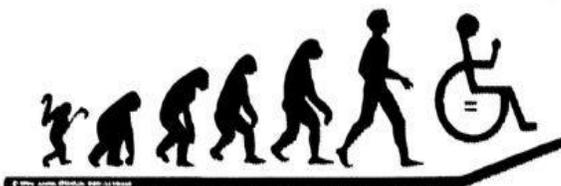


Adapted Physical Education Curriculum Process Guide

July 2012



"ADAPT OR PERISH"
- C. DARWIN



PGIN # 7690-3522

Prince George's County Public Schools

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ACKNOWLEDGEMENTS

We wish to thank the following Paraprofessionals, Adapted Physical Educators and Instructional Specialists.

Scott Geist
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We dedicate our Adapted Physical Education Curriculum documents to Robert “Bob” Janus, the founder of the Motor Development Program for Prince George’s County Public Schools. His dedication to students with disabilities and his leadership in the field of Adapted Physical Education has inspired us in our efforts to make Prince George’s County Public Schools Adapted Physical Education Program a model program for other school systems throughout the country.

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ADAPTED PHYSICAL EDUCATION

CURRICULUM RESOURCE GUIDE

INTRODUCTION

The mission of the Adapted Physical Education (APE) Program is to provide all students with disabilities the same opportunities as their peers without disabilities. The Individual Disabilities Education Act (IDEA) provides the framework for our efforts to ensure that students with disabilities receive the best education possible. The Education For Handicapped Act (PL-94-142) a predecessor to IDEA defined physical education as the development of (a) physical and motor fitness and (b) skills in aquatics, dance and individual group games and sports including intramural and lifetime sports. IDEA defines Physical Education as part of the definition of Special Education. In the definition of Special Education, Physical Education is interpreted as a direct service and one that must be provided to all students with disabilities. The law states that Physical Education (Adapted Physical Education / Adapted Aquatics) can be specially designed, if necessary, to meet the unique needs of students with disabilities. The Prince George's County Public School's Adapted Physical Education Program is committed to the rigorous process of the development of appropriate, challenging and relevant curriculum to ensure all students receive a quality Physical Education program.

PURPOSE

The purpose of this curriculum resource guide is to support Adapted Physical Educators in referring students in need, developing an appropriate Individualized Education Program, and providing quality individualized instruction in the least restrictive environment. The guide will support the educator in reflecting upon the top-down approach to gain the knowledge of what the student needs to learn and be able to do prior to transitioning out of Prince George's County Public Schools. All students in Prince George's County Public Schools are instructed in reference to the Maryland State Physical Education Curriculum and the National Standards for Physical Education (NASPE). The focus of this Curricular Resource Guide is to:

1. Promote inclusive opportunities for students with disabilities in general physical education
2. Provide access to the general physical education curriculum
3. Provide support in the direct teaching of Physical Education student learning objectives through appropriate modifications and accommodations

Department of Special Education
Adapted Physical Education – Adapted Aquatics Program

Our Mission

The mission of the Adapted Physical Education – Adapted Aquatics Program is to provide all students with disabilities the same opportunities as their peers without disabilities through fitness, cooperative, and sport-related activities that facilitate the development and growth of social interaction, body control, body coordination, balance, flexibility, muscular strength/endurance, and cardiorespiratory endurance.

Program Goals

- *Develop Physical Education IEP goals and objectives in alignment to NASPE and the Maryland State Physical Education curricular standards. Refer to the following Adapted curriculum guides:
 - *Adapted Aquatics Progress Guide*
 - *Early Childhood Progress Guide*
 - *Elementary Progress Guide (Grade k-6)*
 - *Secondary Progress Guide (Grade 7-12)**
- *Use of Physical Education and Adapted Physical Education Curriculum Process Guides as the basis for developing and implementing instructional lessons to assure students the same opportunity to acquire skills and knowledge in physical fitness, dance and individual group games and sports.*
- *Assist special education classroom teachers of elementary and middle special education students to acquire the knowledge and understanding of the impact of quality “leisure and recreation.”*
- *Training to assist students in developing a positive attitude for active participation in community- based leisure/recreational activity when transitioning from the school to the community environment.*
- *To provide high school students with instruction that will give them the opportunity to acquire the skills and knowledge needed to actively participate in leisure and recreational physical activity in the community beyond the school day and upon transitioning out of school.*
- *Provide program adaptations/modifications to assist students in accessing the Adapted Physical Education and Physical Education settings.*
- *Provide monitoring and consulting services to General Physical Education teachers to assure student success in the least restrictive environment.*

DOCUMENT INTENT

The Adapted Physical Education Curriculum Process Guide provides Physical Educators and Adapted Physical Educators with best practices in instructional planning to support implementation of the State and National Physical Education standards. It should be used as a guide for instructional decision making based on an individual student's need. The guide provides teachers with the assistance in planning and delivering instruction for achievement of Physical Education student learning objectives. This guide should be used alongside the Maryland State Curriculum and The Prince George's County Public School Curriculum Frameworks.

ADAPTED PHYSICAL EDUCATION

FREQUENTLY ASKED QUESTIONS

1. What is Adapted Physical Education (APE)?

APE is a specially designed Physical Education Program to meet the unique needs of students with disabilities. The Prince George's County Public School's Adapted Physical Education Program includes the following:

- ❑ Identification of students needing APE services
- ❑ Collaborating with the IEP team members in deciding the approach for delivery of services
- ❑ Developing APE IEP goals and objectives and/or supplemental aids and services
- ❑ Evaluating progress of each student using a variety of data collection
- ❑ Providing consultative services to General Physical Educators (GPE) by providing specific program modifications/adaptations and accommodations

2. Who should provide Adapted Physical Education services?

In Prince George's County members of the Adapted Physical Education staff provides direct and consultative APE services to students whose disability affects their ability to meet student learning objectives.

In the case when students are receiving consultative or direct APE services in the general Physical Education setting, the general Physical Educator will be the primary service provider and the APE teacher will be the secondary service provider.

.As the primary service provider the General Physical Education teacher is responsible for the following:

- ❑ Being an active member of the IEP team
- ❑ Determining Present Levels of Performance
- ❑ Determining and addressing IEP goals and Objectives
- ❑ Recording student progress quarterly based on data collection
- ❑ Implementing strategies to ensure student success in the General Physical education setting.

It is important to remember that the general Physical Education teacher is not alone in this process and will be provided with assistance from the Adapted Physical Education Program upon request.

3. Who is eligible to receive Adapted Physical Education services?

Students whose disability affects their ability to meet grade level student learning objectives and demonstrate a gross motor delay based on multiple confirming data will be eligible to receive Adapted Physical Education services.

Many of the students who receive APE services are in the following school based programs:

- Early Childhood Centers
- Elementary Comprehensive Special Education Programs (CSEP)
- Community Reference Instruction (CRI) Programs
- Regional Schools
- Programs for individuals with Orthopedic Impairments
- Programs for individuals with Emotional Disturbance
- Programs for individuals with Autism

Students may receive their direct or consultative Adapted Physical Education services in the general Physical Education setting based on least restrictive environment. The same criteria listed above for receiving APE services applies regardless of the location of the service. Their disability must affect their ability to meet the grade level student learning objectives and they must demonstrate a gross motor delay based on multiple confirming data.

4. Is a General Physical Education Teacher qualified to teach adapted physical education?

There has been much debate over who is qualified to provide this specialized program. IDEA regulations allow states to determine who is “qualified” to provide APE services. Currently, the state of Maryland does not require APE services be provided by a trained APE specialist. Therefore, for students with disabilities that are attending neighborhood schools, Prince George’s County Public Schools is dependent upon General Physical Education teachers to provide APE services. It is assumed the General Physical Educators are:

- Properly trained to provide APE
- Willing to provide APE
- Provided with time in their schedule to initiate an APE program by their school administration

Fortunately, Prince George’s County Public Schools has established an APE program. It is imperative that General Physical Education teachers as well as IEP teams seek the advice and support of the Adapted Physical Education Program when providing APE services.

5. Can a Physical Education teacher become certified in Adapted Physical Education?

Yes...There are a number of ways to acquire specialization in APE. Fortunately, more colleges are offering both undergraduate minors and Masters programs in APE. In addition, one could take the Adapted Physical Education National Standards (APENS) exam. By passing the exam, General Physical Education Teachers become a Certified Adapted Physical Educator (CAPE). The APENS is administered once a year in Prince George's County. Please contact the Adapted Physical Education Program for more information about becoming a CAPE.

The Maryland State Department of Education now also offers on-line Adapted Physical Education courses that a general Physical Education teacher can take to gain more knowledge in the area of Adapted Physical Education. These courses will also support the general Physical Educator in qualifying to sit for the APENS exam and gain license recertification in the state of Maryland.

6. How is it determined that a student needs APE?

Students who have been identified as having a specific disability can be assessed to determine if they qualify for APE services. Prince George's County Public Schools has established that a student must demonstrate at least a two year delay in gross motor or physical fitness to qualify for APE. In addition, IDEA requires that all assessments be implemented by a qualified person. Therefore, the Adapted Physical Education Program should be notified of all students needing a gross motor assessment. Included in this document is a list of all the standardized gross motor assessments available and utilized to determine if a student qualifies for APE.

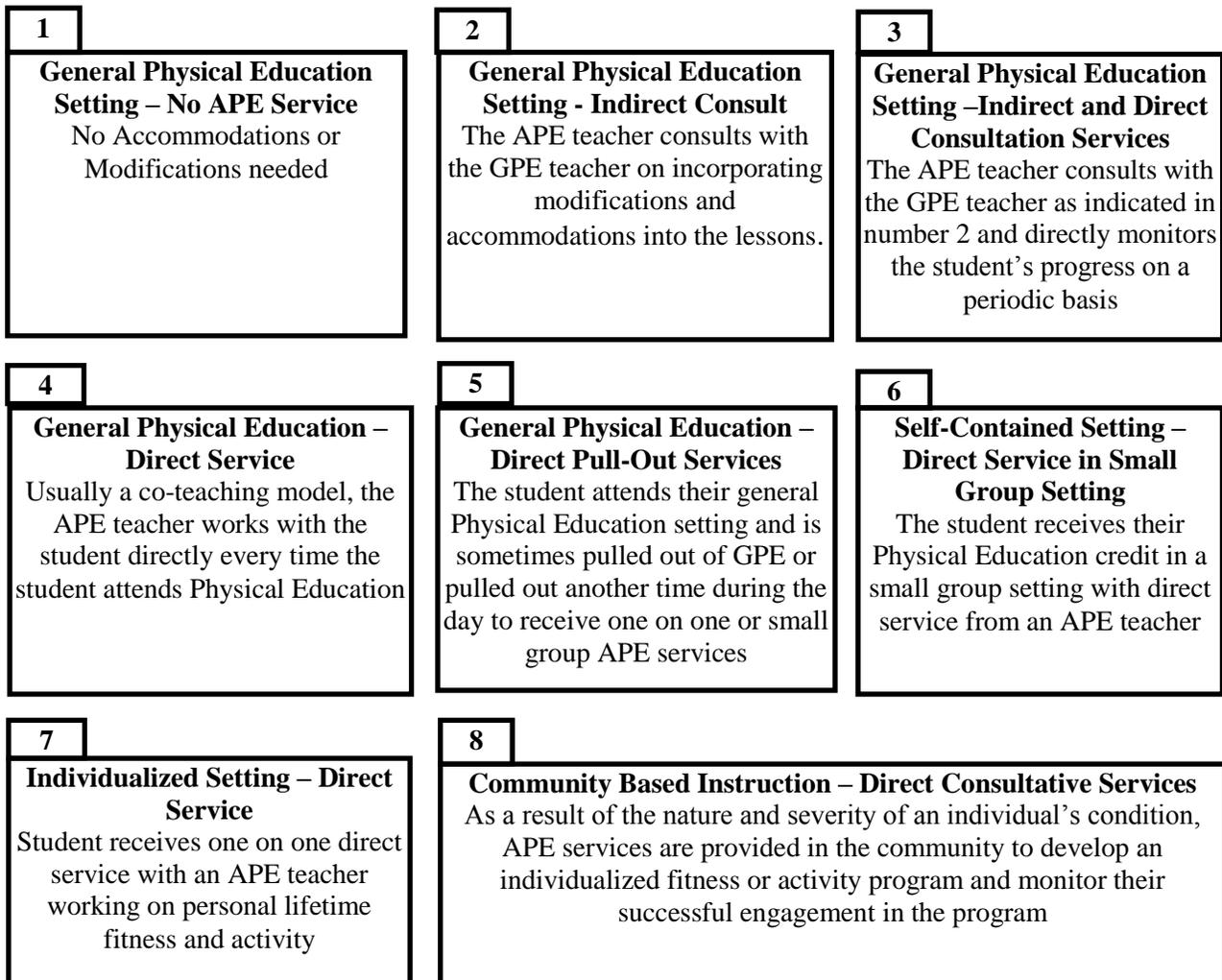
7. How is a student referred to the Adapted Physical Education Program?

If a General Physical Educator, classroom teacher or parent feels a student with a disability would benefit from APE, they should first contact the student's case manager who is most likely the student's special education teacher. The case manager would then bring this to the attention of the entire IEP team. If the team agrees to pursue a gross motor assessment to determine if a student qualifies for APE services, the case manager will contact the Adapted Physical Education Program. Please refer to the Adapted Physical Education Referral Process section of this document for additional information.

ADAPTED PHYSICAL EDUCATION SERVICE DELIVERY MODEL

A strong preference within IDEA is that students with disabilities are educated in the least restrictive environment. The lowest level of restriction to an environment is the neighborhood school setting in the general education classroom. This includes physical education. Least Restrictive Environment (LRE) means to the maximum extent possible, each student with a disability must be educated with students without disabilities. This is unless the nature or severity of the disability is such that education in the general environment with the use of supplementary aids and services cannot be achieved satisfactorily. Therefore, general physical education should always be considered as the first placement option. The flow chart below illustrates the Adapted Physical Education service delivery models recommended by Prince George's County Public Schools.

Delivery of Service Continuum Determining Least Restrictive Environment



Adapted Physical Education Teacher Position Description

The Adapted Physical Education Teacher is responsible for the planning, monitoring and implementation of the Pre K-12 Physical Education curriculum with appropriate accommodations and modifications for students with disabilities.

MAJOR DUTIES:

- Provide instruction to pre-school, elementary, middle and high school students
- Enhance sensory integration of infants and toddlers
- Provide developmentally appropriate movement activities to pre-school/elementary school students
- Provide instruction based upon the development of motor patterns and basic motor skills linking to the elementary school physical education curriculum
- Provide instruction based upon the development of basic motor skills linking to the middle/high school Physical Education curriculum
- Support in transitioning high school students out into the community for continued physical activity
- Provide community based recreation/leisure instruction to students with disabilities
- Provide basic instruction in health/fitness related areas: muscular strength and endurance, flexibility and cardiovascular endurance
- Administer required student observations/assessments
- Actively participate in the school based IEP team, including the development and implementation of student IEPs.
- Collect data verifying student progress regarding the acquisition of locomotor, object control, team and individual activities, and physical fitness skills.
- Actively participate in the transdisciplinary team model at Early Childhood Centers and Regional Schools
- Actively participate in the planning and implementation of MSA and ALT-MSA student objectives
- Actively provide oral and written communication skills
- Actively reflect upon positional responsibility and ability to perform those responsibilities

The Adapted Physical Educator possesses certification in the area of PHYSICAL EDUCATION, and or ADAPTED PHYSICAL EDUCATION.

A certified Adapted Physical Education teacher provides instruction, utilizing a developmental approach to assist the child with an ever-changing profile of developmental levels, needs, and limitations, which require an approach that is flexible enough to challenge the child to perform at maximum capacity.

The developmental approach is a vehicle that employs a myriad of methods and techniques in a predetermined, systematic way to facilitate growth and development in individuals with

performance disorders, so that these individuals may approximate the norm and achieve their maximum potential.

Note: The psychomotor development of children with special needs is often at the pre-school or even the infantile level; hence facilitation of normal development levels is in order. This does not mean simply an incremental change in conditions or criteria for performance. Rather, it implies the process of generating a motor response with increasing complexity, appropriateness, accuracy and specificity along the entire development curriculum.

The Adapted Physical Education teacher provides gross motor development activities and experiences appropriate for the individual and to encourage progress through the medium of MOVEMENT. The goal is for students to achieve their maximum potential in the psychomotor, affective, and cognitive domains. The Adapted Physical Education teacher implements movement activities and experiences for the students at the lowest specified level of the developmental model, and progress upward in the model.

The Adapted Physical Education teacher must be fully cognizant of the spectrum of the gross motor domain:

- Infant/Toddler
- Pre-school/Pre-Kindergarten
- Elementary
- Middle/High school

Infant / Toddler Level:

The Adapted Physical Education teacher supports the Infant/Toddler teacher in presenting the students with child-directed self-exploratory opportunities. The teachers collaborate to support their students in enhancing the reception and integration of sensory input with motor output, laying the foundation for further development.

Pre-School Level:

The Adapted Physical Education teacher programs to enhance basic movement skills such as balance, body coordination, visual tracking, object control, locomotor and non-locomotor skills through structured movement activities and experiences.

Pre-Kindergarten Level:

The Adapted Physical Education programs to prepare the students for more complex non-locomotor, locomotor and manipulative skills by presenting the students with thematic activities that focus on building the foundational gross motor skills. The activities are designed for utilization of sensory stimulation, motor-sensory responses and motor patterns.

Elementary Level:

The Adapted Physical Education teacher programs to prepare the students for combining and utilizing non-locomotor, locomotor and manipulative skills in a simplistic game situation. This is met through carefully designing lessons that focus on enhancing motor-sensory responses, motor patterns, and basic motor skills. The Adapted Physical Educator also programs to prepare the students for successful performance in fitness activities.

Middle / High School:

The Adapted Physical Education teacher programs to prepare the students for transitioning knowledge and ability of skills into real-life situations in the community. This is met through carefully designing lessons that focus on enhancing utilization of skills. The Adapted Physical Educator also programs to monitor and support successful student performance in fitness activities for self-initiated independence in leading an active healthy lifestyle.

Adapted Physical Educator Spectrum of Behaviors

The Instructional Adapted Physical Education Program

Motor Development:

- Gross movement patterns requisite to body control and safe locomotion
- Fine motor coordination requisite to self-help skills and daily living activities
- Gross motor patterns requisite to play activities
- Perceptual-motor skills related to motor learning and motor performance

Perceptual-Motor Integration and Language Development:

- Body image, concept
- Fine motor coordination requisite to academic and vocational success
- Personal attractiveness requisite to social acceptance
- Physical Fitness
- Positive attitudes toward body, self, others, movement, play and competition
- Creativity in exploring use of time, space and energy

Perceptual Motor-Cognitive Integration:

- Wide variety of play interests
- Sufficient physical-recreational skills, knowledge, and understandings for group acceptance and self actualization
- Relaxation and release of neuromuscular tensions
- Motor Skills, knowledge and understanding requisite to success in one or more physical activities with carry over value

Appreciation-Analysis-Synthesis-Evaluation:

- Sufficient weekly exercise for optimal health and fitness
- Knowledge and understanding requisite to enjoyment of sports, dance and aquatics as a spectator, a consumer of radio, television, and other media and participant in discussions
- Knowledge and understanding requisite to optimal use of community recreation resources and to intelligent decision making as a citizen, consumer and parent

Position on Inclusion and Physical Education

The following statements represent the position of the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) on the inclusion of children with disabilities who need APE services in physical education:

- Students with disabilities must be included to the maximum extent possible in the general physical education program.
- Students with disabilities in general physical education will have the opportunity to learn and perform in the physical, cognitive, and social-emotional domains.
- Students with disabilities must be actively engaged participants in meaningful learning experiences in the general physical education class, not just in the physical proximity or space. For example, inclusion is NOT a student with a disability playing catch with a teaching assistant or peer while the rest of the class is engaged in a game activity as basketball. The best inclusive environments offer a variety of activities at different learning levels of difficulty so ALL students can be involved in learning.
- Students with disabilities must not be removed from or placed into the general physical education program except through the IEP team decision-making process. (Ultimately, it is the school's responsibility to justify why the student cannot be educated in a general physical education setting.)
- Decisions involving the inclusion of students with disabilities into the general physical education program must consider the safety of ALL students, including the students with disabilities. *Often, safety concerns can be addressed with supplementary and aides supports, and such supplements should be tried before removing the child due to safety concerns.*
- The inclusion of students with disabilities into the general physical education program must not compromise the learning of other students in the class. *Often, learning concerns can be addressed with supplementary aides and supports, and such supplements should be tried before removing the child due to learning concerns.*
- Families must be meaningfully involved in the IEP team decision-making process related to the inclusion of their child in the general physical education program.
- Students with disabilities in the general physical education program must receive regular evaluation of progress toward IEP goals as often as same age peers receive evaluation feedback such as report cards.
- Supplementary aides and services, as well as other instructional support (as needed) will be provided in the general physical education environment to students with disabilities and/or the physical educator.
- General physical educators will receive direct and/or consultative services from qualified professionals in adapted physical education (APE) to support the inclusion of students with disabilities when needed.
- The voice of students with disabilities will be heard and they will participate in the IEP team decision-making process to the maximum extent possible

Preparation Model for Including Students with Disabilities in General Physical Education (GPE)

- Determine what to teach
 - Determine student's present level of performance.
 - Prioritize long-term goals and short-term instructional objectives.
- Analyze the regular physical education curriculum
 - What GPE activities match the student's IEP?
 - What GPE activities do not match the student's IEP, but still are important for the student?
 - What GPE activities are inappropriate for a particular student?
 - Which teaching style(s) best meet the student's learning style?
- Determine modifications needed in GPE
 - How often will the student receive instruction?
 - Where will the student receive instruction?
 - How will the student be prepared for the instruction?
 - What instruction modifications are needed to elicit desired performance?
 - What curricular adaptations will be used to enhance performance?
 - How will performance be assessed?
- Determine how much support the student with disabilities will need
 - Base on type of activities and abilities (cognitive, psychomotor, and affective) of student.
- Prepare GPE teacher
 - Discuss the amount of support that will be provided.
 - Discuss the availability of consultation with APE and Special Education teacher.
 - Explain that he/she is responsible to teach the whole class including the student with disability.
- Prepare General Education Students
 - Talk about students with disabilities
 - Role play various types of disabilities
 - Invite guest speakers with disabilities to your class
 - If in special class, allow students to visit class and meet students
 - Talk specifically about student who will be participating in GPE
 - Discuss how general education students can help students with disabilities and General Physical Education Teacher
- Prepare support personnel
 - Discuss classroom structure
 - Discuss his/her responsibilities within the class

Block, M.E. (1994)

PHYSICAL EDUCATION

INSTRUCTIONAL CONSIDERATIONS FOR STUDENTS WITH DISABILITIES

There are three key areas physical educators should consider when modifying the instructional program for students with disabilities and/or unique instructional needs in physical education.

- 1. Environment**
- 2. Equipment**
- 3. Support personnel**

- 1. Environment:** It all starts here! A positive learning environment invites all students to participate in meaningful learning that offers a variety of opportunities for personal success. It is critical that teachers attend to the social environment in order to protect students from ridicule, exclusion or discrimination. In addition, teachers must be able to make necessary curriculum modifications (what is taught) as well as instructional modifications (how it is taught). Possible considerations include:
 - Using small group stations and centers
 - Measuring success using a variety of methods (skill tests, journals, portfolios)
 - Incorporating cooperative games and team building activities
 - De-emphasizing competitive team sport games and emphasize sport skill development, fitness, lifetime leisure activities
 - Changing game design by modifying one or several components; purpose, number of players, objects, organization
- 2. Equipment:** Be creative! Equipment selection will vary upon activity, student, facility, surface and purpose. Consider changes in size, texture, weight, color and function. In addition use electronic and technological devices that will enhance learning. A few specific considerations /examples include:
 - A very large and light ball instead of traditional volleyball
 - Balls with sound to assist in tracking
 - Velcro or other strapping devices to enhance grip on rackets or bat
 - Heart rate monitors to ensure safe heart rate zones
 - Computer technology to provide additional information, visual demonstrations, or repeat instructions
 - Ipods and Ipads, Kinetic and Wii gaming systems

3. Personnel: Collaboration with peers is key! Develop a community of support:

- Adapted Physical Education Instructional Specialist
- Adapted Physical Educator colleagues
- Physical Therapists
- Occupational Therapists
- Vision Specialists
- Speech and Language Therapists
- Administrators
- Special Educators
- Health Care Professionals
- Community-based professionals (i.e., Recreation, Fitness, Rehabilitation)
- University faculty

It is critical that all teachers, administrators, and physical educators work together to eliminate barriers to implement program modifications necessary to ensure that all students with disabilities can participate in a quality Physical Education Program. It is important to note that not all students with disabilities require an Adapted Physical Education Program.

**ADAPTED PHYSICAL EDUCATION
FOR
STUDENTS WITH DISABILITIES**



**INSTRUCTIONAL STRATEGIES
FOR
PHYSICAL EDUCATION AND
ADAPTED PHYSICAL EDUCATION TEACHERS**

DISABILITIES

AUTISM:

Students who exhibit autistic or autistic-like behaviors are those affected by severe communication problems, characterized by a pronounced language deficit, pervasive impairment in cognitive functioning, and sustained difficulties in interpreting personal relationships. These problems result in the apparent inability to understand, learn, or participate appropriately in social situations.

These children may exhibit one or more of the following characteristics:

- Lack of eye contact with others.
- Rhythmic movement mannerisms (arms-flapping, hand twisting, waling on toes).
- Inability to deal with people.
- Need to preserve sameness.
- Perceptual behavioral problems.
- Repetitive, directed body motions.
- Hyperactivity.
- Speech impairments.
- Trouble with movement sequence and laterality.
- Difficulty in balancing.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES:

- Be aware that eye contact may not always be attained.
- Begin with activities close to the floor and adjust height if fear is a problem.
- Control extraneous environmental stimuli (e.g. lights, sound, body contact).
- Encourage activities which provide firm tactile input (e.g. climbing, kicking, bouncing, softball).
- Develop hand cues or visual cues to communicate directions or change an activity.
- Provide opportunities for creative movement exploration which do not require verbal directions or physical assistance (e.g. Obstacle courses).
- Provide rhythmic activities. Encourage two or more movement patterns to avoid perseveration of one specific movement.
- Approach student in an indirect manner (e.g. enter room bouncing a ball) as child usually relates to an object first.
- Keep area hazard free.
- Teach by demonstration.
- Plan sequential and highly individual programs.
- Avoid activities where child must wait in line.
- Develop a highly structured environment.
- Be aware that self-competition is usually more successful than competition against others.
- Use successful, student-liked activities as rewards for participation in new activities.

DISABILITIES

DEAF-BLINDNESS: May want to reword this entire paragraph.

Students with this condition have little to no useful sight and little to no useful hearing. This causes severe communication difficulties which hinders the student's education. The condition originates in many of children with deaf-blindness from maternal rubella. This can also affect the heart, the central nervous system, and the general anatomy. Children who have deaf-blindness from Usher's Syndrome may have varying degrees of night blindness as well as overlying emotional problems as their vision decreases.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES:

- Determine if there are any medical contraindications.
- Protect hearing aid and glasses/prostheses.
- Create an environment visually and auditory appropriate for the student. Eliminate distractions.
- Work one-to-one with the child at first.
- Use total communication.
- If an activity is long or complicated, break it into small sections, and praise each section (TASK ANALYSIS).
- Be aware that much repetition is needed.
- Incorporate the whole body into activities.
- If the child is included for physical education, provide adequate practice time.
- Encourage interactions with peers.
- Keep directions short and simple.
- Use large, bright (yellow is good) materials.
- Keep distance for balls, running, etc. short.
- Encourage continuous activities, such as dancing or exercises.
- Encourage activities that can also be performed at home.

- Provide spotters.
- Use appropriate prompts and cues. Use sensory cues -- loud beepers, lights.
- Keep activities structured.
- For large equipment or outside play areas, orient student regarding appropriate use of equipment.
- If using music, use large speaker(s) placed on wooden floor. Have child work near speaker.
- When using targets (basketball hoops, cans, boxes, hula hoops), outline targets in bright Colors.
- Utilize an environment the student is familiar with.

DISABILITIES

EMOTIONAL DISTURBANCE (E. D.):

Students with emotional disabilities may exhibit, over a long period of time and to a marked degree, one or more of the following characteristics that adversely affect educational performance:

- Learning is hindered which cannot be explained by intellectual, sensory, or health factors.
- High level of difficulty in building or maintaining satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES

- Be consistent in discipline and demands, offering students a minimum of alternatives at first. (Avoid head-on confrontation.)
- State directions clearly and specifically.
- Avoid unsupervised periods of time.
- Minimize competition. Highly competitive games may cause loss of control of the situation. Self-competition is more successful.
- Give ample warning before making changes in routine or changing classes.
- Minimize waiting time for an activity to begin.
- Structure situations socially to minimize stress (compatible peers).
- Provide immediate verbal praise for the desired behavior
- Maximize active participation.
- Give student definite lines and boundaries.
- Plan arrival and departure procedures and follow them consistently.

- Include calm-down and/or relaxation activities at the end of each period.
- Focus on prerequisite skills first in order to build self-confidence.
- Demonstrate skills repeatedly.
- Use a variety of activities to maintain student's attention and interest.
- Be aware of student's behavior programs in the classroom and follow through with consistency.
- Consider other developmental difficulties (e.g. perceptual, sensory) when planning activities.
- Avoid intrusion into student's "personal space."
- Be sensitive to body image problems/concerns.

DISABILITIES

HEARING IMPAIRMENT: (DEAF AND HARD OF HEARING):

Students with hearing impairments have a hearing loss (after all possible medical treatment, surgery, and/or use of hearing aids) that is so severe they are impaired in processing linguistic information, with or without amplification. These students may exhibit problems with balance, limited body mechanics, limited locomotor patterns, and limited voice patterns; they may appear withdrawn and may require a modified instructional program.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES:

- Speak at a normal pace that is not too quick.
- Take a sign language class and/or utilize colleagues and paraprofessionals that use sign.
- Position students so that they face the speaker.
- Establish eye contact when initiating an activity.
- Use natural gestures along with verbal commands.
- Use visual aids (e.g. bright light to signal start of game).
- Demonstrate activity.
- Encourage students to follow examples of classmates.
- Minimize spinning movements or sudden directional changes in games.
- Emphasize balance activities in controlled situations.
- Students should wear hearing aids in all activities except swimming and contact sports.
- Use pictures to emphasize safety rules and communicate daily scheduled activities.
- Be aware of communication problems during team games.
- Monitor gait and correct posturing.
- Control noise level if a student is sensitive to sound.

DISABILITIES

DELAY IN EXPRESSIVE OR RECEPTIVE LANGUAGE:

Students five to eight years of age whose primary disability is significant language delay may exhibit the following characteristics which adversely affect educational performance:

- A moderate to severe delay in the comprehension and/or expression of oral language as determined by standardized tests.
- Language delay of such severity as to preclude successful academic functioning in a general education classroom.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES:

- Be sensitive to child's inability to understand, receive, interpret, and/or express ideas.
- Consult speech pathologist for implications of the language problem in a physical education program.
- Keep directions short and simple—face student. Have another student repeat directions given in the appropriate sequence.
- Provide demonstrations with verbal directions.
- State, demonstrate, explain and picture rules for games.
- Use simplified language.
- Teach a number of key words related to the skills.
- Give frequent, verbal praise.
- Use sensory cues (arrows, colored bases, drum signals).
- Have student repeat directions in proper sequence.

DISABILITIES

DEVELOPMENTAL DELAY:

Students with a developmental delay may demonstrate moderate to severe difficulties in one or more of the skills involved in receiving, processing, or transmitting information. Their achievement may be significantly below expected levels in oral expression, listening comprehension, written expression, reading skills, reading comprehension, mathematics reasoning, or mathematics calculation. These students may exhibit one or more of the following characteristics:

Gross motor problems:

- Clumsiness
- Limited motor planning
- Limited balance
- Jerky movements
- Limited timing
- Delayed locomotor skills
- Difficulty using both sides of body simultaneously

Auditory problems:

- Attention—difficulty attending to a task for a specified period of time
- Memory—difficulty remembering rules or directions for activities
- Figure ground—difficulty filtering out extraneous noises in the environment

Spatial difficulties:

- Directionality—confuses words that denote space such as right, left, in between, beside, after
- Experiences difficulty judging how far or near a target is, resulting in limited body image

Visual difficulties:

- Memory—may remember movements demonstrated, but perform sequence in wrong order
- Figure ground constancy—ability to identify and focus attention upon a single object or figure in a clustered and/or complex background
- Depth perception—the ability to judge distances and to discriminate between spatial dimensions of near and far.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES

- Keep directions short and simple. Face student. Have student repeat the directions given in the appropriate sequence.
- Accompany verbal directions with demonstrations.
- Use multi-sensory cues—such as pointing in the direction you are discussing and having the students do the same.
- Give frequent verbal praise when tasks are completed to enhance self-concept. Build a high success ratio as students have often experienced failure in their attempts to accomplish the goals set for them.
- Avoid elimination-type games.
- State, demonstrate, explain, and diagram rules for games.
- Gradually build up complexity of games from simple sub-skills to enhance self-concepts. When one stage is successfully mastered, increase the complexity of the games.

DISABILITIES

INTELLECTUAL DISABILITY:

A student with an intellectual disability may exhibit a delay of intellectual development below that of the student's peer age group, as evidenced by significant deficits in all essential learning processes.

These children usually exhibit one or more of the following characteristics:

- Demonstrates a slower rate of learning
- Difficulty following directions.
- Limited body mechanics.
- Low physical vitality.
- Deficits in adaptive behavior.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES

- Keep directions short and simple. Have student repeat directions in the appropriate sequence.
- Use simplified language and reinforce terminology of the activities. Teach a number of key words related to the skills.
- Give generous, verbal, and physical (handshake, hug) praise for effort.
- Provide opportunities for decision-making and independent actions.
- Demonstrate and lead child's body parts through a desired movement (manual kinesthesia).
- Allow sufficient time for child to practice the skill.
- Simplify activities so success is assured.
- Consider developmental age when planning motor activities as motor proficiency may never be age-appropriate. Motor abilities may be well developed, but cognitive abilities may exhibit a severe delay.
- Initiate new and complex activities during the first portion of the class while students are fresh and alert.
- Teach games and recreational activities which can be played during leisure hours.
- Emphasize safety rules.

- Shorten distance of relay. Incorporate visual, auditory, tactile stimuli into each relay. Have trial “walk through” before the actual relay.
- Vary vigorous activities with quiet activities.
- Provide activities that expose students to a variety of movements and positions.
- Provide clear, progressive and sequential activities.
- Increase the amount of feedback given.

DISABILITIES

MULTIPLE DISABILITIES: (SEVERE AND PROFOUND IMPAIRMENTS)

Students with multiple disabilities exhibit concomitant impairments (such as having an intellectual disability and blindness, an intellectual disability and an orthopedic impairment, etc.), the combination of which causes such serious educational problems that they cannot be accommodated in special education programs solely for one of the impairments. (The term does not include children with deaf-blindness).

A child with multiple disabilities must progress through various levels of development, beginning with an awareness of sensory stimulation from the environment, (e.g., hot-cold, various scents, and sounds, loud versus soft. Reaction to stimulation often requires movement. This may need to be initiated by the teacher, to help develop a sensory awareness of movement and to acquaint the child with motor capabilities. Once movement can be performed, the child can begin to explore the environment through reaching, grasping, pushing, putting, striking, squeezing, shaking, etc. These movements can be incorporated into motor tasks which can be motivating and which may lead to greater interest and effort on the child's part.

Division of Special Education, Department of Education, Administration Requirements and Guidelines for Special Programs, (Richmond, Virginia.)

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES

- Be aware of the principles of age appropriate development beginning with reflex actions.
- Consult with physical and occupational therapists regarding optimal positioning and desired movements.
- Determine method by which child learns best, e.g., manual kinesthesia, verbal and/or visual explanations.
- Provide immediate positive reinforcement of appropriate responses. Involve all parts of the body, even those most severely impaired.
- Keep activity sessions relatively short, with a variety of activities.
- Use brightly colored, attention-getting equipment.
- Concentrate on motor movements of strength, (e.g., ability to raise the arm or strike stationary objects).
- Analyze tasks and activities relative to a student's individual ability to learn.
- Determine whether the child has more functional movements while in a wheelchair or on a mat.
- Determine whether the child can perform basic motor movements: pushing, pulling, and striking. Devise activities to capitalize on these skills.

- Use music to relax and/or motivate the student to move.
- Assess and record student's abilities. Reassess at least one more time during the year. Select motor activities appropriate to developmental level of child.
- Remember that consistency and repetition over a long period of time may be necessary to observe progress and establish skills.

DISABILITIES

ORTHOPEDIC IMPAIRMENT AND OTHER HEALTH-IMPAIRMENTS:

Students with an orthopedic or health impairment may exhibit conditions and/or special health difficulties that result in the need for special provisions for educational purposes. Included are students with organic, orthopedic (skeletal, muscular and neuromuscular), and neurological conditions affecting motor activities.

Challenging conditions may include one or more of the following:

- Muscular or neuromuscular disabilities which significantly limit the ability to move about, sit, or manipulate the materials required for learning and self-care. Examples are cerebral palsy, poliomyelitis, muscular dystrophy, spina bifida.
- Skeletal deformities or abnormalities that affect ambulation, posture, and body use. Examples are congenital anomaly, spinal deformity, osteogenesis imperfecta, contractures resulting from burns or fractures.
- Disabilities which result in reduced efficiency because of temporary or chronic lack of strength, vitality, or alertness. Examples are arthritis, diabetes, cancer, respiratory disorders, heart conditions, nephritis, hemophilia, tuberculosis, seizure disorders.
- Neurological conditions which result in motor dysfunction. Examples are spinal, muscular atrophy, multiple sclerosis.
- Students with other health impairments are those who exhibit limited strength, vitality or alertness, due to chronic or acute health problems. Examples are heart conditions, tuberculosis, obesity, rheumatic fever, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia or diabetes.

NOTE: There may be other students with temporary impairments, either physical or health-related, which limit the degree of participation. Examples are broken limbs, sprains, muscle pulls, or other physical disabilities affecting motor performance. Also included are postoperative students and those recovering from a severe illness.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES

General considerations:

- Be aware that there is a wide range of physical and cognitive abilities within a group of children with orthopedic and health-related impairments.
- Check student's cumulative records for doctors' recommendation(s), precautions, and possible effects of medication upon motivation, vitality, mood and performance.
- Consult with physical and/or occupational therapist regarding the child's progress.

In planning activities for students who walk exhibiting limited balance (muscular dystrophy, cerebral palsy, amputation, arthritis, hydrocephalus, hemiplegia):

- Provide helmet as required (consult with parent and therapist).
- Allow student to hold onto something with free hand (e.g., crutch or chair) while engaging in another activity with the other hand.
- Limit activities involving quick changes in direction.
- Control body contact during activities.
- Ask child how he or she can best perform.
- Use peer assistants.
- Provide movement experiences for students with spasticity.
- Provide some static-balance activities for students with ataxic or athetoid like movements.
- Give additional support to students with limited balance when assessing skills other than balance. (Students can either sit or stand against a wall).

In planning activities for students who use an assistive device they sit in for mobility (e.g., cerebral palsy, spina bifida, osteogenesis imperfecta, muscular dystrophy, poliomyelitis):

- Attach the upper edge of a net to the wall or blackboard and lower edge to student's location for retrieval of ball in ball-handling activities.
- Substitute sitting, kneeling, lying or supported standing for unsupported standing so that the student has an opportunity to participate as much as possible.
- Substitute mobilizing a wheelchair, crutch or walking device for locomotor skills

- Substitute scooter boards, bicycles or portable standing tables for wheelchairs.
- Suspend balls to allow independent participation and retrieval.
- Attach implements to wheelchairs (i.e., floor hockey sticks).
- Substitute balloons, nerf balls, and yarn balls to add distance, and develop proper form in throwing activities.
- Use peer helpers for retrieval and assistance.
- In planning activities for students with decreased energies or vital capacities (muscular dystrophy, heart conditions, cancer, hypotonia, cerebral palsy, asthma, allergies):
 - Make playing areas smaller.
 - Adjust time element.
 - Permit additional breaks in games requiring running or movement.
 - Use lightweight equipment.
 - Assist children in recognizing signs of fatigue.
 - Individualize expectations for children so that they are challenged by can also be successful.
 - Set up borders to prevent the ball from leaving playing areas.

In planning activities for students who can be injured easily (hemophilia, osteogenesis imperfecta, osteoporosis):

- Provide several mat areas for safety.
 - Avoid gymnastics and other activities requiring body contact or passive manipulation of body parts.
 - Use lightweight equipment (e.g., nerf balls).
 - Provide large hazard-free movement space.
 - Encourage peer assistance.
- In planning activities for students with sensitivity or insensitivity to touch, pain, temperature (anesthesia, cerebral palsy, hypotonia, spina bifida, osteomyelitis, diabetes, arthritis):
- Avoid heavy or sharp objects.
 - Be aware of abrasions students may not be able to feel.
 - Consider individual tolerance to body contact and manipulation.
 - Have students perform a variety of movements in and out of wheelchairs.

- Check insensitive areas for redness from pressure or irritation and teach children to check. Be cognizant of sores.

In planning activities for students with mild to severe exclusion of one side or part of the body, (hemiplegia, hemiparesis, anesthesia, amputation):

- Incorporate some activities requiring coordinated use of affected and unaffected body parts.
- Use spotters or stabilizers as necessary.
- Encourage body rolling to both sides (check with physical or occupational therapist).
- Be aware of, but do not expect entirely correct, patterns of movement (e.g., locomotor skills and other motor skills such as rolling, jumping, throwing, catching, etc.).

In planning activities for students with postural defects (scoliosis, lordosis, arthropgryposis, kyphosis):

- Incorporate some activities which provide for stretching and/or isometric exercises to neck, trunk, and extremities (consult with physical therapist).
- Encourage postural awareness on the part of the student through use of mirror, verbal and tactile prompts.

In planning activities for students who experience psychomotor, petit mal, or grand mal seizures depending on type and frequency of seizures:

- Consult with parent and physical therapist as to whether a helmet should be worn.
- Acquaint other students with condition and promote calm emotional atmosphere.
- Be aware of any outward signs students may exhibit prior to a seizure.
- Avoid performing activities for long periods when in the sun.
- Avoid long periods of strenuous, exciting activity that may trigger seizures.
- Consult physicians (clearance form) for contraindicated activities.
- Record type, duration and time of seizure occurrence.
- Limit participation following a seizure.

In planning activities for children with other health-related problems:

Hydrocephalus:

- Maintain the head in an upright position. Avoid positions in which head is lower than rest of the body. Students with Down Syndrome often need this due to atlanto-axial instability and should not engage in forward rolls.

Respiratory problems:

- Be aware of environmental problems to which children with asthma, cystic fibrosis, and chronic bronchitis may be susceptible. Dust, pollens, pollution alerts should indicate a need for holding physical education classes indoors. Be aware of the three stages through which an asthma attack progresses: (a) coughing, (b) shortness of breath, and severe bronchial obstruction.

Thermal injury:

- Consult physician as to precautions. Increase exposure to sunlight on a gradual basis. Be aware of skin lotions used and that skin surfaces may be slippery; students may be wearing special stretch garments or splints on extremities; tightening of scar tissue over joints may limit range of motion. (Consult with physical therapist as to exercise limitations).

NOTE: In planning activities for children with temporary impairments, refer to suggestions in this section of conditions that closely correspond to those exhibited by your student.

DISABILITIES

VISUAL IMPAIRMENT AND BLINDNESS

Students with visual impairments may be classified by the degree of visual acuity that they possess. The following classification may be used:

- Partially sighted—visually acuity between 20/70 and 20/200.
- Legally blind—visual acuity of 20/200 or less in the better eye. Such students can be visual learners.
- Totally blind—having only light perception.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES

- Be aware of potentially dangerous situations (e.g., poorly placed equipment, partially opened door).
- Use verbal instructions.
- Use audible goal locators.
- Use audible balls (softball, football).
- Use guide ropes, wall for directing student movement activities.
- Reduce speed of activity.
- Use tactile instruction:
 - a. Teacher as model.
 - b. Another student as model.
 - c. Moving student through activity.
- Use sighted partner holding student's hand through movement experiences.
- Use running on treadmill, if available, to enhance toeing-in and provide a non-threatening experience in running.
- Avoid totally silent periods of time. (Soft music may help to relax the student).
- Modify distance for object recognition.
- Enlarge targets.
- Use bright colored objects.
- Provide maximum lighting. Make sure sun is to the back of activity.
- Modify activities that require sudden change in direction.

DISABILITIES

SPEECH AND LANGUAGE IMPAIRMENT

Students with speech impairments may exhibit a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment.

IMPLICATIONS FOR PHYSICAL EDUCATION ACTIVITIES

- Be sensitive to child's ability to understand and express ideas (e.g., a child who stutters may be embarrassed if asked to speak in front of peers).
- Provide demonstrations with verbal directions.
- Consult speech pathologist for additional implications in a physical education program.

ADAPTED PHYSICAL EDUCATION LESSON PLANNING CHECKLIST

A well planned Adapted Physical Education class should contain all the elements of an effective lesson set forth by the Standards of Excellence, Prince George's County Public Schools. All APE and GPE teachers should use the following chart when planning their movement lessons.

<u>Planning and Preparation</u>
<ul style="list-style-type: none"> ➤ Lessons developed in alignment with Physical Education Curriculum Framework and the Maryland State Curriculum ➤ Lessons developed are both age and developmentally appropriate for the students ➤ The lessons consist of student learning objectives
<u>Knowledge of Subject Matter</u>
<ul style="list-style-type: none"> ➤ Presents accurate information ➤ Demonstrates the knowledge of content and progressions to execute the lesson effectively
<u>Classroom Management/Organization</u>
<ul style="list-style-type: none"> ➤ Expectations for student behavior are clearly presented ➤ Maintains on-task behavior ➤ Focuses students' attention ➤ Consistently recognizes and reinforces desirable student behavior ➤ Consistently handles disruptive student behavior quickly and fairly ➤ Equipment is in place prior to students entering the learning environment ➤ Organizes equipment for efficient use by students ➤ Equipment is available in sufficient quantity and assessable to students ➤ Maintains a safe/orderly environment
<u>Classroom Climate</u>
<ul style="list-style-type: none"> ➤ Sensitive to the needs and feelings of students ➤ Encourages active student involvement ➤ Gives students individual help ➤ Uses displays, posters, and bulletin boards to effectively relate to subject/theme
<u>Process of Instruction</u>
<ul style="list-style-type: none"> ➤ Focuses Student attention through brief warm-up activity ➤ Teaches to an objective ➤ Monitors/adjusts instruction ➤ Models intended skill/learning ➤ Checks for student understanding ➤ Provides opportunities for guided practice ➤ Provides opportunities for independent practice ➤ Provides closure ➤ Program modifications/adaptations are made to ensure maximum student participation and success
<u>Outcomes of Instruction\</u>
<ul style="list-style-type: none"> ➤ Assesses student progress through a variety of assessment tools <ol style="list-style-type: none"> 1. Observation 2. Data collection (Rubrics, Checklists, Journals, Portfolios, Worksheets, Videos, Photos) 3. Questioning 4. Standardized tests

Adapted Physical Education Lesson Plan

Teacher: _____

Date: _____

Focusing Student Attention	*Statement of Objective: What should students know and do as a result of the lesson?	Link to Maryland State Curriculum
Time: ___ Minutes		
	*Warm-Up: How will you engage students in learning? How will you connect the lesson to their prior knowledge? 	
Introductory and/or Developmental Activities	Teacher Directed Activities: How will you aid students in constructing meaning of new concepts? How will you introduce/model new skills or procedures?	
___ Minutes		
Guided Practice	Teacher-Monitored Activities: What will students do together to use new concepts or skills? How will you assist students in this process?	
___ Minutes		
Independent Activities and/or Meaningful-Use Tasks	Extension, Refinement, and Practice Activities: What opportunities will students have to use the new skills and concepts in a meaningful way? How will students expand and solidify their understanding of the concept and apply it to a real-world situation? How will students demonstrate their mastery of the essential learning outcomes?	
___ Minutes		

Assessment	*Formative Assessment: How will you monitor student progress throughout the lesson?
_____ Minutes	
	*Summative Assessment: How will you ensure that all students have mastered the identified learning indicators? How will you assess their learning? Daily and end of unit.
	*Closure Activities: How will you assist students in reflecting upon what they learned today and are preparing for tomorrow's lesson? What homework will be assigned to help students practice, prepare, or elaborate on a concept or skill taught?
*Link to Prior Learning: If not a pre-assessment or initial presentation of information, how does this lesson build off of prior lessons and learning experiences?	
*Student takes Responsibility for Learning: When and/or how does the student demonstrates the opportunity to take responsibility for his/her learning?	

***Adaptations and Modifications:** How will you modify the lesson to include all students?

Environment:

Rules:

Instruction:

Equipment:

Self-Assessment Form

Teacher Name: _____

School: _____

EIN: _____

Date: _____

Purpose: Self-Assessment Diagnostic/Baseline

Observer (If an observation) _____

Domain 1: Planning and Preparation

Component	Unsatisfactory	Basic	Proficient	Distinguished
<i>Ic: Setting instructional outcomes</i>	Instructional outcomes are unsuitable for students, represent trivial or low-level learning, or are stated only as activities. They do not permit viable methods of assessment. <input type="checkbox"/>	Instructional outcomes are of moderate rigor and are suitable for some students, but consist of a combination of activities and goals, some of which permit viable methods of assessment. They reflect more than one type of learning, but teacher makes no attempt at coordination or integration. <input type="checkbox"/>	Instructional outcomes are stated as goals reflecting high-level learning and curriculum standards. They are suitable for most students in the class, represent different types of learning, and are capable of assessment. The outcomes reflect opportunities for coordination. <input type="checkbox"/>	Instructional outcomes are stated as goals that can be assessed, reflecting rigorous learning and curriculum standards. They represent different types of content, offer opportunities for both coordination and integration, and take account of the needs of individual students. <input type="checkbox"/>
<i>Ie: Designing coherent instruction</i>	The series of learning experiences are poorly aligned with the instructional outcomes and do not represent a coherent structure. They are suitable for only some students. <input type="checkbox"/>	The series of learning experiences demonstrates partial alignment with instructional outcomes, some of which are likely to engage students in significant learning. The lesson or unit has a recognizable structure and reflects partial knowledge of students and resources. <input type="checkbox"/>	Teacher coordinates knowledge of content, of students, and of resources, to design a series of learning experiences aligned to instructional outcomes and suitable to groups of students. The lesson or unit has a clear structure and is likely to engage students in significant learning. <input type="checkbox"/>	Teacher coordinates knowledge of content, of students, and of resources, to design a series of learning experiences aligned to instructional outcomes, differentiated where appropriate to make them suitable to all students and likely to engage them in significant learning. The lesson or unit's structure is clear and allows for different pathways according to student needs. <input type="checkbox"/>

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Self-Assessment Form

Teacher Name: _____

School: _____

EIN: _____

Date: _____

Purpose: Self-Assessment Diagnostic/Baseline

Observer (If an observation) _____

Domain 2: The Classroom Environment

Component	Unsatisfactory	Basic	Proficient	Distinguished
<p>2b: Establishing a culture for learning</p>	<p>The classroom environment conveys a negative culture for learning, characterized by low teacher commitment to the subject, low expectations for student achievement, and little or no student pride in work.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Teacher’s attempt to create a culture for learning are partially successful, with little teacher commitment to the subject, modest expectations for student achievement, and little student pride in work. Both teacher and students appear to be only “going through the motions.”</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>The classroom culture is characterized by high expectations for most students, genuine commitment to the subject by both teacher and students, with students demonstrating pride in their work.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>High levels of student energy and teacher passion for the subject create a culture for learning in which everyone shares a belief in the importance of the subject, and all students hold themselves to high standards of performance, for example by initiating improvements to their work.</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>2d: Managing student behavior</p>	<p>There is no evidence that standards of conduct have been established, and little or no teacher monitoring of student behavior. Response to student misbehavior is repressive, or disrespectful of student dignity.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>It appears that the teacher has made an effort to establish standards of conduct for students. Teacher tries, with uneven results, to monitor student behavior and respond to student misbehavior.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Standards of conduct appear to be clear to students, and the teacher monitors student behavior against those standards. Teacher response to student misbehavior is appropriate and respects the students’ dignity.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Standards of conduct are clear, with evidence of student participation in setting them. Teacher’s monitoring of student behavior is subtle and preventive, and teacher’s response to student misbehavior is sensitive to individual student needs. Students take an active role in monitoring the standards of behavior.</p> <p style="text-align: right;"><input type="checkbox"/></p>

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Self-Assessment Form

Teacher Name: _____

School: _____

EIN: _____

Date: _____

Purpose: Self-Assessment Diagnostic/Baseline

Observer (If an observation) _____

Domain 3: Instruction

Component	Unsatisfactory	Basic	Proficient	Distinguished
<i>3b: Using questioning and discussion techniques</i>	Teacher's questions are low-level or inappropriate, eliciting limited student participation, and recitation rather than discussion. <input type="checkbox"/>	Some of the teacher's questions elicit a thoughtful response, but most are low-level, posed in rapid succession. Teacher' attempts to engage all students in the discussion are only partially successful. <input type="checkbox"/>	Most of the teacher's questions elicit a thoughtful response, and the teacher allows sufficient time for students to answer. All students participate in the discussion, with the teacher stepping aside when appropriate. <input type="checkbox"/>	Questions reflect high expectations and are culturally and developmentally appropriate. Students formulate many of the high-level questions and ensure that all voices are heard. <input type="checkbox"/>
<i>3c: Engaging students in learning</i>	Activities and assignments, materials, and groupings of students are inappropriate to the instructional outcomes, or students' cultures or levels of understanding, resulting in little intellectual engagement. The lesson has no structure or is poorly paced. <input type="checkbox"/>	Activities and assignments, materials, and groupings of students are partially appropriate to the instructional outcomes, or students' cultures or levels of understanding, resulting in moderate intellectual engagement. The lesson has a recognizable structure but is not fully maintained. <input type="checkbox"/>	Activities and assignments, materials, and groupings of students are fully appropriate to the instructional outcomes, and students' cultures and levels of understanding. All students are engaged in work of a high level of rigor. The lesson's structure is coherent, with appropriate pace. <input type="checkbox"/>	Students are highly intellectually engaged throughout the lesson in significant learning, and make material contributions to the activities, student groupings, and materials. The lesson is adapted as needed to the needs of individuals, and the structure and pacing allow for student reflection and closure. <input type="checkbox"/>

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Self-Assessment Form

Teacher Name: _____

School: _____

EIN: _____

Date: _____

Purpose: Self-Assessment Diagnostic/Baseline

Observer (If an observation) _____

Domain 4: Professional Responsibilities

Component	Unsatisfactory	Basic	Proficient	Distinguished
4a: Reflecting on Teaching	Teacher's reflection does not accurately assess the lesson's effectiveness, the degree to which outcomes were met and/or has no suggestions for how a lesson could be improved. <input type="checkbox"/>	Teacher's reflection is a generally accurate impression of a lesson's effectiveness, the degree to which outcomes were met and/or makes general suggestions about how a lesson could be improved. <input type="checkbox"/>	Teacher's reflection accurately assesses the lesson's effectiveness/degree to which outcomes were met and can cite evidence to support the judgment; makes specific suggestions for lesson improvement. <input type="checkbox"/>	Teacher's reflection accurately, thoughtfully assesses the lesson's effectiveness/degree to which outcomes were met, citing specific examples; offers specific alternative actions drawing on an extensive repertoire of skills. <input type="checkbox"/>
4c: Communicating with Families	Teacher communication with families, about the instructional program, or about individual students, is sporadic or culturally inappropriate. Teacher makes no attempt to engage families in the instructional program. <input type="checkbox"/>	Teacher adheres to school procedures for communicating with families and makes modest attempts to engage families in the instructional program. But communications are not always appropriate to the cultures of those families. <input type="checkbox"/>	Teacher communicates frequently with families and successfully engages them in the instructional program. Information to families about individual students is conveyed in a culturally appropriate manner. <input type="checkbox"/>	Teacher's communication with families is frequent and sensitive to cultural traditions; students participate in the communication. Teacher successfully engages families in the instructional program; as appropriate. <input type="checkbox"/>

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Lesson Reflection Form

Teacher

Teacher Name:

EIN:

Date:

Date of Observation:

School:

This document is provided to assist teachers in preparing for your post-observation conference. It provides you with an opportunity to document your reflection (Domain 4) and will help to shape your discussion with your administrator.

As you reflect on the lesson, were the students cognitively engaged in the work? How do you know? (4a: Reflecting on Teaching; 3c: Engaging Students in Learning)

Did the students learn what you expected them to learn? How do you know? If you do not know at this point, when will you know, and what will be evidence of their learning? (1c: Selecting Instructional Goals; 1f: Designing Student Assessments)

How did the instructional strategies you chose support student learning? How do you know? (1e: Designing Coherent Instruction)

What have you done to promote a culture for learning in your classroom? (2b: Culture for Learning)

Did you alter your lesson plan or adjust your outcomes as you taught the lesson? If so, how and for what reason? (3d: Using Assessment in Instruction; 3e: Demonstrating Flexibility & Responsiveness)

If you had the opportunity to teach this lesson again to the same group of students, what would you do differently? (4a: Reflecting on Teaching)

Are there other thoughts about the lesson that would like to share? Please add any additional comments.

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Goal Setting Form

Teacher Name: _____
Grade Level/Subject: _____

EIN: _____
Date: _____

Supervising Administrator: _____

Goal-setting process

- Use the *Framework for Teaching* Descriptors of Practice/Self-Assessment form. to complete a self-assessment of your teaching practice.
- Review the data and feedback provided from previous observations.
- Identify areas of practice for professional growth within the eight components you and your administrator have agreed to as areas of focus. It is recommended that teachers select two goals to address in a school year.
- Complete this form to indicate the domain(s) and component(s) selected for growth, and provide information describing how you will improve in the selected areas, and how you will measure / document growth.
- Attach this form, when completed, to the *Framework for Teaching* Descriptors of Practice/Self Assessment form.
- Use this form to refine goals and to develop professional growth plans.

Goal: During the initial year of participation, all teachers will learn *The Framework for Teaching* components and become familiar with the Evaluation system as their professional growth goal.

Domain: _____ Component(s) _____ Element(s) _____

Rationale for selecting this goal:

Steps to achieve the goal:

Method(s)/procedure(s) for gathering evidence:

How will you measure progress?

 Signature of Teacher:

 Date:

 Signature of Administrator:

 Date:

Goal Setting Guidelines

Objective

The objective of the formative process is to improve professional practice. To achieve this objective, learners take ownership of the learning goals, established by thoughtful self-assessment, personal reflection on teaching practices, and specific feedback based upon standards of teaching practice.

Overview

Teachers and administrators will identify and agree upon professional growth goals which align with the *Framework for Teaching* (FFT) Domains of Professional Practice. Teachers will self assess their practice utilizing the FFT Domains and review feedback and data received from previous observations. Goals will then be developed related to areas of growth they have identified from the self-assessment and the observation feedback.

Domain 1: Planning and Preparation

Domain 3: Instruction

Domain 2: The Classroom Environment

Domain 4: Professional Responsibilities

Procedures

1. *Self assessment and goal setting:* Teachers will self assess their practice using the FFT and evidence from the first cycle of evaluations from the prior year. From this information, teachers will identify professional growth goals and develop a professional growth plan to achieve those goals in the current year.
2. *Agreement of goals and professional growth activities:* The teacher and supervising administrator will discuss options for professional growth related to the selected Components.
3. *Developing a professional growth plan:* Once approved, teachers will develop an individual Growth Plan (IGP) by completing the form Individual Professional Growth Goals: Teacher Goal Setting Form. This form is available electronically at: <https://sites.google.com/site/pgcpsteachereffectiveness/home>
4. *Completing and reflecting upon goals:* Teachers will collect and present artifacts which document growth in the selected areas. Observation evidence gathered by the administrator can also be used to determine the degree to which the teacher attained the goals.
5. *Reviewing progress toward meeting the goals:* The professional growth plan and progress made to attain the goals will be reviewed during the end of the year conference.

**DEPARTMENT OF SPECIAL EDUCATION
ADAPTED PHYSICAL EDUCATION/ADAPTED AQUATICS PROGRAM**

**THE ADAPTED PHYSICAL EDUCATOR/ADAPTED AQUATICS/ PHYSICAL EDUCATOR
AND
THE IEP PROCESS**

Federal law mandates that each individual with a disability have an IEP. Physical Education is specifically listed as part of special education in the federal law, and it is imperative that Adapted Physical Education/Adapted Aquatics and Physical Education teachers be a part of the IEP process. The most effective way to do this is to be an active member of the Multidisciplinary team(MDT)/IEP team. Adapted Physical Education, Adapted Aquatics, and Physical Education teachers can do this in several ways, such as:

- Attend IEP team meetings,
- Communicate with team leader/Special Education Coordinator and other MDT members,
- Administer gross motor assessments (re-evaluations) and collect data in the areas of movement skills, manipulative skills, tactical concepts, lifetime physical activity and physical fitness and report results to MDT so appropriate IEP goals can be developed for the student.
- Work closely with related service providers, such as physical therapists, occupational therapists, teachers of students with visual impairments, orientation and mobility therapists, audiology therapists, and speech and language therapists,
- Speak with your Special Education Coordinator and make sure he/she understands the importance of your participation in all phases of the IEP process (preparation discussions, scheduling meetings, re-evaluations, progress reports, present levels of performance, goal/objective writing and IEP/MDT meetings)

Adapted Physical Education, Adapted Aquatics and/or Physical Education teachers provide the following information to the IEP (when appropriate):

- **Present levels of performance** – what the student can or cannot do when compared to his/her age peers (strength and weaknesses). In addition, add testing data when re-evaluation assessments have been administered.
- **Supplemental Aids, Services, Program Modifications and Supports** – Specific supports services and modifications the students requires while fully and successfully engaged in the general Physical Education setting.
- **Annual goals and objectives** – what the student will be working on during the next 12 months
- **Services** –
 1. Service nature: Special Education – Physical Education
 2. Provider: Adapted Physical Educator and Physical Educator (primary provider is situational)
 3. Location: Inside or Outside the general education setting
 4. How Often: Monthly or Quarterly
 5. Hours: 20 Minutes (ECC), 30 Minutes (K-12) per session
 6. Duration: 36 weeks (unless the service is provided for partial of the school year)
- **Progress Reports** – monitor student's progress with goals and objectives. Documentation must be kept for each student with gross motor goals and objectives on the IEP.

**ADAPTED PHYSICAL EDUCATION/ADAPTED AQUATICS PROGRAM
DEPARTMENT OF SPECIAL EDUCATION
PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS**

THE ADAPTED PHYSICAL EDUCATOR/ADAPTED AQUATICS TEACHER

***WRITING PRESENT LEVELS OF PERFORMANCE
AND
GOALS AND OBJECTIVES***

It is the direct and sole responsibility of the Adapted Physical Educator/Adapted Aquatics/Physical Education teacher to provide gross motor goals and objectives for students in need of unique or special instructional services in Physical Education. Before writing goals and objectives the teacher must first assess the student's present level of gross motor performance (PLOP). This can be done through review of data collection logs and/or assessments. Based on the results of the assessments or data collection, long-term goals and short-term objectives are written.

Points to ponder when writing PLOP statements:

- Present levels of performance (PLOP) is the driving force behind the IEP and should be addressed first before writing goals/objectives
- Make sure the PLOP statements can be defended with data
- Use current Re-evaluation results when preparing PLOP statements. If no Re-evaluation testing has been completed, use fourth quarter progress comments reflecting on the IEP objectives
- PLOP should accurately describe how the disability effects the involvement and progress in the Physical Education curriculum
- PLOP should also include descriptive statements of the student's abilities (strengths and weaknesses)
- Current classroom observations may also be included
- If Physical Education is not an area of concern, include a statement that states "this is not an area of need at this time."
- If the student receives Physical Therapy services, it is highly recommended to collaborate with the physical therapist
- If Physical Education and aquatics is not an area of need and this is indicated in PLOP, no physical education/aquatics goals or objectives should be on the IEP
- If aquatics is listed as an area of need in PLOP, there should be an aquatics goal and objective on the IEP.

POINTS TO PONDER WHEN WRITING GOALS AND OBJECTIVES:

- Goals should be written with the following components:
 1. Situation: In what condition will the goal be observed?
 - By the end of the lesson...
 - During the closure...
 - During the teacher directed activity...
 - During the teacher monitored activity...
 - While engaged in a peer assessment...
 - During the warm up...
 - Given...
 - With partial physical support...
 2. Task: What will the students do in order to meet the goal?
(Student's Name) will....
 3. Criteria: What is the measurement for the student to meet the goal?
 - 4 out of 5 trials
 - Decrease their mile walk/run time by at least 20 seconds
 - Provide his/her peers with a least 4 verbal praises

For mastery of the goal and objectives need to be successfully accomplished 80 percent of the time (4 out of 5 trials)

 4. Outcome: What is the purpose for the goal? What benefit will the students get out of it?
In order to...
- Objectives should include the following: Objectives are similar to goals, but are the short term building blocks to reaching the goal.
 1. Situation: In what condition will the objective be observed?
 2. Task: What will the students do in order to meet the objective?
 3. Criteria: What is the measurement for the student to meet the objective?
- Evaluation Method should be:
 - Adapted Physical Educator and/or Physical Educator observation, data collection, assessment, collaboration
- Initiation date: The same day as the IEP meeting is held (example: April 24 2012)
- End date: One day prior to the IEP meeting, 36 weeks later (example: April 23 2013)
- Format:
 1. What setting? Where or when with the observation of the goal take place
 2. Who? (student's name)
 3. Under what Conditions? (Indicates what assistance, modifications, adaptations will be provided to accomplish the skill)
 4. Will do what? (The specific, measurable and observable behavior or skill to be performed)
 5. How well? (The level at which the student must perform skill to accomplish the step for meeting the annual goals.)

SAMPLE GOAL

Grade 7: II.A.1.a – Biomechanical Principles: Effects on Objects

(Situation) While tossing objects towards a target with the dominant hand, (Task) (Student's Name) will receive verbal and visual prompting to demonstrate a pendulum arm swing, stepping forward with the opposite foot, and releasing of the object forward to hit a target 10 feet away, (*Criteria*) 4 out of 5 trials (*Outcome*) in order to enhance accuracy and force control for successful participation in lifetime physical activity.

All gross motor IEP goals and objectives must be written in alignment with the National Standards for Physical Education (NASPE) and the Maryland State Curriculum.

Each long-range goal should be written using the following the six National Standards

Standard 1: Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities

Standard 2: Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities

Standard 3: Participates regularly in physical activity

Standard 4: Achieves and maintains a healthy-enhancing level of fitness

Standard 5: Exhibits responsible personal and social behavior that respects self and others in physical activity settings

Standard 6: Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction

Each long-range goal should be written using the following six State Standards

Standard I: Skillfulness: Students will demonstrate the ability to enhance their performance of a variety of physical skills by developing fundamental movement skills, creating original skill combinations, combining skills effectively in skill themes, and applying skills.

Standard II: Biomechanical Principles: Students will demonstrate an ability to use the principles of biomechanics to generate and control force to improve their movement effectiveness and safety.

Standard III: Motor Learning: Students will demonstrate the ability to use motor skill principles to learn and develop proficiency through frequent practice opportunities in which skills are repeatedly performed correctly in a variety of situations.

Standard IV: Exercise Physiology: Student will demonstrate the ability to use scientific principles to design and participate in a regular, moderate to vigorous physical activity program.

Standard V: Physical Activity: Students will demonstrate the ability to use the principles of exercise physiology, social psychology, and biomechanics to design and adhere to a regular, personalized, purposeful program of physical activity consistent with their health, performance, and fitness goals in order to gain health and cognitive/academic benefits.

Standard VI: Social-Psychological Principles: Students will demonstrate the ability to use skills essential for developing self-efficacy, fostering a sense of community, and working effectively with others in physical activity settings.

Each short-term objective should be written using the grade level indicators for Physical Education grades K-6. Grade level indicators can be located under each content standard. Remember when writing gross motor objectives and developing Adapted Physical Education lessons it is of top priority to establish each student's present level of gross motor performance.

It is important to note that many students receiving special education services do not require or need Motor Development/Adapted Physical Education services. These students should participate in General Physical Education and participate in the required curriculum when appropriate. These students do not need goals and objectives.

Individual Education Program (IEP) Information
Parts of the IEP to be performed by the Adapted Physical Educator
<http://www.mdiep.org>

The IEP is individualized and there is flexibility in what is written as long as it meets the requirements indicated by the Adapted Physical Education program and Prince George's County Public School's Special Education department

Type in e-mail address and password
 Type in student's name find student's name and click it.
 Click "IEP" followed by clicking "Work on Next IEP"

**NOTE: IEPs need to be sent home
 5 business days prior to the meeting.
 Plan Ahead!**

Parts	How to find it on MD-Online: click the tabs in the order listed	What do write or do
Supplemental Aids, Services, Program Modifications and Supports	2. Special Considerations and accommodations, supplemental aids, services, program modifications and supports, Supplementary Aids, Services, Program Modifications and Supports were considered and are required at this time	<u>Service Category:</u> Instructional support(s), Social/Behaviors support(s), or Physical/Environmental support(s) <u>Nature of Service:</u> Other – Adapted Physical Education <u>Anticipated Frequency:</u> Daily, Quarterly, or Monthly <u>Begin Date:</u> Same as services page <u>End Date:</u> Same as Services page <u>Primary Provider:</u> Other – Adapted Physical Educator <u>Secondary Provider:</u> Physical Education Teacher, IEP team <u>Clarify the location and manner in which Supplementary Aids, Services, Program Modifications and Supports to or, on behalf of, the student will be provided:</u> Description of how the service will be delivered.
Present Level of Academic Achievement and Functional Performance (PLAAFP)	1. Present Level of Academic Achievement and Functional Performance (PLAAFP), Physical Education If adding Physical Education as an area: 1. Present Level of Academic Achievement and Functional Performance (PLAAFP), add area. <u>Category:</u> Academic <u>Area:</u> Physical Education	<u>Summary of Assessment Findings (including dates of administration):</u> Write in classroom observations, data collection, important health information, and formal testing, that indicates the areas of difficulty and strengths. Suggested educational needs <ul style="list-style-type: none"> • i.e.: Based the gross motor skill rubrics, Adapted Physical Educator observation, data collection, formal assessment, and collaboration it is recommended that (student's name) continue to receive direct Adapted Physical Education services into the 20__ - 20__ school year. <u>Source:</u> Adapted Physical Educator/General Physical Educator observation, Data collection, informal assessment, and collaboration. <u>Instructional Grade Level Performance:</u> (Student's Name) gross motor skills demonstrate a significant delay below chronological age that impacts meeting grade level student learning curricular objectives. <u>Does this area impact the student's academic achievement and/or functional performance?</u> No: No service is provided Yes: Service is provided If Yes: Choose one of the below options <ul style="list-style-type: none"> • A specific goal aligned to this area of impact -Needs addressed with a goal and direct service • Supplementary Aids, Services, Program Modifications, and Supports -Needs addressed with indirect service (consultation) • Embedded IEP Goals -Needs addressed in a goal with another area • Services -Needs addressed with service, no goal and no Supplementary Aids, Services, Program Modifications, and Supports

<p>Goals and Objectives</p>	<p>3. Goals, Physical Education</p> <p>If adding Physical Education with a goal:</p> <p>3. Goals, add goal <u>Category:</u> Academic <u>Area:</u> Physical Education</p> <p>To Add Objectives follow the instructions above and then continue with:</p> <p>Edit Objective, Add Objective</p>	<p>Typical Format is 1 goal and 2 objectives</p> <p>Writing goals: Situation: In what condition will the goal be observed? Task: What will the students do in order to meet the goal? Criteria: What is the measurement for the student to meet the goal? Outcome: What is the purpose for the goal? What benefit will the students get out of it?</p> <p>Goals should be individualized to meet the student's needs based on what was written in the present level of academic achievement and functional performance section.</p> <p><u>By:</u> The next annual review date <u>Evaluation Method:</u> Adapted Physical Educator/Physical Educator observation, data collection, assessment, collaboration <u>With:</u> Criteria, a common criteria is 4 out of 5 times <u>ESY goal?:</u> Will the student receive Adapted Physical Education services during Extended School Year over the summer? Yes or No</p>
<p>Services</p>	<p>4. Services</p> <p>If adding Physical Education with a service:</p> <p>4. Services, add service <u>Service Category:</u> Academic <u>Service Nature:</u> Physical Education</p>	<p><u>Service Category:</u> Special Education <u>Service Nature:</u> Physical Education <u>Location:</u> In General Education or Outside General Education <u>Number of Sessions:</u> 7 – Sessions for consistent service 4 – Sessions for inconsistent service 1 – Session for periodic service <u>Length of Time:</u> Early Childhood Center: 20 Minutes (each session) K – 21 Years: 30 Minutes (each session) <u>Frequency:</u> Monthly – Consistent frequency of service Quarterly – Inconsistent or periodic frequency of service <u>Service Date:</u> Begin Date: Annual Review Date or the beginning of the school year if the service is different from the previous year. *For a 2 year old turning 3, the IEP will initiate on the child's 3rd birthday even though the annual review was held prior to the 3rd birthday. End Date: One year minus one day from the Annual Review Date or the end of the school year if the next school years' service will be different. <u>Duration:</u> Number of weeks per year 36 – weeks if the service starts on the annual review date and continues to the next schedule annual review date a year later. Less than 36 weeks if the service is beginning or ending between annual review dates. *For a 2 year old turning 3, there will be less than 36 weeks because the IEP will start on the child's 3rd birthday and not when the annual review meeting was held. <u>Service Provider:</u> Primary Provider: Adapted Physical Educator (unless the direct service provider is primarily the Physical Educator in the general PE setting). Other Provider(s): Other members of the IEP team that will service and support the child in the Physical Education setting Commonly: -Physical Educator, IEP team, Dedicated Assistant, Paraprofessional, Continued on next page→</p>

<p>Services (Continued)</p>	<p>4. Services</p> <p>If adding Physical Education with a service:</p> <p>4. Services, add service <u>Service Category:</u> Academic <u>Service Nature:</u> Physical Education</p>	<p><u>Discussion of Service Delivery:</u> Write in sentence form how the service will be delivered including: Start date and end date, primary service provider, location, number of sessions, length of time, frequency, and duration. There is flexibility for inputting other information that relates to how the service will be delivered. Example: From April 15th 20__ to April 14th 20__, (Student's Name) will receive direct Adapted Physical Education services provided by an Adapted Physical Educator and/or Physical Educator in the least restrictive environment outside the general education setting. This service will be provided in seven 30 minute sessions per month (total of 3 hours 30 minutes per month) over a period of 36 weeks.</p> <p>ESY Service: No: Click no if the student will not receive Adapted Physical Education during extended school year in the month of July.</p> <p>Yes: Click yes if the student will receive Adapted Physical Education during extended school year in the month of July. Complete the ESY services similar to the school year. The student may not receive more service over the summer than provided during the year.</p> <p>Sample discussion of service delivery: From July 2nd 20__ to August 2nd 20__, (Student's Name) will receive direct Adapted Physical Education services provided by an Adapted Physical Educator and/or Physical Educator in the least restrictive environment outside the general education setting. This service will be provided in six 15 minute sessions (total of 1 hour 30 minutes) over a period of 4 weeks.</p> <p>IMPORTANT Notes: *Services are individualized and can be different from student to student. There is a common method, but not one method of providing service. **A student may only receive Physical Education for a semester throughout the year. This will impact the start date, end date and the duration of the service. This is common in Middle School.</p>
<p>Progress Report</p>	<p>After inputting the password and e-mail address Do Not Click: "Work on Next IEP" Click: "View Active IEP" Click Goals, Track Progress (Physical Education), Add Progress</p>	<p>The date of the progress report should coincide with the end of the quarter date (not the date you are writing it). The reports are done 4 times a year. Your descriptions should include specific information to the students work towards the goal. You may also provide information on the student's psychomotor, cognitive and affective performances in class. You may provide teaching strategies or recommendations/suggestions for physical activities outside of school. Progress Codes: <u>Achieved:</u> This is when the student has successfully met the goal <u>Making Sufficient Progress to Meet Goal:</u> Progressing well <u>Not making sufficient progress to meet goal:</u> The goal needs to be modified or deleted so that it reflects an achievable goal <u>Not Yet Introduced:</u> This should rarely be used, unless the IEP was developed within a few days of the progress report being sent home</p>
<p>Formalized Assessment Report</p>	<p>After inputting the password and e-mail address Click "Forms" top right of the screen in a grey box. Scroll down and click "Assessment Report"</p>	<p>Fill out the form with the information gained from the standardized assessment tool administered. It is very important that all the parts of filled out and that you click the 3 boxes under "Documentation of Assessment Validity" Print out 3 copies of the report. One for the LAF, One for the parent and one for your student folder file.</p>

Gross Motor Assessment Tools

<u>TEST NAME</u>	<u>TYPE OF TEST</u>	<u>DESCRIPTION</u>	<u>AGE</u>	<u>TIME</u>	<u>SCORE</u>
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
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
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 mins.	Norm Referenced
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
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

Gross Motor Assessment Tools

<u>TEST NAME</u>	<u>TYPE OF TEST</u>	<u>DESCRIPTION</u>	<u>AGE</u>	<u>TIME</u>	<u>SCORE</u>
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
FitnessGram	Health-Related Fitness	9 assessment item options in 3 health related fitness areas (Body Composition, Aerobic Fitness, Muscular Strength, Endurance, and Flexibility)	10 – 17 yrs.	30 Min if One on one. Multiple days for a class	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
Adapted Physical Education Assessment Scale (APEAS II)	Motor Performance	Test includes: motor development perceptual motor function, motor achievement, posture, fitness	5-18 yrs.	Indiv. 20 min. Group 30 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
Brockport Physical Fitness Test (BPFT)	Health-Related Fitness	27 test item options which a teacher chooses a few from the list based on the individual student's disability and needs. The test items address body composition, muscular strength, muscular endurance, aerobic capacity and flexibility.	10 – 17 yrs.	30 Min if One on one. Multiple days for a class	Criterion Referenced

Adapted Physical Education/Adapted Aquatics Definitions

Acceleration	The rate of change in velocity
Accommodation	Adaptation that the child must make to the environment when new and incongruent information is added to his or her repertoire of possible responses
Adaptation	The process of making adjustments to environmental conditions and intellectualizing these adjustments through the complementary processes of accommodation and assimilation
Adapted Physical Education	A diversified program of developmental activities, games, sports, and rhythms, suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program
Affective	Refers to inner feelings, attitudes, and socially acceptable behavior in a given setting
Age Appropriate	Within the child's chronological age
Agility	The ability to change direction of the entire body quickly and accurately while moving from one point to another
Alternative/Augmentative Communication	Refers to supplemental communication techniques that are used in addition to any naturally acquired speech and vocalization that exists
Annual Goal	Yearly goals documented in the Individualized Education Plan
Apraxia	A thought organization disorder that is particularly observable in movements that require correct sequencing and timing
Assessment	A process used to gather information about the participant's achievement and to make decisions and judgments based on that evidence
Assimilation	Interpretation of new information based on present interpretations by taking in information from the environment and incorporating it into one's existing cognitive structures
Ataxia	Greek word meaning "lack of order" is defective muscular coordination, especially in relation to reaching and walking. Both balance and coordination are affected
Athetoid	Unwanted jerky repetitive movements
Atrophy	Degeneration of the muscles
Authentic Assessment	An assessment that takes place in a realistic situation as opposed to an artificial, contrived setting
Autism	A developmental disability significantly affecting verbal and nonverbal communication and social interaction
Balance	The ability to maintain one's equilibrium in relation to the force of gravity. Balance may be static or dynamic
Behavior Management	Encompasses all of the strategies that educators utilize to develop effective and appropriate student behaviors.
Bilateral Movements	Two body parts working in unison and performing the same movements. Arms and legs simultaneously reaching, spreading, or closing

Bobbing	To move up and down jerkily or repeatedly. In the down phase both arms are raised simultaneously upward, causing the body to descend; breath exhaled. In the up phase both arms press downward simultaneously; the body pushes up
Body Awareness	The ability to derive meaning from the body. Developing capacity to accurately discriminate among body parts and to gain a greater understanding of the nature of the body
Body Composition	The amount of fat cells compared with lean cells in the body mass. Measured by skinfold thickness
Buoyancy	Ability to float; the upward force a fluid exerts on bodies in it
Catching	Involves using the hands to stop and gain control of an object
Child-Centered	Focuses on the active involvement of students in the learning process. Students are encouraged to make decisions in their learning process. Students are encouraged to develop their own ideas, creativity is valued Child initiated and teacher facilitated
Closed Skill	Repetitive activities in a predictable environment
Cognitive	Refers to one's intellectual ability to think, recall, conceptualize, and solve problems
Competence	One's actual ability to meet particular achievement demands at a adequate performance level in all three learning domains
Congenital	Condition is present at birth
Contractures	Permanent shortening and tightening of muscle or muscle group caused by spasticity, paralysis, or disuse
Contralateral Pattern	A movement pattern (generally creeping and walking) in which the arm and leg on the opposite side of the body move in unison
Coordination	The ability to integrate separate motor systems with varying sensory modalities into efficient movement
Criterion-Referenced Test	Compares an individual's performance against a predetermined standard of performance
Crossdisciplinary Model	The integration of knowledge from many academic disciplines in the creation of a distinct, unique body of knowledge that focuses on the identification and remediation of psychomotor problems
Crosslateral Movements	Movements in which the limbs work in opposition. (i.e.: left leg moves forward with right arm like the natural walking pattern)
Daily Living Activities	Movement oriented tasks that individuals carry out throughout their lives that are required for basic everyday needs
Deaf-Blindness	Combined hearing and visual impairment, which causes such severe communication and other developmental problem
Deafness	A hearing impairment so severe that the child is impaired in processing linguistic information through hearing with or without amplification
Deep	A greater amount of water where the person cannot stand on the ground within it
Development	Changes in an individual's level of functioning over time
Developmental Approach	Instruction that emphasizes the acquisition of movement skills and increased physical competency based on the unique developmental level of the individual

Developmentally Delayed	A generic term that indicates a child performing significantly below average in one or more areas
Diplegia	Lower extremities are much more involved than upper ones
Directional Awareness	A developing sensitivity to internal and external sidedness
Drag	The resistance of water on a body moving through it
Early Childhood	Individuals ages 3 to 8 and often referred to as young children
Ecological Task Analysis	The joint process of assessing and decision making about all variables that affect learning. Refers to analyzing relationships among task goal, learner, and ecosystem in holistic functional terms
Exploratory-Based	An indirect teaching approach that encourages child-centered movement
Extension	Stretching or lengthening muscles
Fine Motor	Small muscle movements that require precise movement performance
Flexibility	The ability to use joints fully, it's the capacity of a joint to move through its potential range of motion
Flexion	Shortening or contracting muscles
Float	To rest on the surface of or be suspended in a fluid (water)
Force	The effort that one mass exerts on another. It can be produced by muscles, gravitational pull of the earth, and/or momentum
Formative Assessment	Gathering and evaluating data about participants' progress throughout the program
Frontal Plane	Plane in which lateral movements of the body and body segments occur
Fundamental Movement	An organized series of related movements used to perform basic movement tasks such as running, jumping, throwing, and catching
Fundamental Movement Patterns	The observable performance of a basic locomotor, manipulative, or stability movement that involves combining movement patterns of two or more body segments
Gait	An individual's walking pattern. It consists of the swing phase and support phase
Gallop	Similar to sliding, but the movement is performed in a forward direction. On foot leads in the forward direction
Glide	Move along smoothly, evenly and easily. The phase of movement through water without effort of the swimmer
Gross Motor	Large muscle movements of the body
Guided Discovery Method	A teaching approach in which the instructor poses problems in the form of questions or challenges
Head Control	Ability to position head in space to work against gravity
Hearing Impairment	An impairment in hearing whether permanent or fluctuating, that adversely affects a child's educational performance
Health-Related Fitness	The development and maintenance of fitness components that can enhance health and well-being. Includes: cardiorespiratory endurance, muscular strength, muscular endurance, body composition, and flexibility
Hemiplegia	The entire right side or left side is involved
Homolateral Pattern	A movement pattern (generally creeping and walking) in which the arm and leg on the same side of the body move in unison
Hopping	Forcefully pushing off the ground from one foot, a brief suspension in the air, and landing on the same foot
Hydrocephalus	An abnormally large head caused by the accumulation of cerebrospinal fluid

Hydrodynamics	The science that studies the motion of fluids and forces on solid bodies in water
Hydrotherapy	Water exercises for therapeutic purposes
Hypothermia	A lowering of the core body temperature due to cold conditions in the environment
Hypotonia	Insufficient muscle tone, muscle weakness. Often associated with children with down syndrome
Inclusion	An educational procedure and process for children with a disability based on the ethical and legal requirements that each child be educated in the least restrictive environment in which the child's education and related needs can be satisfactory
Inertia	Tendency of a body to resist a change in its state of motion
Immersion	Dip or lower into water until covered by it
Individualized Family Service Plan	IFSP is used with infant and toddlers in place of an individualized education plan (IEP)
Infant and Toddler	Individuals from birth through age 2
Intellectual Disability	Significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior. Once known as mental retardation
Interdisciplinary Model	Individuals from many different professions interact in service delivery and share knowledge and skills
Isometric	Contraction involving no change in muscle length
Jumping	A child bends his/her knees, swings his/her arms and creates force that allows the child to leave the ground on two feet and land on two feet. This can occur for distance or in height
Kicking	Imparting force to an object by the foot and the leg
Leaping	Similar to a run, it is a long step forward to cover a distance or to go over an obstacle. An exaggerated running step
Locomotion	Movement patterns that permit exploration through space (i.e.: walking, running, jumping, hopping, skipping, galloping, sliding, marching, leaping, etc.)
Mainstreaming	The process of including children with disabilities in the same programs and activities as the general education classes
Manipulation	Movement patterns that permit gross and fine motor contact with objects (i.e.: throwing, catching, kicking, striking)
Mental Retardation	See Intellectual Disability
Moderate Physical Activity	Activity that is easily maintained and is performed at an intensity that increases heart rate and breathing
Motor	Underlying biological and mechanical factors that influence movement
Motor Development	Continuous change in motor behavior throughout the life cycle brought about by interaction among the requirements of the task, the biology of the individual, and the conditions of the environment
Motor Fitness	The aspect of physical fitness that refers to genetically dependent characteristics that is relatively stable and related to athletic skills
Motor Planning	The organizational activity of the neural system that command coordinated movement patterns. It is the child's thought process about his/her movements
Movement Concepts	The utilization of the areas of body, effort, space, and relationships, to elucidate fundamental movements and sport skills

Movement Education	Uses problem-solving approach to help children develop body awareness and use their bodies in an effective manner unique to their own physical resources
Movement Patterns	An organized series of related isolated movements, such as an underhand or overhand movement pattern
Movement Skills	A fundamental movement pattern performed with accuracy, precision, and control
Multiple Disabilities	Combination of impairments (i.e.: Intellectual disability and orthopedic impairment) which cause severe educational problems
Muscular Endurance	The ability of the muscle or a group of muscles to perform force related work repeatedly against moderate resistance
Muscular Strength	The amount of force the muscles can produce
Multidisciplinary Model	Individuals from many professions participate in service delivery
Norm-Referenced Test	Compares an individual's performance against established standards for a population group with similar characteristics
Open Skill	Practice of skills in an authentic unpredictable environment
Orthopedic Impairment	A skeletal deformity that adversely affects a child's educational performance; caused by congenital anomaly, disease, or another cause
Other Health Impairments	Having limited strength, vitality, or alertness, as due to chronic or acute health problems
Palmer Grasping Reflex	Upon stimulation of the palm, the hand will close strongly around the object without use of the thumb
Paraplegia	Partial or complete involvement of two similar limbs either the legs or trunk
Paralympics	The worldwide sport movement for elite athletes with orthopedic disabilities
Perceptual – Motor	The process of organizing incoming information with stored information that leads to a movement response
Performance-Related Fitness	The development and maintenance of fitness components that can enhance performance in physical activity such as sport. It includes: agility, balance, coordination, power, reaction time, and speed
Physical Fitness	A state of well-being influenced by nutritional status, genetic makeup, and frequent participation in a variety of intense physical activities over time
Proficient	One's actual ability to master particular achievement demands at or above expectations across all three learning domains
Prone	Lying in a horizontal position with front of the body facing down
Principles of Physics in Water	Press down: Body goes up; Press up: Body goes down; Press back: Body goes forward; Press forward: Body goes back
Propulsion	The action or process of moving forward
Propulsive Drag Theory	Theory attributing propulsion in swimming to propulsive drag on the swimmer
Propulsive Lift Theory	Theory attributing propulsion in swimming at least partially to lift acting on the swimmer
Psychomotor	Refers to the ability to move part or all of the body in skillful ways
Push-Off	Creating a certain amount of force by pressing against an object in order to produce a certain amount of speed or movement away from it. (Law of Acceleration). Twice the force will produce twice the speed
Quadriplegia	All four extremities are involved. Partial or total lack of voluntary motor movements and sensations
Qualitative	Involving non-numerical description of quality
Quantitative	Involving the use of numbers

Range of Motion	The angle through which a joint moves from anatomical position to the extreme limit of segment motion in a particular direction
Recovery	Get back to the proper/beginning position
Reflexes	Involuntary changes in muscle tone elicited by certain stimuli or conditions
Rhythm	The synchronous recurrence of events related in such a manner that they form recognizable patterns
Rhythmic Breathing	A pattern of inhaling and exhaling air, combined with repeated face or head immersion
Rotation	Turning round a center or axis; turning in a circle, revolving
Running	Like a walk, but speed is faster with longer stride lengths. There is a momentary period of flight where the body is not supported at all
Sagittal Plane	Plane in which forward and backward movements of the body and body segments occur
Self-Concept	An individual's awareness of personal characteristics, attributes, and limitations, and the ways in which these qualities are both like and unlike those of others
Self-Confidence	An individual's belief in his or her ability to carry out a mental, physical, or emotional task
Self-Efficacy	The conviction that one can successfully execute the behavior required to produce the desired outcome
Self-Esteem	The value that one attaches to his or her unique characteristics, attributes, and limitations
Serious Emotional Disturbance	A condition exhibiting one or more of the listed characteristics over a long period of time in which it adversely affects the child's educational performance. Inability to learn other than intellectual, sensory, or health factors; inability to build proper social skills, inappropriate behaviors/feelings, depression, and/or development of physical symptoms or fear associated with personal or school problems
Shallow	Smaller amount of water where a person can stand on the ground within it; not deep
Shunt	Device implanted in the body to remove excess cerebrospinal fluid
Skipping	A combination of a step and a hop, with feet alternating after each step-hop
Sliding	A sideways movement in which the weight of the body is shifted in the direction of the slide
Specific Learning Disability	A disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken/written) that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations
Skill-Based	Fundamental movements that are later modified into the more specialized patterns on which activities of increasing complexity are built
Spasticity	Caused by pyramidal system malfunction, is primarily a problem of over excitation or too much tightness in muscles. Impairment of voluntary movement
Spatial Awareness	An understanding of how much space the body occupies and the ability to project the body effectively into external space
Special Olympics	A worldwide sport movement for athletes with intellectual disabilities
Speech or Language Impairment	A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment

Speed	The ability to move from one point to another in the shortest time possible. Speed is the total of reaction time and movement time
Stability	Movement patterns that place a premium on gaining and maintaining one's equilibrium (i.e.: static and dynamic balance abilities)
Striking	Involves using a body part or an implement to apply force to a stationary or moving object
Submersion	Put or plunge under the water; covered with water
Summative Assessment	Assessment that occurs at the conclusion of the program
Supine	Lying in a horizontal position with front of the body facing up
Teacher-Directed	A more formal and direct style of teaching in which the teacher commands the class in a more controlling environment
Temporal Awareness	The ability to derive meaning in relation to speeds, distances, time, and/or flow. It is intersensory, primarily visual-auditory
Transdisciplinary Model	Individuals of different domains work collaboratively in all aspects of the educational process including assessing, designing, and determining goals jointly
Throwing	Involves the use of the underhand, overhand or sidearm pattern in propelling an object
Traumatic Brain Injury	Acquired injury to the brain caused by an external physical force, resulting in total or partial functioning disability or psychosocial impairment
Triplegia	Three extremities, usually both legs and one arm are involved
Unilateral Movements	One body part performing a movement. Reaching of one arm to grasp a toy
Vigorous Physical Activity	Physical activity that can produce fatigue in a short period of time and is performed at an intensity in which heart rate and breathing are elevated quickly
Visual Impairment	Including blindness, it is impairment in vision that even with correction adversely affects a child's educational performance
Visual-Motor Coordination	The ability to visually track and make interception judgments about a moving object
Vocational Skills	Include a variety of educational programs intended to prepare students for employment and for life after high school

Adapted Physical Education Resources/ Bibliography

Books

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Journals

- Journal of Physical Education Recreation and Dance (JOPERD)
- Teaching Elementary Physical Education (TEPE)
- Journal of Teaching Physical Education (JTPE)
- Adapted Physical Activity Quarterly (APAQ)
- Quest
- Strategies: A Journal for Physical and Sport Educators
- American Journal of Health Education
- Research Quarterly for Exercise and Sport
- PE Digest
- PALAESTRA (Forum of Sport, Physical Education and Recreation for those with Disabilities)
- The Physical Educator (from Phi Epsilon Kappa)

Equipment

- Gopher
 - <http://www.gophersport.com>
- Flaghouse
 - <http://www.flaghouse.com>
- S & S Discount
 - <http://www.ssw.com>
- Sportime
 - <https://www.sportime.com>
- US – Games
 - <http://www.usgames.com>
- Athletic Stuff
 - <http://www.athleticstuff.com>
- Rifton Equipment
 - <http://www.rifton.com>

Websites

- Lesson Ideas, Equipment and Books for Sale, Assessment Ideas, etc.
<http://www.pecentral.com>
<http://www.lessonplanspage.com>
<http://www.mrgym.com>
- Articles, Update Information, Equipment, and More
<http://www.pelinks4u.org>
- Physical Education Position Statements
<http://www.aahperd.org/naspe/standards/PEPS.cfm>
Adapt-Talk (Post questions, Read Questions by others, Answer questions)
<http://naspetalk.com/forum/categories/adapttalk-1/listForCategory>
- American Alliance for Health, Physical Education, Recreation and Dance
<http://www.aahperd.org>
- Glossary of Instructional Strategies
<http://glossary.plasmalink.com/glossary.html>

- The National Center on Physical Activity and Disability
<http://www.ncpad.org/>
- The National Consortium on Physical Education and Recreation for Individuals with Disabilities
<http://www.ncperid.org/>
- Adapted Physical Education National Standards (APENS)
<http://www.apens.org/>
- Sign Language
<http://www.handspeak.com>
- Maryland Learning Links
<http://marylandlearninglinks.org/>

Parental Supports and Resources

- <http://www.specialchild.com/index.html>
- <http://www.ncjrs.gov/>
- http://www.kidsource.com/kidsource/content2/parents_of_children.html
- <http://www.kidsource.com/kidsource/content5/rights.child.w.dis.html>
- <http://www.eparent.com/>
- <http://tvturnoff.org> (National TV-Turnoff Week)
<http://www.turnoffyourtv.com/turnoffweek/TV.turnoff.week.html> (National TV-Turnoff Week)
- <http://www.fns.usda.gov/eatsmartplayhard/> (Eat Smart, Play Hard)
- <http://www.somd.org/> (special Olympics)
- <http://www.nichcy.org/> (National Dissemination Center for Children with Disabilities)
- <http://www.sph.umd.edu/KNES/cdc/> (Children Developmental Clinic)
<http://www.pgcc.edu/visitors/communityEducation/childrensDevelopmentalClinic.aspx>
- <http://www.nichcy.org/stateshe/md.htm> (Maryland Dissemination Center for Children with Disabilities)
- <http://idea.ed.gov/> (Individuals with Disabilities Education Act 2004)
- <http://www.marylandcec.com/> (Council for Exceptional Children)
- <http://marylandlearninglinks.org/> (Maryland Learning Links)

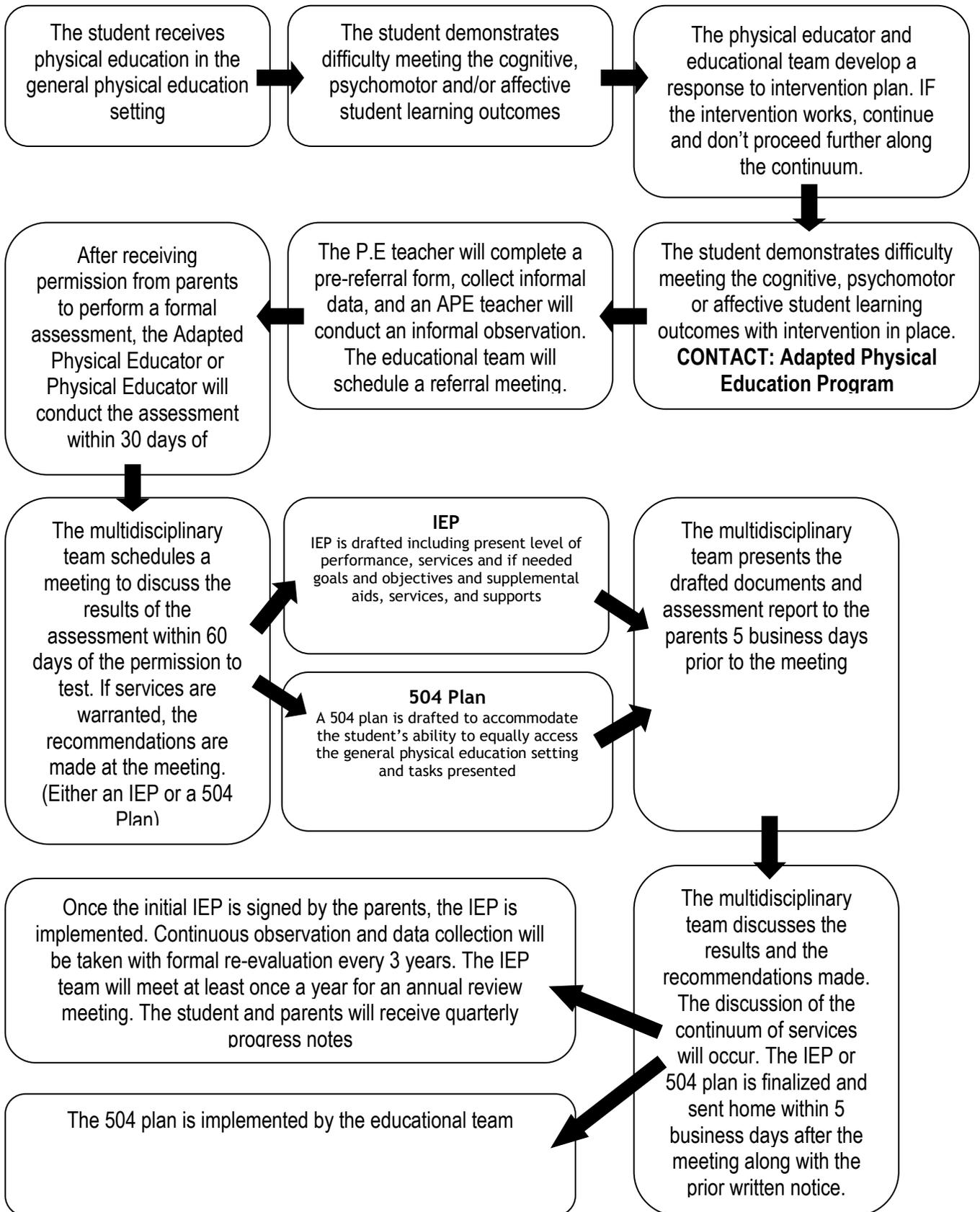
APPENDIX

Adapted Physical Education Program

***Referral Form and Information
For Student Assessment***

**Oxon Hill Staff Development Center
Suite C
301-567-8639**

Referral Process



Prince George's County Public Schools
 Special Education Department
 Adapted Physical Education Referral Form
 Referral for a Gross Motor Assessment

Area of Difficulty: The student demonstrates difficulty during Physical Education class and/or gross motor activities that interfere with his educational performance. Please complete and return or e-mail the attached Adapted Physical Education Performance Checklist with the Adapted Physical Education Referral Form. The checklist will be used to assist in addressing concerns and/or highlight areas that may have a hindering impact on the student's education in the area of gross motor.

School & Student Information

School:			
Principal:		Referred By:	
Student Name:		Title:	
Date of Birth:		Phone Num.	
Grade:		E-mail:	
Disability Code: (If Has One)		Referral Date:	
Sp. Ed. Teacher:		Teacher Name:	

Number of minutes of physical education this student receives weekly? _____ minutes

Day/s of Physical Education Day(s) _____ Time(s) _____

Name of the Physical Education Teacher: _____

- Reason for referral:
- _____ Reevaluation
 - _____ Determine current level of gross motor functioning (concern)
 - _____ Parent Request
 - _____ Transfer student from other school system

PLEASE ATTACH A COPY OF SIGNED **PS90 AND RETURN VIA PONY/EMAIL TO Adapted Physical Education PROGRAM - Oxon Hill Staff Development Center Suite C. – ATTN: John White, John.White@pgcps.org**

CLASSROOM TEACHER REFERRAL INPUT

School Behavior (classroom, playground, lunchroom, physical education setting)

- often needs directions repeated
- difficulty in maintaining eye contact
- avoids being touched
- expends more energy than the task requires (overly active)
- strikes out/annoys others
- has low level of self-confidence
- appears visually distractible
- appears auditorally distractible
- avoids playground / gym equipment
- is easily frustrated
- impulse control problems
- has difficulty staying on task
- seeks adult attention

Gross Motor - Postural Control and Coordination Behaviors

- progress report indicates the student is in need of improvement
- doesn't meet the Physical Education student learning objectives
- cannot or has difficulty performing locomotor patterns (run, hop, jump, skip, gallop)
- cannot or has difficulty throwing, catching, kicking or striking a ball/object
- falls frequently
- bumps into other students or large objects
- appears awkward and clumsy when engaging in movement activities
- appears to have difficulty standing up straight
- continually leans on desks, walls, and furniture
- fatigues easily
- approaches movement tasks with reluctance
- avoids group games and/or activities . . . spends most recess time alone

Have you consulted with the Physical Education Teacher regarding these concerns?

- yes no

Comments:

What services is the student presently receiving? OT PT Speech/Language Vision Other

List any accommodations / modifications that are utilized in the classroom or would be needed during testing.

Additional comments or observations regarding this student that may assist in providing any intervention that may be needed:

ADAPTED PHYSICAL EDUCATION PROGRAM

PHYSICAL EDUCATION TEACHER REFERRAL INPUT

The Adapted Physical Education office has received a request for a gross motor assessment by your school's Multidisciplinary Team. The student identified by the team is _____ in grade_____.

An Adapted Physical Education teacher will be assigned to visit your school and complete the gross motor assessment. Possible assessment choices include the Bruininks Oseretsky Test of Motor Proficiency, the Battelle Developmental Inventory-2, the Test of Gross Motor Development 2nd edition, the OSU Sigma, or the Brockport Physical Fitness Test.

YOUR INPUT IS CRITICAL! As the Physical Education service provider your observations and impressions are vital in assisting in the assessment process. Please complete the information below and return it/email (John.White@pgcps.org) to Oxon Hill Staff Development Center Suite C., attention: John White. If you would like to speak to the examiner, please call 301-567-8639 and we will be happy to connect you to that individual.

Please fill out the information below:

Regularly scheduled Physical Education class (Day and Time):_____

Content of Current Instruction:_____

Is the student meeting the student learning curricular objectives? ____yes ____no

Is the student receiving proficient remarks on the progress report? ____yes ____no

School Behavior

- ____ Student often needs directions repeated
- ____ Student expends more energy than the task requires
- ____ Student has low level of self-confidence
- ____ Student is easily distracted
- ____ Student avoids playground equipment
- ____ Student has difficulty staying on task

Gross Motor – Postural Control and Coordination Behaviors

- ____ Student has difficulty performing locomotor patterns
- ____ Student has difficulty throwing, catching, kicking, and striking
- ____ Student appears awkward and clumsy when engaging in movement
- ____ Student fatigues easily
- ____ Student approaches movement tasks with reluctance
- ____ Student avoids group games and or/activities

Additional comments or observations regarding this student that may assist in the assessment process are encouraged and appreciated:

