety of movement activities and become competent in several, depending upon ability.

The intent of this standard is the development of movement competence and proficiency, within the student's capabilities, based upon his/her disability. Movement competence implies the development of sufficient ability to enjoy participation in physical activities and establishes a foundation to facilitate continued motor skill acquisition and increased ability to engage in appropriate motor patterns in daily physical activities. The development of proficiency in a few movement forms gives the student the capacity for successful and advanced levels of performance to further increase the likelihood of participation. In the primary years, students develop maturity and versatility in the use of fundamental skills (e.g., running, skipping, throwing, striking) that are further refined, combined and varied during the middle school years. These motor patterns, now having evolved into specialized skills (e.g., a specific dance step, chest pass, catching with a glove), are used in increasingly complex movement environments (e.g., more players or participants, rules, and strategies) through the middle school years. On the basis of interest and ability, high school students select a few activities for regular participation within which proficiency will be developed. In preparation for adulthood, adapted physical education students should have acquired as much of the basic skills to participate in a wide variety of leisure and work-related physical activities and advanced skills, as their abilities will accommodate.

**Curriculum Standard 2:** The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.

This standard concerns the ability of the learner to use cognitive information to understand and enhance motor skill acquisition and performance. This includes the application of concepts from disciplines such as motor learning and development, sports psychology and sociology, biomechanics, and exercise physiology. Specifically this would include concepts like increasing force production through the summation of forces, effects of anxiety on performance, and the principle of specificity of training. Knowledge of such concepts and practice applying these concepts enhances the likelihood of independent learning and therefore more regular and effective participation in physical activity. During the lower elementary years the emphasis is placed on establishing a movement vocabulary and initial application of introductory concepts (e.g., force absorption, principles governing equilibrium, application of force). Through the upper elementary and middle school years the emphasis is placed on learning more and increasingly complex concepts. In addition, emphasis is placed on applying and generalizing these concepts to real-life physical activity situations (e.g., managing stress, effect of growth spurt on movement performance). During the high school years the student should possess sufficient knowledge of concepts to independently and routinely use a wide variety of increasingly complex concepts (e.g., performance trends associated with learning new motor skills, specificity of training). By graduation the student should have, within the limitations of his/her capacity, developed sufficient knowledge and ability to independently use their knowledge to acquire new skills while continuing to refine existing ones.

**Curriculum Standard 3:** The student will achieve and maintain a health-enhancing level of fitness.

The intent of this standard is to instill in the student an understanding of the need for a health enhancing level of personal fitness. In addition to afford the student the knowledge and skills necessary to pursue an active healthy lifestyle with provision of the necessary supports. This includes an understanding of the concepts of exercise physiology, human growth and development, the specific nature of their disability and the challenges it presents and the motor learning process of skill development. In the elementary school years the focus is on body parts, vocabulary and function. In addition an understanding that not all individuals develop at the same rate and that all individuals have strengths and weaknesses. Finally, through a variety of challenging but fun aerobic type activities students will, be given the opportunity to establish and maintain a health enhancing level of personal physical fitness. In the middle school years the emphasis is placed on building on the strengths and working to improve weaknesses. Fitness concepts to be explored include specific and complex concepts of exercise physiology including the five components of physical fitness (cardiovascular strength, muscular strength, muscular endurance, flexibility, and body composition), the principles frequency, intensity, and time, and the training principles of overload, progression, and specificity. In the high school years the student will experience assessing his/her own fitness levels and developing a personalized fitness program using all previously learned exercise physiology concepts and principles. By graduation the student will have a general plan for pursuit of their personal fitness needs for the future with all necessary supports and accommodations. They will also be supported in appreciating the need to alter and adjust the plan to accommodate their aging process.

**Curriculum Standard 4:** The student will regularly experience recreation/leisure and fitness activities.

The intent of this standard is to establish patterns of regular participation in meaningful physical activity into adulthood. This standard is the first step in connecting what is done in the physical education class with the lives of students outside of physical education. While participation within the physical education class is important, what the student does outside the physical education class is critical to developing an active, healthy lifestyle. Students are more likely to participate if they have had opportunity to develop interests that are personally meaningful to them. Regularly experiencing recreation/leisure and fitness activities assists the student in discovering the types of activities they enjoy and developing a habit of exercising regularly. Young children need to learn to enjoy physical activity, participate in developmentally appropriate activities that help them develop movement competence and be encouraged to participate in vigorous and unstructured play. As students get older the structure of activity tends to increase and the opportunities for participation in different types of activity increase outside of the physical education class. Attainment of this standard should develop an awareness of those opportunities and encourage a broad level of participation. Cognitive understandings develop from an initial awareness of cause and effect relationships between activity and its immediate identifiable effects on the body to an increased understanding of the role of physical activity on the physiological body, social opportunities and relationships, and emotional well being; and a comprehensive perspective on the meaning of the idea of a healthy lifestyle.

## SELF-IMAGE AND PERSONAL DEVELOPMENT

**Curriculum Standard 5:** The student will demonstrate appropriate personal behavior while participating in movement activities.

The intent of this standard is achievement of self-initiated behaviors that promote personal and group success in activity settings. These include safe practices, adherence to rules and procedures, sport etiquette, cooperation and teamwork, ethical behavior in sport, and positive social interaction. Achievement of this standard in the lower elementary grades begins with recognition of class rules and procedures and a focus on safety. In the upper elementary levels students learn to work independently, with a partner, and in small groups. In middle school students identify the purposes for rules and procedures and become involved in decision making processes to establish rules and procedures for specific activity situations. High school students initiate responsible behavior, function independently and responsibly, and positively influence the behavior of others in physical activity.

**Curriculum Standard 6:** Students will apply recreational/leisure and fitness skills to other life activities.

The intent of this standard is to see that the student is able to take what he/she has learned, in physical education, and apply it, where appropriate, to the other aspects of life. For example, a physical skill can be modified to be utilized in another previously unknown, sport activity or non-sport related physical activity. Another example is the ability to recognize the importance of personal fitness and an understanding of how to include the pursuit of personal fitness into one's lifestyle. A social skill example is cooperative learning, where individuals work together in a positive manner in order to reach a common goal: or the social skill of conflict resolution, where individuals learn to agree to disagree in non-violent manner and work out disagreements in a manner agreeable to all. In the elementary levels, it begins with mastering basic locomotor, non-locomotor, and manipulative skills. It includes working safely in one's own space then working together in small groups, sharing, and waiting one's turn. The concept of learning and following rules begins here. It relates the feelings of fun and pleasure with the achievement of success. In the middle school years it includes application of movement skills and knowledge, basic biomechanical principles, the importance of practice, rules, and social skills to specific individual and team sports activities. At the high school level students refine all these skills and understandings as they select and pursue excellence in one or two movement activities. They also learn to apply previously learned knowledge and physical skills to new, yet untried movement activities. Finally, students understand the importance and benefits of leading an active healthy lifestyle.

## SOCIAL DEVELOPMENT

**Curriculum Standard 7:** The student will demonstrate appropriate interaction with others while participating in movement activities.

The intent of this standard is to develop respect for individual similarities and differences through positive interaction among participants in physical activity. Similarities and differences include characteristics of culture, ethnicity, motor performance, disabilities, physical characteristics (e.g., strength, size, shape), gender, race, and socio-economic status. Elementary school students begin to recognize individual similarities and differences and participate cooperatively in physical activity. By middle/junior high school, students increase their ability to participate cooperatively with persons of diverse characteristics and backgrounds in larger groups. High school students are expected to participate with all people, recognize the value of diversity in physical activity, and develop strategies for inclusion of others. Adapted physical education students are expected to achieve these same standards, if not at the regular grade level, at a time appropriate to their development.

**Curriculum Standard 8:** The student will be introduced to a variety of multicultural movement activities.

This standard is designed to develop an awareness of the intrinsic values and benefits of participation in physical activity that provides personal meaning as seen from the perspective of the individual and individuals and cultures different from that of the student. Physical activity can provide opportunity for self-expression and social interaction and can be enjoyable, challenging, and fun. These benefits entice people to continue and expand participation in activity throughout the life span. Through experiencing movement activities from a variety of cultures, the student can develop a better understanding of the perspective of others.

\*\* The bulk of these standard descriptors is taken directly from the NASPE standards and modified only slightly to accommodate individuals with disabilities. (National Association for Sport and Physical Fitness. 1995. Moving Into The Future: National Standards for Physical Education: A Guide to Content and Assessment. Mosby-Year Book, Inc.)

## METHODS OF INSTRUCTION

### **Adaptation, Accommodation and Modification Applied to Physical Education Programs and Instruction.**

**Legal Reference:** *IDEA specifies that the public agency shall ensure...each teacher and provider is informed of his or her specific responsibilities related to implementing the child's IEP and the specific accommodations, modifications and supports that must be provided for the child in accordance with the IEP. (34 CFR sec. 300.342(b)(3).)*

**Discussion:** Good teaching involves awareness of individual differences and utilization of a variety of strategies to address individual differences within the instructional group. Physical education teachers should attempt to adapt the physical education program to meet the needs of all individuals, including those who have or are suspected to have a disability. Both Federal Law and California Law confirm this by requiring modification of the regular program before identifying a student as needing Special Education.

The term accommodation is used in section 504 of the Rehabilitation Act of 1973, which is a law applied to general education, and requires the provision of equal and effective provision of services for individuals with disabilities. The definition of the terms “accommodation” and “modification” used in various laws, regulations, and guidelines can be confusing.

When speaking of federal laws, there seems to be some consistency emerging in the connotation meant by the use of these terms. There is growing agreement among professionals, that the term “adapt” is an umbrella term, and that “modification” and “accommodation” are two types of “adaptation.” Furthermore, “accommodation” refers to removing the effects of the disability in order to enable the student to achieve the same outcome as the general education student.

Whereas *modification* means to modify the standard, therefore the student continues to participate in general education but the standard of achievement or student outcome is changed. For example, it might be called an “accommodation” to allow a student with paraplegia to use a wheelchair for endurance activities in order to achieve the same aerobic conditioning standard as the rest of the general physical education class. However it would probably be considered a “modification” if a student with asthma is consistently allowed to shoot baskets instead of participate in endurance activities, and is not graded on the same aerobic conditioning goal standard as the rest of the general physical education class.

Using these definitions of the terms “accommodation” and “modification” has the following implications for best practice in implementing physical education programs.

- Modifications should be clearly documented because they allow the teacher to use a different standard for testing and grading the student. When it is clearly understood that the student is being held to a different standard than the rest of the general education students, it usually eliminates fairness issues, and allows for more accurate accountability for instructional outcome.
- Accommodations may need to be documented, but do not effect grading and evaluation of student outcome.

- Altering individual student standards or goals are decisions that should not be taken lightly, as it will alter student outcome. Therefore it should involve careful consideration by a team of educators, parent and student.
- Accommodations can be made by any teacher, and should always be considered in order to provide for individual differences. However, consultation and team input should be available to all teachers to assist them in matching specific accommodations to specific learner needs.

There are a wide variety of activities that are taught in physical education programs, and a variety of individuals needs. Therefore, there are also a very wide variety of accommodations and modifications that can be made. It may be helpful to consider categories of accommodations and modifications within which a specific strategy may be found. The list of categories in Table 7.1, p. 70 is offered to assist teams and individuals in selecting and developing accommodations and modifications to meet individual student needs.

Table 10.1

**Possible Adaptations of the General Physical Education Program.**

Category	Examples
Formation (including space, placement within group, and boundaries of the activity)	<ul style="list-style-type: none"> <li>• Place hard of hearing student near instructor when verbal instructions are given.</li> <li>• Assign a student with asthma, obesity or reduced stamina to infield positions during softball unit.</li> <li>• Reduce the court or field size for student with asthma, obesity, or reduced stamina.</li> </ul>
Change form or language used	<ul style="list-style-type: none"> <li>• Use gestures and demonstration to augment verbal communication.</li> <li>• Provide written list of tasks or steps to a student with attention or auditory memory difficulties.</li> <li>• Assign a peer helper to a student with attention, communication, or reading difficulties.</li> </ul>
Equipment	<ul style="list-style-type: none"> <li>• Use lighter or smaller sports equipment for a student with reduced strength or small stature.</li> <li>• Make multiple pieces of the same equipment available to increase practice time for students.</li> <li>• Use equipment that moves at a slower speed when students are learning a new skill.</li> </ul>
Task or objective (alter skill level to be taught or practiced during lesson)	<ul style="list-style-type: none"> <li>• Reduce the number of repetitions of an exercise for student with reduced strength or mild physical disability.</li> <li>• Set goals for improving individual performance rather than comparing performance with other students.</li> <li>• Allow for additional trials for student with lower skills or mild physical disability.</li> </ul>
Environment including social environment	<ul style="list-style-type: none"> <li>• Assign a peer helper to a student with attention, communication, or reading difficulties.</li> <li>• Teacher selects teams. Do not allow student captains to "choose" teams in front of group.</li> <li>• Provide specific feedback and positive comments from peers or teacher.</li> </ul>
Players (number, groupings of individuals or organize class into stations)	<ul style="list-style-type: none"> <li>• Teacher structures groups to ensure equality and opportunity to contribute/participate.</li> <li>• Assign peers to model, assist, or augment participation.</li> </ul>
Rules (including game rules and class rules.)	<ul style="list-style-type: none"> <li>• Alter rules for inclusion rather than exclusion.</li> <li>• Alter dress code rules during outdoor activities for student who is sensitive to the sun.</li> </ul>

**Curricular Adaptations:**

Curricular adaptations are changes permissible in educational environments which allow the student equal opportunity to obtain access, results, benefits and levels of achievement. These adaptations consist of both accommodations and modifications.

Some curricular adaptations do not fundamentally alter or lower standards or expectations in either the instructional or assessment phases of a course of study and can be designated as “**accommodations.**” These accommodations provide access to participate in the L.R.E. (least restrictive environment) and an opportunity to demonstrate mastery of performance standards.

Accommodations are changes in course content, teaching strategies, standards, test presentations, location, timing, scheduling, expectations, student responses, environmental structuring and/or other attributes which provide access for a student with a disability to participate in a course/standard/test. These accommodations DO NOT fundamentally alter or lower the standard or expectations of the course/standard/test.

Some adaptations do alter or lower standards of expectations and can be termed “**modifications.**” These modifications, although providing access, will necessitate an alternative assessment to achieve accountability for performance. This alternate assessment is individually selected by the I.E.P. team to measure performance on a specific test/course/activity for which the standard or typical expectation of the course/standard/group would be inappropriate.

Modifications are changes in course content, teaching strategies, standards, test presentation, location, timing, scheduling, expectations, student responses, environmental structuring and/or other attributes which provide access for a student with a disability to participate in a course/standard/test, which DO fundamentally alter or lower the standard or expectations for the course/standard/test. (Definitions of accommodations and modifications are from “Assessment and Evaluation of Students with Disabilities: The Legal Requirements that Regular and Special Education Need to Know in Working with Students with Disabilities in the ‘General Curriculum’.” A presentation by Miriam Kurtzig Freedman, M.A., J.D., at the LRP 20<sup>th</sup> National Institute on Educating Individuals with Disabilities, San Francisco, April 1999.)

**Nine Types of Curriculum Adaptations:**

- Quantity: adapt the number of items that the learner is expected to learn or complete.
- Input: adapt the way instruction is delivered to the learner.
- Participation: adapt the extent to which a learner is actively involved in the task.
- Time: adapt the time allotted and allowed for learning, task completion, or testing.
- Difficulty: adapt the skill level or the rules on how the learner may approach the task.
- Goals: adapt the goals, outcomes or expectations while using the same materials.
- Level of Support: increase the amount of personal assistance with a specific learner.
- Output: adapt ways in which the student can respond to instruction.
- Alternative Curriculum: provide different instruction and tasks to meet a learner’s individual goals. (Adapted from Deschenes, C. Ebling, D., and Sprague, J (1994).

**Prompting:**

Movement responses should be initiated by the child. However, in some situations a verbal, visual, or physical prompt may be needed to ensure imitation of a task. Prompts should be as natural as possible and not be used to complete a movement but to assist in generating a movement. Further, promoting procedures are essential for children with motor delays to initiate many movements and essential for attaining their developmental milestones.

When presenting a task use only one presentation; modality at a time. Separate the verbal directions from the demonstration and separate the verbal directions from any hands-on guidance (tactile assistance). Avoid describing while demonstrating, or demonstrating while describing. Also avoid giving verbal directions while you are assisting someone with hands-on guidance. Actions and verbal descriptions are kept separate. As Adapted Physical Education Specialists the concept of simplifying is basically breaking down tasks to their most basic form.

Teachers facilitate when they help children to develop an awareness of movement by combining their actions with thought and language. By asking appropriate questions, teachers can encourage children to think rather than just to respond. The questions that provoke the most thought are divergent or open-ended ones that can have more than one correct answer and don't require a "yes" or "no" response.

**Prompting Hierarchy:**

Prompting is defined as a range of instruction stimuli provided in order to direct an individual toward the performance of a desired response. Prompts range from the least to the most intrusive. The amount of assistance increases with each level in the hierarchy. Refer to Table 10.2. The prompt types are as follows:

1. Natural Cue: Behavior independently occurs as a result of a natural cue to a stimulus in the environment. The individual performs the behavior without any assistance.  
Example: John stands up to take the field when he sees his friends stand up.
2. Gestural Prompt: Physical gestures that may include pointing, beckoning, or shaking one's head to indicate approval or disapproval.  
Example: The referee points toward the goal of the team who will have the ball. Mr. Brown stands next to a student at the starting line and points in the direction that the student should run.
3. Indirect Verbal Prompt: The instructor uses words to imply that some behavior needs to occur.  
Example: Mrs. Green says, "Class, what do we do after warm up exercises?" Students understand it is time to go to assigned stations.
4. Modeling: Performing the desired behavior in order to encourage the initiation of that behavior by the individual.  
Example: A peer helper runs beside Sally. A peer helper is positioned in front of Joe to model the stretching exercise.

5. Symbolic (Pictorial or Written) Prompt: Symbols (pictures or words) are presented to guide behavior. Often a sequence of pictures or a list of words is used, combined with the gestural prompt of pointing to the symbol of the desired behavior for that moment in time.  
Example: Michael has 4 pictures of how to do his weight lifting routine. When he appears confused, his teacher gesturally redirects him to the correct picture.
6. Direct Verbal Prompt: The instructor explicitly states the behavior that needs to occur.  
Example: “Boys and girls, please stand up now.” “Jimmy, pick up your glove and go to right field.”
7. Minimal Physical Prompt: Slight physical contact that guides the individual toward the behavior.  
Example: When Phil does not pick up the ball when verbally told to do so, Mrs. Jones lightly touches his elbow. \*Note, depending on the situation, a minimal physical prompt may be less intrusive and facilitate more independence than a direct verbal prompt.
8. Partial Physical Prompt: The instructor physically starts the individual on the desired behavior, and then ceases the physical assistance so the individual may complete the behavior independently.
9. Full Physical Prompt: The instructor physically guides the individual through the entire behavior.  
Example: John’s mother physically positions his hands on the tennis racket and swings his arm to hit a bounded tennis ball.

Table 10.2

**TASK ANALYSIS WITH PROMPT RECORDING**

Student: _____ Name of Task: _____	Observation Dates and Prompts Used		
<b>Task Steps</b>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**Key to prompt types:**

Natural Cue.....N  
 Gestural Prompt.....G  
 Indirect Verbal Prompt.....IV  
 Modeling.....M  
 Symbolic (pictorial or Written) Prompt .....S

Direct Verbal Prompt.....DV  
 Minimal Physical Prompt.....MP  
 Partial Physical Prompt.....PP  
 Full Physical Prompt.....FP

## **CHAPTER 11 - FACILITATING COMMUNICATION WITH OTHER SCHOOL STAFF**

**11.1 STANDARD: Communication exists among all of the individuals providing instruction and services to students with disabilities.**

**Discussion:** Students with difficulty achieving success in school are generally the responsibility of the general education program. Timely identification and provision of the necessary support services is in the best interest of the student. Communication between the general educator, the Adapted Physical Education Specialist, and the site administrators is critical to the acceptance and proper accommodation of the student with special needs. Regardless of the reason(s) that cause students to have difficulty achieving success in school, the general educator must be a key partner in the process if the challenged student is to be placed into his/her classroom.

Many general physical educators identify limited awareness and support as the major reason for their resistance to including individuals with disabilities in their classes. This limited awareness and support falls in several categories including:

- student's legal right to a free and appropriate public education(FAPE);
- general educator's responsibilities to each student under his/her tutelage;
- accommodations/modifications available to the general educator when working with a particular special student;
- student's disability and how to safely accommodate it;
- forms of support and resources available;
- district and site administrators as to their responsibilities to the student and the general educator and how to accommodate their needs and facilitate their success.

It is the responsibility of the adapted physical education specialist to initiate and maintain communication with other professionals as well. Part of this responsibility is to educate and inform the general education faculty about disabled students and their educational needs. Itinerant adapted physical education specialists need to be particularly aware of this responsibility at each of the sites that they visit. It is important to make sure school site staff are introduced to the adapted physical education specialist, and know how to easily contact him/her in order to and coordinate facilities, equipment, instruction, meetings, and student schedules.

**Best Practice:** Preparation and pro-active planning is always a good way to establish effective communication.

Suggestions include:

- Maintaining a positive, friendly approach is helpful to the general educator, the specialist and the students.
- Very early in each school year the site administrator, with faculty & staff, should review:
  - 1) code of student's rights to a free and appropriate public education.
  - 2) general educator's responsibility to each student.
  - 3) various Special Education opportunities available to students.
  - 4) processes for referring students for additional support; Student Study Team (SST), 504 Referral, or Special Education Referral.
- Beginning teachers and new teachers should receive more than a review. For first year teachers this process could be integrated into the New Teacher Orientation or Mentoring Program at the site.
- District and site administrators should make every effort to understand and support the special education services at each school site. This is in the best interest of the general population, the special education student, the general educator, the specialist, the site, and the school district overall.
- It is important to keep lines of communication open between all professionals involved with a special needs student. Special Education services without proper set up and communication leads to the feeling of being "dumped" into a class. This does not lend itself to good teacher morale or a positive educational experience for the student.
  - a. Once all the special programs are in place and running, periodic scheduled meetings of the professionals and/or paraprofessionals involved in each situation should be held to assess progress and to discuss future strategies.
  - b. Utilize informal means of communication between all professionals and paraprofessionals working with a particular student such as: notes, phone calls/e-mail, and daily/weekly report form.
  - c. Regularly communicate with peer buddies and instructional aides.
  - d. General education staff (e.g., Physical Education Dept. Chair, general classroom teacher, principal or designee) should inform Adapted Physical Education specialists of procedures for scheduling of students, use of facilities, or use of equipment.
  - e. All involved should work to maintain an open door policy. (Although Adapted Physical Education specialists rarely have a door -- unless it's a car door -- it is an attitude that encourages communication.)
- District initiated in-services for general educators regarding updates on resources, programs, requirements (e.g., 200/400 minutes of physical education instruction every ten days) information, procedures; methods for making accommodations to enable the student to meet the course standards; methods for modifying course standards to enable the student to be successful. An Adapted Physical Education specialist might assist with this by giving in-services to elementary classroom teachers on physical education topics.
- Create a least restrictive environment for the special education student by informing general educators of ways to modify, adjust, and accommodate tasks and activities.

- Counselors and administrators should make every effort to place students with disabilities in classes that are appropriate to meet the individual needs such as:
  - a. ensuring the safety of the special needs and general education students in the class.
  - b. class size that enable accommodations and modifications to be implemented.
  - c. courses with content that can be adapted to the student's needs.
  - d. balancing special needs student enrollment throughout classes to ensure an appropriate ratio of special needs students to general education students.
  - e. Providing instructional aides, peer tutors, or other support as needed.
- Communication suggestions for the adapted physical education specialists:
  - a. promote additional communication by inviting general educators and administrators to observe lessons and attend professional conferences together and/or bring their classes to join Adapted Physical Education classes occasionally. This provides some inclusion experience for all students.
  - b. teachers of Special Day classes often appreciate provision of general physical education information such as lists of physical education vocabulary (e.g., jump vs. hop, leap vs. jump, locomotor vs. non-locomotor) or playground game rules, or instructions for self-made equipment (e.g., newspaper balls, milk carton scoops, tin can stilts).
  - c. make every attempt to work within each school's general rules. (Obtain a copy of student handbook.)
  - d. attempt to provide cross-curricular activities.
  - e. build time into your schedule to consult.
  - f. ensure general education teachers have access to IEP and Adapted Physical Education Assessment report information on site.
  - g. inform school personnel of times, days of week and phone number where the Adapted Physical Education specialist may be contacted for questions or help. (Leaving schedule and business card at each school may be an efficient procedure.)
  - h. introducing yourself and becoming familiar with classified staff as well as certificated staff will positively contribute to the work of the specialist.
  - i. try to participate in school programs and activities and show you are a part of the school family.
  - j. attend staff meetings or send a letter to introduce yourself to other staff.
  - k. ensure that the general education teacher knows whether the student needs modifications or accommodations or both.
  - l. learn and appreciate other professional's job roles and duties.

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## APPENDIX A

### GLOSSARY OF TERMS

**Accommodations:** Changes made by any teacher in order to provide for individual differences. Accommodations provide access in order to enable the student to achieve the same outcome as the general education student.

**Adapted:** The program is changed to meet the individual needs of the student.

**Adapted Physical Education (working definition):** Adapted physical education is 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. The program is taught by a credentialed adapted physical education specialist who may work collaboratively with other school personnel including general physical education teachers, special day class teachers, and instructional assistants. Consultative services may also be provided to school personnel and others, including parents, medical personnel, and social agencies for the purpose of identifying supplemental aids, services, or modifications necessary for successful participation in the general physical education program or specially designed physical education program.

**Adapted Physical Education Program Advisory:** Guidance for local education agencies or other entities, which is exemplary. “The California Department of Education recognizes that children with disabilities who are eligible for special education and related services have a right to a free and appropriate education to meet their unique needs. It is the purpose of this Program Advisory to describe the variety of physical education services available for children with disabilities. All children, unless excused or exempt under Education Code §51241, are required to have an appropriate public physical education program. Availability of adapted physical education services therefore, should be consistent in all districts, counties, and regions of the state. In addition, these services should be provided in such a manner that promotes maximum interaction between children with disabilities and their non-disabled peers.” EC§51210 and 51222. (Program Advisory)

The California Department of Education recognizes that professional practices in physical education have been developed which are effective in providing quality services for children. The purpose of this advisory is to identify these practices which could be used as guidelines. (Program Advisory)

**Adaptive:** In relation to physical education is a misused term, in that the student is not required to adapt to the program as would be implied with “adaptive physical education,” as in Adaptive behavior.

**Benchmark:** A short-term objective, which is a true indicator of the stated performance.

**Best Practice:** Methods of meeting requirements and/or needs that have been tried and proven exemplary.

**Blended Inclusion Model:** This is a team teaching situation where an adapted physical education specialist and a general education teacher combine their two classes. This usually takes place at the

elementary level with self-contained classes. The goal is to efficiently educate students with disabilities with their non-disabled peers. This type of grouping often enhances the Adapted Physical Education specialist's ability to do the same and may help to facilitate collaborative consultation.

**CBI:** Community Based Instruction

**CCR:** California Code of Regulations.

**CCS:** California Children's Services.

**Child Find:** Legal requirement to actively seek out, find, and serve students with disabilities.

**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.

**Compensatory Education:** Make-up missed services or provide additional services to ensure FAPE.

**CFR:** Code of Federal Regulations.

**CTC:** Commission on Teacher Credentialing.

**Curricular Adaptations:** Changes permissible in environments, which allow the student equal opportunity to obtain success, results, benefits and levels of achievement. These adaptations consist of both accommodation and modifications.

**Developmental Delay:** The term "child with a disability" for a child aged 3 through 9 may, at the discretion of the State and the local educational agency, include a child (1) experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, and adaptive development; and (2) who, by reason thereof, needs special education and related services.

**DIS:** Designated Instruction and Service means specially designed instruction and related services as may be required to assist a student with a disability to benefit educationally.

**Disability:** The term "child with a disability" means a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), deaf/blind emotional disturbance (previously referred to as serious emotional disturbance), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who by reason thereof, needs special education and related services.

**Duplicated:** The student receives other special education services.

**Early Intervention:** A coordinated comprehensive, multidisciplinary set of services designed to promote all aspects of development of the infant/toddler with disabilities (children under three years of age).

**EC:** Education Code.

**FAPE:** Free Appropriate Public Education.

**Formal Assessment:** Use of "...those tests with standardized or uniform conditions or directions..." "...all norm-referenced tests are formal, while criterion referenced tests may be either formal or informal." (1998, Burton and Miller. Movement Skill Assessment, page 99.)

**Handicapping Condition:** This was the original term used in legislation prior to the current legal term for an individual with a disability.

**IDEA:** Individuals with Disabilities Educational Act. The purpose of this Act is: (1) to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related service designed to meet their unique needs and prepare them for employment and independent living; (2) to ensure that the rights of children with disabilities and parents of such children are protected; and (3) to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities. (IDEA; 20 U.S.C. sections 1400 et seq.)

**IDEA 97:** Amendment to the original act, signed by Congress in 1997.

**IEP:** Individualized Education Program.

**IFSP:** Individualized Family Service Plan. This is a written plan for providing early intervention services to a child from birth through two years of age who is eligible under IDEA, Part H and the child's family. It must be reviewed every six months and includes information services (frequency, intensity, methods, dates, and duration), other services, service co-ordination and transition steps.

**Infant and Toddler:** Children under the age of 3 (20 U.S.C. sec. 1471 et seq.).

**Informal Assessment:** Use of "...those tests that cannot be categorized as formal; that is, those that do not have standardized or uniform conditions and directions." Examples of informal Assessment methods include but are not limited to: interviews, review of records, teacher made tests, observations, and questionnaires.

**Instructional Aide:** An Adapted Physical Education assistant or paraprofessional.

**ISP:** Individual Service Plan.

**ITP:** Individual Transition Plan.

**LEA:** Local Educational Agency.

**LRE:** Least Restrictive Environment.

**Modification:** To modify (adjust) the standard allowing the student to continue to participate in general education but the standard of achievement or student outcome or grading criteria is changed.

**Modified Physical Education:** Participation within general physical education by a physical education specialist or general classroom teacher but with modifications such as "no running," "no contact sports," use of crutches," etc. 5cc 3051.5 (a) (note the difference from the definition of Modification).

**M.O.V.E. Program™:** Movement Opportunities Via Education.

**NASPE:** The National Association of Sport and Physical Education of the American Alliance of Health, Physical Education, Recreation and Dance.

**NPS (Non-Public School):** An alternative special education service available to districts, SELPA's, county offices, and parents.

**OCR:** Office of Civil Rights.

**OHI:** Other Health Impaired: *A pupil has limited strength, vitality or alertness, due to chronic or acute health problems, including but not limited to a heart condition, cancer, leukemia, rheumatic fever, chronic kidney disease, cystic fibrosis, severe asthma, epilepsy, lead poisoning, diabetes, tuberculosis and other communicable infectious diseases, and hematological disorders such as sickle cell anemia and hemophilia which adversely affects a pupil's educational performance. In accordance with sec. 56026(e) of the Education Code, such physical disabilities shall not be temporary in nature as defined by 5 CCR sections 3001 (v) and 3030 (f.)*

**OM:** Orientation and Mobility.

**OT:** Occupational Therapist (see Chapter 3, pg. 13).

**Physical Education:** 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. Code of Federal Regulations 300.17

**Physical Education Framework** for California Public Schools Kindergarten through Grade Twelve: Adopted by the California State Board of Education on September 11, 1992. This document expands on the vision of the 1986 "Handbook for Physical Education" that Physical Education be an integral part of the schools educational program. It acts as a guide from which state and local physical education standards are to be taken.

**Physical Education Framework Goals:**

- a) Movement Skills and Movement Knowledge  
Disciplines: 1. Motor Learning  
2. Biomechanics  
3. Exercise Physiology & Health Related Fitness
- b) Self-Image and Personal Development  
Disciplines: 1. Human Growth & Development  
2. Psychology  
3. Aesthetics
- c) Social Development  
Disciplines: 1. Sociology  
2. Historical Perspectives

**PL:** Public Law.

**Private School:** Facility or program chosen and paid for by parents.

**PT:** Physical Therapist (see Chapter 3, pg. 13).

**Related Services:** Services that are necessary for a student with a disability to benefit from his or her special education program and provided on behalf of the student.

**RSP:** Resource Specialist Program.

**School Based Coordinated Programs:** Under school based coordinated programs, administrators have the right to place a general population student with an adapted physical education specialist. The general population student, however, is not a part of the adapted physical education program. Educational accountability may become an issue if administrative assignment is for an extended period of time. Therefore, it is helpful when such assignments are documented on SST notes or a 504 plan

**Screening:** A general education process performed by the classroom teacher with all students to determine whether formal assessment is needed for the purpose of identifying child's needs and potential special education services.

**SDC:** Special Day Class.

**Section 504:** Federal law section of the Rehabilitation Act of 1973, which ensures specific educational rights for children with disabilities. The Office of Civil Rights monitors this program without providing funding.

**SELPA:** Special Education Local Plan Area. An educational region that provides educational services to children within a defined geographic area. A SELPA may include more than one agency.

**S.I.:** Sensory Integration.

**Specially Designed Physical Education:** Physical education programming for a special education class with minimal or limited adaptations provided for the children and taught by the person who normally teaches physical education for this population. 5CCR 3051.5 (a)

**Special Education:** The term “special education” means specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including (A) instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (B) instruction in physical education. (IDEA Sec 602, 25)

**Standards (curriculum):** Competencies defining *what a student should know and be able to do*.

**Standards (program) (Adapted Physical Education):** Legal requirements or best practices, which collectively will standardize Adapted Physical Education programs throughout California.

**Standard Description:** Explains the rationale or justification for the standard.

**SST:** Student Study Team (AKA Student Success Team). A committee of site professionals, community representatives, advocates, parents or guardians that provide an effective support system to classroom teachers, other staff and students for resolving educational concerns.

**SST Process:** This process outlines a cadre of trained professionals, with expertise in child growth and development, instructional strategies, behavior management, and curriculum at a local school, who collect information and meet regularly to discuss and create interventions for students who are experiencing school difficulties. (See Chapter 2, pg. 7-11).

**Temporary Disability:** “...a disability incurred while a pupil was a regular education pupil and which at termination of the temporary physical disability, the pupil can, without special intervention, reasonably be expected to return to his or her regular education class.” (5CCR sec. 3001(v).)

**Test Validity:** The content of the test, tests what it purports to measure. (A. Burton and D. Miller. Movement Skill Assessment, 1998.)

**Transition:** A coordinated set of activities for students at age 14 that promotes movement from school to post school activities.

**Triennial Assessment:** Assessment process required within every three academic years.

**Unduplicated:** The student receives only adapted physical education services.

**U.S.C.:** United States Code.

**Validity of Assessment Results:** Test results accurately reflect the student’s abilities. Making this determination involves selection of appropriate Assessment methods as well as accurate observation of the student’s behavior.

**APPENDIX B**

**CHECKLISTS FOR REFERRAL**

**Appendix C**  
**Assessment Tools and Test Commonly Used**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>	<b>AVAILAB LE</b>
AAHPERD Motor Fitness Testing for the Mentally Retarded	Physical Fitness	Includes: arm strength, abdominal strength & endurance, power, agility, speed & endurance	6-21 yrs. Moderately Retarded	Indiv. 20 min. Group 60 min.	Percentile	AAHPERD, 1900 Association Dr., Reston VA 22091
Adapted Physical Education Assessment Scale (APEAS)	Motor Performance	Test includes: motor development perceptual motor function, motor achievement, posture, fitness	5-18 yrs.	Indiv. 20 min. Group 30 min.	Percentile	Los Angeles USD, 450 N. Grand Ave., Los Angeles, CA 90010
Alberta Infant Motor Scale	Motor Abilities, Early Movement Milestones	58 items performed in 4 positions: prone, supine, sitting, & standing	Birth-18 months	20-30 min.	Criterion Referenced	W.B. Saunders 6277 Sea Harbor Dr. Orlando, FL 32821
Analysis of Sensory Behavior Inventory (Morton/Wolford)	Interview &/or Clinical Observation	Hypo- or hyper- responsivity to sensory input	3 yrs.- adult	15-30 min.	Quantitative Observation	Skills with OT, P.O. Box 1785, Arcadia, CA 91007
Assessment, Evaluation, & Programming System for Infants & Children from Birth to Three Years (AEPS)	Early Movement Milestones, Fundamental Movement Skills, Functional Movement Skills	164 objectives hierarchically organized into 6 curricular domains: fine motor, gross motor, adaptive, cognitive, social-communication	Birth-3 yrs.	15-30 min.	Criterion Referenced	Paul H. Brookes Publ. PO Box 10624 Baltimore, MD 21285-0624
Basic Motor Ability Test	Motor Performance	Nine test items: small and large muscle control, balance, eye-hand coordination & flexibility	4-12 yrs.	Indiv. 15 min. Group 25 min.	Percentile	<b>The Clumsy Child</b> , Arneim, Daniel C.Y. Mosby, St. Louis
Battelle Developmental Inventory (BDI)	Motor Abilities, Early Movement Milestones, Fundamental Movmt. Skills	Identify developmental strengths & weaknesses of children with & without disabilities in infant, preschool & primary programs. Training needed	Birth-8 yrs.	Entire Test 1-2 hrs.	Norm Referenced	DLM, 1 DLM Park Allen, TX 75002
Bayley Scales of Infant Development II	Standardized	Mental: cognitive, language & social. Motor: fine & gross	Birth-3.5 yrs.	1-1.5 hrs.	Standard Mental Developmental & Motor Index	Psychological Corp. PO Box 839954 San Antonio, TX 78283
Brigance Inventory of Early Development	Motor Development	Psychomotor skills: locomotor, balance, strength, ball skills, rhythm & fine motor	Birth-7 yrs.	Varies	Criterion Referenced, Age Norms Available	Curriculum Association, Wobum, MA 01801
Brockport	Physical Fitness	Variety of fitness items, include alternative items for individuals with disabilities	10-17 yrs.	Varies	Criterion Referenced	Human Kinetics Publ. PO Box 5076 Champaign, IL 61825-5076
Bruininks-Oseretsky Test of Motor Proficiency	Motor Ability	Gross & fine motor skills: speed, agility, balance, coordination, strength, dexterity, visual-motor, bilateral coordination	4.5-14.5 yrs.	Complete: 45-60 min. Short: 15-20 min.	Age-Based Standard Score	American Guidance Service, Publisher's Building Circle Planes, MN 55014
Cajon Valley Motor Assessment Instrument	Motor Development, Motor Ability	Gross & fine motor skills measured while student is in various positions. Ability: transferring, maneuvering wheelchair	3 yrs. & up	Indiv. 30-40 min.	Criterion Referenced, Curriculum Related	Cajon Valley School District, 189 Roanoke Rd. El Cajon, CA 92020
California Curriculum for Infants & Toddlers with Special Needs	Norm Referenced	Cognitive, language, social, fine motor, & gross motor	Birth-2 yrs.	Varies	Age Equivalencies	Kaplan School Supply 1310 Lewisville-Clemmons PO Box 609 Lewisville, NC 27023
California Physical Performance Test	Physical Fitness	Tests include: body composition, flexibility, endurance, cardio-respiratory endurance, strength	10-18 yrs.	Indiv. 30 min.	Percentile, T-Scores	California State Dept of Ed PO Box 944272 Sacramento, CA 94244
Callier Asuza Scale	No Standardization	Assessment for blind & multidisabled children in sensorimotor, cognitive, psychosocial, work, play & self care	Birth-7 yrs.	Not Reported	Not Reported	Robert Stillman, Univ. of Texas 1966 Inwood Rd. Dallas, TX 75235
CARE-R Curriculum, Assessment, Resources, Evaluation	Motor Development, Early Movement Milestones, Fundamental Movement Skills & Motor Ability	Curriculum based assessment: gross motor, object control, health & physical fitness, perceptual motor, & fine motor	Birth-17 yrs. Varies for each area	Varies	Age Equivalencies (Age Ranges)	L.A. C.O.E. 9300 E. Imperial Hwy., Downey, CA 90242
Carolina Curriculum for Preschool &	Norm Referenced	Cognitive, language, social, fine & gross motor	2.5-5 yrs.	Varies	Age Equivalencies	Kaplan School Supply 1310 Lewisville-Clemmons

**Appendix C**  
**Assessment Tools and Test Commonly Used**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>	<b>AVAILAB LE</b>
DeGangi-Berk Test of Sensory Integration	Movement Skill Foundations	36 items organized into 3 subdomains: postural control, bilateral integration, reflex integration. Scores can be summed by subdomain or for all items	3-5 yrs.	30 min.	Criterion Referenced	Western Psychological Services, 12031 Wilshire Blvd. Los Angeles, CA 90025
Denver Developmental Screening Test II	Standardized & Normalized	Personal-social, language, gross motor & fine motor	Birth-6 yrs.	15-30 min.	Not Reported	Denver Developmental Medicine, Inc. PO Box 20037 Denver, CO 80220
Developmental Handwriting & Hand Skills Observation (Benboe)	Informal Observation, Structured Observation	Neurodevelopmental sensory & motor function affecting hand skills & handwriting	5 yrs. and up	30-45 min.	Criterion Referenced	Mary S. Benbow AOTA Publications
Developmental Test of Visual Motor Integration Beery (VMI)	Norm Referenced	Visual motor	2-15 yrs.	15-30 min.	Age Equivalencies, Standard Scores, Percentiles	Modem Curriculum Press 13900 Prospect Rd. Cleveland, OH 44136
Erhardt Developmental Comprehension Assessment	Criterion Referenced Informal/Structure d Observation	Praxis, reflexes, fine motor, visual motor, & visual perception				Erhardt Developmental Hand Dysfunction, Laurel, MD
Erhardt Developmental Visual Assessment	Referenced & Informal Observation	Sensorimotor visual perceptual	Not Reported	Not Reported	Not Reported	Erhardt Developmental Assessment, Laurel, MD
Evaluation of Motor Development of Infants	Motor Abilities, Early Movement Milestones	34 skills from 4 spheres of movement: head & trunk, sitting, standing, & locomotion	1 month-onset of walking	Not Reported	Criterion & Norm Referenced	Wolanski & Zdanska-Brincken (1973)
Frostig Developmental	Sensory Motor	Areas measured: eye-motor, coordinations, figure-ground, constancy of shape, body perception, spatial relations	4-8 yrs.	Indiv. 30-45 min. Group 50 min.	Perceptual Quotient, Perceptual Age	Consulting Psychologist Press, Inc. 577 College Ave. Palo Alto, CA 94306
Frostig Movement Skills Test Battery	Gross/Fine Motor	Sensory motor, language, perception, higher cognitive, social & emotional development	K-6th grade	Not Reported	Mean & Scaled Score, Standard Deviation	Consulting Psychologist Press, Inc. 577 College Ave. Palo Alto, CA 94306
Revised Gesell Developmental Schedules	Not Reported	Adaptive, language, social, fine motor & gross motor	4 wks.-36 months	30 min.-1 hr.	Age Equivalencies	Developmental Test Materials 389 Myrtle Ave. Albany, NY 12208
Gross Motor Function Measure (GMFM)	Early Movement Milestones, Fundamental Movement Skills	88 items 5 dimensions: lying & rolling, crawling & kneeling, sitting, standing, walking, running & jumping	Persons with C.P. under 20 years	<1 hr.	Criterion Referenced	Dept. of Pediatrics, Chedoke-McMaster Hosp. McMaster Univ. PO Box 2000, Station A, Hamilton, ON Canada L8N 3Z5
Gross Motor Performance Measure (GMPM)	Early Movement Milestones, Fundamental Movement Skills	20 items from GMFM, each matched with 5 attributes of performance: alignment, stability, coordination, wt. shift, or dissociation	Persons with C.P. under 20 yrs.	<1 hr.	Criterion Referenced	Dept. of Pediatrics, Chedoke-McMaster Hosp. McMaster Univ. PO Box 2000, Station A, Hamilton, ON Canada L8N 3Z5
Harris Infant Neuromotor Test (HINT) Developmental Edition	Movement Foundation, Early Movement Milestones	Identifying early motor deficits & cognitive delays in infants with known risk factors	3-12 months	<30 min.	Criterion Referenced	School of Rehabilitation Sciences Univ. of British Columbia c/o 325-2211 Westbrook Mall Vancouver, BC Canada V6T 2B5
Hawaii Early Learning Profile (HELP)	Structured Observation & Checklist	Cognitive, language, fine motor, gross motor, social-emotional, & self-help	Birth-3 yrs.	30 min.-1 hr.	Age Equivalencies	VORT Corp. PO Box 60132 Palo Alto, CA 94306
Hughes Basic Gross Motor Assessment	Motor Ability	Gross motor ability, static & dynamic balance, motor coordination, locomotor, eye-hand coordination	5.6-12.5 yrs.	Indiv. 15 min.	Mean Scores	Office of Special Education, Denver, CO 80203
I CAN Instructional Management System	Early Movement Milestones, Fundamental Movement Skills, Specialized Movement Skills	A large set of criterion referenced checklist for many skills	Not Specified	Specific to Checklist	Criterion Referenced	PRO-ED 8700 Shoal Creek Blvd. Austin, TX 78757-6897
Jacobs Prevocational Skills Assessment	Not Reported	Sensorimotor cognitive psycho-social work skills	Preadolescent & Adolescent Learning Disabled	Not Reported	Not Reported	Jacobs Occupational Therapy Works Related Programs & Assessments, Boston: Little Brown

**Appendix C**  
**Assessment Tools and Test Commonly Used**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>	<b>AVAILAB LE</b>
Jebsen Taylor Function Test	Not Reported	Self help work and fine motor skills	Child-Adoles	Not Reported	Not Standardized	Sand, Taylor Hill, Korsky & Rawlings (1974). "Hand Function in Children With Myelomeningocele," <i>AJOT</i> , 28(2) 87-90
Koontz Child Developmental Program	Motor Development	Includes performances of skills which lead up primarily to ambulation	Birth-48 months	Varies	Functional Level, Training Activities	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025
Learning Accomplishments Profile (LAP)	Motor Development	Gross motor areas: large muscle coordination, strength, stamina, ambulation, & balance	Birth-72 months	Varies	Criterion Referenced	Chapel Hill - Outreach Prog., U.S. Office of Education, Bureau of Ed. For Handicapped, Washington, D.C.
Michigan Deveopmental Programming for Infants and Young Children	Criterion Referenced	Personal-social communication, cognitive, self-help, gross motor, fine motor, visual motor & integration	Birth-6 yrs.	30 min.	Age Equivalencies	Univ. of Michigan Ann Arbor, MI
Milani-Comparetti Motor Development Screening Test	Motor Skill Foundations	27 items in 6 categories of spontaneous motor behaviors and evoked responses	Birth-2 yrs.	4-8 min.	Criterion Referenced	Meyer Children's Rehabilitation Inst., 444 S. 44th St. Univ. of Nebraska Medical Ctr
Miller Assessment for Preschoolers (MAP)	Movement Skill Foundations, Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	27 core indexes scored for 5 scales: neuromaturational, gross/fine/oral motor, language, memory, problem solving & visual perception, & combined abilities	2.9-5.8 yrs.	30 min.	Norm Referenced	Therapy Skill Builders 555 Academic Court San Antonio, TX 78204-2498
Minnesota Rate of Manipulation Test	Standardized Performance Test	Manual dexterity for vocational evaluation	13-15 yrs. and up	Not Reported	Not Reported	American Guidance Services, Inc., Publ. Bldg. Circle Pines, MN 55014
Motor Control Assessment (MCA)	Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	Assessment of motor control of children with physical disabilities. Uses 5 performance areas: supine, prone, sitting, kneeling, standing & standing up. walking & general coordination	2 yrs. and up	30-60 min.	Criterion Referenced	Steel, Glover, & Spasoff (1991)
Motor Development Checklist (MDC)	Early Movement Milestones	Record spontaneous motor Behavior in persons with severe developmental disabilities	Not Reported	Minimum of 10 min.	Criterion Referenced	Central Wisconsin Center for the Developmentally Disabled, 317 Knutson Dr. Madison, WI 53704
Motor-Free Visual Perceptual Test	Sensory Motor	Spatial relationships, visual discrimination, closure, memory figure-ground	4-8 yrs.	Indiv. 10 min.	Perceptual Age Perceptual Quotient	Academic Therapy Publications, Novato, CA
Motor Skills Inventory (MSI)	Movement Skill Foundations	30 items organized into 5 skill areas: body management, locomotor, body fitness, object movement & fine motor. Also a curriculum	3-16 yrs.	Not Reported	Criterion Referenced	American Guidance Service, 44201 Woodland Rd. PO Box 99 Circle Pines, MN 55014-1796
Movement Assessment Battery for Children Checklist (MABC)	Motor Abilities, Fundamental Movement Skills, Specialized Movement Skills	Used to screen children for possible movement problems, identify children for special services, & research	5-11 yrs.	1-2 wks.	Criterion Referenced	Therapy Skill Builders 555 Academic Court San Antonio, TX 78204-2498
Movement Assessment Battery for Children Test (MABC Test)	Motor Abilities, Fundamental Movement Skills, Specialized Movement Skills	32 items organized into a 4 (age level) x 8 (performance category) matrix	4-12 yrs.	20-40 min.	Percentiles	Psychological Corp., Order Service Center, PO Box 839954, San Antonio, TX 78283-3954
Movement Patterns Achievement Profile	Motor Development	Observation & evaluation: locomotor, jumping, climbing, throwing, catching, balance, & body image	2-6 yrs.	Indiv. 30 min.	Motor Age	<b><i>They Need to be Carefully Taught</i></b> , Evans, Jane R., AAHPERD, 1980
Ordinal Scales	Motor Development	Tests through various substages: strength, mobility, coordination, balance	Birth-11 yrs.	Varies	Age Norm	FOREWORKS Box 9747 North Hollywood, CA 91609
Ohio State Univ. Scale of Intra-Gross Motor Assessment (SIGMA)	Fundamental Movement Skills	Skills tested: walking, stair climbing, running, jumping, hopping, skipping, ladder climbing, throwing, catching, striking, kicking	2-14 yrs.	Not Reported	Criterion Referenced	Tichenor Publ. PO Box 669 Bloomington, IN 47402-0696

**Appendix C**  
**Assessment Tools and Test Commonly Used**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>	<b>AVAILABLE</b>
Peabody Developmental Motor Scales	Standardized	Gross & fine motor	Birth-6.5 yrs.	30 min.-1 hr.	Age Equivalencies	DLM Teaching, One DLM Park Allen, TX 75002
Pediatric Evaluation of Disability Inventory (PEDI)	Self-Administered Questionnaire	Functional skills, self-care, mobility, & social function	3-18 yrs.	30 min.-1 hr.	Scaled Score Age Norms	PEDI, New England Center Publ., Boston (1992)
Physical Best	Physical Fitness	Includes tasks for fitness testing & prudential fitness gram	5-17 yrs.	30-60 min.	Percentiles	AAHPERD 1900 Association Dr. Reston, VA 22091
Project Unique	Physical Fitness	Skills modified for orthopedic and sensory impaired	5-17 yrs.	30-60 min.	Percentiles	Human Kinetics Publ., PO Box 5076, Champaign, IL 61825-5076
Purdue Perceptual Motor Survey	Sensory Motor	Areas tested: balance, posture, body image, motor match, ocular control, form perception	6-10 yrs.	Indiv. 45 min.	Means, Standard Deviations	Charles E. Merrill Publ. Co., 1300 Alum Creek Dr., Columbus, OH 43216
Quick Neruological Screening Test	Sensory Motor	Indicates need for further testing in motor development, muscular control, motor planning, perceptual motor skills	5 yrs. & up	Indiv. 25 min.	Number Score to Use on Chart	Jastak Associates, inc. 1526 Gilpin Ave. Wilmington, DE 19806
Stanford Functional Developmental Assessment	Motor Development	Gross motor development: coordination/strength, balance, locomotion, visual motor	Birth-12 yrs.	Varies	Age Norm	Physically Handicapped Children, Bleck, Eugene, M.D. Grune & Stratten, FL
Test of Gross Motor Development II (TGMD-II)	Motor Development	Provides performance criteria for different locomotor skills & object control skills	3-10 yrs.	Indiv. 15 min.	Percentile, Standard Score	ProEd, 5341 Industrial Oaks Blvd. Austin, TX 78735
Test of Visual Perceptual Skills (n-m) Revised (TVPS-R)	Visual-Perception Using Non-Motor Response	Standardized & normed test, dev. for professionals to determine a subject's visual perceptual strengths & weaknesses based on non-motor visual perceptual testing	4.1-13 yrs.	9-25 min.	Visual-Perceptual, Standard Score T-Score	Psychological & Educ. Publ., Inc., PO Box 520 Hydesville, CA 95547-0520
Test of Visual Perceptual Skills (non-motor) Upper Level (TVPS-UL)	Visual Perception Using Non-Motor Response	A standardized & normed test, developed for professionals to determine a subject's visual perceptual strengths & weaknesses based on non-motor visual perceptual testing	12-18 yrs	Varies	Stand. Scores Scaled Score, T-Score, Percentile Rank, Stanine	Psychological & Educ. Publ., Inc. PO Box 520 Hydesville, CA 95547-0520
Top-Down Motor Milestone Test (TDMMT)	Early Movement Milestones, Fundamental Movement Skills	74 skills organized into 16 sitting, standing, & walking skill heading	Infant-young adult	15 min	Criterion Referenced	MOVE International 1300 17th St.City Centre, Bakersfield, CA 93301
Transdisciplinary Play Based Assessment	Early Movement Milestones, Fundamental Movement Skills	6 phases: unstructured facilitation, structured facilitation, child-child interaction, parent-child interaction, motor play & snack	Birth-72 months	Varies by phase	Criterion Referenced	Paul H. Brooks Publishing PO Box 10624 Baltimore, MD 21285-0624
Visual Motor Integration	Sensory Motor	Measures the ability to copy different shapes: horizontal & vertical lines, circles, crosses, squares, etc.	2-15 yrs.	Group: 15-20 min.	Age Norm	Follett Educational Corp. 1018 W. Washington Blvd. Chicago, IL 60607
Vulpe Assessment Battery (VAB)	Movement Skill Foundations, Early Movement Milestones, Fundamental Movement Skills	Designed for children with disabilities, 8 subtests: basic senses & functions, gross motor, fine motor, language behaviors, cognitive processes, organization of behavior, activities of daily living & the environment	Birth-6 yrs.	1 hr.	Criterion Referenced	National Inst. On Mental Retardation Kinsmen/NIRNR Bldg. 4700 Keele St. North Yorke, ON Canada M3J 1P3

## **APPENDIX D**

### **ASSESSMENT TOOLS AND TESTS BY AGES**

The Guidelines Committee has made a diligent effort to thoroughly confirm that information regarding each of the assessment tools listed below is correct. However, total accuracy cannot be guaranteed, as items go out of print or the publisher of a tool may change from time to time.

**Appendix D.1:  
Assessment for Ages Birth-3**

<b><u>TEST NAME</u></b>	<b><u>TYPE OF TEST</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>AGE</u></b>	<b><u>TIME</u></b>	<b><u>SCORE</u></b>
Alberta Infant Motor Scale	Motor Abilities, Early Movement Milestones	58 items performed in 4 positions: prone, supine, sitting, & standing	Birth-18 months	20-30 min.	Criterion Referenced
Analysis of Sensory Behavior Inventory (Morton/Wolford)	Interview &/or Clinical Observation	Hypo- or hyper- responsivity to sensory input	3 yrs.-adult	15-30 min.	Quantitative Observation
Assessment, Evaluation, & Programming System for Infants & Children from Birth to Three Years (AEPS)	Early Movement Milestones, Fundamental Movement Skills, Functional Movement Skills	164 objectives hierarchically organized into 6 curricular domains: fine motor, gross motor, adaptive, cognitive, social-communication	Birth-3 yrs.	15-30 min.	Criterion Referenced
Battelle Developmental Inventory (BDI)	Motor Abilities, Early Movement, Milestones, Fundamental Movement Skills	Identify developmental strengths & weaknesses of children with & without disabilities in infant, preschool & primary programs. Training needed	Birth-8 yrs.	Entire Test 1-2 hrs.	Norm Referenced
Bayley Scales of Infant Development II	Standardized	Mental: cognitive, language & social. Motor: fine & gross	Birth-3.5 yrs.	1-1.5 hrs.	Standard Mental Developmental
Brigance Inventory of Early Development	Motor Development	Psychomotor skills: locomotor, balance, strength, ball skills, rhythm & fine	Birth-7 yrs.	Varies	Criterion Referenced, Age Norms Available
Cajon Valley Motor Assessment Instrument	Motor Development, Motor Ability	Gross & fine motor skills measured while student is in various positions. Ability: transferring, maneuvering wheelchair	3 yrs. & up	Indiv. 30-40 min.	Criterion Referenced, Curriculum Related
California Curriculum for Infants & Toddlers with Special Needs	Norm Referenced	Cognitive, language, social, fine motor, & gross motor	Birth-2 yrs.	Varies	Age Equivalencies
Callier Asuja Scale	No Standardization	Assessment for blind & multidisabled children in sensorimotor, cognitive, psychosocial, work, play & self care	Birth-7 yrs.	Not Reported	Not Reported
CARE-R Curriculum, Assessment, Resources, Evaluation	Motor Development, Early Movement Milestones, Fundamental Movement Skills & Motor Ability	Curriculum based assessment: Gross Motor, Object Control, Health & Physical Fitness, Perceptual Motor, & Fine Motor	Birth-17 yrs. for each area	Varies	Age Equivalencies (Age Ranges)
Carolina Curriculum for Preschool & Special Needs	Norm Referenced	Cognitive, language, social, fine & gross motor	2.5-5 yrs.	Varies	Age Equivalencies
DeGangi-Berk Test of Sensory Integration	Movement Skill Foundations	36 items organized into 3 subdomains: postural control, bilateral integration, reflex integration. Scores can be summed by subdomain or for all items	3-5 yrs.	30 min.	Criterion Referenced
Denver Developmental	Standardized & Normalized	Personal-social, language, gross motor & fine motor	Birth-6 yrs.	15-30 min.	Not Reported

**Appendix D.1:  
Assessment for Ages Birth-3**

<b><u>TEST NAME</u></b>	<b><u>TYPE OF TEST</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>AGE</u></b>	<b><u>TIME</u></b>	<b><u>SCORE</u></b>
Erhardt Developmental Comprehension Assessment	Criterion Referenced Informal/Structured Observation	Praxis, reflexes, fine motor, visual motor, & visual perception	Birth-6 yrs.	30 min.-1 hr.	Age Equivalencies
Evaluation of Motor Development of Infants	Motor Abilities, Early Movement Milestones	34 skills from 4 spheres of movement: head & trunk, sitting, standing, & locomotion	1 month-onset of walking	Not Reported	Criterion & Norm Referenced
Revised Gesell Developmental Schedules	Not Reported	Adaptive, language, social, fine motor & gross motor	4 wks-36 months	30 min.-1 hr.	Age Equivalencies
Gross Motor Function Measure (GMFM)	Early Movement Milestones, Fundamental Movement Skills	88 items 5 dimensions: lying & rolling, crawling & kneeling, sitting, standing, walking, running & jumping	Persons with C.P. under 20 years	<1 hr.	Criterion Referenced
Gross Motor Performance Measure	Early Movement Milestones, Fundamental Movement Skills	20 items from GMFM, each matched with 5 attributes of performance: alignment, stability, coordination, wt. shift, or dissociation	Persons with C.P. under 20 yrs.	<1 hr.	Criterion Referenced
Harris Infant Neuromotor Test (HINT) Developmental Edition	Movement Foundation, Early Movement Milestones	Identifying early motor deficits & cognitive delays in infants with known risk factors	3-12 months	<30 min.	Criterion Referenced
Hawaii Early Learning Profile (HELP)	Structured Observation & Checklist	Cognitive, language, fine motor, gross motor, social-emotional, & self-help	Birth-3 yrs.	30 min.-1 hr.	Age Equivalencies
Koontz Child Developmental Program	Motor Development	Includes performances of skills which lead up primarily to ambulation	Birth-48 months	Varies	Functional Level, Training Activities
Learning Accomplishments Profile (LAP)	Motor Development	Gross motor areas: large muscle coordination, strength, stamina, ambulation, & balance	Birth-72 months	Varies	Criterion-Referenced
Michigan Developmental Programming for Infants and Young Children	Criterion-Referenced	Personal-social communication, cognitive, self-help, gross motor, fine motor, visual motor & integration	Birth-6 yrs.	30 min.	Age Equivalencies
Milani-Comparetti Motor Development Screening Test	Motor Skill Foundations	27 items in 6 categories of spontaneous motor behaviors and evoked responses	Birth-2 yrs.	4-8 min.	Criterion Referenced
Miller Assessment for Preschoolers (MAP)	Movement Skill Foundations, Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	27 core indexes scored for 5 scales: neuromaturational, gross/fine/oral motor, language, memory, problem solving & visual perception, & combined abilities	2.9-5.8 yrs.	30 min.	Norm Referenced
Motor Control Assessment (MCA)	Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	Assessment of motor control of children with physical disabilities. Uses 5 performance areas: supine, prone, sitting, kneeling, standing & standing up. walking & general coordination	2 yrs. and up	30-60 min.	Criterion Referenced

**Appendix D.1:  
Assessment for Ages Birth-3**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
Motor Skills Inventory (MSI)	Movement Skill Foundations	30 items organized into 5 skill areas: body management, locomotor, body fitness, object movement & fine motor. Also a curriculum	3-16 yrs.	Not Reported	Criterion Referenced
Movement Patterns Achievement Profile	Motor Development	Observation & evaluation: locomotor, jumping, climbing, throwing, catching, balance, & body image	2-6 yrs.	Indiv. 30 min.	Motor Age
Ordinal Scales	Motor Development	Tests through various substages: strength, mobility, coordination, balance	Birth-11 yrs.	Varies	Age Norm
Ohio State Univ. Scale of Intra-Gross Motor Assessment	Fundamental Movement Skills	Skills tested: walking, stair climbing, running, jumping, hopping, skipping, ladder climbing, throwing, catching, striking, kicking	2-14 yrs.	Not Reported	Criterion Referenced
Peabody Developmental Motor Scales	Standardized	Gross & fine motor	Birth-6.5	30 min.-1 hr.	Age Equivalencies
Pediatric Evaluation of Disability Inventory (PEDI)	Self-Administered Questionnaire	Functional skills, self-care, mobility, & social function	3-18 yrs.	30 min.-1 hr.	Scaled Score Age Norms
Stanford Functional Developmental Assessment	Motor Development	Gross motor development: coordination/strength, balance, locomotion, visual motor	Birth-12 yrs.	Varies	Age Norm
Test of Gross Motor Development II (TGMD-II)	Motor Development	Provides performance criteria for different locomotor skills & object control skills	3-10 yrs.	Indiv. 15 min.	Percentile, Standard Score
Top-Down Motor Milestone Test (TDMMT)	Early Movement Milestones, Fundamental Movement Skills	74 skills organized into 16 sitting, standing, & walking skill heading	Infant-young adult	15 min.	Criterion Referenced
Transdisciplinary Play Based Assessment	Early Movement Milestones, Fundamental Movement Skills	6 phases: unstructured facilitation, structured facilitation, child-child interaction, parent-child interaction, motor play & snack	Birth-72 months	Varies by phase	Criterion Referenced
Visual Motor Integration	Sensory Motor	Measures the ability to copy different shapes: horizontal & vertical lines, circles, crosses, squares, etc.	2-15 yrs.	Group: 15-20 min.	Age Norm
Vulpe Assessment Battery (VAB)	Movement Skill Foundations, Early Movement Milestones, Fundamental Movement Skills	Designed for children with disabilities, 8 subtests: basic senses & functions, gross motor, fine motor, language behaviors, cognitive processes, organization of behavior, activities of daily living & the environment	Birth-6 yrs.	1 hr.	Criterion Referenced

**Appendix D.2:  
Assessment for Ages 3-5**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
Adapted Physical Education Assessment Scale (APEAS)	Motor Performance	Test includes: motor development perceptual motor function, motor achievement, posture, fitness	5-18 yrs.	Indiv. 20 min. Group 30 min.	Percentile
Analysis of Sensory Behavior Inventory (Morton/Wolford)	Interview &/or Clinical Observation	Hypo- or hyper- responsivity to sensory input	3 yrs.- adult	15-30 min.	Quantitative Observation
Assessment, Evaluation, & Programming System for Infants & Children from Birth to Three Years (AEPS)	Early Movement Milestones, Fundamental Movement Skills, Functional Movement Skills	164 objectives hierarchically organized into 6 curricular domains: fine motor, gross motor, adaptive, cognitive, social-communication	Birth-3 yrs.	15-30 min.	Criterion Referenced
Basic Motor Ability Test	Motor Performance	Nine test items: small and large muscle control, balance, eye-hand coordination & flexibility	4-12 yrs.	Indiv. 15 min. Group 25 min.	Percentile
Battelle Developmental Inventory (BDI)	Motor Abilities, Early Movement Milestones, Fundamental Movmt. Skills	Identify developmental strengths & weaknesses of children with & without disabilities in infant, preschool & primary programs. Training needed	Birth-8 yrs.	Entire Test 1-2 hrs.	Criterion & Norm Referenced
Bayley Scales of Infant Development II	Standardized	Mental: cognitive, language & social. Motor: fine & gross	Birth-3.5 yrs.	1-1.5 hrs.	Standard Mental Developmental & Motor Index
Brigance Inventory of Early Development	Motor Development	Psychomotor skills: locomotor, balance, strength, ball skills, rhythm & fine motor	Birth-7 yrs.	Varies	Criterion Referenced, Age Norms
Bruininks-Oseretsky Test of Motor Proficiency	Motor Ability	Gross & fine motor skills: speed, agility, balance, coordination, strength, dexterity, visual-motor, bilateral coordination	4.5-14.5 yrs.	Complete: 45-60 min. Short: 15-20 min.	Age-Based Standard Score
Cajon Valley Motor Assessment Instrument	Motor Development, Motor Ability	Gross & fine motor skills measured while student is in various positions. Ability: transferring, maneuvering wheelchair	3 yrs. & up	Indiv. 30-40 min.	Criterion Referenced, Curriculum Related
Callier Asuja Scale	No Standardization	Assessment for blind & multidisabled children in sensorimotor, cognitive, psychosocial, work, play & self care	Birth-7 yrs.	Not Reported	Not Reported
CARE-R Curriculum, Assessment, Resources, Evaluation	Motor Development, Early Movement Milestones, Fundamental Movement Skills & Motor Ability	Curriculum based assessment: Gross Motor, Object Control, Health & Physical Fitness, Perceptual Motor, & Fine Motor	Birth-17 Varies for each area	Varies	Age Equivalencies (Age Ranges)
Carolina Curriculum for Preschool & Special Needs	Norm Referenced	Cognitive, language, social, fine & gross motor	2.5-5 yrs.	Varies	Age Equivalencies
Cratty Six Category Gross Motor Test	Motor Ability, Perceptual Motor	Perceptual-motor functioning involving body perception, agility, balance, throwing & tracking skills	4-11 yrs.	Indiv. 30 min.	Decile, Ranking Converted to Percentile
DeGangi-Berk Test of Sensory Integration	Movement Skill Foundations	36 items organized into 3 subdomains: postural control, bilateral integration, reflex integration. Scores can be summed by subdomain or for all items	3-5 yrs.	30 min.	Criterion Referenced
Denver Developmental Screening Test II	Standardized & Normalized	Personal-social, language, gross motor & fine motor	Birth-6 yrs.	15-30 min.	Not Reported

**Appendix D.2:  
Assessment for Ages 3-5**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
Developmental Test of Visual Motor Integration Beery (VMI)	Norm Referenced	Visual motor	2-15 yrs.	15-30 min.	Age Equivalencies, Standard Scores, Percentiles
Erhardt Developmental Comprehension Assessment	Criterion Referenced Informal/Structured Observation	Praxis, reflexes, fine motor, visual motor, & visual perception	Birth-6 yrs.	30 min.-1 hr.	Age Equivalencies
Frostig Developmental	Sensory Motor	Areas measured: eye-motor, coordinations, figure-ground, constancy of shape, body perception, spatial relations	4-8 yrs.	Indiv. 30-45 min. Group 50 min.	Perceptual Quotient, Perceptual Age
Frostig Movement Skills Test Battery	Gross/Fine Motor	Sensory motor, language, perception, higher cognitive, social & emotional development	K-6th grade	Not Reported	Mean & Scaled Score, Standard Deviation
Revised Gesell Developmental Schedules	Not Reported	Adaptive, language, social, fine motor & gross motor	4 wks.-36 months	30 min.-1 hr.	Age Equivalencies
Gross Motor Function Measure (GMFM)	Early Movement Milestones, Fundamental Movement Skills	88 items 5 dimensions: lying & rolling, crawling & kneeling, sitting, standing, walking, running & jumping	Persons with C.P. under 20 years	<1 hr.	Criterion Referenced
Gross Motor Performance Measure	Early Movement Milestones, Fundamental Movement Skills	20 items from GMFM, each matched with 5 attributes of performance: alignment, stability, coordination, wt. shift, or dissociation	Persons with C.P. under 20 yrs.	<1 hr.	Criterion Referenced
Hawaii Early Learning Profile (HELP)	Structured Observation & Checklist	Cognitive, language, fine motor, gross motor, social-emotional, & self-help	Birth-3 yrs.	30 min.-1 hr.	Age Equivalencies
Hughes Basic Gross Motor Assessment	Motor Ability	Gross motor ability, static & dynamic balance, motor coordination, locomotor, eye-hand coordination	5.6-12.5 yrs.	Indiv. 15 min.	Mean Scores
Koontz Child Developmental Program	Motor Development	Includes performances of skills which lead up primarily to ambulation	Birth-48 months	Varies	Functional Level, Training Activities
Learning Accomplishments Profile (LAP)	Motor Development	Gross motor areas: large muscle coordination, strength, stamina, ambulation, & balance	Birth-72 months	Varies	Criterion Referenced
Michigan Developmental Programming for Infants and Young Children	Criterion Referenced	Personal-social communication, cognitive, self-help, gross motor, fine motor, visual motor & integration	Birth-6 yrs.	30 min.	Age Equivalencies
Miller Assessment for Preschoolers (MAP)	Movement Skill Foundations, Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	27 core indexes scored for 5 scales: neuromaturational, gross/fine/oral motor, language, memory, problem solving & visual perception, & combined abilities	2.9-5.8 yrs.	30 min.	Norm Referenced
Motor Control Assessment (MCA)	Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	Assessment of motor control of children with physical disabilities. Uses 5 performance areas: supine, prone, sitting, kneeling, standing & standing up. walking & general coordination	2 yrs. and up	30-60 min.	Criterion Referenced
Motor-Free Visual Perceptual Test	Sensory Motor	Spatial relationships, visual discrimination, closure, memory figure-ground	4-8 yrs.	Indiv. 10 min.	Perceptual Age Perceptual Quotient
Motor Skills Inventory (MSI)	Movement Skill Foundations	30 items organized into 5 skill areas: body management, locomotor, body fitness, object movement & fine motor. Also a curriculum	3-16 yrs.	Not Reported	Criterion Referenced

**Appendix D.2:  
Assessment for Ages 3-5**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
Movement Assessment Battery for Children Checklist (MABC)	Motor Abilities, Fundamental Movement Skills, Specialized Movement Skills	Used to screen children for possible movement problems, identify children for special services, & research	5-11 yrs.	1-2 wks.	Criterion Referenced
Movement Assessment Battery for Children Test (MABC Test)	Motor Abilities, Fundamental Movement Skills, Specialized Movement Skills	32 items organized into a 4 (age level) x 8 (performance category) matrix	4-12 yrs.	20-40 min.	Percentiles
Movement Patterns Achievement Profile	Motor Development	Observation & evaluation: locomotor, jumping, climbing, throwing, catching, balance, & body image	2-6 yrs.	Indiv. 30 min.	Motor Age
Ordinal Scales	Motor Development	Tests through various substages: strength, mobility, coordination, balance	Birth-11 yrs.	Varies	Age Norm
Ohio State Univ. Scale of Intra-Gross Motor Assessment (SIGMA)	Fundamental Movement Skills	Skills tested: walking, stair climbing, running, jumping, hopping, skipping, ladder climbing, throwing, catching, striking, kicking	2-14 yrs.	Not Reported	Criterion Referenced
Peabody Developmental Motor Scales	Standardized	Gross & fine motor	Birth-6.5 yrs.	30 min.-1 hr.	Age Equivalencies
Pediatric Evaluation of Disability Inventory (PEDI)	Self-Administered Questionnaire	Functional skills, self-care, mobility, & social function	3-18 yrs.	30 min.-1 hr.	Scaled Score Age Norms
Quick Neurological Screening Test	Sensory Motor	Indicates need for further testing in motor development, muscular control, motor planning, perceptual motor skills	5 yrs. & up	Indiv. 25 min.	Number Score to Use on Chart
Stanford Functional Developmental Assessment	Motor Development	Gross motor development: coordination/strength, balance, locomotion, visual motor	Birth-12 yrs.	Varies	Age Norm
Test of Gross Motor Development II (TGMD-II)	Motor Development	Provides performance criteria for different locomotor skills & object control skills	3-10 yrs.	Indiv. 15 min.	Percentile, Standard Score
Test of Visual Perceptual Skills (n-m) Revised (TVPS-R)	Visual-Perception Using Non-Motor Response	Standardized & normed test, dev. for professionals to determine a subject's visual perceptual strengths & weaknesses based on non-motor visual perceptual testing	4.1-13 yrs.	9-25 min.	Visual-Perceptual, Standard Score T-Score
Top-Down Motor Milestone Test (TDMMT)	Early Movement Milestones, Fundamental Movement Skills	74 skills organized into 16 sitting, standing, & walking skill heading	Infant-young adult	15 min.	Criterion Referenced
Transdisciplinary Play Based Assessment	Early Movement Milestones, Fundamental Movement Skills	6 phases: unstructured facilitation, structured facilitation, child-child interaction, parent-child interaction, motor play & snack	Birth-72 months	Varies by phase	Criterion Referenced
Visual Motor Integration	Sensory Motor	Measures the ability to copy different shapes: horizontal & vertical lines, circles, crosses, squares, etc.	2-15 yrs.	Group: 15-20 min.	Age Norm
Vulpe Assessment Battery (VAB)	Movement Skill Foundations, Early Movement Milestones, Fundamental Movement Skills	Designed for children with disabilities, 8 subtests: basic senses & functions, gross motor, fine motor, language behaviors, cognitive processes, organization of behavior, activities of daily living & the environment	Birth-6 yrs	1 hr.	Criterion Referenced

**Appendix D.3  
Assessment for Ages 5-12**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
AAHPERD Motor Fitness Testing for the Mentally Retarded	Physical Fitness	Includes: arm strength, abdominal strength & endurance, power, agility, speed & endurance	6-21 yrs. Moderately Retarded	Indiv. 20 min. Group 60 min.	Percentile
Adapted Physical Education Assessment Scale (APEAS)	Motor Performance	Test includes: motor development perceptual motor function, motor achievement, posture, fitness	5-18 yrs.	Indiv. 20 min. Group 30 min.	Percentile
Analysis of Sensory Behavior Inventory (Morton/Wolford)	Interview &/or Clinical Observation	Hypo- or hyper- responsivity to sensory input	3 yrs.- adult	15-30 min.	Quantitative Observation
Basic Motor Ability Test	Motor Performance	Nine test items: small and large muscle control, balance, eye-hand coordination & flexibility	4-12 yrs.	Indiv. 15 min. Group 25 min.	Percentile
Battelle Developmental Inventory (BDI)	Motor Abilities, Early Movement Milestones, Fundamental Movmt. Skills	Identify developmental strengths & weaknesses of children with & without disabilities in infant, preschool & primary programs. Training needed	Birth-8 yrs.	Entire Test 1-2 hrs.	Criterion & Norm Referenced
Brigance Inventory of Early Development	Motor Development	Psychomotor skills: locomotor, balance, strength, ball skills, rhythm & fine motor	Birth-7 yrs.	Varies	Criterion Referenced, Age Norms Available
Bruininks-Oseretsky Test of Motor Proficiency	Motor Ability	Gross & fine motor skills: speed, agility, balance, coordination, strength, dexterity, visual-motor, bilateral coordination	4.5-14.5 yrs.	Complete: 45-60 min. Short: 15-20 min.	Age-Based Standard Score
Cajon Valley Motor Assessment Instrument	Motor Development, Motor Ability	Gross & fine motor skills measured while student is in various positions. Ability: transferring, maneuvering wheelchair	3 yrs. & up	Indiv. 30-40 min.	Criterion Referenced, Curriculum Related
California Physical Performance Test	Physical Fitness	Tests include: body composition, flexibility, endurance, cardio-respiratory endurance, strength	10-18 yrs.	Indiv. 30 min.	Percentile, T-Scores
Callier Asuza Scale	No Standardization	Assessment for blind & multidisabled children in sensorimotor, cognitive, psychosocial, work, play & self care	Birth-7 yrs.	Not Reported	Not Reported
CARE-R Curriculum, Assessment, Resources, Evaluation	Motor Development, Early Movement Milestones, Fundamental Movement Skills & Motor Ability	Curriculum based assessment: gross motor, object control, health & physical fitness, perceptual motor, & fine motor	Birth-17 yrs. Varies for each area	Varies	Age Equivalencies (Age Ranges)
Carolina Curriculum for Preschool & Special Needs	Norm Referenced	Cognitive, language, social, fine & gross motor	2.5-5 yrs.	Varies	Age Equivalencies
Cratty Six Category Gross Motor Test	Motor Ability, Perceptual Motor	Perceptual-motor functioning involving body perception, agility, balance, throwing & tracking skills	4-11 yrs.	Indiv. 30 min.	Decile, Ranking Converted to Percentile
DeGangi-Berk Test of Sensory Integration	Movement Skill Foundations	36 items organized into 3 subdomains: postural control, bilateral integration, reflex integration. Scores can be summed by subdomain or for all items	3-5 yrs.	30 min.	Criterion Referenced
Denver Developmental	Standardized & Normalized	Personal-social, language, gross motor & fine motor	Birth-6 yrs.	15-30 min.	Not Reported

**Appendix D.3**  
**Assessment for Ages 5-12**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
Developmental Test of Visual Motor Integration Beery (VMI)	Norm Referenced	Visual motor	2-15 yrs.	15-30 min.	Age Equivalencies, Standard Scores, Percentiles
Erhardt Developmental Comprehension Assessment	Criterion Referenced Informal/Structured Observation	Praxis, reflexes, fine motor, visual motor, & visual perception			
Frostig Developmental	Sensory Motor	Areas measured: eye-motor, coordinations, figure-ground, constancy of shape, body perception, spatial relations	4-8 yrs.	Indiv. 30-45 min. Group 50 min.	Perceptual Quotient, Perceptual Age
Frostig Movement Skills Test Battery	Gross/Fine Motor	Sensory motor, language, perception, higher cognitive, social & emotional development	K-6th grade	Not Reported	Mean & Scaled Score, Standard Deviation
Gross Motor Function Measure (GMFM)	Early Movement Milestones, Fundamental Movement Skills	88 items 5 dimensions: lying & rolling, crawling & kneeling, sitting, standing, walking, running & jumping	Persons with C.P. under 20 years	<1 hr.	Criterion Referenced
Gross Motor Performance Measure (GMPM)	Early Movement Milestones, Fundamental Movement Skills	20 items from GMFM, each matched with 5 attributes of performance: alignment, stability, coordination, wt. shift, or dissociation	Persons with C.P. under 20 yrs.	<1 hr.	Criterion Referenced
Hughes Basic Gross Motor Assessment	Motor Ability	Gross motor ability, static & dynamic balance, motor coordination, locomotor, eye-hand coordination	5.6-12.5 yrs.	Indiv. 15 min.	Mean Scores
Jacobs Prevocational Skills Assessment	Not Reported	Sensorimotor cognitive psycho-social work skills	Preadolescent & Adolescent Learning Disabled	Not Reported	Not Reported
Jebson Taylor Function Test	Not Reported	Self help work and fine motor skills	Child-Adoles	Not Reported	Not Standardized
Learning Accomplishments Profile (LAP)	Motor Development	Gross motor areas: large muscle coordination, strength, stamina, ambulation, & balance	Birth-72 months	Varies	Criterion Referenced
Michigan Developmental Programming for Infants and Young Children	Criterion Referenced	Personal-social communication, cognitive, self-help, gross motor, fine motor, visual motor & integration	Birth-6 yrs.	30 min.	Age Equivalencies
Miller Assessment for Preschoolers (MAP)	Movement Skill Foundations, Motor Abilities, Early Movement Milestones, Fundamental Movement Skills	27 core indexes scored for 5 scales: neuromaturational, gross/fine/oral motor, language, memory, problem solving & visual perception, & combined abilities	2.9-5.8 yrs.	30 min.	Norm Referenced
Motor-Free Visual Perceptual Test	Sensory Motor	Spatial relationships, visual discrimination, closure, memory figure-ground	4-8 yrs.	Indiv. 10 min.	Perceptual Age Perceptual Quotient
Motor Skills Inventory (MSI)	Movement Skill Foundations	30 items organized into 5 skill areas: body management, locomotor, body fitness, object movement & fine motor. Also a curriculum	3-16 yrs.	Not Reported	Criterion Referenced
Movement Assessment Battery for Children Checklist (MABC)	Motor Abilities, Fundamental Movement Skills, Specialized Movement Skills	Used to screen children for possible movement problems, identify children for special services, & research	5-11 yrs.	1-2 wks.	Criterion Referenced

**Appendix D.3  
Assessment for Ages 5-12**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
Movement Assessment Battery for Children Test (MABC Test)	Motor Abilities, Fundamental Movement Skills, Specialized Movement Skills	32 items organized into a 4 (age level) x 8 (performance category) matrix	4-12 yrs.	20-40 min.	Percentiles
Movement Patterns Achievement Profile	Motor Development	Observation & evaluation: locomotor, jumping, climbing, throwing, catching, balance, & body image	2-6 yrs.	Indiv. 30 min.	Motor Age
Ordinal Scales	Motor Development	Tests through various substages: strength, mobility, coordination, balance	Birth-11 yrs.	Varies	Age Norm
Ohio State Univ. Scale of Intra-Gross Motor Assessment (SIGMA)	Fundamental Movement Skills	Skills tested: walking, stair climbing, running, jumping, hopping, skipping, ladder climbing, throwing, catching, striking, kicking	2-14 yrs.	Not Reported	Criterion Referenced
Peabody Developmental Motor Scales	Standardized	Gross & fine motor	Birth-6.5 yrs.	30 min.-1 hr.	Age Equivalencies
Pediatric Evaluation of Disability Inventory (PEDI)	Self-Administered Questionnaire	Functional skills, self-care, mobility, & social function	3-18 yrs.	30 min.-1 hr.	Scaled Score Age Norms
Purdue Perceptual Motor Survey	Sensory Motor	Areas tested: balance, posture, body image, motor match, ocular control, form perception	6-10 yrs.	Indiv. 45 min.	Means, Standard Deviations
Quick Neruological Screening Test	Sensory Motor	Indicates need for further testing in motor development, muscular control, motor planning, perceptual motor skills	5 yrs. & up	Indiv. 25 min.	Number Score to Use on Chart
Stanford Functional Developmental Assessment	Motor Development	Gross motor development: coordination/strength, balance, locomotion, visual motor	Birth-12 yrs.	Varies	Age Norm
Test of Gross Motor Development II (TGMD-II)	Motor Development	Provides performance criteria for different locomotor skills & object control skills	3-10 yrs.	Indiv. 15 min.	Percentile, Standard Score
Test of Visual Perceptual Skills (n-m) Revised (TVPS-R)	Visual-Perception Using Non-Motor Response	Standardized & normed test, dev. for professionals to determine a subject's visual perceptual strengths & weaknesses based on non-motor visual perceptual testing	4.1-13 yrs.	9-25 min.	Visual-Perceptual, Standard Score T-Score
Test of Visual Perceptual Skills (non-motor) Upper Level (TVPS-UL)	Visual Perception Using Non-Motor Response	A standardized & normed test, developed for professionals to determine a subject's visual perceptual strengths & weaknesses based on non-motor visual perceptual testing	12-18 yrs	Varies	Stand. Scores Scaled Score, T-Score, Percentile Rank, Stanine
Top-Down Motor Milestone Test (TDMMT)	Early Movement Milestones, Fundamental Movement Skills	74 skills organized into 16 sitting, standing, & walking skill heading	Infant-young adult	15 min	Criterion Referenced
Transdisciplinary Play Based Assessment	Early Movement Milestones, Fundamental Movement Skills	6 phases: unstructured facilitation, structured facilitation, child-child interaction, parent-child interaction, motor play & snack	Birth-72 months	Varies by phase	Criterion Referenced
Visual Motor Integration	Sensory Motor	Measures the ability to copy different shapes: horizontal & vertical lines, circles, crosses, squares, etc.	2-15 yrs.	Group: 15-20 min.	Age Norm
Vulpe Assessment Battery (VAB)	Movement Skill Foundations, Early Movement Milestones, Fundamental Movement Skills	Designed for children with disabilities, 8 subtests: basic senses & functions, gross motor, fine motor, language behaviors, cognitive processes, organization of behavior, activities of daily living & the environment	Birth-6 yrs.	1 hr.	Criterion Referenced

**Appendix D.4:  
Assessment for Ages 12-22**

<b><u>TEST NAME</u></b>	<b><u>TYPE OF TEST</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>AGE</u></b>	<b><u>TIME</u></b>	<b><u>SCORE</u></b>
AAHPERD Motor Fitness Testing for the Mentally Retarded	Physical Fitness	Includes: arm strength, abdominal strength & endurance, power, agility, speed & endurance	6-21 yrs. Moderately Retarded	Indiv. 20 min. Group 60 min.	Percentile
Adapted Physical Education Assessment Scale (APEAS)	Motor Performance	Test includes: motor development perceptual motor function, motor achievement, posture, fitness	5-18 yrs.	Indiv. 20 min. Group 30 min.	Percentile
Analysis of Sensory Behavior Inventory (Morton/Wolford)	Interview &/or Clinical Observation	Hypo- or hyper- responsivity to sensory input	3 yrs.- adult	15-30 min.	Quantitative Observation
Basic Motor Ability Test	Motor Performance	Nine test items: small and large muscle control, balance, eye-hand coordination & flexibility	4-12 yrs.	Indiv. 15 min. Group 25 min.	Percentile
Bruininks-Oseretsky Test of Motor Proficiency	Motor Ability	Gross & fine motor skills: speed, agility, balance, coordination, strength, dexterity, visual-motor, bilateral coordination	4.5-14.5 yrs.	Complete: 45-60 min. Short: 15-20 min.	Age-Based Standard Score
California Physical Performance Test	Physical Fitness	Tests include: body composition, flexibility, endurance, cardio-respiratory endurance, strength	10-18 yrs.	Indiv. 30 min.	Percentile, T-Scores
CARE-R Curriculum, Assessment, Resources, Evaluation	Motor Development, Early Movement Milestones, Fundamental Movement Skills & Motor Ability	Curriculum based assessment: Gross Motor, Object Control, Health & Physical Fitness, Perceptual Motor, & Fine Motor	Birth-17 yrs. Varies for each area	Varies	Age Equivalencies (Age Ranges)
Crawford Small Parts Dexterity Test	Standardized Performance Test	Fine eye-hand coordination for vocational testing	Adolescent-Adult	15 min.	Not Reported
Developmental Test of Visual Motor Integration Beery (VMI)	Norm Referenced	Visual motor	2-15 yrs.	15-30 min.	Age Equivalencies, Standard Scores, Percentiles
Gross Motor Function Measure (GMFM)	Early Movement Milestones, Fundamental Movement Skills	88 items 5 dimensions: lying & rolling, crawling & kneeling, sitting, standing, walking, running & jumping	Persons with C.P. under 20 yrs.	<1 hr.	Criterion Referenced
Gross Motor Performance Measure (GMPM)	Early Movement Milestones, Fundamental Movement Skills	20 items from GMFM, each matched with 5 attributes of performance: alignment, stability, coordination, wt. shift, or dissociation	Persons with C.P. under 20 yrs.	<1 hr.	Criterion Referenced
Hughes Basic Gross Motor Assessment	Motor Ability	Gross motor ability, static & dynamic balance, motor coordination, locomotor, eye-hand coordination	5.6-12.5 yrs.	Indiv. 15 min. Group 25 min.	Mean Scores
Jacobs Prevocational	Not Reported	Sensorimotor cognitive psycho-social	Preadolescent	Not Reported	Not Reported

**Appendix D.4:  
Assessment for Ages 12-22**

<b>TEST NAME</b>	<b>TYPE OF TEST</b>	<b>DESCRIPTION</b>	<b>AGE</b>	<b>TIME</b>	<b>SCORE</b>
Minnesota Rate of Manipulation Test	Standardized Performance Test	Manual dexterity for vocational evaluation	13-15 yrs. and up	Not Reported	Not Reported
Motor Skills Inventory (MSI)	Movement Skill Foundations	30 items organized into 5 skill areas: body management, locomotor, body fitness, object movement & fine motor. Also a curriculum	3-16 yrs.	Not Reported	Criterion Referenced
Movement Assessment Battery for Children Checklist (MABC)	Motor Abilities, Fundamental Movement Skills, Specialized Movement Skills	Used to screen children for possible movement problems, identify children for special services, & research	5-11 yrs.	1-2 wks.	Criterion Referenced
Ohio State Univ. Scale of Intra-Gross Motor Assessment (SIGMA)	Fundamental Movement Skills	Skills tested: walking, stair climbing, running, jumping, hopping, skipping, ladder climbing, throwing, catching, striking, kicking	2-14 yrs.	Not Reported	Criterion Referenced
Pediatric Evaluation of Disability Inventory (PEDI)	Self-Administered Questionnaire	Functional skills, self-care, mobility, & social function	3-18 yrs.	30 min.-1 hr.	Scaled Score Age Norms
Quick Neruological Screening Test	Sensory Motor	Indicates need for further testing in motor development, muscular control, motor planning, perceptual motor skills	5 yrs. & up	Indiv. 25 min.	Number Score to Use on Chart
Stanford Functional Developmental Assessment	Motor Development	Gross motor development: coordination/strength, balance, locomotion, visual motor	Birth-12 yrs.	Varies	Age Norm
Test of Visual Perceptual Skills (n-m) Revised (TVPS-R)	Visual-Perception Using Non-Motor Response	Standardized & normed test, dev. for professionals to determine a subject's visual perceptual strengths & weaknesses based on non-motor visual perceptual testing	4.1-13 yrs.	9-25 min.	Visual-Perceptual, Standard Score T-Score
Test of Visual Perceptual Skills (non-motor) Upper Level (TVPS-UL)	Visual Perception Using Non-Motor Response	A standardized & normed test, developed for professionals to determine a subject's visual perceptual strengths & weaknesses based on non-motor visual perceptual testing	12-18 yrs	Varies	Stand. Scores Scaled Score, T-Score, Percentile Rank, Stanine
Top-Down Motor Milestone Test (TDMMT)	Early Movement Milestones, Fundamental Movement Skills	74 skills organized into 16 sitting, standing, & walking skill heading	Infant-young adult	15 min.	Criterion Referenced
Visual Motor Integration	Sensory Motor	Measures the ability to copy difference shapes: horizontal & vertical lines, circles, crosses, squares, etc.	2-15 yrs.	Group: 15-20 min.	Age Norm

## APPENDIX E

### ADAPTED PHYSICAL EDUCATION REPORT OF ASSESSMENT

An Adapted Physical Education report of teacher assessment is a critical element in the process of identifying the needs and services for children with disabilities. While the format of the report is not critical, the elements are. A model report should include the following:

#### 1. Information about the student

- Student's full, legal name
- Birth date
- Parents' name
- Address and phone number
- Age
- Grade
- School
- Educational program
- Teachers' names
- Background information about the student
- Disability
- Gender
- Results of hearing and vision screening

#### 2. Information about the evaluator

- Name
- Title
- Employer/position/title

#### 3. Information about the assessment

- Reason for the assessment
- Date(s) of evaluation
- Name and description of the formal assessments used
- Description of informal assessment procedures used
- Description of the student's behavior during the assessment
- Indication of the validity and reliability of the assessment
- Description of how the formal and informal test results support one another
- Present level of performance
  - Strengths
  - Areas of need
- Report of actual test scores
  - Means and standard deviations
  - Percentile scores
  - Standard scores
  - Age equivalents/age ranges
  - Other scores may be appropriate

#### 4. Recommendations

- Summary of needs
- Recommendation of physical education placement(s)
- Frequency and duration of APE services, if appropriate

**GRADES PRE-K:**  
**“How We Move Our Bodies Through Space”**

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b>  <b>The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</b></p>	<p>Students in Early Childhood Education will meet the standard by working in small groups and independently and will be able to:</p> <ul style="list-style-type: none"> <li>• Act upon movement directions.</li> <li>• Body part identification.</li> <li>• Begin to explore personal space.</li> <li>• Engage in simple action songs and rhymes.</li> <li>• Move in non-locomotor ways: twist, turn, pivot, bend, rise, fall, swing, sway, stretch.</li> <li>• Move with objects, trap, toss, catch, throw, kick, strike, bounce and catch to self.</li> <li>• Rolling a ball to a partner sitting, kneeling, or standing.</li> <li>• Catch a tossed ball with hands, arms and chest.</li> <li>• Move in locomotor ways. <u>Even Beat</u>: crawl, creep, walk, run, jump and hop.</li> <li>• Move in locomotor ways. <u>Uneven Beat</u>: gallop, slide, leap and skip.</li> <li>• Travel through space without bumping into others and without losing control.</li> <li>• Move in sequence to a common beat</li> <li>• Balance while bending, twisting and stretching.</li> <li>• Strike a stationary ball with any part of the body.</li> <li>• Walk, run, maneuver a wheelchair or use special equipment with proper form.</li> </ul>
<p><b>Standard Two:</b>  <b>The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</b></p>	<ul style="list-style-type: none"> <li>• Identify various parts of the body and their location, e.g., arms, legs and hands.</li> <li>• Identify fundamental movement patterns.</li> <li>• Identify and begin to use the technique employed to soften the landing in jumping.</li> <li>• Static and dynamic balance.</li> <li>• Be exposed to directional and positional terms such as over, under, forward and backwards, right and left, and up and down, around and move in relation to their body in space.</li> </ul>
<p><b>Standard Three:</b>  <b>The student will achieve and maintain a health-enhancing level of fitness.</b></p>	<ul style="list-style-type: none"> <li>• Physical Fitness encompasses cardiovascular fitness, strength, endurance, flexibility and body composition.</li> <li>• Motor Fitness translates to, agility, balance, coordination, power and speed.</li> <li>• Provide opportunities to experience personal feelings of success and achievement.</li> <li>• Interpret their environment through play.</li> <li>• Recognize that exercise is good for one's health and is fun.</li> <li>• Sustain moderate to vigorous physical activity.</li> <li>• Identify nutritious foods or state if it is nutritious or not when given a food.</li> <li>• Awareness of his/her heart beating fast during physical activity, also understand the concept of sweating as a good thing.</li> </ul>
<p><b>Standard Four:</b>  <b>The student will regularly experience recreation/leisure and fitness activities.</b></p>	<ul style="list-style-type: none"> <li>• Have opportunities to take turns, share equipment.</li> <li>• Form simple shapes such as a circle and a line.</li> <li>• Sequence simple actions to music, nursery rhymes and stories.</li> <li>• Experiment with objects such as milk cartons, plastic jugs, buckets, bean bags, creatively shaped balls, plastic toys and stuffed animals to demonstrate space.</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b>  <b>The student will demonstrate appropriate personal behavior while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Play and work in personal space without interfering with others.</li> <li>• Follow adult-delivered rules.</li> <li>• Respond to rule infractions when reminded.</li> <li>• Handle and care for equipment safely and appropriately.</li> <li>• Awareness of peers; takes cues from peers.</li> <li>• Identify personal space and "take it" with them in general space.</li> <li>• Awareness of implements and force applied to balls, frisbees, and beanbags, etc.</li> </ul>
<p><b>Standard Six:</b>  <b>The student will apply recreation/leisure and fitness skills to other life activities.</b></p>	<ul style="list-style-type: none"> <li>• Development of simple skills for recreation involvement, including following simple directions, initial perceptual abilities such as differentiation, eye-hand coordination and ocular tracking.</li> <li>• Beginning directionality and reception and propulsion skills.</li> <li>• When playing on backyard or local playground equipment parents remember a few basic skills such as: rolling, crawling, creeping, sitting, standing, walking, grasping, holding, releasing, pushing, pulling, lifting, bending, sliding, and swinging.</li> </ul>

**GRADES PRE-K:**  
**“How We Move Our Bodies Through Space”**

**SOCIAL DEVELOPMENT**

<p><b><u>Standard Seven:</u></b>  <b>The student will demonstrate appropriate interaction with others while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Chooses playmates without regard to personal differences (e.g., race, gender disability). It should be noted that at this age students will pick friends it is important for the teacher to set the environment that does not allow for "put downs." "Highlight Kids" are students that have chosen the opposite gender as a partner.</li> <li>• Participation in activities without interfering with others.</li> <li>• Take turns with a partner or small group using a piece of equipment with teacher prompting.</li> <li>• Interact with playmates without regard to personal differences (e.g., race, gender, or disability).</li> <li>• Develop individual responsibility and getting along with others.</li> </ul>
<p><b><u>Standard Eight:</u></b>  <b>The student will be introduced to a variety of multicultural movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Traditional holidays from around the world are introduced through movement, e.g., striking a pinata, simple movements to ethnic music and spinning a top.</li> <li>• Family, relatives and friends share simple games and dances with the class.</li> <li>• Play toss with a soft globe ball and briefly point out where they live.</li> <li>• Use pathways to cooperatively piece together a puzzle map.</li> </ul>

**GENERAL TEACHING STRATEGIES**

- Keep the movements simple.
- Select an activity that your particular group of students can accomplish in a short period of time so that they will experience success of their first try and will look forward to the next activity.
- Have the students do the activity first without music, if the students are going to pat their legs and then their heads, for example, do the sequence several times until they can do it comfortably. Then add the music.
- At first, have the students sit or stand in one spot; moving about will be more difficult for them.
- Give the students the opportunity to try the movement to their own timing, before involving the whole group.
- Use bilateral, symmetrical movements first (both sides of the body doing the same thing at the same time).
- Repeat each movement 8 to 16 times to assure that all the students master the movement.
- Try not to call attention to the students who are not performing "correctly," because this causes self-consciousness and embarrassment and children are "turned-off."
- Work only with the steady beat.
- Avoid clapping hands and stamping feet. These are difficult coordination activities for young children. Instead have students gather in and tap with the tip of their fingers on body parts to help internalize the beat.
- Avoid giving directions that indicate "right" or "left." Allow each student to decide which side he or she wants to start. You can say for example, "one side" and "the other side," or "first side" and "second side."

**GRADE ONE:**  
***“Children Move Through Space and Time”***

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b> The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</p>	<ul style="list-style-type: none"> <li>• Skill themes such as throwing, kicking, rolling, striking, bouncing and catching, dribbling and volleying.</li> <li>• Travel and change direction quickly and safely in response to a signal.</li> <li>• Identify and demonstrate four characteristics of a correct throw both one and two handed.</li> <li>• Kick a ball rolled to them.</li> <li>• Toss and catch a ball individually or with a partner, begin to assess the quality of movement.</li> <li>• Travel in relationship to objects: over, under, behind, and through.</li> </ul> <ul style="list-style-type: none"> <li>• Develop awareness of the concepts of space, time, and effort through movement experiences.</li> <li>• Locomotor activities include: hopping, galloping, marching, and sliding to specific rhythms.</li> <li>• Non-locomotor movements include balances, lifting and carrying, starting and stopping, swinging, curling, dodging.</li> <li>• Manipulate objects: roll, toss underhand, bounce with two hands, retrieve, stationary kick.</li> <li>• Simple dances in columns and circles.</li> </ul>
<p><b>Standard Two:</b> The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</p>	<ul style="list-style-type: none"> <li>• Place the body and limbs in different positions, demonstrating high, middle (medium), and low levels.</li> <li>• Move backward and change direction safely without falling.</li> <li>• Balance on a variety of body parts.</li> <li>• Describe "how to" hop, gallop slide, etc</li> </ul>
<p><b>Standard Three:</b> The student will achieve and maintain a health-enhancing level of fitness.</p>	<ul style="list-style-type: none"> <li>• Recognize changes in their bodies, such as changes in height and weight.</li> <li>• Identify oxygen and food as fuel to supply the body with energy.</li> <li>• Engage in sustained physical activity that causes an increased heart rate and heavy breathing.</li> <li>• Understand the differences in others skills, e.g., some people are fast in short distances others can run slow but farther.</li> </ul>
<p><b>Standard Four:</b> The student will regularly experience recreation/leisure and fitness activities.</p>	<ul style="list-style-type: none"> <li>• Show interest in trying new movement activities and skills.</li> <li>• Identify how the body feels during different kinds of physical activity.</li> <li>• Participate in a wide variety of physical activities outside the physical education and adapted physical education class.</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b> The student will demonstrate appropriate personal behavior while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Realize consistent patterns of expected behaviors in time intervals on playground.</li> <li>• Use equipment safely and responsibly.</li> <li>• Develop responsibility for expected behaviors on the playground and in the classroom.</li> <li>• Stop activity immediately at the signal to do so.</li> </ul>
<p><b>Standard Six:</b> The student will apply recreation/leisure and fitness skills to other life activities.</p>	<ul style="list-style-type: none"> <li>• Make choices while participating in movement related activities during recess or lunch.</li> <li>• Perceptual motor skills enhanced.</li> <li>• Development of balances, fine motor, and differentiation of body parts.</li> <li>• Ability to choose worthwhile leisure-time activity when with parents and friends; e.g., shall we throw the dog a ball or play on the swing? Shall we slide down the equipment or ride the tricycle?</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b> The student will demonstrate appropriate interaction with others while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Work in a group setting without interfering with others.</li> <li>• Take turns and share a piece of equipment.</li> <li>• Interact positively with others regardless of personal differences.</li> <li>• Offer "put ups" to others.</li> <li>• Recognize it's OK that someone might be more skilled than someone else.</li> </ul>
<p><b>Standard Eight:</b> The student will be introduced to a variety of multicultural movement activities.</p>	<ul style="list-style-type: none"> <li>• Identify variations in games and activities played in classmates' homes and neighborhoods.</li> <li>• Playing partners toss to various ethnic music.</li> <li>• Understanding historical perspectives, i.e., marbles (Germany was the center of the world marble trade originally made from chips of marble, cheaper versions were of baked clay and glass. Marbles were known in pre-Christian Rome).</li> </ul>

**GRADE TWO:**  
***“My Partner And I And How We Move Through Space”***

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b><u>Standard One:</u></b>  <b>The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</b></p>	<ul style="list-style-type: none"> <li>• Demonstrate skills of chasing, fleeing, and dodging in a variety of situations.</li> <li>• Jump in a self-turned rope repeatedly forward and or backwards.</li> <li>• Skip, hop, gallop, jump, and slide in a variety of situations. Combine locomotor patterns in time to music using a 4/4 beat</li> <li>• Strike a ball repeatedly with a hand or paddle, and be able to dribble off a wall.</li> <li>• Receives and sends an object in a continuous motion.</li> <li>• Balances, demonstrating momentary stillness, in symmetrical and nonsymmetrical shapes on a variety of body parts.</li> <li>• Beginning two/four square.</li> </ul>
<p><b><u>Standard Two:</u></b>  <b>The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</b></p>	<ul style="list-style-type: none"> <li>• Know and begin to describe the difference between walking, jogging, running, hopping, skipping, walking on tip toes, galloping and sliding and identify when watching others.</li> <li>• Experience increase and decrease (fast and slow) in speed by using locomotor and manipulative skills appropriately.</li> <li>• Demonstrate the qualities of space, time, force and flow when performing a variety of locomotor skills.</li> </ul>
<p><b><u>Standard Three:</u></b>  <b>The student will achieve and maintain a health-enhancing level of fitness.</b></p>	<ul style="list-style-type: none"> <li>• Understanding movement is important as a means for exercise fitness.</li> <li>• Support body weight for climbing, hanging, and taking weight on hands, momentarily.</li> <li>• Demonstrate flexibility by moving each joint through a full range of motion.</li> <li>• Participate in sustained physical activity in physical classes and on the playground.</li> </ul>
<p><b><u>Standard Four:</u></b>  <b>The student will regularly experience recreation/leisure and fitness activities.</b></p>	<ul style="list-style-type: none"> <li>• Participate in a wide variety of physical activities outside the physical education class.</li> <li>• Identify feelings resulting from challenges and successes in physical activity.</li> <li>• Interpret an experience through movement (creative movement, dance, visualization, for instance)</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b><u>Standard Five:</u></b>  <b>The student will demonstrate appropriate personal behavior while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Self-discipline: self-control in relation to self, other persons, and objects.</li> <li>• Apply rules, procedures, and safe practices with little reinforcement.</li> <li>• Use equipment and space safely and properly.</li> <li>• Respond positively to an occasional reminder about a rule infraction.</li> <li>• Practice specific skills as assigned until the teacher signals the end of practice.</li> <li>• Stops activity and control the equipment immediately at the signal to do so.</li> </ul>
<p><b><u>Standard Six:</u></b>  <b>The student will apply recreation/leisure and fitness skills to other life activities.</b></p>	<ul style="list-style-type: none"> <li>• Participates in a wide variety of activities that involve locomotion, non-locomotion and manipulation of objects outside of physical education class.</li> <li>• Seeks participation in gross motor activity of moderate to vigorous in nature, at home and in the community.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b><u>Standard Seven:</u></b>  <b>The student will demonstrate appropriate interaction with others while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Work cooperatively with another to complete an assigned task.</li> <li>• Assist a partner by sharing observations about skill performance during practice, using simple criteria.</li> <li>• Resolve conflicts in socially acceptable ways.</li> <li>• Treat others with respect during play.</li> </ul>
<p><b><u>Standard Eight:</u></b>  <b>The student will be introduced to a variety of multicultural movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Describe how contemporary, successful local personalities have made a positive difference through physical activity.</li> <li>• Cut out old sports magazines and make a collage of favorite sports.</li> <li>• Understanding historical perspectives, i.e., quilts probably developed from the Greek sport of discus throwing and spread with traders. Quilting leagues are a familiar part of social life in Scotland and England and was introduced to the United States during colonial times. Horseshoe pitching has largely replaced the original version of the game.</li> </ul>

**GRADE THREE:**  
**“Continuity and Change in Movement”**

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b> The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</p>	<ul style="list-style-type: none"> <li>• Develop a sequence of physical activities and movement patterns that match appropriately (rhythm, speed, emotion, etc.) to a selection of music.</li> <li>• Dribble a ball continuously, using the hands or feet for control in place and moving around.</li> <li>• Use a variety of body shapes, levels, and pathways in simple sequences of movement.</li> <li>• Balance with apparatus, balance inverted (upside down), balance on body parts, partner balances.</li> <li>• Manipulation: Elementary striking skills (refined), dribble, volley.</li> <li>• Movement concepts at this point are:  <table style="width: 100%; border: none;"> <tr> <td>Forward/Backward</td> <td>Over/Under</td> <td>Off of</td> <td>Wandering</td> <td>Across</td> </tr> <tr> <td>Counterclockwise</td> <td>Clockwise</td> <td>Quick</td> <td>Right/Left</td> <td>Sideways</td> </tr> <tr> <td>Heavy/Light</td> <td>In Front/Behind</td> <td>Through</td> <td>Diagonally</td> <td>Up/Down</td> </tr> <tr> <td>Around/Through</td> <td>Loud/Quiet</td> <td>Next To</td> <td>Hard/Soft</td> <td>Middle</td> </tr> <tr> <td>Straight/Zigzag</td> <td>On Top Of</td> <td>Fast/Slow</td> <td>Weak/Strong</td> <td>High/Low</td> </tr> </table> </li> </ul>	Forward/Backward	Over/Under	Off of	Wandering	Across	Counterclockwise	Clockwise	Quick	Right/Left	Sideways	Heavy/Light	In Front/Behind	Through	Diagonally	Up/Down	Around/Through	Loud/Quiet	Next To	Hard/Soft	Middle	Straight/Zigzag	On Top Of	Fast/Slow	Weak/Strong	High/Low
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Around/Through	Loud/Quiet	Next To	Hard/Soft	Middle																						
Straight/Zigzag	On Top Of	Fast/Slow	Weak/Strong	High/Low																						
<p><b>Standard Two:</b> The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</p>	<ul style="list-style-type: none"> <li>• Recognize similar movement concepts in a variety of skills. For example, an underhand movement can be used in a variety of activities.</li> <li>• Identify critical elements of locomotor movement.</li> <li>• Use feedback to improve performance.</li> <li>• Understand how to stop and start movement.</li> <li>• Learn to focus on important cues and adjust movement to specific situations.</li> </ul>																									
<p><b>Standard Three:</b> The student will achieve and maintain a health-enhancing level of fitness.</p>	<ul style="list-style-type: none"> <li>• Understand strength and fitness benefits from various types of exercise.</li> <li>• Understanding the importance of cardiorespiratory exercise.</li> <li>• Understanding the importance of flexibility.</li> <li>• Identify the components of health-related fitness.</li> <li>• Describe the importance of warm-up and cool-down as a part of aerobic activities.</li> <li>• Participate in aerobic activity for extended periods of time (ten minutes, for example). This should be during class and during free time.</li> </ul>																									
<p><b>Standard Four:</b> The student will regularly experience recreation/leisure and fitness activities.</p>	<ul style="list-style-type: none"> <li>• Identify benefits gained from participating in physical activity</li> <li>• Participate in regular physical activity that encourages appropriate social interactions</li> <li>• Use physical activity as a means of self-expression.</li> </ul>																									

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b> The student will demonstrate appropriate personal behavior while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Work independently and on task during physical education activities</li> <li>• Follow rules, procedures, and etiquette with minimal adult direction.</li> <li>• Understand gender differences and how this effects growth rates.</li> <li>• Engage with all members of the class and not just with special friends.</li> </ul>
<p><b>Standard Six:</b> The student will apply recreation/leisure and fitness skills to other life activities.</p>	<ul style="list-style-type: none"> <li>• Awareness of opportunities in physical activities in the community with regards to his/her disability.</li> <li>• Regularly participates in physical activity for developing a healthy lifestyle</li> <li>• Identifies at least one activity to participate in on a regular basis.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b> The student will demonstrate appropriate interaction with others while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Gaining a respect for others; understanding of play and assist each other in activities</li> <li>• Continuity and change is addressed through the study of how the student's ability to move has changed throughout his or her life.</li> <li>• Play cooperatively in small groups of three to five with minimal adult support</li> <li>• Work productively with partners toward a goal.</li> <li>• Invite a peer to take a turn at a piece of apparatus before repeating a turn.</li> <li>• Identify and accept differences in each other's physical performance.</li> </ul>
<p><b>Standard Eight:</b> The student will be introduced to a variety of multicultural movement activities.</p>	<ul style="list-style-type: none"> <li>• Circle dances from around the world.</li> <li>• Explain how their physical education program has changed since kindergarten.</li> <li>• Music and dance with stories from the class.</li> <li>• Games from around the world.</li> <li>• Understanding generation relationships, i.e., games did your Grandparents played.</li> </ul>

**GRADE FOUR:**  
***“Manipulating Objects In and Through Space”***

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b>  <b>The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</b></p>	<ul style="list-style-type: none"> <li>• Throw, catch, strike, and kick using mature form.</li> <li>• Dribble and pass in basketball related activities.</li> <li>• Balance with control on a variety of objects (balance board, large apparatus, stilts).</li> <li>• Develop and refine a gymnastics tumbling sequence demonstrating smooth transitions.</li> <li>• Develop a creative dance sequence and refine it into a repeatable pattern.</li> <li>• Using correct form jump and land for height and distance.</li> <li>• Transfer weight from feet to hands at fast and slow speeds, using large extensions (e.g., mule kick, handstand, cart wheel).</li> </ul>
<p><b>Standard Two:</b>  <b>The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</b></p>	<ul style="list-style-type: none"> <li>• Understand that repetition improves performance.</li> <li>• Emphasis is on learning the correct technique rather than the result.</li> <li>• Be ready to take initiative/demonstrate leadership.</li> <li>• Create chances to process quickly by developing movement opportunities.</li> </ul>
<p><b>Standard Three:</b>  <b>The student will achieve and maintain a health-enhancing level of fitness.</b></p>	<ul style="list-style-type: none"> <li>• Engage in appropriate activity that results in the development of muscular strength, endurance and good nutrition.</li> <li>• Maintain continuous aerobic activity for a specified time and activity (12-15 minutes).</li> <li>• Support, lift, and control body weight in a variety of activities.</li> <li>• Participate regularly in physical activity to improve physical fitness.</li> <li>• Develop more complex dances.</li> </ul>
<p><b>Standard Four:</b>  <b>The student will regularly experience recreation/leisure and fitness activities.</b></p>	<ul style="list-style-type: none"> <li>• Learning to appropriately respond with success and failure in experiences.</li> <li>• Participate regularly in a physical activity that develops a healthy lifestyle.</li> <li>• Describe healthful benefits that result from their regular and appropriate participation in physical activity.</li> <li>• Identify opportunities in the community to participation in physical activities.</li> <li>• Participation on a regular basis in at least one physical activity.</li> <li>• Design games, gymnastics and dance sequences of personal interest.</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b>  <b>The student will demonstrate appropriate personal behavior while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Assess their own performance problems without blaming others.</li> <li>• Accept decisions regarding a rule infraction without displaying a negative reaction.</li> <li>• Act in a safe manner during physical activity.</li> <li>• Work independently and on task in small groups.</li> <li>• Demonstrate good sportsmanship by playing according to the rules, accepting the decisions of officials and congratulating their opponents no matter what the outcome of the game.</li> </ul>
<p><b>Standard Six:</b>  <b>The student will apply recreation/leisure and fitness skills to other life activities.</b></p>	<ul style="list-style-type: none"> <li>• Describe local opportunities in movement related activities influenced by demographics.</li> <li>• Participates in non-school sports. (Examples are baseball, soccer, football, ice hockey, jazz dance and swim team. Participation may be after school or in the summer.)</li> <li>• Encourage other family members to engage in hiking, roller blading, walking and other physical activities to develop family unity.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b>  <b>The student will demonstrate appropriate interaction with others while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Demonstrate the ability to lead or follow while working cooperatively with partner or small group.</li> <li>• Recognize the fundamental strategies in simple games.</li> <li>• Recognize the attributes that individual differences can bring to group activities.</li> </ul>
<p><b>Standard Eight:</b>  <b>The student will be introduced to a variety of multicultural movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Activities reflect ethnic groups represented in California population: Hispanic. Native American, Asian, Irish, Italian to name a few.</li> <li>• Report on local sports and recreational opportunities.</li> <li>• Describe and participate in activities of different national, culture, and ethnic origins.</li> <li>• Understanding historical perspectives, i.e., Chinese rope-kicking (a popular game in China it's a version of the English favorite, "high water-low water").</li> </ul>

**GRADE FIVE:**  
***“Manipulating Objects With Accuracy And Speed”***

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b><u>Standard One:</u></b>  <b>The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</b></p>	<ul style="list-style-type: none"> <li>• Manipulate objects with accuracy and speed with relationship to boundaries.</li> <li>• Combine movement skills in applied settings.</li> <li>• Develop specialized movement skills.</li> <li>• Pass a ball or other object to a moving player in dynamic situations.</li> <li>• Cooperative games with emphasis on more than two skills.</li> <li>• Contemporary line dances set to music using a 4/4 beat.</li> <li>• Understand offensive and defensive play.</li> </ul>
<p><b><u>Standard Two:</u></b>  <b>The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</b></p>	<ul style="list-style-type: none"> <li>• Use information from internal, (self-evaluation) and external (peers and teachers) sources to improve performance.</li> <li>• Use fundamental strategies in modified sports-related games.</li> <li>• Understand simple principles of practice and conditioning that enhance performance.</li> </ul>
<p><b><u>Standard Three:</u></b>  <b>The student will achieve and maintain a health-enhancing level of fitness.</b></p>	<ul style="list-style-type: none"> <li>• Participate in a variety of health-enhancing physical activities in both school and non-school settings.</li> <li>• Assess their personal health-related fitness and set goals to meet standards of health-related fitness.</li> <li>• Meet current health-related fitness standards as defined by modified fitness tests.</li> <li>• Understand that different body types are more effective at certain movement skills and activities.</li> <li>• Identify how to balance food intake with physical activity.</li> <li>• Understand the relationship of calories in/calories Out to body composition.</li> </ul>
<p><b><u>Standard Four:</u></b>  <b>The student will regularly experience recreation/leisure and fitness activities.</b></p>	<ul style="list-style-type: none"> <li>• Describe opportunities in the school and community for regular participation in physical activity.</li> <li>• Participate daily in some form of health-enhancing physical activity.</li> <li>• Describe and demonstrate movement activities and ways of using the body to communicate ideas and feelings.</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b><u>Standard Five:</u></b>  <b>The student will demonstrate appropriate personal behavior while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Distinguish between acts of courage and reckless acts.</li> <li>• Follow game rules independently and with adult support.</li> <li>• Participate in establishing rules and procedures that are safe and effective for specific activities and environments.</li> </ul>
<p><b><u>Standard Six:</u></b>  <b>The student will apply recreation/leisure and fitness skills to other life activities.</b></p>	<ul style="list-style-type: none"> <li>• Participates in outdoor recreational activities at local facilities or areas.</li> <li>• Utilize table games to enhance leisure time.</li> <li>• Increase socialization through participating in aerobic dance.</li> <li>• Increase constructive use of leisure through participation in an activity that can be done at home using video format.</li> <li>• Participate in running, jogging, and walking activities throughout the community.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b><u>Standard Seven:</u></b>  <b>The student will demonstrate appropriate interaction with others while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Teach an activity or skill to partners or a small group of peers or younger children.</li> <li>• Demonstrate fairness in games and activities.</li> <li>• Putting yourself in another's place, how would you feel if you used a wheelchair or was too small to reach a basket.</li> <li>• Understand the concept of empathy.</li> </ul>
<p><b><u>Standard Eight:</u></b>  <b>The student will be introduced to a variety of multicultural movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Activities throughout the world could be discussed.</li> <li>• Develop historical perspectives, i.e., the Olympic Games encompass which sports and which countries usually do the best and why?</li> <li>• Jeu de Boules from France, Bocce originating in Italy, Qui lies adapted from the old French or Tlachthi from Spain can be researched and played.</li> </ul>

**GRADE SIX:**  
**“Cooperative Effort Toward Achieving A Common Goal”**

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b>  <b>The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</b></p>	<ul style="list-style-type: none"> <li>• Throw a variety of objects, demonstrating both accuracy and force both with one hand and two.</li> <li>• Perform tumbling and dance sequences that combine traveling, rolling, balancing, and transferring weight into smooth flowing sequences.</li> <li>• Keep an object going continually with a partner, using a striking pattern. This can be done with the body or with a racquet or trainer volleyball, manipulate the boundary for success.</li> </ul>
<p><b>Standard Two:</b>  <b>The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</b></p>	<ul style="list-style-type: none"> <li>• Recognize and correct errors in personal movement patterns.</li> <li>• Identify the basic locomotor, non-locomotor, and manipulative skills that enhance performance.</li> <li>• Provide constructive feedback to a partner.</li> </ul>
<p><b>Standard Three:</b>  <b>The student will achieve and maintain a health-enhancing level of fitness.</b></p>	<ul style="list-style-type: none"> <li>• Instructor keeps a record of heart rate before, during and after a vigorous physical activity.</li> <li>• Engage in physical activity at the target heart rate for a minimum of 20 minutes. Identify proper warm-up and cool-down techniques and the reasons for using them.</li> <li>• Demonstrate activities designed to improve and maintain muscular strength, endurance, flexibility, cardiovascular functioning, and proper body composition (the five health components of fitness).</li> </ul>
<p><b>Standard Four:</b>  <b>The student will regularly experience recreation/leisure and fitness activities.</b></p>	<ul style="list-style-type: none"> <li>• Participate in a variety of physical activities, both in and out of school based upon individual interests and capabilities.</li> <li>• Use time wisely when given the opportunity to practice and improve performance.</li> <li>• Participate in establishing rules, procedures, and etiquette that are safe and effective for specific activities</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b>  <b>The student will demonstrate appropriate personal behavior while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Remain on task without close teacher monitoring.</li> <li>• Use time wisely when given the opportunity to practice and improve performance.</li> <li>• Participate in establishing rules, procedures, and etiquette that are safe and effective for specific activities.</li> </ul>
<p><b>Standard Six:</b>  <b>The student will apply recreation/leisure and fitness skills to other life activities.</b></p>	<ul style="list-style-type: none"> <li>• Choose to exercise at home for personal enjoyment and benefit.</li> <li>• Participate in games, sports, dance, and outdoor pursuits both in and out of school based on individual interests and capacities.</li> <li>• Identify opportunities close to home for participation in different kinds of activities.</li> <li>• Make suggestions for modifications in a game or activity that can aid his/her inclusion.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b>  <b>The student will demonstrate appropriate interaction with others while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Design and play small-group games that involve cooperating with others (peers and non-disabled peers).</li> <li>• Make suggestions for modifications in a game or activity that can improve the game to enhance "fair/equal" participation for all.</li> <li>• Recognize the role of games, sports, and dance in getting to know and understand theirs with individual likeness and differences.</li> <li>• Appreciate style differences of movement activity.</li> </ul>
<p><b>Standard Eight:</b>  <b>The student will be introduced to a variety of multicultural movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Dances of contemporary cultures, whose origins are studied in ancient civilizations, simple movements extract the essence of the dance.</li> <li>• Dance to a 4/4 beat and takes turns as a drummer to pound out the beat.</li> <li>• Understanding historical perspectives, i.e., hoops (The Greeks set great stones by hoop rolling as a healthy exercise for people with a weak constitution: it was recommended by Hippocrates, the great physician in one of his treatises on medicine, about 300 BC).</li> </ul>

## GRADE SEVEN:

### *“Providing Challenges And Making Decisions Through Activities Which Involve Risk”*

#### **MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b> The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</p>	<ul style="list-style-type: none"> <li>• Adapt and combine locomotor, non-locomotor, and manipulative skills to meet the demands of increasingly complex movement activities.</li> <li>• Perform a variety of simple folk and square dances.</li> <li>• Demonstrate beginning skills for net or other types of games.</li> <li>• Explore combatives, aquatics, and adventure activities.</li> </ul>
<p><b>Standard Two:</b> The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</p>	<ul style="list-style-type: none"> <li>• Recognize general characteristics of movement that can be applied to specific settings.</li> <li>• Apply basic offensive and defensive strategies in simple settings</li> <li>• Apply scientific principles to individual/dual sports.</li> </ul>
<p><b>Standard Three:</b> The student will achieve and maintain a health-enhancing level of fitness.</p>	<ul style="list-style-type: none"> <li>• Participate in vigorous activity for a sustained period of time (at least 20 minutes) at least three times per week, while maintaining a target heart rate.</li> <li>• Establish and monitor personal physical activity goals.</li> <li>• Assess, set and meet current health-related fitness standards as defined by fitness testing.</li> <li>• Identify the impact of such factors as nutrition, relaxation, stress, and substance abuse on the body's ability to participate in physical activity.</li> </ul>
<p><b>Standard Four:</b> The student will regularly experience recreation/leisure and fitness activities.</p>	<ul style="list-style-type: none"> <li>• Participate in games, sports, dance and outdoor pursuits, both in and out of school, based upon individual interests and capabilities.</li> <li>• Describe the relationship between a healthy lifestyle and physical emotional and social well being.</li> <li>• Explore modified introductory outdoor skills suited to the student's environment.</li> </ul>

#### **SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b> The student will demonstrate appropriate personal behavior while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Accept and respect decisions made by game officials--whether they are students, teachers, or referees.</li> <li>• Demonstrate appropriate sportsmanship.</li> <li>• Understand that the quality of life is enhanced due to tension and stress releasing effects of physical activity.</li> </ul>
<p><b>Standard Six:</b> The student will apply recreation/leisure and fitness skills to other life activities.</p>	<ul style="list-style-type: none"> <li>• Rotate through a circuit training program that offers individual tasks and small cooperative activities that foster fitness skills.</li> <li>• Develop individual journals to record individuals best in a variety of activities.</li> <li>• Work with the family to develop games and specific game nights at home.</li> </ul>

#### **SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b> The student will demonstrate appropriate interaction with others while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Work cooperatively and productively in a group to accomplish a set goal in both cooperative and competitive activities.</li> <li>• Handle conflicts that arise with others without confrontation.</li> <li>• Work cooperatively with more and less skilled peers.</li> </ul>
<p><b>Standard Eight:</b> The student will be introduced to a variety of multicultural movement activities.</p>	<ul style="list-style-type: none"> <li>• Appropriate curriculum content will carry over into general movement program, if students are studying the medieval times games during those times will be according to cognitive ability.</li> <li>• Understanding historical perspectives, i.e., knucklebones (a game similar to Jacks), Hopscotch (originated in Scotland), Tug-O-War with many variations around the world, i.e., Burma, Canadian natives, Korea, Austrian, and Tyrol have variations that are unique and fun.</li> </ul>

**GRADE EIGHT:**  
***“Working As A Team To Solve Problems”***

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b> The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</p>	<ul style="list-style-type: none"> <li>• Use basic offensive and defensive skills in a modified version of a team sport.</li> <li>• Demonstrate competence in modified versions of a variety of movement forms.</li> <li>• Performs a variety of simple folk and square dances.</li> <li>• Describes principles of training and conditioning for specific physical activities.</li> </ul>
<p><b>Standard Two:</b> The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</p>	<ul style="list-style-type: none"> <li>• Understand boundaries, and move advanced movement and game strategies.</li> <li>• Understand principles of practice for specific physical activities.</li> <li>• Will maintain a record of moderate to vigorous physical activity.</li> <li>• Understand the concept that fouls involve people, and violations involve space (lines) equipment, time. Terminology of rules becomes more developed.</li> </ul>
<p><b>Standard Three:</b> The student will achieve and maintain a health-enhancing level of fitness.</p>	<ul style="list-style-type: none"> <li>• Design personal health-related fitness programs based upon a fitness profile assessed by fitness scores.</li> <li>• Describe how to improve and maintain appropriate body composition.</li> <li>• Describe principles of training and conditioning for specific physical activities.</li> <li>• Assess physiological indicators of exercise during and after physical activity.</li> <li>• Engage in physical activity at the target heart rate for minimum of 20 minutes three times a week.</li> <li>• Correctly demonstrate various weight training techniques.</li> </ul>
<p><b>Standard Four:</b> The student will regularly experience recreation/leisure and fitness activities.</p>	<ul style="list-style-type: none"> <li>• Establish personal activity goals.</li> <li>• Participate in regular health-enhancing activities to accomplish personal physical activity goals.</li> <li>• Emphasis on favorite physical activity to improve skill level.</li> <li>• Describe long-term physiological, psychological, and other benefits that may result from regular participation in physical activity.</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b> The student will demonstrate appropriate personal behavior while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Solve problems by analyzing causes and potential solutions.</li> <li>• Practice appropriate ways to learn new skills or sports independently.</li> <li>• Play within the rules of a game. Fouls involve people, and violations involve space (lines), equipment and time.</li> <li>• Considers the consequences when confronted with a behavior choice.</li> </ul>
<p><b>Standard Six:</b> The student will apply recreation/leisure and fitness skills to other life activities.</p>	<ul style="list-style-type: none"> <li>• Be exposed to a variety of new activities.</li> <li>• Enjoys the aesthetic and creative aspects of performance.</li> <li>• Feels satisfaction when engaging in physical activity.</li> <li>• Participates in fitness-enhancing physical activities outside of school, (e.g., gymnastics club, wheelchair sports team, community swim team, sponsored youth sports).</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b> The student will demonstrate appropriate interaction with others while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Identify positive and negative peer influences.</li> <li>• Recognize that team sport rules are fair and allow for maximum participation.</li> <li>• Make choices based on the safety of others and self.</li> <li>• Identify behaviors that are supportive and inclusive in physical activity.</li> <li>• Respects the physical and performance limitation of self and others.</li> <li>• Displays sensitivity to the feelings of others during interpersonal interactions.</li> <li>• Handles conflicts that arise with others without confrontation.</li> </ul>
<p><b>Standard Eight:</b> The student will be introduced to a variety of multicultural movement activities.</p>	<ul style="list-style-type: none"> <li>• Describe physical education and physical activity in the U.S. during the last century.</li> <li>• Describe how various cultures have influenced games, sports, play, and dance in the United States.</li> <li>• Demonstrates understanding of the ways sport and dance influence American culture.</li> <li>• Understanding historical perspective, i.e., barrel rolling (fun loving turn of the century Paris used to give each contestant a wine barrel to roll a given distance we may try this today with modern plastic garbage cans!)</li> <li>• Understanding historical perspective, i.e., camel rush (how many of you can fit on the back of a camel?) Great fun in India but how can we adapt this fun and wacky game? An empty bathtub, plastic water pool, garbage can, or wheelbarrow might work.</li> </ul>

**GRADE NINE:**  
***“Students Develop Fitness Programs For A Healthy Life-Style”***

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b>  <b>The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</b></p>	<ul style="list-style-type: none"> <li>• Develop a practice program for an open skill (impacted by environmental variables) and for a closed skill (not impacted by environmental variables).</li> <li>• Apply fundamental movement skills in team sports, tumbling, gymnastics, and aquatics.</li> <li>• Create a variety of offensive/defensive strategies for a new team game.</li> </ul>
<p><b>Standard Two:</b>  <b>The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</b></p>	<ul style="list-style-type: none"> <li>• Analyze movement performance using the principles of resistance in order to learn or improve a movement skill.</li> <li>• The sciences can collaborate in teaching concepts related to gravity, levers, motion, biomechanics and exercise physiology.</li> <li>• Basic knowledge of simple gymnastics.</li> <li>• Aquatics should ensure that the students are water safe.</li> </ul>
<p><b>Standard Three:</b>  <b>The student will achieve and maintain a health-enhancing level of fitness.</b></p>	<ul style="list-style-type: none"> <li>• Create and implement an individualized fitness program, monitor physical changes, and modify the plan to ensure success.</li> <li>• Learn simple physiology of exercise concepts.</li> <li>• Understand the importance of balanced nutrition for good health-</li> <li>• Revise personal goals for fitness as needs change.</li> <li>• Develop an understanding of the components of total health fitness through a ten-week unit on fitness.</li> <li>• Overall goal of healthy life style through scientific medicine and physical activity.</li> </ul>
<p><b>Standard Four:</b>  <b>The student will regularly experience recreation/leisure and fitness activities.</b></p>	<ul style="list-style-type: none"> <li>• Gain an appreciation of achievements, no matter how large or small.</li> <li>• Set personal goals for health and fitness.</li> <li>• Journals which include a record and analysis of personal exercise and nutrition, personal growth and development and personal achievement.</li> <li>• Understand the concept of "personal best."</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b>  <b>The student will demonstrate appropriate personal behavior while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Analyze the variety of body types within age and gender groups, and their efficiency at different skills.</li> <li>• Recognize need for affiliation, creates in the student a willingness to acknowledge and respect stylistic differences in performance.</li> <li>• Team members resolve conflicts for the group, understanding of the word teamwork.</li> </ul>
<p><b>Standard Six:</b>  <b>The student will apply recreation/leisure and fitness skills to other life activities.</b></p>	<ul style="list-style-type: none"> <li>• Choose to participate in movement-related activities outside of school.</li> <li>• Understand the importance of maintaining a healthy life style.</li> <li>• Become involved in a community-based activity such as a bowling league, square dance group or Special Olympics challenge sports.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b>  <b>The student will demonstrate appropriate interaction with others while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Demonstrate the use of conflict resolution skills as a member of a team.</li> <li>• Awareness of likeness and differences.</li> <li>• Awareness of rules and understand how they can be modified by the group participating.</li> <li>• Understanding of peer pressure.</li> </ul>
<p><b>Standard Eight:</b>  <b>The student will be introduced to a variety of multicultural movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Aesthetic features of movement qualities to create a routine for use in tumbling, gymnastics, aquatics, team sports or fitness.</li> <li>• Integration with geography is accomplished through activities in which students plan routes, measure distance and gradients and experience orienteering as an aerobic activity. This could be as simple as how many miles is it to a special park, each day you chart how far you walked or jogged and after completing x amount of miles the student is rewarded by going there.</li> <li>• Understanding historical perspective, i.e., all America Soap Box Racing is highlighted every August in Akron, Ohio, photographers in early twentieth century France show pictures of many adults who design and build ingenious wheeled racers.</li> </ul>

**GRADE TEN:**  
**“Analyze Skills For Effective Movement”**

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b> The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</p>	<ul style="list-style-type: none"> <li>• Develop a practice plan for themselves taking into consideration their stage of learning.</li> <li>• Apply the fundamental movement skills in individual and dual sports, outdoor education, self-defense, and dance.</li> </ul>
<p><b>Standard Two:</b> The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</p>	<ul style="list-style-type: none"> <li>• Create a variety of offensive/defensive strategies for a new individual game.</li> <li>• Analyze movement performance using application of levers to learn or improve a movement skill.</li> <li>• Analyze a movement performance using the scientific principles of movement in order to learn or improve a movement skill.</li> </ul>
<p><b>Standard Three:</b> The student will achieve and maintain a health-enhancing level of fitness.</p>	<ul style="list-style-type: none"> <li>• Analyze the mechanical principles involved in a fitness workout. Students assess personal fitness status in terms of cardiovascular endurance, muscular strength and endurance, flexibility and body composition-</li> <li>• Assess personal fitness, compare scores to a health-related standard, and set goals for improvement or maintenance.</li> <li>• Discuss the importance of balanced nutrition for maintaining a healthy life-style</li> </ul>
<p><b>Standard Four:</b> The student will regularly experience recreation/leisure and fitness activities.</p>	<ul style="list-style-type: none"> <li>• Analyze current physical education programs and careers from the United States and around the world.</li> <li>• Understand the concept of "personal best"</li> <li>• Set personal goals for health and fitness.</li> <li>• Gain an appreciation of achievements no matter how large or small.</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b> The student will demonstrate appropriate personal behavior while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Appreciate the importance of commitment and dedication for effective movement-related performance.</li> <li>• Chooses an activity because of personal enjoyment and not because friends are in it.</li> <li>• Walks away from verbal confrontation.</li> <li>• Acknowledges good play from an opponent during competition.</li> <li>• Listens to all sides before taking action in conflict situations.</li> <li>• Enjoys the satisfaction of meeting and cooperating with others of diverse backgrounds during physical activity.</li> </ul>
<p><b>Standard Six:</b> The student will apply recreation/leisure and fitness skills to other life activities.</p>	<ul style="list-style-type: none"> <li>• Explain the relationship between the development of the sensory system and selection of developmentally appropriate activities.</li> <li>• Understand the importance of maintaining a healthy life style.</li> <li>• Become involved in community based activity such as a bowling league, square or social dance group, or a horseback riding club.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b> The student will demonstrate appropriate interaction with others while participating in movement activities.</p>	<ul style="list-style-type: none"> <li>• Applies leadership skills during movement related experiences.</li> <li>• Contributes meaningfully to the achievement of a team.</li> <li>• Recognizes and leaves provoking situations without getting involved in argument or physical interaction.</li> <li>• Use actions of others as social cues to appropriate action</li> <li>• Observes behavior of others in a situation and acts as they do.</li> <li>• Asks for help when needed.</li> </ul>
<p><b>Standard Eight:</b> The student will be introduced to a variety of multicultural movement activities.</p>	<ul style="list-style-type: none"> <li>• Appreciate the aesthetic features of movement, its use in art forms, and its cultural and ethnic diversity.</li> <li>• Analyze the influence of events in world history on sport, games, and modern Olympics in society today</li> <li>• Understanding historical perspective, i.e., earthball. (Earthball is the modern American version of an ancient game whose beginnings go back to the earliest tribal free-for-all a game used ceremonially in other cultures to express an exuberant belief in the regenerative forces of nature.)</li> </ul>

**GRADE ELEVEN/TWELVE:**  
**“Selecting Activities For The Pursuit Of Individual Excellence”**

**MOVEMENT SKILLS AND MOVEMENT KNOWLEDGE**

<p><b>Standard One:</b>  <b>The student will be exposed to a variety of movement activities and will be competent within their maximum potential.</b></p>	<ul style="list-style-type: none"> <li>• Apply the correct technique for fundamental movement patterns in an activity of choice.</li> <li>• Demonstrate some mastery of skills in games, sports, and dances and participate in intramural programs.</li> </ul>
<p><b>Standard Two:</b>  <b>The student will be introduced to movement concepts and principles in accordance with cognitive ability and will apply some of these when moving.</b></p>	<ul style="list-style-type: none"> <li>• Apply motor learning concepts when learning new skills in an activity of choice.</li> <li>• Comprehend the correct elements of various movements, strategies, safety procedures, and basic rules.</li> <li>• Use the principles of movement to accomplish a task with the least effort.</li> </ul>
<p><b>Standard Three:</b>  <b>The student will achieve and maintain a health-enhancing level of fitness.</b></p>	<ul style="list-style-type: none"> <li>• Incorporate an activity of choice into their personal fitness plan.</li> <li>• Assess personal fitness; compare scores to a health-related standard. and set goals for improvement or maintenance.</li> <li>• Show evidence of developing and maintaining physical fitness to achieve the goal of a healthy life-style.</li> <li>• Evaluate critically claims made in ads about commercial products and programs.</li> </ul>
<p><b>Standard Four:</b>  <b>The student will regularly experience recreation/leisure and fitness activities.</b></p>	<ul style="list-style-type: none"> <li>• Know current physical education programs and careers from the United States and around the world.</li> <li>• Demonstrate the concept of "personal best"</li> <li>• Set and maintain or improve upon personal goals for health and fitness.</li> <li>• Show an appreciation of achievements no matter how large or small.</li> </ul>

**SELF-IMAGE AND PERSONAL DEVELOPMENT**

<p><b>Standard Five:</b>  <b>The student will demonstrate appropriate personal behavior while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Display cultural sensitivity in movement-related experiences.</li> <li>• Show evidence of a positive self-image.</li> <li>• Encourages others to apply appropriate etiquette in all physical activity settings.</li> <li>• Responds to inflammatory situations with mature personal control.</li> <li>• Diffuses potential conflicts by communicating with other participants.</li> <li>• Creates a safe environment for personal skill practice.</li> <li>• Takes a supportive role in an activity.</li> <li>• Cheers outstanding performances of opponents as well as the "favored" team.</li> </ul>
<p><b>Standard Six:</b>  <b>The student will apply recreation/leisure and fitness skills to other life activities.</b></p>	<ul style="list-style-type: none"> <li>• Participate in activities of choice and strive for individual excellence.</li> <li>• Derives genuine pleasure from participating in physical activity.</li> </ul>

**SOCIAL DEVELOPMENT**

<p><b>Standard Seven:</b>  <b>The student will demonstrate appropriate interaction with others while participating in movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Share in the responsibility of group action and problem solving as a member of a group or team.</li> <li>• Knows and follows rules for general physical education class.</li> <li>• Completes warm up exercises and warm downs independently.</li> </ul>
<p><b>Standard Eight:</b>  <b>The student will be introduced to a variety of multicultural movement activities.</b></p>	<ul style="list-style-type: none"> <li>• Develops strategies for including persons of diverse backgrounds and abilities in physical activity.</li> <li>• Displays a willingness to experiment with the sports and activities of other cultures.</li> <li>• Identifies the effect of age, gender, race, ethnicity, socioeconomic status, and culture upon physical activity preferences and participation.</li> <li>• Expose students to sport history and significant literary works of different time periods.</li> <li>• Understanding historical perspective, i.e., water jousting. Water jousting developed as a lighthearted version of land jousting on horseback, in the days of chivalry. Early water jousting tilted at shields, known as quintains, supported on poles in rivers. Thence the game moved downstream to the Mediterranean coast of southern France, and became a special entertainment at summer festivals</li> </ul>