

## APPENDIX B

# PROGRAM ADVISORY CLARIFYING ADAPTED PHYSICAL EDUCATION PROGRAM SERVICES

California Department of Education SPD: 93/94-01 July 12, 1993

**ATTENTION:** County and District Superintendents of Schools  
(Attention: Directors of Special Education)  
County Coordinators and District Supervisors of Physical Education  
Special Education Local Plan Area Administrators  
Principals (High School, Middle School, and Elementary)

**FROM:** Shirley A. Thornton, Ed.D.  
Deputy Superintendent  
Specialized Programs

**SUBJECT: ADAPTED PHYSICAL EDUCATION PROGRAM SERVICES**

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 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.*

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. Various types of physical education programs and services are necessary to meet the needs of children and are to be made available as appropriate. For this instructional area, there is a need to:

- Address eligibility criteria.
- Outline a process for physical education programming.
- Ensure that appropriately qualified staff are employed, consistent with credentialing requirements.

- Address considerations unique to the demographics of various districts, counties, and special education local plan areas (SELPA's).
- Suggest guidelines for program eligibility, caseloads, and screening.

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## Questions and Answers

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### Types of Physical Education

*Question: What are the various types of physical education programs available?*

*Answer:*

#### **General Physical Education**

Full spectrum of game, sport, fitness, and movement activities. No adaptations or modifications required for safe and successful participation.

#### **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.

*5CCR §3051.5(a).*

#### **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).*

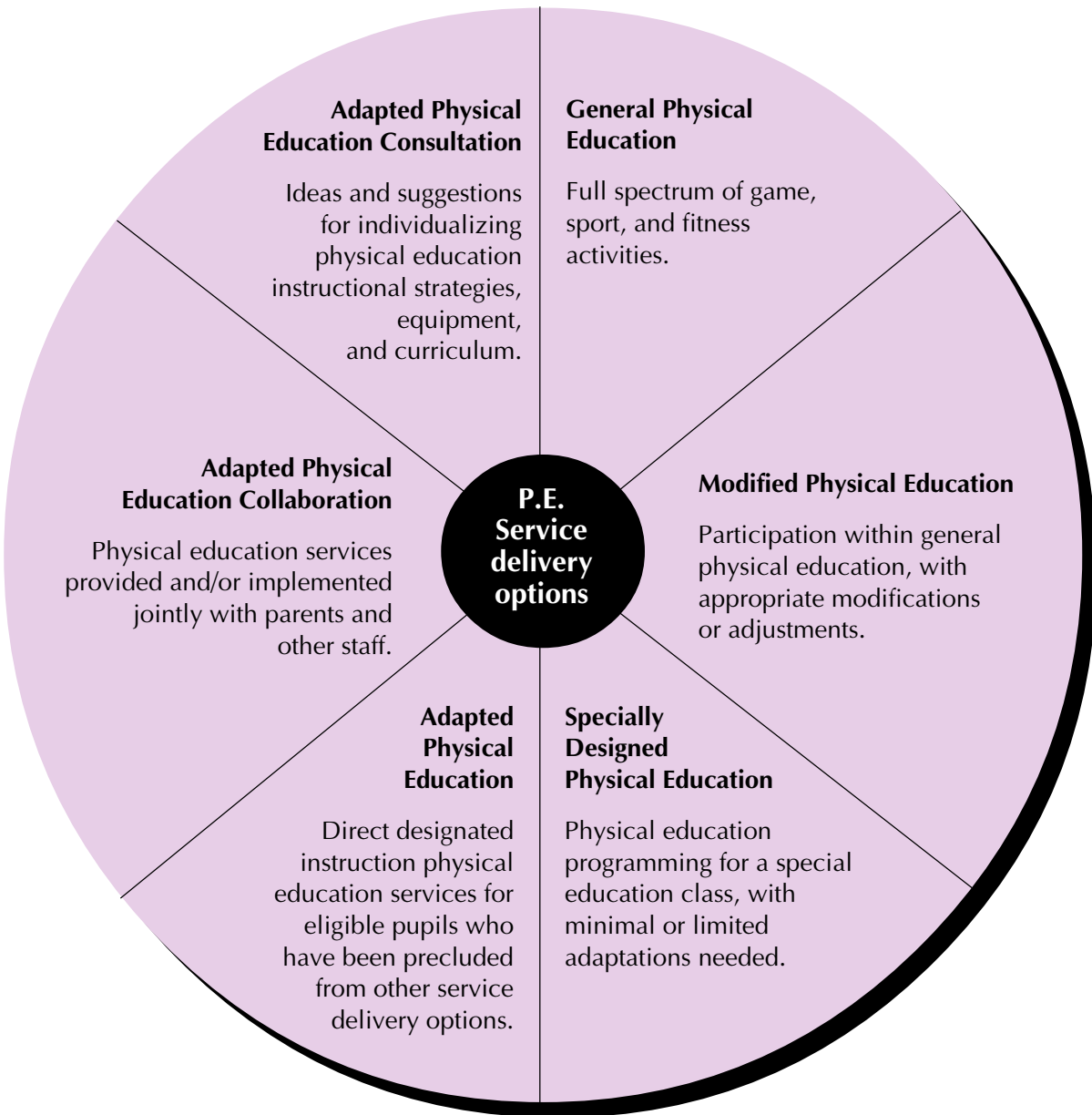
#### **Adapted Physical Education**

Direct physical education services provided by an adapted physical education specialist to students who have needs indicated by an assessment and evaluation of motor skills performance and other areas of need. Children receiving adapted physical education, as indicated on the IEP, are included in the state and federal child count.

*5CCR §3051.5(a).*

#### **Adapted Physical Education Collaboration**

Physical education services in this option are provided and/or implemented jointly with other school staff members in order to assist children in meeting individualized goals, objectives, or needs through all options. Service delivery may be a transitional progression through the various stages or a combination of options offered simultaneously to meet individual needs. This may include some direct "hands-on" services, directly working with children, as part of the collaborative process. These children will be counted on the federal pupil count when direct services are provided on a regular basis by the adapted physical education specialist as indicated on the IEP.



**Service Delivery Options Available in Physical Education**

## **Adapted Physical Education Consultation**

Assistance is given to parents, general and special class teachers, or general physical education teachers who are conducting either the general, modified, or specially designed physical education program. Ideas and suggestions for individualizing the instruction, resources, modifications or adaptations, and/or identifying supplementary devices/teaching aids that would facilitate the skills of an individual with exceptional needs may be shared. These services should be considered as support services provided by the adapted physical education specialist and do not include directly working with children and will not be recorded on the pupil count.

## **Identification Procedure**

*Question: How is the need for adapted physical education determined?*

*Answer:*

A child must first be found eligible under 5CCR §3030(a-j), including the new federal categories of autism and traumatic brain injury. In addition, areas that may be addressed in the assessment plan to determine the need for physical education and the appropriate level of service include:

- impaired fine and/or gross motor skills.
- significant difficulty in motor functioning.
- cannot safely participate in general physical education.
- unable to accomplish motor skills attempted in any other type of instructional physical education programming tried, considered, or offered for this student in general, modified, or specially designed physical education.

In summary, a special education child who is identified with a disabling condition may receive adapted physical education if the need is documented in the assessment report(s) developed through EC §56320-56329 and the IEP team process. Temporary disabilities do not meet eligibility criteria.

EC §56026(e).

“Temporary physical disability means a disability incurred while a pupil was a regular education child 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.”  
5CCR §3001(v).

## **Criteria for Adapted Physical Education**

*Question: Are there statewide criteria for IEP teams to consider when determining the need for adapted physical education services?*

*Answer:*

There are no specific state adapted physical education services criteria. However, once the child is identified as having a disabling condition 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 *Code of Federal Regulations* (CFR) §300.307.

Each special education local plan area (SELPA) is to develop policy and implementation procedures within their local plan which describe all Designated Instruction and Services (DIS), including adapted physical education. Additionally, each district, SELPA, or county office must ensure that a variety of physical education program options is available to meet the needs of children with disabilities for special education and related services. The California Department of Education, in conjunction with professionals in the field, recommends the following be considered when determining the appropriate physical education services(s) for eligible special education children.

*EC §56200 and EC §56360.*

Before a referral to special education is made, interventions, adaptations, and modifications within the existing general education program should be tried and documented. This includes general physical education when the area of motor skill ability is a factor in the possible disabling condition. Appropriate and meaningful intervention strategies should be based on the child's needs, age, and curriculum content and should be documented and reported for a designated period of time. These interventions should take place within the general physical education program for a child from a general education classroom.

*EC §56303.*

## Referral

After reasonable modifications have been attempted and monitored, a determination may be made by the Student Study Team or similar site process that a child's needs might require adapted physical education services and the formal referral process is then initiated.

## Assessment

Once referred, each individual child must have an assessment plan developed based on specific needs and areas of suspected disability. For physical education this could mean: gross motor skills, fine motor skills, perceptual motor skills, performance, and physical fitness. Assessment must address the individual child's needs and show specific attention to referral concerns. For example, what may be an appropriate measurement for a child with severe asthma in a regular class is not necessarily appropriate for a child with severe disabilities in a special day class who may require a more complex assessment battery. Formal assessment may not begin prior to receiving the written consent of the parent.

*EC §56321.*

## Test Selection

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 integration/mainstream goals for each child. The assessment plan developed must address all areas related to the suspected disability on an individual basis.

*EC §56320(f).*

Assessments are used by adapted physical education specialists to establish a motor profile for referred children. These tests are used and reported in different units of measure. Assessment reports may include individual test data, documentation of modifications and interventions, review of records, reports, and class/child observations, present level of functioning, and recommendations. All this information may have a bearing on the selection of service delivery for the child.

If standardized tests are considered to be invalid for a specific child, the discrepancy shall be measured by alternative means as specified on the assessment plan. Best practice regarding assessment supports an ongoing process that begins with parents and teachers in the regular classroom and promotes assessments that are conducted using a variety of formal and informal measures within the home, school, and the community. It is critical that the assessments, procedures, and practices utilized are nonbiased and are attentive to the cultural and linguistic characteristics of each child.

### Consideration for Adapted Physical Education

*Question: When may a child be considered for adapted physical education services?*

*Answer:*

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. After the IEP team determines the child is identified as an individual with disabilities pursuant to 5CCR §3030:

“A child 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 child’s 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 child’s 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 child. 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 child’s 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 Section 56220(a) of the Education Code.”  
5CCR §303.

The assessment may indicate a need for more intensive services or support. For some children, a physician’s medical statement may become a part of the assessment information. There are no formalized eligibility criteria established in federal or state statute or regulation for adapted physical education. There are some test score variables that may indicate this need when a child scores:

- at least 1.5 standard deviations below the mean;
- below the 7th percentile for his or her chronological or developmental age on a norm-referenced or standardized test; or
- at or below 70 percent of his or her chronological age level in the motor skill areas.

## Other Health Impaired

*Question: What must be considered when a child is categorized as other health impaired (OHI)?*

*Answer:*

Other health impaired (OHI) is one of the disabling conditions under which children may be determined eligible to receive special education. Current regulations state:

“A child 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 hemophilia which adversely affect a child’s educational performance in accordance with Section 56026(e) of the Education Code, such physical disabilities shall not be temporary in nature as defined by Section 3001(v).”

A child’s eligibility for special education and related services under OHI does not automatically ensure the child will receive adapted physical education. A child will receive adapted physical education if the results of the assessment demonstrate that the degree of the child’s impairment requires special education and/or related services, developmental or corrective instruction and the child is “precluded from participation in the activities of the general physical education program, modified general physical education, or in a special class.” A physician’s statement that precludes physical activity/participation will exempt a child from participation in physical education.

*5CCR §3051.5.*

## Unduplicated Adapted Physical Education

*Question: May adapted physical education be the only special education service an individual receives?*

*Answer:*

Yes. If the child qualifies as a child with disabilities, adapted physical education is a Designated Instruction and Service. It may then be provided to individuals or to small groups in a specialized area of instructional need, and throughout the full continuum of educational settings.

*EC §56363, 5CCR §3051.*

## Role of the Adapted Physical Education Specialist

*Question: What is the role of the adapted physical education specialist?*

*Answer:*

The role of the adapted physical education specialist includes:

**Assessing and Identifying** a child’s needs, recommending the appropriate physical education service delivery, and determining the present level of motor skill functioning. Once an IEP is developed, a child may be monitored by the adapted physical education specialist through all the options of physical education services, which could include

adapted physical education, specially designed, modified, and general, until the child has mastered the skills necessary to participate independently in the general physical education program. The adapted physical education specialist may coordinate a combination of options offered simultaneously to meet the physical education requirements of the child.

**Collaborating or Consulting** with providers of general physical education, general physical education with modifications, or specially designed physical education programs. Children in a special education class may also receive direct service from an adapted physical education specialist if it is on the IEP.

**Providing Direct Adapted Physical Education** to children identified through the IEP team process who need adapted physical education services delivered in this manner. The initiation, frequency, and duration of the adaptive physical education services must be indicated on the IEP.

Local education agencies should ensure that “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.”  
*5CCR §3051.5(b).*

## Role of Instructional Aides

*Question: What is the role/use of instructional aides in adapted physical education?*

*Answer:*

The role of the instructional aide in adapted physical education is to assist and supplement the adapted physical education specialist or assist the classroom teacher in carrying out supportive instruction in “. . . improving the quality of educational opportunity for children. . . .”

*EC §45341.*

The term “instructional aide” is defined in EC §45343.

“. . . ‘instructional aide’ means a person employed to assist certificated personnel in the performance of their duties and in the supervision of pupils and in instructional tasks which, in the judgment of the certificated personnel to whom the instructional aide is assigned, may be performed by a person not licensed. . . .”

“. . . these duties shall not include assignment of grades to pupils. An instructional aide need not perform such duties in the physical presence of the teacher, but the teacher shall retain his responsibility for the instruction and supervision of the child in his charge. . . .”

*EC §45344.*

Section 45347 emphasizes that instructional aides are to assist, not to replace certificated teachers:

“An instructional aide shall not be deemed a certificated employee for the purposes of apportioning state aid and no regrouping of pupils with instructional aides shall be construed as a class for apportionment purposes. . . .” (for example, DIS)

*EC §45347.*

The adapted physical education specialist is generally assigned responsibility for the supervision of the instructional aide in adapted physical education.

## Consultation and Collaboration

*Question: How should consultative and collaborative adapted physical education services be used?*

*Answer:*

Consultative services are usually given to general and special education class teachers, general physical education teachers, and parents to help implement either the general, modified, or specially designed physical education program. Help is often given to facilitate individualized instruction or identification of supplementary devices/teaching aids that would further develop the skills of an individual with exceptional needs.

Consultative services provided by an adapted physical education specialist to another teacher or a regular classroom instructional aide does not fulfill or substitute for the direct adapted physical education instruction indicated on a child's IEP.

“ . . . 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.”

5CCR §3051.5(a).

Collaborative services may be provided for individuals with disabilities jointly with other staff members in order to assist the special education children in meeting their individualized goals, objectives, or needs whether in adapted, general, modified, specially designed physical education, or a combination of these service delivery options. Collaboration could be used to facilitate a progression through the various types of physical education services. It could also be used to coordinate combinations of physical education services provided simultaneously to meet the individual child's needs.

The intent of collaborative services is to assist the teacher in general or special education to individualize the instruction or identify supplementary devices that would facilitate development of the skills of an individual with disabilities; this assistance can also promote programming for the least restrictive environment. The initiation, frequency, and duration of the adapted physical education collaboration must be indicated on the IEP.

## More Than One Type of Physical Education

*Question: May a child who is receiving special education and/or related services participate in more than one of the types of physical education programs?*

*Answer:*

Yes. An IEP team may assign an individual with disabilities to any combination of physical education services offered such as general, modified, specially designed, adapted, or consultation. Direct service adapted physical education may be provided for a portion of the

required time to concentrate on the stated goals(s) and objectives. 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, with several opportunities for excused or exempt absence. An IEP team should determine if a child cannot meet the required minutes for physical education instruction and indicate this in the individualized education program.

*EC §51222, 51241, 51246, 51210, and 34 CFR §300.307.*

Providing a combination of service delivery options in both general and special education instruction encourages communication, cooperation, and collaboration among the professionals and fosters continuity in the child's instructional program. 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 will occur between school personnel.

## Caseload

*Question: What should the adapted physical education caseload be?*

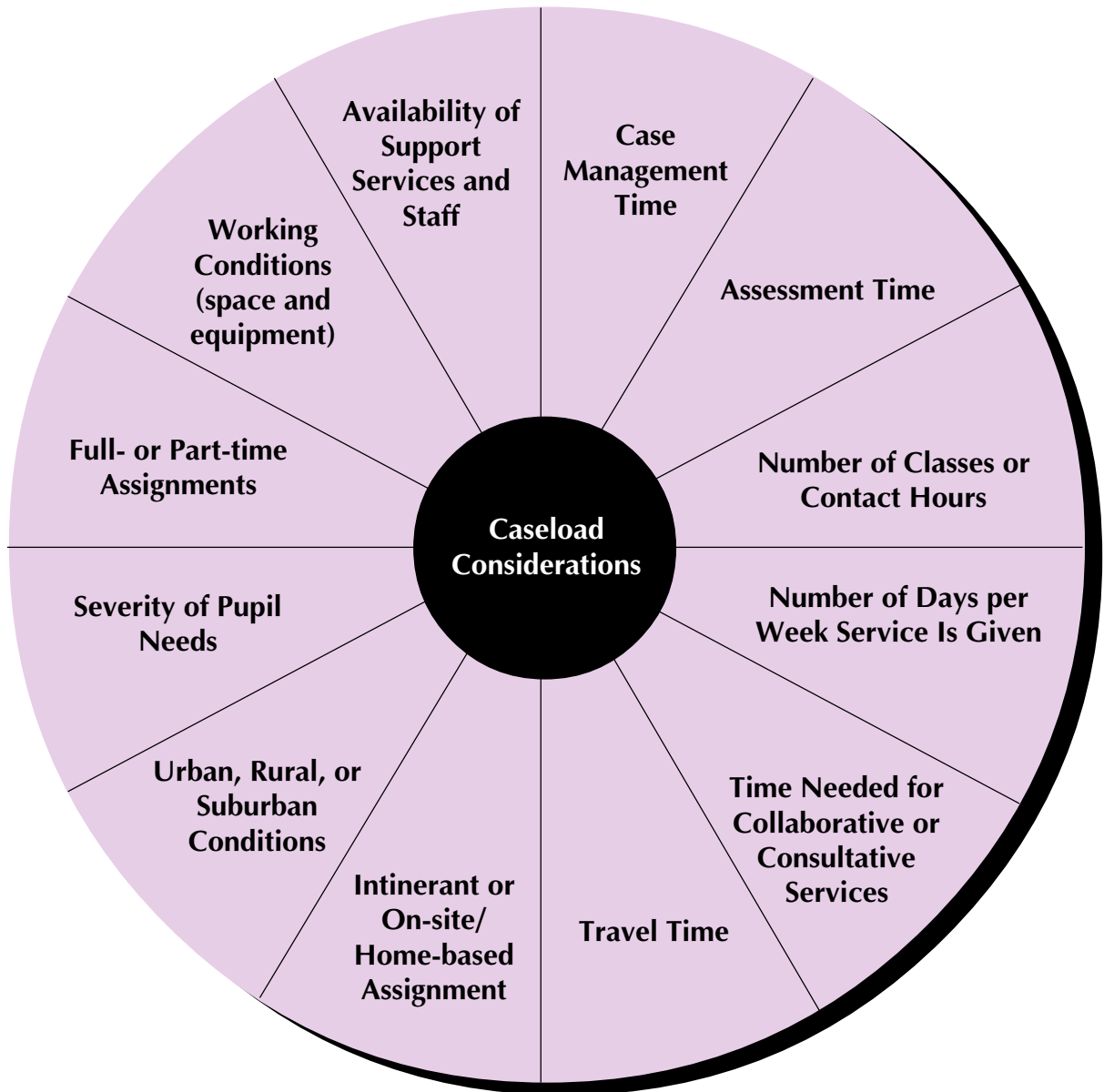
*Answer:*

There is no maximum caseload established for adapted physical education in state or federal statute or regulation. 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 regulation. Minimum caseloads or DIS of 20 for unduplicated or 39 for duplicated child count are utilized and identified in the Education Code for funding purposes only.

*EC §56728.6.*

Actual caseload numbers will vary based on a number of factors, including, but not limited to:

- Time needed for assessment and identification.
- The number of classes or contact hours needed to provide service to assigned children.
- Number of days per week each child receives services.
- The amount of time spent providing collaborative and consultative services for general physical education with modification and specially designed physical education.
- Case management. Unduplicated IEPs from general education where adapted physical education specialist are the case managers are far more time consuming.
- Travel time and distance between sites.
- Assignments: itinerant or on-site/home-based. The ability and time to maintain a work space, be flexible in scheduling, set up lessons, and provide planned lessons diminishes with multiple sites. For example, an itinerant teacher may have to physically move and do several setups a day, teach in different working environments, and utilize multiple teacher contacts at these sites in order to facilitate scheduling.



**Factors to Consider in Establishing Caseload**

- Urban, rural, or suburban conditions. The demographics of each of these conditions affect time needed for travel, parent contacts, and setting up teaching environments.
- Severity of disability of the children being served. Deaf-blind students are more challenging than students with a hearing loss.
- Assignments: full-time or part-time. Part-time teachers are often impacted with direct instruction time and need allocated time for non-instructional duties such as assessment, consultation, IEP meetings, screening, and report writing.
- Working conditions, including work space and equipment. Inadequate space and equipment requires additional time to make adjustments and adaptations in lessons and to utilize equipment.
- Availability of support services and support staff such as instructional aides, and clerical support.

## Number of Sites

*Question: What is the number of sites an adapted physical education specialist can effectively serve?*

*Answer:*

There is no state or federally established number of sites that can effectively be 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.

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

- Number of contact hours needed for each child, preschool through secondary.
- Severity 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.

## Screening and Assessment

*Question: What types of screening are adapted physical education specialists permitted to do?*

*Answer:*

Screening is available to all children; but because no state or federal statute or regulation defines the term "screening," many definitions exist. **Screening** should not be confused with **assessment**. Screening by the adapted physical education specialist may occur at any stage in the regular educational process. The screening process could include:

- Consultation with the classroom teacher or other school staff.
- School study team action plan.
- Home/parent activity program.

Screening may entail a review of any regular population such as a teacher's class or an entire grade level. In this traditional definition, regardless of the instrument used, children can respond in an individual setting as long as all 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 population (for example; all kindergartners, second graders, or new children) receive the same treatment, this type of screening is not considered individual; nor is it targeted for a specific child. It is important for teachers to ensure that children are not singled out.

Assessment involves in-depth exploration of an individual's level of performance to identify disabilities and to determine eligibility for special education and related services. Individual assessment of a specific child must be conducted in accordance with federal and state statutes and regulations governing special education and related services, which include notification to the parent of the intent to assess, and obtaining written parental permission. *EC §56k001(j), 56320–22, 56324, 56327, and 56329.*

### No Sole Criterion

*Question: Can an adapted physical education specialist's evaluation be the sole criterion for entrance into a physical education program?*

*Answer:*

No. Both federal and state statutes and regulations require that: assessment is made by a multi-disciplinary team, including at least one teacher or other specialist with knowledge in the area of the suspected disability, and that no single procedure can be used as the sole criterion for determining an appropriate educational program. The final programming and determination of the eligibility is made by the IEP team.

*34 CFR 300.532(d), (e), EC 56320.*

### Occupational and Physical Therapy

*Question: Is adapted physical education a substitute for occupational or physical therapy?*

*Answer:*

No. Adapted physical education and occupational physical therapy serve different functions. A pupil may have both services. One is not a substitute for the other. For children under the age of three, adapted physical education may not be appropriate.

## Infant, Toddler Adapted Physical Education

*Question: Is adapted physical education appropriate for infants and toddlers under the age of three?*

*Answer:*

For children under the age of three, individual developmental play activities should be infused into the daily or weekly curriculum or activities in the home or school. Adapted physical education support services may include collaboration and consultation to parents, staff, and other service providers. Assessment and/or recommendations for services for transition into a curriculum-based preschool program may be appropriate.

### Summary Statement

This Program Advisory is designed to provide general guidelines and terminology common to all local education agencies, school sites, providers, and consumers. It is our intent to improve upon the consistency, content, and implementation concepts currently being utilized within the field of adapted physical education on a statewide basis. It is important to have correct and accurate information when designing and delivering all physical education service delivery options. Individual teachers and local education agencies may need assistance in identifying appropriate program options, expanding existing service delivery for more efficiency and effectiveness, and evaluating current program quality. For further information, contact:

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The guidance in this Program Advisory is not binding on local education agencies or other entities. Except where statutes, regulations, and court decisions that are referenced herein, this Adapted Physical Education Program Advisory is exemplary, and compliance with it is not mandatory. See *Education Code* §33308.5.

This advisory represents the efforts of the late Jules Spizzirri, Special Education Consultant, Administrators of special education, and the Adapted Physical Education State Council of the California Association for Health, Physical Education, Recreation and Dance.