Guidelines for Delivery of Adapted P.E. Services
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General Information

Purpose of Guidelines

The purpose of this document is to identify program guidelines that clarify adapted physical education services provided to students with disabilities within the Placer County SELPA. The guidelines are intended to:

• clarify eligibility for adapted physical education services.
• identify physical education service delivery options.
• provide a resource for the Placer County Office of Education and local education agencies (LEAs) within the Placer County SELPA to use in developing plans, policies, and procedures to address the physical education needs of students with disabilities.
• provide standards that are consistent with federal and state laws and regulations.
• clarify the differences and similarities among adapted physical education and physical and occupational therapies.
• provide curriculum standards for Adapted Physical Education
• clarify the role and responsibilities of an Adapted Physical Education Specialist

Legal Reference to Physical Education

Federal Law

The most significant federal legislation, which has impacted physical education services for individuals with disabilities, was the Education of All Handicapped Children Act of 1975, PL 94-142. This legislation identified physical education as a curriculum area that was to be provided for ALL children with disabilities (handicapping conditions). To date, physical education continues to be the only curriculum area identified in federal law. PL 94-142 and its current reauthorization PL 105-17, Individuals with Disabilities Education Act (IDEA 1997), ensure that all children, regardless of disability, receive physical education (20 U.S.C. sec. 1400-1487). Some of these children require specialized instruction in physical education. As a result of these needs, different service delivery models of physical education programs have evolved. At the federal level, there are three types of laws and regulations that govern special education services. They are public laws, education codes, and federal regulations. The Individuals with Disabilities Education Act (IDEA), which was re-authorized in 1997 & 2004 and is one of the many reauthorizations of PL 94-142, continues to identify the curriculum content area of physical education for individuals with disabilities. As this federal law changes, the Federal Education Code, Title 20 (20 U.S.C.) is modified and includes all of the provisions of IDEA. The Code of Federal Regulations (34 CFR), which interprets the Federal Education Code, is amended as the codes change and contains more complete descriptions of programs and services. These various laws and regulations will often be referenced in this document by their abbreviations.

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

(1) Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and instruction in physical education. (1997).
The regulation continues in section (b) with:
“Physical Education” is defined as follows:
(i) The terms mean the development of:
(A) Physical and motor fitness;
(B) Fundamental motor skills and patterns; and
(C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).
The term includes special physical education, adapted physical education, movement education, and motor development.

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

5 CCR sec. 3051.5 (a) Adapted physical education is for individuals with exceptional needs who require developmental or corrective instruction and who are precluded from participation in the activities of the general physical education program, modified general physical education program, or in a specially designed physical education program in a special class. Consultative services may be provided to pupils, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular physical education program or specially designed physical education programs.
All children, unless excused or exempt under section 51241, are required to have an appropriate physical education program. In addition, these services should be provided in such a manner that promotes maximum interaction between children with disabilities and their non-disabled peers (sec. 51210 and 51222). These codes along with federal legislation ensure the rights of all children to have an appropriate physical education program with peers.

Need for Adapted Physical Education for Individuals with Various Disabilities
Some children may need an adapted physical education program as they cannot successfully participate in activities of the general or specially designed physical education programs. These needs may be the result of movement delays or difficulties, physical disabilities, health and physical factors, emotional disorders, behavior difficulties, or cognitive delays.
Physical education for individuals with disabilities has undergone several name changes since programs were first established in the 1950s. Initially, the program was referred to as corrective physical education and was offered to students with physical disabilities that were either acute or chronic. Other names for the program have included remedial physical education, adaptive physical education, and adapted physical education. Some of these name changes have been linked to the enactment of Public Law 94-142 and its reenactments. In addition, the changes reflect a shift from rehabilitative programs, which followed a medical model, to those which emphasize active and healthy lifestyles. These reflect the educational model.
Adapted vs. Adaptive:
In California, the physical education program designed for individuals with disabilities is called adapted physical education as it is in 34 CFR. The program is adapted to meet the needs of each student through modifications and accommodations. The student is not required to adapt to the conditions of the program as would be implied with adaptive physical education as in adaptive behaviors.

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

Credential Information: Adapted Physical Education Specialist

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

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

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

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

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

Assessment of Needs

Legal Reference: The role and responsibilities of the adapted physical education specialist include assessing and identifying an individual’s needs; collaborating or consulting with other service providers; and providing direct Adapted Physical Education service. 5 CCR sec. 3051.5(b) and sec. 56320(f)(g).

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

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

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

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

**Use of Instructional Aide**

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

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

Instructional aides can provide valuable assistance to the adapted physical education specialist during the implementation of direct Adapted Physical Education services. An aide can help in a variety of ways, some of which include setting up and cleaning up equipment, lifting students, positioning, providing instructional prompts, monitoring and reinforcing student behavior, leading a small group, reinforcing skills, and supervising student safety. In some situations, instructional aides are assigned to classrooms or individual students and their duties may include attending adapted physical education with the students. In these cases, the instructional aide should be prepared to work under the supervision of the adapted physical education specialist during adapted physical education instruction. In other situations, an instructional aide may be solely assigned to an adapted physical education specialist and works under the specialist’s supervision.

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

Child Find

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

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

Best Practice: The Placer County SELPA includes Adapted Physical Education in its local plan which describes procedures for locating, referring, and evaluating children who may need special education.

Identification

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

Discussion: The Individuals with Disabilities Act (IDEA) defines many parameters of the referral, assessment, and review processes. Although screening pertains to all children, no state or federal statutes or regulations define the term “screening,” and many interpretations exist regarding its definition. Often, the purposes of screening within general education are to identify other adaptations, accommodations, or modifications, or to determine whether formal assessment is needed for the purpose of identifying a child's needs and potential special education services. Screening should not be confused with assessment, as placement decisions in special education cannot be based upon information obtained from screening. While screening policies and procedures are left to local control and must be stated in the local plan, IDEA specifies that before a child is assessed, an assessment plan must be developed and signed parental permission must be obtained. Care must be exercised not to single the child out when screening as this is assessment and would require an assessment plan.

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

Screening may entail a review of any general education program, such as a teacher’s class or an entire grade level. In this traditional definition, regardless of the instrument used, students can respond in an individual setting as long as all students within the common group receive the
same treatment. The most common example of this type of screening is the mass testing of an entire classroom. All individuals in the class are seen for brief periods of time, often in the corner of the room or outside the classroom door. Since all members of a given group (all kindergartners, second graders, or children new to a school) receive the same treatment, this type of screening is not considered to be individual in nature, as it does not target a specific child. It is important to ensure that children are not singled out. At times, an adapted physical education specialist may be asked to informally look at a child to determine if there may be a need for Adapted Physical Education assessment. If done, this could be interpreted as an assessment and would require parent permission and due process assurances. If a specific child has been identified through the Student Study Team (SST) or 504 process, signed parental consent for screening is recommended even if the specialist plans to observe the child in a group setting. The method and purpose of screening should be clearly stated on the assessment plan. For example the following may be written, “Screening will include observation during physical education, review of records, and use the district’s movement screening instrument to determine whether or not additional assessment for adapted physical education is needed.” If a teacher asks the Adapted Physical Education specialist about a specific child, the specialist can provide consultation to the teacher by providing suggestions on how to teach different movement skills and can give some general intervention strategies.

**Best Practice:** Adapted physical education specialists should review the SELPA plan and follow all stated procedures regarding screening. It is suggested that the adapted physical education specialist screen children in group settings after informing parents of the school procedure or screen a specific child only after receiving signed parental consent. Information obtained from screening can be used to determine the need for a referral to Adapted Physical Education or to identify other adaptations, accommodations, or modifications and is not sufficient to recommend that a child receive Adapted Physical Education services. The student's ability to participate in the general physical education curriculum and to achieve student performance standards should always be considered as part of any referral for adapted physical education assessment. In many cases, the general physical educator is qualified and responsible for conducting screening procedures. It is especially helpful when the screening procedures are based on the curriculum.

**Referral to Adapted Physical Education**

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

**Discussion:** The Student Study Team (SST) and Section 504 Team processes are conducted as general education functions. The team members meet to collaborate and identify strategies for increasing student success in general education programs. Children, who receive physical education in a general setting, may be referred to a SST or to a Section 504 Team if they are having difficulty in their physical education program. After reasonable interventions have been attempted and documented, a determination may be made by the team that a referral to Adapted Physical Education is appropriate to determine the child’s needs. If the student is eligible for special education under IDEA, and is enrolled in general or specially designed physical education, an IEP team meeting may be held to determine appropriate adaptations, accommodations, or modifications to attempt within the current physical education setting. If the nature of the disability is such, that the identified adaptations, accommodations, and modifications are determined to be inappropriate, a referral to Adapted Physical Education may be made without implementation of the interventions. The teacher, responsible for physical education, may
independently identify and implement various interventions in either a general or specially designed physical education setting.

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

Pre-Referral Interventions/Checklist

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>School Site:</th>
<th>Birthdate:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Person Completing Checklist:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Please state the reason for the referral and your concerns. Describe specific behaviors that are interfering with school functioning:

Areas of Concern:

- [ ] Locomotor (run, jump, hop)
- [ ] Motor Processing
- [ ] Body/Spatial Awareness
- [ ] Eye-Hand Coordination
- [ ] Eye-Foot Coordination
- [ ] Understands Game Rules
- [ ] Physical Fitness
- [ ] Complies with Directions
- [ ] Motivated for Activities
- [ ] Posture
- [ ] Balance
- [ ] Environmental Adaptations
- [ ] Coordination
- [ ] Safety
- [ ] Endurance
- [ ] Motor Planning
- [ ] Other (describe): ________________________________

General Health Status:

History of seizures: [ ] No  [ ] Yes

Medications: [ ] No  [ ] Yes (list): ________________________________

Vision/Hearing Adequate: [ ] No  [ ] Yes

Recent Surgeries: [ ] No  [ ] Yes (describe): ________________________________

Please answer the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student participate in recess activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the student participate in physical education activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the student access the playground and playground equipment safely?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the student able to follow directions, stay with the group, take turns, etc.?</td>
<td></td>
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</tr>
</tbody>
</table>

Adaptations, accommodations, and modifications within the existing general physical education program shall be documented before a request of an APE screening.

Additional Comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
**Gross Motor Concerns:**

- Seems weaker than other children his/her age
- Shies away from playground equipment
- Avoids participation in sports or P.E.
- Has less endurance than others of his/her age
- Clumsy; does not seem to know how body works
- Doesn’t sit in chair correctly
- Appears stiff and awkward in movements

**Interventions Tried/Results of Interventions:**
- Checking with the school nurse or parent regarding any health problems or medications that could be compromising performance?
- Modifying play or sports activity or breaking activity into smaller components so student could experience some success?
- Identifying for the student the steps needed to begin and complete an activity?
- Giving the student an introduction/opportunity to explore playground apparatus when there are no other children using it?
- Giving firm, physical, hand over hand assistance or “motored” the student through an activity he/she is having difficulty with?
- Allowing the student extra time to complete an activity?
- Making sure the student’s desk and chair fit properly, with both feet planted firmly on the floor when student is seated, knees in line with hips?
- Allowing student to work in varying postures such as side sitting or propping elbows on floor?

<table>
<thead>
<tr>
<th>Locomotor Skills:</th>
<th>No</th>
<th>Yes</th>
<th>Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can the student gallop with either foot leading?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Can the student jump landing on two feet evenly? How many consecutive jumps?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Can the student hop on one foot? How many times?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ball Skills:**

1. Can the student throw a ball overhand stepping with opposite foot?
2. Can the student catch a playground ball using hands only, bounced and/or thrown from 10 feet away?
3. Can the student dribble a playground ball with one hand with control?
4. Can the student kick a rolled playground ball?

**Balance:**

1. Can the student balance on one foot? How many seconds?
2. Can the student walk forward and backward on a straight line (minimum of 6 steps?)
**Assessment**

**Legal Reference:** Section 56320 - 56329 describes the requirements of the proposed assessment plan including components, timelines, and parent rights.

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

**Discussion:** Areas that may be addressed in the assessment plan to determine the need for physical education and the appropriate level of service include but are not limited to:
- Fine and gross motor skills.
- Motor development.
- General physical education functioning, including safety.
- Mobility.
- Health and physical fitness.
- Sport and recreation skills, including the application of motor skills to various environments.
- Other skills related to physical education curriculum and standards.
- Effects of cognitive delays.
- Effects of behavioral difficulties.
- Effects of emotional disturbances.

**Best Practice:** As part of a multidisciplinary team, it is recommended that the Adapted Physical Education specialist develop an assessment plan that outlines an assessment procedure designed to reveal the strengths and needs of the child in relation to the school's physical education program. This requires careful review of the referral information in order to select the most appropriate types of assessment. Methods of assessment may include:
- Informal measures and observation such as rubrics and task analysis.
- Administration of formal assessment instruments.
- Interviews and consultation with other school personnel, parents, and the student.
- Review of records and the results of assessment conducted by other professionals.

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

**Assessment Requirements**

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

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

**Best Practice:** The Adapted Physical Education specialist is part of the multidisciplinary...
assessment team and must conduct an appropriate assessment. Once a child has been referred to Adapted Physical Education and signed parental consent has been received, a proposed assessment plan shall be presented within 15 days. (sec. 56043(a).) Results of the assessment must be presented and the IEP developed within 60 days. (sec. 56043(d).

**Assessment in Areas of Suspected Disability**

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

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

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

**Evaluation Procedures**

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

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

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

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

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Type of Test</th>
<th>Description</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted Physical Education Assessment Scale</td>
<td>Motor Performance</td>
<td>Motor Development; Perceptual Motor Function; Motor Achievement; Posture;</td>
<td>5-18 yrs.</td>
</tr>
<tr>
<td>(APEAS)</td>
<td></td>
<td>Fitness</td>
<td></td>
</tr>
<tr>
<td>Basic Motor Ability Test</td>
<td>Motor Performance</td>
<td>Small &amp; Large muscle control; balance; eye-hand coordination &amp; flexibility</td>
<td>4-12 yrs.</td>
</tr>
<tr>
<td>Brigance Inventory of Early Development</td>
<td>Motor Development</td>
<td>Psychomotor skills; Locomotor; Balance; Strength; Ball Skills; Rhythm; Fine Motor</td>
<td>Birth- 7 yrs.</td>
</tr>
<tr>
<td>California Physical Performance Test</td>
<td>Physical Fitness</td>
<td>Body Composition; Flexibility; Endurance; Cardio-Respiratory Endurance; Strength</td>
<td>10-18 yrs.</td>
</tr>
<tr>
<td>Peabody Developmental Motor Scales</td>
<td>Standardized; Motor Development</td>
<td>Fine &amp; Gross Motor</td>
<td>Birth- 6.5 yrs.</td>
</tr>
<tr>
<td>Test of Gross Motor Development II (TGMD-II)</td>
<td>Motor Development</td>
<td>Provides performance criteria for different locomotor skills and object control skills</td>
<td>3-10 yrs.</td>
</tr>
</tbody>
</table>
Assessment Data

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

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

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

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

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

- Validity
- Reliability
- Normal distribution, mean and standard deviation
- Various types of normative scores (e.g., percentile rank, stanine, standard score)
- Developmental norms versus statistical norms
- Criterion referencing

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

Student: ____________________________
School: ____________________________
Date of Observation: ________________

1. Does the student understand and follow directions? _______
   - Number of directions in a row: 1  2  3
   - Describe any difficulties with following directions:
     __________________________________________________________
     __________________________________________________________

2. Does the student follow the pace of the class/keep up with other students? _______
   - Able to perform exercises/warm-up activities? _______
   - Able to participate in jogging exercise? _______
   - Able to participate in/make movements in games? _______
   - Describe any difficulties with following pace of the class?
     __________________________________________________________
     __________________________________________________________

3. Does the student demonstrate understanding of game/team concepts:
   - Participating on a team/being a team member? _______
   - Working towards a goal? _______
   - Anticipating movement of the ball? _______
   - Concepts of Offense and Defense? _______
   - Describe any difficulties with game/team concepts:
     __________________________________________________________
     __________________________________________________________

4. Does the student display competency in the following skills?
   - Balance _______ Static or Dynamic?
   - Movement Skills _______
   - Manipulative Skills _______
   - Processing Game Flow _______ Quick, Adequate or Slow to Respond?
   - Describe any difficulties with skill performance:
     __________________________________________________________
     __________________________________________________________
5. Does the student demonstrate the following behaviors affecting team participation?
   - Empathy towards other players? ______
   - Sportsmanship? ______
   - Aggression or Inappropriate interactions? ______
   - Team work/ ability to play with others? ______
   - Turn-taking? ______
   - Describe any difficulties with behaviors affecting team participation:
     __________________________________________________________
     __________________________________________________________

6. Describe the student’s affect/demeanor during Physical Education program:
   - Positive
   - Feelings of success
   - Enjoyment in participation
   - Frustration
   - Negative
   - Overwhelmed
   - Distracted
   - Disinterested

7. Does the student participate in any extra-curricular and/or after-school activities?
   - Yes
     Describe:__________________________________________________________
     ____________________________________________________________
   - No
Assessment Report

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

1. Information about the student
   a. Student’s full, legal name
   b. Birth date
   c. Parents’ name
   d. Address and phone number
   e. Age
   f. Grade
   g. School

2. Information about the evaluator
   a. Name
   b. Title
   c. Employer/position/title

3. Information about the assessment
   a. Reason for the assessment
   b. Date(s) of evaluation
   c. Name and description of the formal assessments used
   d. Description of informal assessment procedures used
   e. Description of the student’s behavior during the assessment
   f. Indication of the validity and reliability of the assessment
   g. Description of how the formal and informal test results support one another
   h. Results of physical fitness testing and/or fitness gram assessment
   i. Present level of performance including strengths and areas of need
   j. Observations of student in general education physical education program
   k. Adaptations, accommodations and modifications observed in general education program
   l. Report of actual test scores including means & standard deviations; percentile scores; standard scores; age equivalencies/age range

4. Recommendations
   a. Summary of Needs including impact on participation in general education physical education program
   b. Recommendation of physical education placement(s)
   c. Recommendation of frequency, duration and delivery method of APE services, if appropriate
Physical Performance Testing

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

Discussion: One of the goals of physical education instruction is to teach students to maintain a health-enhancing level of physical fitness. Students with disabilities can meet this goal, but may require additional program supports, accommodations, or modifications. There are several resources available to assist physical educators in this regard. Examples include Physical Best and Individuals with Disabilities, Project UNIQUE and Brockport Physical Fitness test.

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

Determination of Eligibility

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

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

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

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

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

Discussion: Adapted physical education is identified as a Designated Instruction and Service (DIS) in California Education Code 56363(a) and is provided for children with disabilities. Adapted physical education is included in the definition of special education in regulation 300.17(a)(1) of the 34 Code of Federal Regulations, which therefore defines Adapted Physical Education as special education. **Adapted physical education is not a disability category.** This service or program is available to those children who have been identified as having a disability that is defined in IDEA. **(Adapted physical education can be the only service that is received.)** In rare cases, a student may attend an adapted physical education class or receive services from an Adapted Physical Education specialist as determined through the general education processes of Student Study Team (SST) and/or Section 504 (of the Rehabilitation Act of 1973). When this occurs, special education funding does **not** apply. Therefore, administrators must carefully analyze the effect of such a placement on caseload, consultation time, class size, and general education funds.

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

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

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

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

Triennial Assessment

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

1) may not require a formal assessment if the disability has not changed within the last three years.
2) The triennial assessment should focus on the child’s present level of performance (via teacher observation, criterion reference tests, etc.), including how the child’s disability affects the child’s involvement and progress in the general physical education program.

(20U.S.C. sec. 1414(c)(1)(2)(4); 34 CFR sec. 300.533.)

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

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

Thus, the statutes requires that existing evaluation data on a child be reviewed to determine if any other data are needed to make decisions about a child’s eligibility and services. If it is determined by the IEP team and other qualified professionals that additional data are not needed, the parents must be notified of the determination that no additional tests, assessments or data is needed, the reasons for it, and of the parent’s right to still request an evaluation. No further evaluations will be required at that time unless requested by the parents. (Sec. 56381(a).)
At times, the nature of the disability is such that within the past three years there has been no change. When this occurs, the nature of the assessment needs to focus on the student's present level of performance and not on re-establishing the existence of the disability for the purpose of eligibility. Parents must give permission to waive the three-year evaluation. (Sec. 56381(d).)

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

Participation in General Education Curriculum

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

- Physical Education (34 C.F.R. sec. 300.307(a)(b).
  General. Physical Education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE.

- Regular Physical Education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to non-disabled children unless—
  The child is enrolled full time in a separate facility: or-
  The child needs specially designed physical education as prescribed in the child’s IEP.

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

Best Practice: Several disabilities, which require specialized instruction in the classroom, require only minor adaptations in the physical education setting and do not require adapted physical education. For example, a student with a learning disability, who is not demonstrating movement skill difficulties, may only need to have the rules for a game explained a few extra times by the physical education or special education teacher to ensure understanding and participation. For a written assignment or test, the student may just need someone to read the contents aloud or the child may need some extra time to complete the written work. These accommodations are minor in nature and do not require adapted physical education intervention. In the case of a child who is deaf and does not have significant movement difficulties, the only accommodation needed is a physical education teacher who can use the student’s mode of communication or to be accompanied by an aide to sign. For students with disabilities which impact movement performance, sport-specific participation is recommended. The Adapted Physical Education specialist must consider the disability condition, functional movement and cognitive abilities of the child, available support staff, and possible peer support when determining adaptations and modifications that will enable the student to participate in general or general physical education.

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

**Adaptations, Accommodations, and Modifications**

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

**Discussion:** When movement skill ability is suspected as contributing to or resulting from a disability, adaptations, accommodations, and modifications should be tried within the general or specially designed physical education program for a child before a referral to adapted physical education (APE) is made. Appropriate and meaningful intervention strategies should be based upon the child’s needs and age and upon the physical education curriculum. It is recommended that interventions and their outcomes are documented for a reasonable period of time. In some instances, the disability of the child is so apparent that a referral to Adapted Physical Education is appropriate without implementation of adaptations, accommodations, and modifications. However, on the IEP, there should be documentation that adaptations, accommodations, and/or modifications have been considered. This will meet the letter of the law and will assist in communicating with future examiners and service providers. (sec. 56344.)

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

<table>
<thead>
<tr>
<th>Formation</th>
<th>Change Form of Language Used</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(including space, placement within group, and boundaries of the activity)</td>
<td>• Use gestures and demonstration to augment verbal communication.</td>
<td>• Use lighter or smaller sports equipment for a student with reduced strength or small stature.</td>
</tr>
<tr>
<td>• Place hard of hearing student near instructor when verbal instructions are given.</td>
<td>• Provide written list of tasks or steps to a student with attention or auditory memory difficulties.</td>
<td>• Make multiple pieces of the same equipment available to increase practice time for students.</td>
</tr>
<tr>
<td>• Assign a student with asthma, obesity or reduced stamina to infield positions during softball unit.</td>
<td>• Assign a peer helper to a student with attention, communication, or reading difficulties.</td>
<td>• Use equipment that moves at a slower speed when students are learning a new skill.</td>
</tr>
<tr>
<td>• Reduce the court or field size for student with asthma, obesity, or reduced stamina.</td>
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<table>
<thead>
<tr>
<th>Task or Objective</th>
<th>Environment including Social Environment</th>
<th>Players</th>
</tr>
</thead>
<tbody>
<tr>
<td>(alter skill level to be taught or practiced during lesson)</td>
<td>• Assign a peer helper to a student with attention, communication, or reading difficulties.</td>
<td>(number, groupings of individuals or organize class into stations)</td>
</tr>
<tr>
<td>• Reduce the number of repetitions of an exercise for student with reduced strength or mild physical disability.</td>
<td>• Teacher selects teams. Do not allow student captains to &quot;choose&quot; teams in front of group.</td>
<td>• Teacher structures groups to ensure equality and opportunity to contribute/participate.</td>
</tr>
<tr>
<td>• Set goals for improving individual performance rather than comparing performance with other students.</td>
<td>• Provide specific feedback and positive comments from peers or teacher.</td>
<td>• Assign peers to model, assist, or augment participation.</td>
</tr>
<tr>
<td>• Allow for additional trials for student with lower skills or mild physical disability.</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rules</th>
<th>Time</th>
<th>Prompts &amp; Cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>(including game rules and class rules.)</td>
<td>• Vary the tempo</td>
<td>• Visual prompts: demonstrate/model activity; more space between students</td>
</tr>
<tr>
<td>• Alter rules for inclusion rather than exclusion.</td>
<td>• Slow the activity pace</td>
<td>• Physical prompts: partner assisted</td>
</tr>
<tr>
<td>• Alter dress code rules during outdoor activities for student who is sensitive to the sun.</td>
<td>• Lengthen/shorten time of activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide frequent rest periods</td>
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</tbody>
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## Sports-Specific Adaptations to General Education Curriculum

<table>
<thead>
<tr>
<th>Bowling</th>
<th>Basketball</th>
<th>Softball/Baseball</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Simplify/reduce the number of steps</td>
<td>• Use various ball sizes, textures, colors and</td>
<td>• Use Velcro balls and mitts</td>
</tr>
<tr>
<td>• Use tow hands instead of one</td>
<td>weights</td>
<td>• Use larger or smaller bats</td>
</tr>
<tr>
<td>• Remain in stationary position</td>
<td>• Allow “travelling” and two-handed dribbling</td>
<td>• Use a batting tee</td>
</tr>
<tr>
<td>• Use a ramp</td>
<td>• Use larger/lower basket</td>
<td>• Reduce the base distances</td>
</tr>
<tr>
<td>• Partner assistance</td>
<td>• Slow pace of play</td>
<td>• Shorten the pitching distance</td>
</tr>
<tr>
<td>• Give verbal cues and use visual supports</td>
<td>• For students in wheelchair, allow student to</td>
<td>• Use beeper balls</td>
</tr>
<tr>
<td>for sequencing of steps in bowling activity</td>
<td>hold ball in lap in place of dribbling</td>
<td>• Provide a peer to assist</td>
</tr>
<tr>
<td></td>
<td>• Use beeper-balls to support students with visual impairments</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Soccer</th>
<th>Tennis</th>
<th>Volleyball</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use walking instead of running</td>
<td>• Use larger, lighter, bright colored balls</td>
<td>• Use larger, lighter, softer and bright colored balls</td>
</tr>
<tr>
<td>• Have well defined boundaries</td>
<td>• Use shorter, lighter racquets</td>
<td>• Allow players to catch ball instead of volleying</td>
</tr>
<tr>
<td>• Reduce playing area</td>
<td>• Use larger head racquets</td>
<td>• Lower the net</td>
</tr>
<tr>
<td>• Play six-a-side soccer</td>
<td>• Slow down pace of play</td>
<td>• Stand closer to net on serve</td>
</tr>
<tr>
<td>• Use various ball sizes, textures, colors,</td>
<td>• Hit ball off of tee</td>
<td>• Allow ball to bounce first</td>
</tr>
<tr>
<td>and weights</td>
<td>• Allow drop serves</td>
<td>• Use peer assistance to hold ball when serving</td>
</tr>
<tr>
<td>• Use a target that makes noise when hit</td>
<td>• Allow peer assistance</td>
<td></td>
</tr>
</tbody>
</table>
Interaction with Peers

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

- **Physical Education.** (34 CFR sec. 300.307(a)(b).)
  General. Physical Education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE.
- **Regular Physical Education.** Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to non-disabled children unless—
  - The child is enrolled full time in a separate facility: or-
  - The child needs specially designed physical education as prescribed in the child’s IEP.

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

Discussion: This standard can be met by selecting from the three different physical education service delivery models when considering physical education placement for individuals with disabilities. Children will then be afforded the opportunity to participate, to the maximum extent possible, with their non-disabled peers. The service delivery model includes general physical education, specially designed physical education, and adapted physical education.

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

Present Levels of Performance

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

The California Education Code identifies the components of the individual education program (IEP). The individualized education program is a written statement determined in a meeting of the individualized education program team and shall include, but not limited to, all of the following:

1. The present levels of the pupil's educational performance, including the following:
   A. For a school age child, how the pupil's disability affects the pupil's involvement and progress in the general curriculum.
   B. For a preschool age child, as appropriate, how the disability affects the child's participation in appropriate activities.

Discussion: The child's present level of educational performance is often reported for different skill categories on the IEP. The location of the present level of performance varies as each SELPA creates its own IEP forms. Frequently, there is a statement of this type with each goal. In addition IEPs may have a separate section for more general information about present levels of educational performance, that is subdivided into categories (e.g., academic, social emotional, psychomotor, self-help, etc.). Adapted physical education specialists who are part of an IEP team, may participate in writing present levels of performance in physical education. The Adapted Physical Education specialist should be prepared to address all of the physical education areas which are pertinent to the student and should also be prepared to contribute to the present level statement for any other area that affects physical education.

For example, the Adapted Physical Education specialist may have had the greatest opportunity to view the child's social behaviors in games and outdoor activities, and therefore may make an important contribution to the present levels of performance in the area of social skills.

Best Practice: When attending the IEP meeting, the Adapted Physical Education specialist should come prepared with statements regarding the student's present levels of educational performance. The specialist should listen carefully to present levels of performance stated by other IEP team members and participate proactively in discussions aimed at building consensus among all team members. Although the Adapted Physical Education specialist should come to the IEP meeting with suggested goals and objectives, s/he may need to adjust the proposed goals and objectives based upon the strengths and needs of the student as described in the present levels of educational performance for related areas. The IEP should also address the unique needs of the child that arise out of his or her disability and must be addressed in order for the child to progress in the general education curriculum.
Goals and Objectives Reflect Disability

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

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

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

Goals and Objectives Reflect Unique Needs

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

The California Education Code, sec. 56345 states, in part:
(2) The measurable annual goals, including benchmarks or short-term objectives related to the following: Meeting the pupil's needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.
(B) Meeting each of the pupil's other educational needs that result from the pupil's disability.

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

Best Practice: Consider the disability, needs and educational setting of the child when determining appropriate goals. Consider identifying functional movement skills, which will enhance interaction and participation at school, as goals for those who have more severe disabilities. Being
able to walk around campus and sit in the cafeteria are both functional and appropriate skills for a student. An Adapted Physical Education specialist must use good judgment when choosing goals. To think that it is appropriate to write a goal for running the 30-yard dash, when the student needs to attain independent walking, would be an over-interpretation of the intent of the law.

**Measurable Goals and Objectives**

**Legal Reference:** IDEA requires that a child’s IEP include a statement of measurable annual goals, including benchmarks, or short-term objectives. (20 U.S.C. sec. 1414(d).) The California Education Code, sec. 56345 (a) states, in part:

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

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

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

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

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

It is recommended that each local education agency (LEA) have IEP requirements for staff to follow. Some will require that each goal have specific criteria (e.g. 4/5 times) identified so that progress toward the goal can be measured by anyone. Other LEAs will indicate that if the goal addresses only one behavior or skill, and if the current level of performance clearly indicates the frequency at which the student performs the skill, then it is acceptable to state that the student will improve in the skill.

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

- will walk down stairs, alternating foot placement, with support, on 2 of 2 trials.
- will walk down 2 steps, alternating foot placement without support and with direct verbal prompts on 2 of 2 trials.
• will walk down 4 steps, alternating foot placement without support on 1 of 2 trials. It is advised that all measurable annual goals and benchmarks or short-term objectives have projected dates of accomplishment. The goal date is usually set for one year from the IEP. Often, the benchmarks or short-term objective dates match the general education reporting periods.

**Progress Reporting**

**Legal Reference:** The IEP includes: A statement of how the pupil’s parents will be regularly informed, at least as often as parents of non disabled pupils progress in the following:
A. The pupils progress toward the annual goals described in paragraph (2)
B. The extent to which that progress is sufficient to enable the pupil to achieve the goals by the end of the year. (Sec. 56345.)

The California Education Code, sec. 56345(a) also states, in part:
(2) The measurable annual goals, including benchmarks or short-term objectives related to the following: Meeting the pupil’s needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.
(B) Meeting each of the pupil's other educational needs that result from the pupil's disability.

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

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

**Program Options**

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

**Discussion:** Providing a combination of service delivery options in both general and special education instruction requires communication, cooperation, and collaboration among the professionals and fosters continuity in the child’s instructional program. It is recommended that: (a) the general classroom teacher, general physical education teacher, or special day class teacher be aware of the goal(s) stated on the IEP, and reinforce skills taught by the adapted physical education specialist; (b) the adapted physical education specialist, be aware of the general physical education curriculum, and assist with provision of accommodations and modifications; (c) administrators be supportive of creative approaches to collaborative consultation; (d) the IEP team indicate on the IEP how coordination would occur between school personnel.
**Best Practice:** An example of an IEP team assigning an individual with a disability to a combination of physical education programs could be a combination of adapted physical education and general physical education. An elementary aged student might receive two sessions per week in adapted physical education, working on IEP goals and objectives, and for the remainder of the 200 minutes of physical education instruction s/he might attend specially designed or general physical education, taught by the classroom teacher. Occasional periods of team teaching are sometimes required when a combination of physical education program options are assigned for a student with a disability.

**Physical Education Programs and Services**

**Legal Reference:**

34 CFR. sec. 300.307 Physical Education:

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

(b) **Regular Physical Education.** Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children unless: The child is enrolled full time in a separate facility; or: The child needs specially designed physical education as prescribed in the child’s IEP.

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

(d) **Education in Separate Facilities.** The public agency responsible for the education of a child with a disability who is enrolled in a separate facility shall ensure that the child receive appropriate physical education services in compliance with paragraphs (a) and (c) Sec. 56031 defines special education, and in doing so, states in part, "Special education provides a full continuum of program options, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and instruction in physical education, to meet the educational and service needs of individuals with exceptional needs in the least restrictive environment. Individuals with exceptional needs shall be grouped for instructional purposes according to their instructional needs."

**Discussion:** Title 34, Section 300.108 of the Code of Federal Regulations describes two considerations that a public agency must take into account to meet the physical education requirements regarding a public agency’s requirement to make physical education available to children with disabilities when physical education is not available to children without disabilities.

1. Physical Education must be made available equally to children with disabilities and children without disabilities. If physical education is not available to all children (i.e. children with and without disabilities), the public agency is not required to make physical education available for children with disabilities.

2. If physical education is specially designed to meet the unique needs of a child with a disability and is set out in the child’s IEP, those services must be provided whether or not they are provided to other children in the agency.

3. In addition, a high school student who requires Adapted Physical Education as stated on his/her IEP, may continue to receive adapted physical education even if he/she has met the graduation requirements for physical education. The IEP team will determine if the APE service continues to be required to address defined areas of need.
A public agency does not have an obligation to provide physical education for children with disabilities if it does not provide physical education to nondisabled children attending their schools. A public agency does have an obligation to provide specially designed physical education as a related special education service if the IEP team agrees that the specially designed physical education is needed to meet the unique needs of a student with a disability.

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

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

One of the conditions states must meet, in order to receive federal funding for special education, is to provide for education in the least restrictive environment. This is defined, in general, as To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and service cannot be achieved satisfactorily. (20 U.S.C. sec.1412(a)(5).)

Discussion: Strong foundations in both state and federal laws have led to the development of a range of physical education program options. The Placer County SELPA encourages LEAs to develop a range of physical education program options. In addition, modified physical education is part of general or regular physical education programming; therefore it need not be listed as a separate type of general physical education. (However, modification or accommodations should be listed on the child’s IEP). It is recommended that the service delivery model reflect modified physical education as included within general physical education.

**Physical Education Service Delivery Options:**

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

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

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

**Best Practice:** All three recommended physical education program options should be available to all students. The IEP team must determine which combination of services would best meet the student's needs and will also meet the mandated number of minutes required (elementary = 200 minutes/10 days; secondary = 400 minutes/10 days) for physical education. Collaborative consultation is a professional interaction process that is effectively utilized within all of these programs to help meet the needs of the student.

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

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

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

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

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

**APE Collaborative Consultation:**
- APE Collaborative Consultation could be identified on the IEP as a service that is provided on behalf of the student and assists the student in participating in the less restrictive settings of General or Specially Designed P.E. If a student is only receiving APE Collaborative Consultation, the student may be counted on the APE specialist’s caseload if a goal and supporting objectives/benchmark have been identified on the IEP and are monitored by the APE specialist.
The Least Restrictive Environment: The Individuals with Disabilities Education Act (IDEA) mandates that “to the maximum extent possible, children with disabilities should be educated with children who are not disabled. Special classes, separate schooling or other removal of children with disabilities from the general educational environment occurs only if the nature or severity of the disability of a child is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.
20USC 1412(a)(5); 34 CFR 300.114.
PLACER COUNTY SELPA
Adapted Physical Education Services

The Least Restrictive Environment: The Individuals with Disabilities Education Act (IDEA) mandates that "to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schooling or other removal of children with disabilities from the general educational environment occurs only if the nature or severity of the disability of a child is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily." 20 USC 1412(a)(2); 34 CFR 300.114.

Least Restrictive Environment

General Physical Education at School of Residence
- May include Consultation with APE Teacher

Specially Designed Physical Education
- May include instruction by Special Educator with Consultation by APE Teacher

Adapted Physical Education
- Group Instruction with non-disabled peers

Most Restrictive Environment

General Physical Education at School of Residence with Modifications to Curriculum
- May include Consultation with APE Teacher

Adapted Physical Education
- Group Instruction with disabled peers

Adapted Physical Education
- Individualized Instruction

Supplementary Aids & Services: May include Designated Instructional Services, such as Adapted Physical Education and/or accommodations & modifications to the general education curriculum.

3/2010
Frequency and Duration of Services

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

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

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

Frequency of A.P.E. Service

Legal Reference: Designated instruction and services may be provided to individuals or to small groups in a specialized area of educational need, and throughout the full continuum of educational settings. Designated instruction and services, when needed as determined by the individualized education program, shall include the frequency, location and duration of services. (5 CCR sec. 3051.5.)

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

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

Required instructional minutes in P.E.

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

Discussion: The general classroom teacher, general physical education teacher, and/or special day class teacher should be aware of the goal(s) stated on the IEP and should reinforce skills taught by the adapted physical education specialist. The IEP team should indicate on the IEP how coordination would occur between school personnel. It is the responsibility of the district administration to ensure that the student receives the 200/400 minutes of physical education instruction inclusive of adapted physical education instruction. (Sec. 56345.), or at a minimum the same amount of instructional minutes that general education students within the LEA receive.

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

A.P.E. Service Methods and Settings

Legal Reference: Designated instruction and services may be provided to individuals or to small groups in a specialized area of educational need, and throughout the full continuum of educational settings. Designated instruction and services, when needed as determined by the individualized education program, shall include the frequency and duration of services. (5 CCR sec. 3051.5.). Instructional Aide: The role of the instructional aide in adapted physical education is to assist and supplement the adapted physical education specialist or classroom teacher in carrying out supportive instruction in ...improving the quality of educational opportunity for pupils... (Sec. 45341). The term "instructional aide" is defined in sec. 45343.

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

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

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

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

**Best Practice:** Identification of the frequency of adapted physical education service on the IEP should adequately reflect the type of Adapted Physical Education service and who is delivering these services to the child. In addition, other physical education settings responsible for providing access to core curriculum should be considered by the IEP team. Furthermore, IEP teams need to identify whether the service will be provided individually, or within a group educational setting. Accurately informing parents of the specific elements of service delivery benefits the child and facilitates the implementation of the IEP.

### Preschool Services

**Legal Reference:** Adapted physical education is part of special education (34 C.F.R. sec. 300.26(b)(2)) and, as such, applies to preschoolers. The basic federal requirement for special education is very clear and applies to all preschool age children as well (34 C.F.R. 300.307). State law requires that the present level of educational performance for a preschool age child, as appropriate, include how the disability affects the child's participation in appropriate activities. The continuum of program options shall include, but not necessarily be limited to designated instruction and services. (Sections 56345 and 56361(c)).

**Discussion:** Children three to five years of age may require additional services to meet their developmental needs. The present level of performance on the IEP includes, for a preschool child, how the disability affects the child's participation in appropriate activities. (“Appropriate activities” is the federal term that is often used in lieu of general education curriculum.) Adapted physical education services may be an appropriate designated instruction and service to meet the child’s motor development, recreational/leisure, fitness and social needs to assist the child in participating in all aspects of the curricular program.
Best Practice: Adapted physical education programming should be consistent with the educational philosophy and preschool curriculum model in which the child participates. The multi-disciplinary team should evaluate the student’s motor needs and recommend services as that are appropriate to meet the preschool child’s motor needs.

Exit Criterion

Legal Reference: The state is required to have a plan that includes procedures for analyzing the exit criterion for special education programs. (Sec. 56600.5(1).) The Individuals with Disabilities Education Act (IDEA 2004) defines physical education as a necessary component of special education for children ages 3-21 who qualify for special education services.

Discussion: State and Federal law does not state precisely what criteria for motor performance should be used to determine whether a student needs special physical education services. When a student demonstrates that he/she can successfully participate in the general physical education program with appropriate accommodations or modifications, the IEP team typically comes to a consensus decision that the student no longer requires adapted physical education services to receive educational benefit and exits the student from adapted physical education. General education accommodations and support for the general physical education teacher or student may continue to be listed on the student’s IEP. Exit criteria from adapted physical education may include:

- Student no longer demonstrates a developmental delay in comparison to age group peers as measured by standardized test procedures.
- Student scores less than 1.5 standard deviations below the mean as measured by standardized tests in the gross motor domain.
- Student meets district and/or state requirements for physical fitness and motor skills at their grade level.
- Student’s behavior no longer interferes with his/her ability to participate, learn and be safe in a general education P.E. setting.

Best Practice: The IEP team must annually consider whether the student continues to require adapted physical education service to receive educational benefit and make progress in the physical education curriculum. If the student continues to require adapted physical education service to receive educational benefit, the IEP team should consider the continuum of services that would be appropriate to provide the student’s physical education curriculum in the least restrictive environment.
Designated Instructional Services

Legal Reference:

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

**Adapted physical education**
The term "special education" is defined in part as: 34 CFR sec. 300.26:
Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and Instruction in physical education.
"Physical Education" is defined as follows:
(i) The term means the development of: Physical and motor fitness; Fundamental motor skills and patterns; Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).
The term includes special physical education, adapted physical education, movement education, and motor development. Adapted physical education is for individuals with exceptional needs who require developmental or corrective instruction and who are precluded from participation in the activities of the general physical education program, modified general physical education program, or in a specially designed physical education program in a special class.
Consultative services may be provided to pupils, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular physical education program or specially designed programs. (5 CCR sec. 3051.5(a).)
(b) The person providing instruction and services shall have a credential authorizing the teaching of adapted physical education as established by the Commission on Teacher Credentialing...(5 CCR sec. 3051.5(b).)

**Occupational and Physical Therapy**
Occupational or physical therapists shall provide services based upon recommendation of the individual education program team...(5 CCR sec. 3051.6(a)(1).)
Section 3051.6(b) Qualifications of therapists:
The therapists shall have graduated from an accredited school.
A physical therapist shall be currently licensed by the Board of Medical Quality Assurance of the State of California and meet the educational standards of the Physical Therapy Examining Committee.
An occupational therapist shall be currently registered with the American Occupational Therapy Association...(5 CCR sec. 3051.6(b).)

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

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

Adapted physical education is a combination of the disciplines of physical education and special education.

Adapted physical education specialists use instructional techniques to improve the student’s movement performance in:
- Gross motor skills.
- Object control skills.
- Fine motor skills.
- Perceptual motor skills.
- Physical fitness: strength, endurance, cardiovascular, and flexibility.
- Functional skills.
- Motor fitness: speed, power, agility, balance, and coordination.
- Recreation/Leisure/Life-time Activities.
- Sport and game skills.
- Dance.
- Aquatics

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

Occupational therapists use purposeful, goal-directed activities to improve student performance in:
- Postural stability.
- Sensory registration and processing.
- Motor planning.
- Visual perception and integration.
- Fine motor.
- Activities of daily living.
- Environmental adaptations/Assistive devices.
- Social play/Organization of behavior.

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

Physical therapists use techniques that correct, facilitate, or adapt the student’s functional performance in:
- Motor control and coordination
- Sensorimotor coordination
- Postural balance and stability
• Activities of daily living/Functional mobility
• Environmental adaptations/Accessibility
• Use of assistive devices

**Similarities and Differences:** There are many similarities among the three disciplines (Adapted physical Education, OT, and PT) as they often work on the same types of skills. For example, in both the PT and Adapted Physical Education settings, a student could work on the skills of transferring, sitting independently, walking, and jumping. In both OT and Adapted Physical Education, the student could be working on fine motor skills used in the classroom, functional manipulative skills, and play activities. All three disciplines strive to improve movement performance by improving the motor coordination of skills. The three recognize the importance of the underlying neuromuscular systems that are responsible for the execution of a movement. In general, occupational and physical therapists are health professionals who have certification or a license while adapted physical education specialists are educators who have a credential. The methods used often distinguish the disciplines. Some occupational therapists assist the child as they address the fine motor needs of the child in the classroom and during functional activities such as eating.

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

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

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

Private Schools

Legal Reference: Children, who have been identified as having a disability, are in need of special education and related services, and are attending a private school are entitled to special education and related services in accordance with 34 CFR sec. 300.453 - 300.462.

Discussion: Once a child has been assessed and has been found eligible for special education, an IEP must be developed which offers a free and appropriate public education (FAPE). If the parent declines the services offered in the IEP indicating their intent to have their child attend a private school, the LEA in which the Private School is located, is responsible for developing and implementing an Individualized Service Plan (ISP). The ISP will document what special education services will be provided. If adapted physical education is provided, the LEA of attendance will provide services in accordance with the Placer County SELPA local plan. (34 CFR sec. 300.453 - 300.462)

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

Non-Public Schools

Legal Reference: A child, who has been found eligible for special education and in need of Adapted Physical Education services and who attends a non-public school, shall receive Adapted Physical Education when the IEP specifies the service. (Sec. 56366(a)(5).)

Discussion: The LEA in which the Non-Public School is located is responsible for ensuring the delivery of services that have been identified by the IEP team.

Best Practice: It is the responsibility of the LEA to ensure that the non-public school provides all the services within the individual services agreement. The LEA (district) or County Office of Education may be identified as the service provider. When that occurs, the Adapted Physical Education specialist should assist the LEA in establishing a method of service delivery.
Caseloads & Scheduling

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

Discussion: Caseloads should be assigned in relation to relative “workload” required to meet student needs. Caseload assignments should take into account a number of factors, including but not limited to:

- Travel time between service sites; number of sites assigned
- Time needed for assessment and identification
- Report writing time
- Collaboration time with special education staff
- Consultation time with general education staff
- Staff training needs
- the number of classes, instructional time or contact hours needed to provide service to assigned students as specified in IEP
- availability of equipment and facilities

Schedules of Adapted Physical Education Specialists should be designed to meet the needs of all members of the IEP team and to support all components of the assessment and service delivery processes. Schedules are designed with use of physical education facilities in mind. Local Education Agencies should collaborate with Adapted Physical Education Specialists to ensure adequate use of school facilities to provide services to students.

Best Practice: Caseload assignments should be set by the Local Education Agency to reflect a reasonable and manageable workload that meets the needs of the student as well as the IEP process. Adapted Physical Education Specialists should be involved in determining actual assignments and caseloads. Workloads of Adapted Physical Education Specialists should be designed to enable flexible scheduling to allow for assessment and observation of students within general education physical education programs, collaboration with special education staff to support specially designed physical education programs, and for consultation with general education physical education staff to support consistency in implementation of accommodations and modifications of the physical education curriculum.
Resources & References

Resources:
- Websites:
  - www.pecentral.org/adapted
    - Teacher Website-Adapted Physical Education
  - www.aahperd.com
    - American Association for Physical Activity and Recreation
  - www.ncperid.org
    - National Consortium for Physical Education and Recreation for Individuals with Disabilities
  - www.nscd.org
    - National Sports Center for the Disabled
  - www.naspeinfo.org
    - National Association for Sport and Physical Education

References:
- Special Education Procedural Handbook: Programs & Services- Adapted Physical Education. Sutter County SELPA.
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