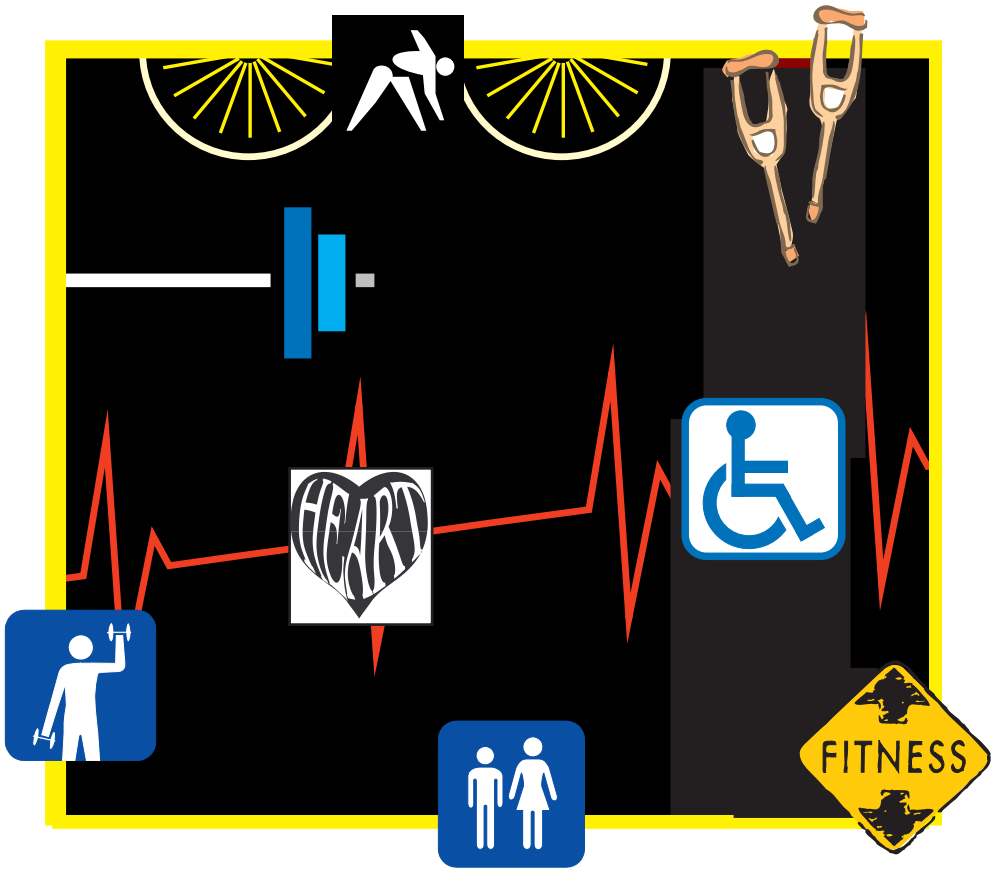
Adapted Physical Education

Resource Guide

To be used as a supplement to the
School Board of Brevard County
Health and Physical Education Curriculum



Dr. David E. Sawyer, Superintendent
Brevard Public Schools
August 1999

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ACKNOWLEDGMENTS

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Special thanks to Eva Lewis without whom this manual would not have been possible.

CONTENTS

I. PURPOSE

This handbook has been designed to be used as a guide when considering the exceptional education student for an adapted physical education program. It is to be used as a supplement to the Florida Sunshine State Standards for Health and Physical Education and the Brevard County Physical Education Curriculum.

II. VISION STATEMENT

We believe, as Adapted Physical Education teachers, that students with disabilities should experience a quality physical education program that meets their individual needs and provides them with the opportunity to achieve their maximum potential.

The Brevard County Vision Statement for Health and Physical Education, as stated in the School Board of Brevard County Health and Physical Education Curriculum Frameworks, is as follows:

"The Brevard County Vision for Health and Physical Education is based on the concept of wellness. Each individual's life is improved by a safe learning environment which encourages a lifelong commitment to personal and community wellness.

Wellness is essential for the total development of all individuals. It is the foundation for all areas of learning.

Through participation in dynamic programs, everyone will be motivated to adopt healthy and physically active lifestyles. These learning experiences will promote a positive attitude towards healthy and physically active behavior throughout life.

Guiding Principles:
Certain underlying principles support the vision for health education and physical education articulated in the frameworks.

- Every person is a learner
- Educational professionals, students, and family form a community of learners
- All children are entitled to wellness as a basis to enhance their ability to learn
- Effective teaching and learning connect concepts and processes to everyday events
- Quality instruction in health education and physical education promotes a commitment to wellness
- Learning environments conducive to quality health education and physical education instruction are the responsibility of the school community
- Learning takes place both in schools and in communities
- Wellness fosters an environment of acceptance and understanding of cultural diversity
- Wellness is a concept that all people involved in the school community are at their optimum for health that includes physical, mental, emotional, spiritual, and social
- It creates a feeling of acceptance of others without prejudice
- Instructional programs and teaching strategies should accommodate diverse learning styles and needs
- Excellence in health education and physical education teaching and learning grows from a commitment shared by teachers, students, parents, administrators, and the community at large
- Wellness is essential for lifelong learning"

III. ADAPTED PHYSICAL EDUCATION OBJECTIVES

The Adapted Physical Education Program of Brevard County will:

1. Deliver physical fitness and activities that will increase/maintain endurance, flexibility, and strength, e.g. power walking, aerobics, exercises, weight training, etc.

2. Promote the development of physical skills for the use of playground equipment, e.g. swinging, climbing and hanging, hopscotch, basketball, etc.

3. Promote the development of the physical skills to acquire carry-over leisure/recreational activities that can be used with the family and in the community, e.g. swimming, bowling, dance, bicycling, miniature golf, etc.

4. Enhance the physical therapist's goals, e.g., balance, walking, range of motion exercises, aquatics, M.O.V.E. Program (Mobility Opportunities Via Education) goals, etc.

5. Promote the development of the skills to successfully participate in regular physical education for inclusion, e.g. softball, volleyball, basketball, etc.

6. Promote in the development of the skills needed to participate in Special Olympics, e.g. soccer, roller-skating, track & field events, etc.

7. Promote the acquisition of the skills necessary for fair play, sportsmanship, understanding and following the rules, and respecting the rights of others.

8. Consult with regular physical education teachers to facilitate the inclusion of students with disabilities in regular physical education classes.

IV. TECHNICAL ASSISTANCE PAPER

FLORIDA DEPARTMENT OF EDUCATION, DIVISION OF PUBLIC SCHOOLS
BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS
NO. FY 1991-8
June. 1991

PHYSICAL EDUCATION PROGRAMS FOR STUDENTS WITH. DISABILITIES
Refer Questions to: Rima J. Hatoum (904) 488-3103 SC 278-3103

This Technical Assistance Paper begins with an overview of federal and state laws and regulations, then provides answers to frequently asked questions relating to physical education programs for students with disabilities. It was prepared by staff of the Bureau of Education for Exceptional Students in cooperation with staff of the Bureau of Elementary and Secondary Education to assist school district personnel in providing appropriate physical education services to students with disabilities.

FEDERAL LAWS AND REGULATIONS

The Individuals with Disabilities Education Act (IDEA), formerly known as the Education of the Handicapped Act (EHA), 20 USC 1401 (16), includes physical education within the definition of special education, thus emphasizing that physical education services are an integral part of the education of every student with a disability.

The term "special education" means specially designed instruction at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

The necessity of assuring that physical education services are provided to students with disabilities is reiterated in 34 CFR 300.307(a) of the implementing regulations of the IDEA, which states that: "Physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education." 34 CFR 300.307(b) provides the following guideline for delivery of services:

TECHNICAL ASSISTANCE PAPERS are produced periodically by the Bureau of Education for Exceptional Students to present discussion of current topics in the education of exceptional students. The TA papers may be used for inservice sessions, technical assistance visits, parent organization meetings, or interdisciplinary discussion groups. Topics are identified by state steering committees, district personnel, individuals, or from program compliance monitoring.
Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to non-handicapped children unless:

1. The child is enrolled full-time in a separate facility; or

2. The child needs specially designed physical education, as prescribed in the child's individualized education program.

In addition 34 CFR 300.307(c) and (d) the law specifies that:

(c) *Special physical education*. If specially designed physical education is prescribed in a child's individualized education program, the public agency responsible for the education of that child shall provide the services directly, or make arrangements for it [sic] to be provided through other public or private programs.

(d) *Education in separate facilities*. The public agency responsible for the education of a handicapped child who is enrolled in a separate facility shall insure that the child receives appropriate physical education services in compliance with paragraphs (a) and (c) of this section.

Physical education is defined in 34 CFR 300.14(b)(2) as follows:

(i) The term means 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).
(ii) The term includes special physical education, adapted physical education, movement education, and motor development.

STATE LAWS AND REGULATIONS

Section 228.2001(2)(a), F.S., the Florida Education Equity Act states that:

Discrimination on the basis of race, national origin, sex, handicap, or marital status against a student or an employee in the state system of public education is prohibited. No person in this state shall on the basis of race, national origin, sex, handicap, or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by a public educational institution which receives or benefits from federal or state financial assistance.

This Act refers to physical education as follows:

(c) This subsection does not prohibit the grouping of students in physical education classes and activities by ability as assessed by objective standards of individual performance developed and applied without regard to sex. However, when use of a single standard of measuring skill or progress in a physical education class has an adverse effect on members of one sex, the educational institution shall use appropriate standards which do not have such effect (Section 228.2001 (3)(c).

Section 230.2312, F.S., Florida Primary Education Program, was amended by the 1990 Florida Legislature to require that instruction be made available to all kindergarten through grade three students in the following basic subjects: language arts, mathematics, problem solving, science, social studies, physical education, music, and fine arts. The legislation requires instruction, but not separate courses in each subject and the number of minutes in each subject is not specified.

Section 230.2319, F.S., Florida Progress in Middle Childhood Education Program (PRIME) requires regularly scheduled physical education, as determined by each district school board, for grades 4 through 8.

Section 232.246 (11), F.S., requires "one-half credit in physical education to include assessment, improvement, and maintenance of personal fitness" for high school graduation and Section 232.2465 (l)(a)7. F.S., requires "one year of instruction in health and physical education to include assessment, improvement, and maintenance of personal fitness" for the graduate to qualify for the Florida Academic Scholars' Certificate Program.

The following two State Board of Education Rules specify requirements for teacher certification in the area of physical education:

+ Rule 6A-4.028. FAC: Specialization Requirements for Certification in Physical Education (Grades K-8) and Physical Education (Grades 6-12)--Academic Class (New 4/20/64, Amended 12/4/89).

+ Rule 6S-4.0281, FAC: Specialization Requirements for Endorsement in Adaptive Physical Education--Academic Class (Adopted 11/9/89, Effective 12/4/89).

QUESTIONS & ANSWERS

1. QUESTION:

What are the differences between the terms "adaptive", "adapted", "special physical education", and "specially designed physical education"?

ANSWER:

Different people use these terms differently. In Florida, program arrangements in which some modifications are made to compensate for students' disabilities in order to allow them to participate in the regular (basic) physical education program are commonly referred to as "adaptive physical education", and program arrangements that are tailored to meet the individual physical-motor needs of students with disabilities are commonly referred to as "specially designed physical education." The term "adapted physical education" is used nationally to refer to both programs of physical education designed for an entire class of students with disabilities and programs designed to meet the special needs of one or more students with disabilities in a regular physical education class.

2. QUESTION:

Are the terms "adaptive", "adapted", "special", or "specially designed physical education" defined in federal or state laws and regulations?

ANSWER:

No. The term "adaptive physical education" is not referred to in federal laws and regulations, and the terms adapted, special, and specially designed physical education are mentioned, but not defined. No definitions of these terms are provided by state laws and regulations. In 1947, the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) adopted the following definition of "adapted physical education:"

A diversified program of developmental activities, games, sports, rhythms, suited to the interest, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program.

This definition is still widely accepted by professionals in the field.

3. QUESTION:

What physical education program arrangement options are available for students with disabilities?

ANSWER:

A physical education continuum of services designed to meet the needs of students with disabilities as determined through the individual education plan (Individualized Education Program) development process could include the following options specified in the May 23, 1980, OSE [Office of Special Education] Policy Paper on Individualized Education Programs (IEPS):

a. Regular PE with Non-Handicapped Students. Many learning disabled and speech impaired children participate in the regular PE program with non-handicapped students without special provisions. In addition, some children with other handicapping conditions and without any physical-motor problems (e.g., some educable mentally handicapped-EMH- children) also participate in the regular PE program.

b. Regular PE with Adaptations. Some individual children in various disability areas (including those with physical impairments) are able to participate in the regular PE program with non-handicapped students if special adaptations are made for them.

c. Specially Designed PE. Sometimes an individual handicapped child will require specially designed PE that is different from that for non-handicapped children. It might also differ from the kind of PE provided to other children with the same handicapping condition. A child might participate in a special body conditioning or weight-training program, or, depending upon his/her specific needs and abilities, participate in some type of individual skill sport.

d. PE in Special Settings. Under certain circumstances, some of the handicapped students within a given disability receive their education in a special setting (e.g., an ESE center or a separate wing of a regular school building) most of the students participate, as a group, in the same basic PE program.

4. QUESTION:

What physical education courses are available for students with disabilities?

ANSWER: (see update in appendix E)

Students with disabilities may be enrolled in any of the regular (basic) physical education courses listed in the Course Code Directory (CCD), with or without modifications (Rule 6A-6.0312, FAC) for exceptional students, depending on students' needs and in accordance with the school district's pupil progression plan:

Basic Education Elementary
5015010 Physical Education -Elementary

Basic Education Middle/Junior High
1501000-1501120 M/J Physical Education (nine courses)

Basic Education Senior High, Adult
1501300-1503420 Fitness (ten courses)
1502300-1505560 Individual and Dual Sports (23 courses)
1503300-1505510 Team Sports (eight courses)

In addition to the courses listed above, students with disabilities may be enrolled in the following adaptive (basic) physical education courses if their needs cannot be met by the aforementioned courses:

Basic Education Elementary
5015000 Physical Education- Elementary Adapted Program

Basic Education Middle/Junior High
1500000 M/J Adaptive Physical Education IEP

Basic Education Senior High. Adult
1500300 Adaptive Physical Education IEP
1500310 Individual Sports for Disabled Students
1500320 Team Sports for Disabled Students
1500330 Recreational Activities for Disabled Students
1500340 Aquatics for Disabled Students

If none of the aforementioned courses fit the needs of students with disabilities, they could be enrolled in the following exceptional student education courses:

7715010	Exceptional Student Physical Education: Grades PreK-5
7815010	Exceptional Student Physical Education: Grades 6-8
7915010	ESE - Specially Designed Physical Education: Grades 9-12

5. QUESTION:

Must all students with disabilities be enrolled in either adaptive or specially designed physical education courses?

ANSWER:

No. As specified in the answers to questions 3 and 4 above, an assessment of each individual student's needs must be made during the IEP development process to determine the physical education program arrangement(s) and the course(s) most suitable for that student. The requirements of the least restrictive environment provision as stated in 34 CFR 300.307 (b) must be observed in determining the most appropriate physical education program option for individual students.

6. QUESTION:

Are there any special physical education requirements for students with severe emotional disturbances (SED)?

ANSWER:

No. Although Rule 6A-6.03016 (4) (a) and (b) FAC, requires that SED students be served for the "full school week in a special class" and that they be provided "a highly structured academic and affective curriculum, including but not limited to art, music, and recreation services which are specifically designed for severely emotionally disturbed students, it does not address special physical education requirements. It is noteworthy that even though some physical education services could be subsumed under recreation services, they represent a district program entity with different goals and methodology.

7. QUESTION:

Are there any special physical education requirements for children placed in programs for prekindergarten students with disabilities?

ANSWER:

No. Federal laws and regulations require instruction in physical education for all students with disabilities and do not specify different requirements for certain age groups.

8. QUESTION:

When must physical education be referred to or described in the IEP?

ANSWER:

According to 34 CFR 300.307 (a), "Physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education." According to 34 CFR Part 300, Appendix C, 330.346 the extent to which physical education must be described in an IEP depends on the physical education program arrangement required to meet the individual student's needs specifically:

a. *Regular PE with non-handicapped students*. If a handicapped student can participate fully in the regular (basic) PE program without any special modifications to compensate for the student's handicap, it would not be necessary to describe or refer to PE in the IEP On the other hand, if some modifications to the regular (basic) PE program are necessary for the student to be able to participate in that program, those modifications must be described in the IEP.

b. *Specially designed PE*. If a handicapped student needs a specially designed PE program, that program must be addressed in all applicable areas of the IEP (e.g., present levels of educational performance, goals and objectives, and services to be provided). However, these statements would not have to be presented in any more detail than the other special education services included in the student's IEP.

c. *PE in separate facilities*. If a handicapped student is educated in a separate facility, the PE program for that student must be described or referred to in the IEP. However, the kind and amount of information to be included in the IEP would depend on the physical-motor needs of the student and the type of PE program that is to be provided. Thus, if a student is in a separate facility that has a standard PE program (e.g., center for multiply handicapped students), and if it is determined--on the basis of the student's most recent evaluation -- that the student is able to participate in that program without any modifications, then the IEP need only note such participation. On the other hand, if special modifications to the PE program are needed for the student to participate, those modifications must be described in the IEP. Moreover, if the student needs an individually designed PE program, that program must be addressed under all applicable parts of the IEP. (See paragraph "b" above.)

9. QUESTION:

What physical education courses meet the requirements for graduation with a standard diploma?

ANSWER:

As specified in the Course Code Directory, students are required to have one-half credit in physical education to meet graduation requirements. Personal Fitness (1501300) is the only course that may be used to satisfy this requirement for nondisabled students. Adaptive Physical Education (IEP) (1400300) satisfies this requirement for those exceptional students seeking a standard diploma who cannot be assigned to Personal Fitness (1501300) pursuant to physical education guidelines in the IDEA and Section 504 of the Rehabilitation Act of 1973. This requirement cannot be waived.

10. QUESTION:

What are the physical education requirements for graduation with a special diploma?

ANSWER:

There are no statewide physical education requirements for graduation with a special diploma. Each school district, pursuant to Section 232.247, F.S., prescribes credit requirements for graduation with a special diploma for exceptional students in accordance with Rule 6A-1.095(4), FAC.

11. QUESTION:

How are students in adaptive and specially designed physical education courses reported for FTE purposes?

ANSWER:

Exceptional students enrolled in the specially designed physical education courses listed in the exceptional student education section of the Course Code Directory may generate special program funding. In order for exceptional students enrolled in adaptive physical education courses--which are basic courses--to qualify for special program funding, the following three conditions must be met:

a. All students enrolled in the class must be exceptional (Rule 6A 1.0451(8), FAC).

b. The course must be a modification for exceptional students (Rule 6A-6.0312, FAC), in accordance with the district's pupil progression plan, and

c. The course must be taught by a qualified teacher in accordance with Rule 6A-1.0503, FAC, and the Course Code Directory.

Exceptional students (excluding gifted) enrolled in adaptive physical education courses with nondisabled students or in regular (basic) physical education courses may generate the mainstream cost factor in accordance with Section 236.08 1(1)(d)4 F.S., when special services, aids, or equipment are provided.

12. QUESTION:

What are the certification requirements for teaching regular (basic), adaptive (basic), and specially designed (exceptional student education) physical education courses?

ANSWER

Certification requirements for teaching physical education courses are specified in the Course Code Directory (CCD). According to the 1991-92 Course Code Directory, certification in Physical Education is required for teaching all basic physical education courses except Aquatics for Disabled Students (course number 1500340), Beginning Swimming (course number 1504460), Intermediate Swimming (course number 1504470), and Water Safety (course number 1504490), which may be taught by a teacher certified in any field who is also a Red Cross Instructor; Care and Prevention of Athletic Injuries (course number 1502490), which may be taught by a teacher certified in any field with National Athletic Training Association certification, or Physical Education or Health Education certification; and Outdoor Education (course number 1502480), which may be taught by a teacher certified in any academic coverage.

For the adaptive and the specially designed physical education courses, the 1991-92 Course Code Directory provides two certification coverages appropriate for teaching students enrolled in those courses: (1) Physical Education or (2) Physical Education with Endorsement in Adaptive Physical Education. However, for exceptional students, the Course Code Directory specifies that for basic and exceptional student education courses in physical education, teacher certification may be in accordance with either basic education or physical education requirements or the type of exceptional students enrolled in the course.

13. QUESTION:

Since Rule 6A-4.0281, FAC, Specialization Requirements for the Endorsement in Adaptive Physical Education--Academic Class, was adopted by the State Board of Education on November 9. 1989, and became effective on December 4. 1989. Will all teachers assigned to teach physical education to students with disabilities be required to have the Endorsement in Adaptive Physical Education? If so, when will this take effect?

ANSWER

The Endorsement in Adaptive Physical Education may be attached only to Certification in Physical Education--Academic Class (Rule 6A-4.028, FAC). Therefore, teachers certified in exceptional student education are not eligible for this endorsement. Beginning with the 1994-95 school year, the Endorsement in Adaptive Physical Education will be required for instructional personnel who hold certification in physical education and are assigned to teach adaptive and specially designed physical education courses listed in the basic and exceptional student education sections of the Course Code Directory. Certification in exceptional student education will continue to be appropriate coverage for teaching these courses as specified in the Course Code Directory; however. school districts are encouraged to ensure that such teachers have the appropriate training or experience in the area of physical education for students with disabilities.

14. QUESTION:

What are the requirements for the Endorsement in Adaptive Physical Education?

ANSWER:

Requirements for the Endorsement in Adaptive Physical Education specified in Rule 6A-4.0281, FAC, are as follows:

a. A bachelor's or higher degree with certification in physical education, and
b. Twelve (12) semester hours in adaptive physical education to include the areas specified below:
    1. Three (3) semester hours in the Survey of Exceptional Student Education.
    2. Three (3) semester hours in Biological and Medical Aspects of Motor and Physical Health Disabilities

3. Four (4) semester hours with credit in at least two (2) of the following areas:
   (a) Physical Education and Sports for Children with Mental Deficiencies,
   (b) Physical Education and Sports for Children with Motor Disabilities, or
   (c) Physical Education and Sports for Children with Sensory Disabilities, and
   (d) Two (2) semester hours in one (1) of the following areas:
      (1) Coaching Techniques for Disabled Athletes,
      (2) Assessment in Physical Education for Exceptional Students,
      (3) Adapted Aquatics, or
      (4) Physical Activity for the Profoundly Handicapped.

15. QUESTION:

Must Special Olympics coaches meet the requirements for the Endorsement in Adaptive Physical Education?

ANSWER

No. Since Special Olympics is an extracurricular activity and since coaches' duties are not within their instructional assignments, they do not need to meet the requirements for the Endorsement in Adaptive Physical Education.

16. QUESTION:

Does the rule for the Endorsement in Adaptive Physical Education include a grandfathering clause to allow current adaptive physical education teachers to become fully qualified in this area on the basis of their experience?

ANSWER:

No. There are no provisions for grandfathering.

17. QUESTlON:

What training resources are available to prepare teachers for meeting the requirements of the Endorsement in Adaptive Physical Education?

ANSWER:

Through the cooperation of universities, Teacher Education Centers (TECs), local education agencies, and the Florida Diagnostic and Learning Resources System Centers (FDLRS), various preservice and inservice training programs are currently available to prepare teachers to meet the requirements for the Endorsement in Adaptive Physical Education. For additional Information on training resources. please contact Manny Harageones, Program Specialist, Physical Education/Driver Education, Bureau of Elementary and Secondary Education. at (904) 488-8795 or Suncom 278-8795. In addition, the Bureau of Education for Exceptional Students has been sponsoring adaptive physical education training sessions held in conjunction with the Florida Association for Health, Physical Education, Recreation, Dance, and Driver Education annual summer workshops since 1989.

V. SUGGESTIONS AND STRATEGIES FOR TEACHING STUDENTS WITH DISABILITIES

a) *GENERAL SUGGESTIONS FOR ADAPTING PHYSICAL EDUCATION PROGRAMS:

The following list includes examples of modifications and adaptations that may or may not be applicable to every student with the specified disability.

Modifications and adaptations should be based on:

I. knowledge of the student's strengths and weaknesses,
II. requirements of the course(s) or classes under consideration,
III. parameters of time/space/personnel available in each situation,
IV. input from the student's staffing team,
V. consideration of the student's IEP goals and objectives,
VI. physician recommendations.

1. Physical education will be scheduled in the morning due to the energy level of the student.

2. Repetitions of exercises or skill practice will be adapted for the disability (ex: reduced 50% to avoid fatigue).

3. Student will be scheduled into smaller class sizes to maximize student's participation and peer interaction.

4. Arrangements will be made for student to avoid excessive exposure to the sun.

5. Student will be given assistance in recording answers during the administration of written tests. Student will be given oral tests.

6. Student will have the option to use various size and shape manipulative objects to assure success in executing basic motor skills. Materials and equipment will be adapted based on special needs for specific tasks and objectives. (Be specific).

* Adapted Physical Education Assistance Manual, n.d., Broward County, Florida.

7. The teacher aide will assist the student with mobility and chair transport for physical activity. A buddy system will be used to assist.

8. Teacher will provide written (picture) task cards for students to monitor their own task completion.

9. Teacher will use flash cards and visual aids (puppets, pictures, cards, etc.) for giving directions.

10. Students will be paired for peer teaching with both serving as teacher and student when appropriate.

11. Teacher will provide multiple demonstrations to assure understanding.

12. Teacher will give directions/tasks in smaller amounts and shorter sequences.

13. Student will be asked to repeat the step-by-step instructions to assure understanding.

14. Directions will be tape recorded for easy retrieval.

15. Student is encouraged to engage in self-talk to understand and complete tasks.

16. Teacher will circulate to be in closer proximity to student, to help keep student on task, and to provide more feedback.

17. Student will participate in more cooperative activities and cooperative learning designs.

18. Time cues (bell) will be provided to assist in time management.

19. Teacher will check for understanding more frequently throughout the lessons. Teacher will also review previous and completed lessons more often.

20. A consistent routine will be established when entering and leaving the activity area.

21. Students will execute specific exercises to help remedy their problems during their exercise periods. Exercises will be listed on task cards. (Be specific).

22. Student will use aquatic devices to assist with swimming skills. (Be specific).

23. Activity/game rules will be modified by adjusting playing space, distance, time, repetitions, group size, equipment. (Be specific).

24. During fitness activities, student will adjust resistance, repetitions, rate, and range of motion based on special needs. (Be specific).

25. Sound devices (beeper ball) will be used for visually impaired.

26. Sign language or gestures will be used to communicate with hearing impaired.

27. Prosthetics will be adjusted regularly and padded as needed for physical activity as directed by occupational or physical therapists.

28. Due to severe arthritic condition student will work with soft objects for grasping. Student will avoid pounding, running, and jumping tasks. Student will substitute with walking and range of motion exercises.

29. Cerebral palsy student will substitute strengthening exercises for stretching exercises which are contraindicated during exercise periods.

30. Due to Cystic Fibrosis, student will have additional time to warm-up and cool down as part of activity periods. Student will experience gradual increases in cardiovascular frequency, intensity, and time.

31. Due to student's Diabetes, physical education is scheduled in consideration of eating periods. Highly competitive and combative activities will be avoided. Student will participate in cooperative non-threatening activities.

32. Due to Down Syndrome, student will avoid head extension and head initiated skills due to possible Atlantio-Axial Instability.

33. Due to Epilepsy, student will avoid extreme fatigue. Additional time will be provided to warm-up, exercise, and cool down. Periodic rest periods will be provided.

34. Due to Head Trauma/Brain Injury, student will have ample space for movement due to possible impaired vision and perception. Due to shunt, student will avoid abrupt hyperextension, gymnastics activities, contact sports, or diving. Student will wear helmet during selected activities. (Be specific).

35. Due to visual impairment (myopia), student will wear goggles during small ball handling games to protect eyes from impact.

36. Student will wear hearing device during physical activity.

37. Hemophilic student will participate in noncontact activities on soft surfaces.

38. Due to Scoliosis, student will participate in light weight training and modified gymnastics skills. Student will participate in trunk flexion and other appropriate exercises daily. (Be specific). Normal participation in other activities.

39. Due to Muscular Dystrophy, student will engage in activities that are on soft surfaces (unless wheelchair bound) and wear a protective head gear. Student will be provided periodic rest periods. Specific muscular strengthening exercises will be prescribed to help remedy condition. (Be specific).

40. Due to Cancer, student will reduce activity intensity to avoid fatigue. Teacher and student will exercise caution during activities due to radiotherapy and chemical therapy weakening joints and muscles.

41. Due to Multiple Sclerosis, student will hydrate more frequently and avoid excessive exposure to the sun. Teacher will simplify activities that require balance Teacher will alternate activity with intervals of rest to avoid lengthy activity periods.

42. Due to Spina Bifada, student will avoid trunk rotations and back bends. Student will practice movement patterns that include turning the whole body and moving backwards for activities. Shunted students will avoid twisting or spinning. Student will be prescribed additional abdominal exercises to help remedy the condition. (Be specific).

43. Student will use bicycle inner tubes or surgical tubing in place of weights for typical exercises.

44. Student will be paired with a more abled student for assistance in dance.

45. Student will wear seat belt while in wheelchair. Student will use a sports chair with anti-tip castors to participate in activities.

46. Student will be placed in smaller squads for skill practice and activities.

47. Handles for implements will be changed (enlarged, reduced, attachments added) for easy gripping with the assistance of the occupational or physical therapist.

48. Play areas will be marked with colored chalk, paint, or tape to assist student with space awareness.

49. Student will bowl with ramp and use spring loaded bowling ball. Student will use plastic pins with 8" playground ball.

50. Teacher will face hearing impaired student to give instructions for lip reading.

51. Teacher will verbally cue student through each step of skill practice.

52. Teacher will position a sound device for easier location of target.

53. Teacher and student will design new ways to perform the skill.

54. Amputee student will toss and hit the object with the same arm. Student will hit the object while it is stationary or suspended.

55. In collaboration with occupational and physical therapist, teacher will design an apparatus that will assist student in executing skills and participating in activities. (Describe).

56. Teacher will provide assistive devices (ropes, side panels, bowling bumpers, cage) to help control and retrieve the object. (Describe).

57. In games, student will use lighter objects, objects that bounce more than once, lower or closer targets, different colored objects, and different variations of the game. (Be specific).

58. Student will be assigned a buddy for distance running.

59. Crutch and cane user student will be given instruction and the opportunity to practice falling for safety in activities.

60. Student will engage in physical activities according to doctor's approval.

61. Student will wear specialized clothing for physical activity. (Be specific).

62. Student will practice relaxation before and after activity periods.

63. Teacher will correlate physical education activities with classroom activities whenever possible in order to reinforce academic skills.

64. Hearing impaired student will minimize activities that involve spinning or sudden changes of directions due to balancing problem.

65. Student will substitute sitting or lying for standing positions in activities.

66. Teacher will design activities that slow down moving objects by changing throwing style, throw with one bounce, roll the ball, increase size of ball, decrease weight or air pressure within the ball.

67. Visually impaired student will ride tandem bicycle with normal vision student.

68. Visually impaired student will run, tethered by a three foot cord, with a normal vision student.

69. Floor mats will be used for range of motion exercises and activities.

b) **ADAPTATION OF GAMES AND ACTIVITIES

General Considerations:

1. Most children with permanent disabilities will have already developed necessary modifications to permit their participation in certain activities. Allow these children to proceed at their own rate of involvement. If they experience difficulty or cannot make the necessary adjustments, step in and assist.

2. Adaptations must be made to suit the child's abilities rather than his disabilities.

3. Modification of game rules should not be discouraged and should be regulated to meet the needs of the group.

4. Try not to change a game to such a degree that the children lose sight of what they started to play.

5. When working with a new student, begin slowly and gradually introduce him to new activities. Keep in mind the child may have some fear of new experiences, may become embarrassed or display a lack of initiative.

Methods of Modifying Games and Activities:

1. Reduce the size of the playing area:
   a. Change the boundary lines
   b. Increase the number of players
   c. Decrease the height of the net or goal
   d. Use equipment that will reduce the range of play
   e. Net-type games may be played through a hoop

2. Use lighter equipment:
   a. Plastic bats, “whiffle”" type balls
   b. Large plastic beach balls; bladder balls
   c. Yarn balls, styrofoam balls

3. Slow down moving objects:
   a. Change the throwing style to underhand
   b. Throw the ball with one bounce
   c. Roll the ball
   d. Stationary ball: place it on home plate or place it on a batting tee
   e. Increase the size of the ball
   f. Decrease the weight of the ball
   g. Decrease the air pressure within the ball

**Adapted Physical Education Assistance Manual, n.d., Broward County, Florida.

4. Modify the rules:
    a. Sit down or lie down rather than stand
    b. Walk rather than run
    c. Kick rather than strike
    d. Throw or strike rather than kick
    e. Permit additional trials; strikes, throws. jumps
    f. Allow for substitution
    g. Reduce the time periods of the game
    h. Reduce the number of points required to win a contest

5. Provide additional rest periods:
    a. Discuss rule infractions
    b. Discuss strategy and team play
    c. Rotate players in and out of game or into active and inactive positions
    d. Reduce the time periods of the game
    e. Provide quiet type games that may keep the student busy during rest periods; nok-hockey, box soccer, darts, ring toss, etc.

c) ***TEACHING SUGGESTIONS FOR ADAPTING PHYSICAL EDUCATION PROGRAMS FOR SPECIFIC DISABILITIES

I. **Orthopedic- Neuromuscular Impaired**

1. Obtain medical approval of the students planned program and proceed accordingly with updates of new information after the student is absent because of an illness or surgery.

2. Provide hazard-free space for activity.

3. Watch for fatigue and overheating and provide frequent periods of rest for those with limited endurance.

4. Know joint limitations, especially with regard to dislocations and strain.

5. Give students time to move and adjust to your lifting and supporting movements.

6. If medically approved, remove student from wheelchair to move onto the floor or a mat.

7. Support the key joints when lifting or changing a person with extremely low muscular strength.

8. Teach "fall safety" and getting up again to increase independence.

9. Substitute sitting or lying positions for standing positions if support or fatigue is a factor.

10. Adapt equipment and activities to the students' needs.

11. Focus on activities that will enhance the development of a positive self concept, self confidence through movement competence.

12. Avoid activities requiring sudden movement changes in tempos and directions in order to allow more control and success.

***Thanks to Mr. Bill Price, University of South Florida, "Teaching Suggestions for Handicapping Conditions," and Adapted Physical Education Assistance Manual, n.d., Broward County, Florida, for much of the information in this section.

13. Teach relaxation techniques.

14. Teach better movement management with respect to effective use of crutches, walkers, braces, wheelchairs, etc.

15. Teach proper body alignment.

16. Fitness needs will be of a functional nature with upper body strength, and endurance, and cardiovascular endurance being the major area for crutches, wheelchair, and walker users.

17. Teach appropriate leisure skills.

18. Avoid sudden body temperature changes, i.e., cold water during aquatics.

II. **Learning Disabled**

1. Control the environment and eliminate as much unnecessary stimuli as possible.

2. Use short, simple directions with demonstrations and have them repeat the directions.

3. Avoid using abstract terms.

4. Speak slowly and distinctly.

5. Establish start, stop, and other attention gaining signals.

6. Establish eye contact and have the student's attention when giving instructions.

7. Promote independence and self-confidence.

8. Keep students actively involved rather than waiting and listening.

9. Keep the environment free from outside noise and distractions, eliminating as much unnecessary auditory and visual stimuli as possible.

10. Avoid frustration by progressing slowly in very small increments of task difficulty.

11. Use a task analysis approach to skill development.

12. Establish expected behaviors and follow through on the expectations.

13. Be consistent in behavioral management and communication with students.

14. Use multisensory cues with auditory, tactile, visual, and kinesthetic techniques to teach activities.

15. Work on developing general skills presented in a variety of situations, to help students utilize transference of information.

III. **Emotionally Handicapped**

1. Watch moods and side effects to medication and provide feedback to parents or physicians.

2. Avoid competition or arrange for appropriate level and fair competition.

3. Use praise appropriately.

4. When full participation is expected, do not settle for partial compliance.

5. Avoid sudden changes in routines or program. Give students ample time to adjust.

6. Avoid unsupervised periods of time.

7. Minimize the waiting time for activity to begin.

8. Provide Plan arrival and departure procedures and follow them carefully and consistently.

9. Set guidelines for rules in such a way as to allow for adequate social adjustment.

10. Provide diversity in activities with highly related carry over skills.

11. Provide for successful experiences in the activities or games.

12. Help students understand limits and all expectations.

13. Control all variables possible and remove distracting stimuli or objects.

14. Provide activities that help teach:
    a. accepting responsibility and acting cooperatively with self and others.
    b. accepting from others and expressing their own feelings and ideas.
    c. connection or relating to academic learning.
    d. self-awareness by providing feedback of performance.
    e. relaxation techniques.

15. It may be necessary to separate some students if inappropriate interaction results in conflicts that will disrupt the entire group

16. Use the emotionally handicapped student as a helper.

17. Use the following intervention techniques to control behavior:
    -planned ignoring
    -interest boosting
    -reduction of tension through humor
    -planned success
    -positive and negative reinforcement
    -restructuring the program

IV. **Attention Deficit Hyperactivity Disorder (ADHD)**

1. Help minimize distractions by reducing unnecessary stimuli. (noises, other classes' activities...)

2. Allow the student to sit front and center, in close proximity to the teacher, while giving instructions and/or demonstrations.

3. Focus on what the student can do.

4. Draw the student's attention prior to giving directions. (e.g., "Listen carefully, I am now going to demonstrate...")

5. Reward the student frequently with praise.

6. Use as much positive reinforcement as possible. (a smile, eye contact, an affirmative gesture, a positive word or two...)

7. Use specific praise to reward desired behavior. (e.g., "I like the way you waited." "I like the way you shared...")

8. Reduce unnecessary equipment and clutter in the activity area.
9. Establish simple, clear, rules and expectations.

10. Post rules and consequences in a visible area, and review these frequently.

11. Be very consistent in enforcing rules and consequences.

12. When speaking to a student, call them by name.

13. Use frequent eye contact.

14. Use proximity control. (e.g., stand close to the student)

15. Provide as much individual attention as possible.

16. In an effort to make the student feel important, assign "helper jobs".

REMEMBER:

Children with ADHD tend to lack organizational skills and time concepts.

There is a tendency, by the student, to look at the whole of a task or assignment. Because students lack the ability to break it down into parts, keep the task simple to avoid frustration.

Impulsiveness is a major problem. The student may speak, answer, or act without thinking or planning ahead.

If the student does not gain attention through positive reinforcement of appropriate behavior, he/she will usually attempt to gain attention through any other attention-seeking behavior.

Students with ADHD have a physical disability, not merely a behavioral problem.

V. **Speech Impaired**

1. Students with speech impairments should have no problems participating in regular physical education activities.

2. Find ways to socialize students in accordance to their verbal capacity or in nonverbal expression activities.

3. Use common and familiar vocabulary when giving instructions.

4. Although most students will be able to follow directions, some will need instructions or directions in simple progressive sequences.

5. Learn what the student needs in speech development, reinforce this in physical education activities and encourage them to use newly acquired skills.

VI. **Deaf/Auditory Impaired**

1. Don't single out or overprotect these students, rather normalize your approach and socialize them into the mainstream.

2. Position students where they can see the activity leader and make eye contact with each student.

3. Help them to develop skills of being aware of moment by moment activity from peers, as well as from the activity leader, and encourage them to follow the example of their classmates.

4. Diagrams, stick figures, print on task cards, augmentative communication devices, interpreter, and demonstration are helpful tools for instruction.

5. Know the type of communication being taught to them and utilize that system during physical education activities (hand signals and/or verbal commands).

6. Remove hearing aid in activities with high probability of contact.

7. The motor area of balance may be a deficit in the deaf/auditory impaired students.

VII. **Blind (20/200) Visually Impaired** (partially sighted and totally blind)

1. Know the nature of the visual problem in order to know which activities should be avoided, providing as many regular activities as possible with suitable modifications.

2. Change the distance usually required to recognize objects.

3. Have players participate in pairs.

4. Decrease the playing area by using familiar and predictable boundaries.

5. Modify games and activities by:
   a. providing maximum lighting
   b. using brightly colored objects
   c. enlarging the target object
   d. reducing the speed of activities (e.g. walking instead of running)
   e. lowering nets
   f. allowing ball to bounce before catching
   g. stationary balls on tees
   h. using softer balls

6. Keep things arranged in a familiar fashion so that students will not trip over them.

7. Use auditory signals or locator for directions, targets, boundaries, etc.

8. Verbally signal the student prior to receiving an object.

9. Develop awareness of dangerous aspects of the activity.

10. Protect eyeglasses using eyeglass guards during games and activities, or remove eyeglasses for vigorous contact play.

11. Obtain constant feedback from students pertaining to their involvement and success.

12. Provide activities to improve spatial awareness, directionality, laterality, postural maintenance, and locating of sounds or objects.

13. Verbally provide students with details of a game's or activity's progress.

14. Use tactile instruction by using the teacher or another student as a model, or by moving the student through the activity.

15. Use tactile instructions.

16. Use blind student as demonstrator as this helps him/her to feel the movement wanted.

17. Assure that playing surface is flat, and free of obstacles.

18. Develop their trust and confidence in you through your instruction and teaching behavior consistencies.

19. Emphasize their strengths, help them develop movement competence.

20. Adjust teaching pace and allow for responses at a slower rate.

VIII. **Dual Sensory Impaired**

1. Similar suggestions for the auditory and visually impaired sections may also apply.

2. Find a way to praise and communicate what you want them to do through tactile and auditory instructions.

3. Communicate with hearing and vision specialists to reinforce each other.

4. Be positive, consistent, and don't underestimate abilities.

IX. **Mentally Handicapped**

Educable Mentally Handicapped (mild)

1. Think in terms of developmental age not chronological age for motor skills, but consider social age for the peer group.

2. Work for over learning through summary, repetition, and review.

3. Emphasize safety.

4. Be firm and insist on participation.

5. Use the KISS system (Keep it Simple and Specific).

6. Use simple and sequential instruction.

7. Provide much opportunity to practice newly acquired skills.

8. Use verbal and tactile praise.

9. Provide activities that can help students to make decisions.

10. Provide activities that will help students to cooperate and to increase emotional adaptability.

11. Be positive and enthusiastic.

12. Help students to stay on task.

Trainable Mentally Handicapped (moderate)

1. Verbal directions should be short, simple, singular, and repeated.
2. Instructions should be slow, deliberate, progressive, and concrete.
3. Progress is slow and little transfer of skill takes place, so be patient.
4. Students should be in close proximity to the instructor, especially in an inclusive class.
5. Skill practice period should be short but frequent, over a longer time period, teaching one skill at a time.
6. Repetition and review of skills are needed more often.
7. Be consistent in behavior and communication.
8. Don't underestimate the student's capability.
9. Prerequisites of developing time-on-task skills might precede motor development tasks in the younger students.
10. Provide color codes in sports and game situations to designate teams, goals, etc.
11. Modify team games and sports to minimize abstract and rapid thinking.
12. Choose games or sports that have singular or simple roles.
13. Have consistent limits and routines.

Profoundly Mentally Handicapped (severe)

1. Have a complete understanding of the student's medical records determining any limitations to activities.
2. Sensory stimulation and basic postural control is a good starting point.
3. Purposeful instruction is needed.
4. Keep instructions brief and repetitive.
5. Be positive and verbalize during the activity by stressing nouns and verbs.

6. Use activities with an action-result (cause-effect) sequence (pull string, ring bell, and make water splash).

7. Begin activities with what the individual can do and can follow.

8. Use rolling, swinging, and bouncing activities.

9. Be prepared for very little response to the activities.

10. It may be necessary to set up more than one activity for one class due to differences in students and attention span.

11. Hand-over-hand is essential for understanding and movement progress.

12. Work with physical and occupational therapists in designing the physical education program for the individual student.

13. Emphasize teaching through demonstration and guide the student through movements when necessary.

14. Alternate short periods of work, play, and rest, as attention spans are short and fitness levels low; schedule shorter class time more frequently.

15. Give rewards freely and immediately not only for good performance, but also for any attempt to perform (favorite toy or favorite activity).

16. Provide nonambulatory students with the benefit of new surroundings.

17. Use any modifications and adaptations from "Teaching Strategies for the Educable and Trainable Mentally Handicapped" list which may be appropriate.

18. Provide a high level of sensory integration in activities and games (see chapter 6 on Sensory Motor Skills for specific sensory integration suggestions).

d) TEACHING SUGGESTIONS FOR ADAPTED AQUATICS

Benefit of Adaptive Aquatics:

1. The student gains the ability to execute movements that are impossible on land.

2. The heated pool provides the ideal environment for the severely handicapped by enhancing comfort and relaxation, thereby increasing range of motion (passive or active).

3. The student is able to maintain or increase joint flexibility due to decrease of joint pressure.

4. The student is able to reduce inadequate balance reactions.

5. The student is able to improve sensory integration.

6. The heated pool enhances motivation and arousal.

7. Resistance offered by water increases the intensity used for movement, thereby improving endurance and cardiovascular fitness.

Teaching Suggestions:

1. It is strongly recommended that each student have a parent permission slip for any pool activities.

2. Safety procedures must always be emphasized (no running on pool deck, use of railing and stairs or ramp to enter pool, no splashing others).

3. As fear and reluctance are often the case, the very first lessons may only include entering the pool and water adaptation.

4. Use of floatation devices:
   a. increases personal independence (close supervision must be maintained).
   b. provides increased security to motivate movements that can propel students through water.
   c. can encourage weight bearing by using those devices designed for vertical positions.

5. When dealing with the severely handicapped, a one-to-one student/teacher ratio is necessary.

6. Three feet five inches of water (chest deep water for instructor) is appropriate for water activities.

7. Teach the multisensory approach by addressing as many senses as possible.

VI. Assistive: manual guidance of body parts or holding students for support. Tactile security promotes confidence, e.g., in waist deep water, the instructor reaches over the student, grasping both sides of the waist to support the student's body. The instructor may hold student in either supine or prone positions, depending on the skill being taught.

VII. Visual: instructor demonstrates the skill breaking down into parts.

VIII. Verbal: appropriate to cognitive level.

8. Stroke practice: use the assistive method as described in #7.

9. Kick practice:
   A. Student grasps kick board with extended arms (avoid allowing the student to hold the kickboard under their body).
   B. For small students, instructor positions in front of student with student's arms extended and resting on instructor's shoulders; instructor supports hips from underneath water.

1. To increase their awareness of safety, train students to orient themselves to the pool walls by grasping the edge to rest.

2. Encourage bubble-blowing and face immersion.

3. To assist the student with orientation, encourage them to open their eyes in the water.

4. To work on head control, use a static position, i.e., holding the side of the pool with the body in a horizontal position. This is necessary for lateral and vertical rotation and teaches the ability to recover to an upright position.

5. For the severely handicapped, use the resistance of water against the trunk and limbs, i.e., place the student in supine position supporting under the trunk by grasping the hips and resting the student's head on your shoulder. Gently swish extended student's body back and forth.

6. As a reward for working hard, reserve free swim and play for the end of the instruction session.

VI. ****SENSORY MOTOR DEVELOPMENT SKILLS

Sensory input systems include the tactile, vestibular, kinesthetic, visual, and auditory systems, and provide the foundation from which perceptual motor abilities and motor skills are built. Therefore, it is imperative to identify and remediate sensory input delays as early in life as possible.

TACTILE STIMULATION

The Tactile System tells a person where the body ends and space begins and provides input regarding touch, pressure, pain, hot and cold. Behaviors which indicate a possibility of a delay in tactile functioning are:

- Tactile defensiveness:
  - low tolerance for touch (particularly when the person doing the touching is not in the visual field of the one being touched).
  - tendency to curl fingers or toes when creeping.
- Bumping into objects.
- Inability to actually identify size, shape, and texture of objects with eyes closed.
- Lack of awareness of being touched.

Tactile stimulation can either be exciting or inhibiting.

Suggested Activities

- Touch and stroke the child's arms and legs to promote relaxation. Touch different body parts and ask the child to call out parts.
- Using different textured fabrics (terry cloth, velvet, cotton) stroke the child's arms and legs.
- Provide rocking, swinging, and swaying motions while supporting the child.
- Using different levels of tactile pressure (light, soft, firm, stroking, tickling, vibrating, massaging).
- Wrap colored tape around the wrists and ankles asking the child to touch body part with specific color of tape.
- Blindfold child and have him crawl on and through different surfaces/objects and name them. (form/shape box, rope lines, balance boards, scooter boards).

****From Louisiana Adapted Physical Education Curriculum Guide, Office of Special Education Services, 1996.

- Rock in prone, supine, sitting, and 4-pt. positions on fleece covered vestibular board.
- Reach in box and identify objects by picking up and feeling them.
- Walk through obstacle course on different textured mats, carpet squares, water, sand, clay, etc.
- "Angels-in-the-Snow" position (blindfolded).
- "Wake-Up!" (lotion, powder, washcloth)
  - ✓ Children apply lotion or powder to their arms, legs, feet, and face, rubbing it in completely. Tell them to make it "disappear."
  - ✓ Each child has a washcloth. Call out a body part for the child to rub ("rub your right leg").
- "How Dry I Am!" Children imagine that they have just gone swimming and the floor is a big towel. They are told to dry every part of their bodies on this "towel" (hands, arms, back, stomach, legs, feet).
- "Carpet Critters" Children use chalk to draw funny faces on the carpet squares and then erase them with their hands (or feet, forearms, etc.).

VESTIBULAR SYSTEM

The Vestibular System originates in the inner ear where receptors take in information about the position of the head and all of its movements. This information helps to maintain static and dynamic balance. The Vestibular System is the most important structure in the regulation of body postures. It helps to prevent falling, keeps body parts properly aligned and contributes to graceful, coordinated movement. (Sherrill, 1993)

Behaviors which could indicate delay in vestibular functioning include:

- Inability to balance on one foot (particularly with the eyes closed).
- Inability to walk a balance beam without watching the feet.
- Inefficient walking and running patterns.
- Delays in ability to hop or skip.
- Complete lack of awareness of the body in an upside down position.

The goal in enhancing vestibular development is to cause momentary losses of balance that change the head position. This activates compensatory postural adjustments and reinforces balance reactions. The more practice the vestibular system is given, the more it improves. Regular physical educators typically focus on balance in standing and locomotor patterns and do not realize that head position changes are the key. Adapted physical activity personnel focus on balance in all positions. It is important to use vestibular boards and large balls that permit vestibular input in prone, supine, sitting and quadruped positions. (Sherrill, 1993) Vestibular stimulation is essential in the development of balance.

Suggested Activities

1. Activities on playground including merry-go-round, see-saw, slide, or swing.
2. Rotation movements during play activities. Allow the child to experience acceleration/deceleration, up/down, side-topside, and back/forth
3. Balance boards, therapy balls, bolsters, air mattress, hammock swings or any unstable surface that causes loss of balance.
4. Balancing on a vestibular board in a variety of positions including: prone, supine, tailor sitting, quadrupled, kneeling, and standing.
5. Rolling up or down a wedge or pushing self around in a cardboard box with the ends cut out.
6. Log rolls on mats.
7. Spin slowly while prone on scooterboard or jet-mobile.
8. Roll or unroll in blanket/sheet/towel.
9. Sliding in all positions-feet first, sitting, lying prone, and supine.
10. Walking/creeping over unstable surface.
11. Rocking in chair, on rocking horse, on therapy ball.

Teaching Suggestions

Again, a transdisciplinary approach is highly recommended for this area. Knowledge of the child's medical condition is essential in determining contraindicated activities and positions. For example, spinning activities are contraindicated for students who are seizure prone. Many children are sensitive to spinning and other vestibular activities. Be aware of the student's responses to the activities- crying, unpleasant facial grimaces, loss of balance, nausea, sweating, paleness, or flushing of the face. Other students may perseverate on vestibular activities and need to be monitored. Never maintain a high rate of speed. Slow, steady movements are calming; fast jerky movements are stimulating.

KINESTHETIC SYSTEM

The Kinesthetic System tells a person the position of his body in space, whether or not he is moving and the quality of the movements. The Kinesthetic System is responsible for the tonic neck reflexes. As the Kinesthetic System matures, these reflexes are integrated, and movement becomes more coordinated.

Behaviors which could indicate a delay in kinesthetic functioning are:

a. Lack of awareness of the body parts in space without looking.
b. Messy handwriting.
c. Difficulty in imitating motor patterns (e.g. limbs bent or crooked or body leaning and the child can't feel it).
d. Difficulty in adjusting ones body to move effectively through an obstacle course.

All movement experiences enhance kinesthesis, but three strategies are emphasized: a) practice motor skills while blindfolded, b) assisted and coactive movement in which the teacher guides the body parts of a student through desired patterns and c) extension
activities like jumping, hanging and balancing (Sherrill, 1993).

Suggested Activities

1. Supine Position- Have child move body parts as touched by instructor.
2. Supine Position- Move body parts by verbal directions of instructor (in, out, up, down).
3. Prone Position- Move in and out of airplane position lifting head, arms, and legs upward.
4. Imitation of movements of instructor while looking in mirror.
5. Touch body parts while looking in mirror.
6. Performing different movement patterns (crawl, creep, roll) through an obstacle course going under, over, and through objects.
7. Walk forward and backwards through obstacle course.
8. Have child assume various shapes on mat (circle, tuck, letters, forms) while lying in supine, prone, and side positions.
9. Swing, sway, stretch, twist, and bend the body.
10. Carpet squares- arm pull, leg push, knee pull, carpet push prone and supine, perform bilateral.
11. "See-Saw" (elastic straps)- Two children sit opposite one another, their legs extended, feet touching. Each partner holds the opposite end of an inner tube strip. Keeping arms and legs extended, the children rock back and forth.
12. "Hot Potato" Children play catch at close range in a circle.
13. "Ping Pong Puff" Children get on all fours and blow the ping pong ball across the room.
14. Scooterboard activities done in prone position with head up.

VISUAL SYSTEM

The Visual System is comprised of visual activity and visual motor control or coordination. Visual activity is the ability to see clearly. Visual motor control is the ability to coordinate eye movements to fixate, track moving objects, discriminate between forms/objects, shapes, and sizes, and separate objects from their background.

Always check the child's history for visual acuity tests. Should the child be wearing corrective lens?

Suggested Activities

1. Visual Motor Tracking and Control
   - Eyes will track from side to side, up and down, circular motion.
   - Child visually tracks a suspended ball.
   - Supine- child raises head to look at wall target, placed 12 inches from floor.
   - Supine- ceiling and wall targets, child looks from wall to ceiling targets.

- Supine- child arches head/neck backward and looks from wall to ceiling.
- Suspended ball exercises (ball suspended at eye level):
  a) sitting, track ball from side to side, up and down
  b) kneeling, track ball from side to side, up and down
  c) standing, track ball from side to side, up and down
  d) reach out and touch swinging ball with forefinger, elbow, head, nose, foot
  e) touch ball with left and right side body parts (hand, elbow, shoulder, wrist)
  f) touch ball with front, back, sides, knee, foot
  g) place targets on wall (forms-circle, square, triangle) or on floor and have child swing the ball to hit the target
- Flashlight tracking activities, side to side, across midline, up and down, in patterns, around room across ceiling.
- Ball rolling and tracking.
- Beanbag tossing and throwing.
- Mirror play and imitation.
- Ball bouncing exercises.

2. Visual Motor Discrimination
   - Blindfold child and have him identify shapes by feel.
   - Step on shapes and identify by name, call out name, jump and hop on shapes.
   - Design a grid pattern of lines in which child walks out form patterns (square, triangles).
   - Jump on large vs small object (vary games with movements for size discrimination).

3. Visual Figure-Ground Perception
   - Overlapping geometric shapes:
     a) walk on shapes in grid pattern
     b) trace out shapes in maze
     c) identify flashlight patterns moved on wall
   - Ball control activities- bounce and catch a ball while focusing on wall target.
   - Change from standing to kneeling while bouncing ball and focusing on called out target.
   - Separate mixed letters to write name.

AUDITORY SYSTEM

The Auditory System is not usually included with motor learning. Auditory stimulation activities are included in this curriculum guide as a foundation for later perceptual motor and gross motor skills.

Assess auditory/listening skills to determine if the child has difficulty discriminating between soft and loud, high and low pitches, sensitivity, responding to oral directions, and recalling information given in sequences.

Suggested Activities

1. Follow simple commands.
2. Match sounds with animals.
3. Respond to directions- in, on, over, out, above, in front of.
4. Blindfold activities:
    a. identify by touching body parts
    b. place body in positions- back to wall, side to wall, hand on wall, foot on chair
    c. crawl, walk, hop forward, backward, sideward
    d. clapping drills- one clap on stomach, two claps on knees, three claps to sit down
5. Call out position and have child assume position.
6. "Angels-in-the-Snow" (supine position):

I. move both arms along the floor to shoulder level
II. move both legs apart
III. move leg and arm on same side, cross lateral, three body parts
IV. perform same exercises blindfolded

7. Listen and imitate:
    a. listen, count, and bounce ball same number of times
    b. bounce ball high with high pitch sound, low with low pitch sound

XI. Tell time with body- give child directions to put body in-12 o'clock position, 9 o'clock
XII. Follow sequence of directions.

E. toss, catch, and slide
F. step/jump on sequence of forms, numbers, letters

E. Perform exercises to tapes.

VII. INCLUSION OF STUDENTS WITH DISABILITIES IN REGULAR PHYSICAL EDUCATION CLASSES

To implement inclusion successfully, Dr. Leonard Kalakian, Ph.D., Professor, Department. of Human Performance, Mankato State University, Mankato, MN, recommends the following:

(Correct answers to each of the following questions is highly desirable, if not essential, in determining, on an individual basis, if/when inclusion is, indeed, warranted.)

F Is the student with disability education being/going to be compromised by her/his placement in the inclusion setting? Correct answer: NO. Rationale: Student with disability should not have quality of his/her learning experience compromised by placement in the regular curriculum setting.

(1) Is education of students without disability, into whose class student with disability is being included, being/going to be compromised by the latter's inclusion? Correct answer: NO. Rationale: Students without disability should not have quality of their education compromised by virtue of student with disability having been placed into the regular curriculum setting.

(1) Can student with disability reasonably be expected to participate successfully (with or without resource assistance) in lessons integral to the inclusion setting? Correct answer: YES. Rationale: Anything less than an in good conscience "yes" is not inclusion in the true spirit of inclusion. Often, it is mere "geographic proximity" achieved by whomever to promote agendas not necessarily compatible with educational best practices.

Adapted Physical Education as a Stand Alone Service

Physical education is afforded stand alone service status quite simply by virtue of its explicit inclusion within the PL 101-476 definition of special education. Persons suggesting otherwise should be directed to this definition. Nothing in the mandate suggests a student must receive some "prerequisite" kind of special education service (i.e., special education classroom placement) as a prerequisite to his/her eligibility for adapted physical education. A common argument, one without merit in absence of qualification, is that a student assigned to an inclusion setting for classroom instruction obligatorily follows her/his classmates to regular physical education. Not true. Students with disabilities are legally entitled to an appropriate education, including physical education, in the least restrictive environment. While inclusion for classroom instruction purposes may be appropriate, inclusion for physical education instruction may or may not. Needs of the individual, not a “one size fits all” mentality is an essential ingredient in purposeful physical education placement.

Model for including students with disabilities in regular physical education (RPE)

- DETERMINE WHAT TO TEACH
  (1) Determine student's present level of performance.
  (2) Prioritize long-term goals and short-term instructional objectives.
- ANALYZE THE REGULAR PHYSICAL EDUCATION CURRICULUM
  - What RPE activities match the student's IEP?
  - What RPE activities do not match the student's IEP but still seem important for the student?
  - What RPE activities are inappropriate for a particular student?
  - What is the teaching style of the regular physical educator?
- DETERMINE MODIFICATIONS NEEDED IN REGULAR PHYSICAL EDUCATION
  - ✓ How often will student receive instruction?
  - ✓ Where will student receive instruction?
  - ✓ How will student be prepared for instruction?
  - ✓ What instruction modifications are needed to elicit desired performance?
  - ✓ What curricular adaptations will be used to enhance performance?
  - ✓ How will performance be assessed?
- DETERMINE HOW MUCH SUPPORT THE STUDENT WITH DISABILITIES WILL NEED IN RPE
  - Base on type of activities and abilities (cognitive, affective, and psychomotor) of student.
  - Utilize the "continuum of support" model (Block 1994, following).
- PREPARE REGULAR PHYSICAL EDUCATOR
  - Discuss the amount of support that will be provided.
  - Discuss the availability of consultation with adapted physical education specialist and special education teacher.
  - Explain that he or she is responsible for the entire class, not just the student with disabilities.
  - Explain that his or her work load should not be increased.
- PREPARE REGULAR EDUCATION STUDENTS
  a. Talk about students with disabilities in general.
  b. Role-play various types of disabilities.
  c. Invite guest speakers with disabilities to your class.
  d. If the student attends special education class, allow other students to visit the special education classroom and meet student.
  e. Talk specifically about the student who will be coming to RPE (focus on abilities).
  f. Discuss ways regular students can help student with disabilities and RPE teacher.
- PREPARE SUPPORT PERSONNEL
  - Discuss specific student with whom they will be working.
  - Discuss the student's physical education IEP.
  - Discuss their responsibilities in RPE.
  - Discuss to whom they can go if they have questions.

  From Block, M.E. A Teacher's Guide to Including Students with Disabilities in Regular Physical Education).Paul H. Brookes Publishing Co., 1994., p. 50.

The following is an example of one way to establish a continuum of support to regular physical education:

LEVEL 1 NO SUPPORT NEEDED

- 1.1 Student makes necessary modifications on his or her own.
- 1.2 RPE teacher makes necessary modifications for student.

LEVEL 2 APE CONSULTATION

- 2.1 No extra assistance is needed.
- 2.2 Peer tutor “watches out" for student.
- 2.3 Peer tutor assists student.
- 2.4 Paraprofessional assists student.

LEVEL 3 APE DIRECT SERVICE IN RPE Ix/WEEK

- 3.1 Peer tutor "watches out" for student
- 3.2 Peer tutor assists student.
- 3.3 Paraprofessional assists student.

LEVEL 4: PART-TIME APE AND PART-TIME RPE

- 4.1 Flexible schedule with reverse mainstreaming.
- 4.2 Fixed schedule with reverse mainstreaming

LEVEL 5: REVERSE MAINSTREAM IN SPECIAL SCHOOL

- 5.1 Students from special school go to regular physical education at regular school 1-2x per week.
- 5.2 Nondisabled students come to special school 2-3x per week for reverse mainstreaming.
- 5.3 Students with and without disabilities meet at community-based recreation facility and work out together.

From Block, M.E. A Teacher’s Guide to Including Students with Disabilities in Regular Physical Education), Paul H. Brookes Publishing Co., 1994., p. 79.

VIII. SUGGESTED ACTIVITIES, GAMES AND SPORTS FOR ADAPTED PHYSICAL EDUCATION CLASSES (ELEMENTARY AND SECONDARY)

INDOOR GAMES

QUIET GAMES:

Card Games

- Concentration
- Authors
- Go Fish
- Wild Eights
- Crazy Eights
- Card cutting
- War
- Uno
- Flinch
- Black Jack
- Old Maid
- Solitaire

Paper and Pencil Games

- TickTackToe
- Battleship

Table Games

- Pyramid
- Bingo
- Yatzee
- Pictionary
- Table Air Hockey
- Checkers
- Dominoes
- Chess
- Crokinole (carom)
- Box hockey

ACTIVE GAMES:

Races and Relays

- Head-balance
- Ping-pong
- Paper clip
- Arch pass
- Car (pencil)
- Hand clasp
- Folding chair
- Through-the-hoop
- Sitting through-the-hoop
- Rubber band
- Over and Under
- Pass the inflated balloon
- Clothes pin card pass
- Remote controlled cars
- Wheelchair obstacle course

Throwing Objects

- Balloons (shot put)
- Balloons (hammer throw)
- Playing cards
- Paper airplanes
- Beanie babies onto velcro disc
- Soda straws (javelin)
- Ball blow (asthma)
- Indoor Lawn Bowling
- Indoor Quoits
- Bean bag board
- Magic-square toss
- Ball-board
- Ring toss

GAMES FOR ADAPTED-ROOM:

Elementary School

- Posture tag
- Pom-pom Pullaway with variations
- Snatch-the-Handkerchief with variations
- Hop Scotch with variations
- Swat Tag with variations
- Circle Rush
- Simon Says with variations
- Follow the Leader
- Statues

Secondary School

- Rec-room Shuffleboard
- Table Shuffleboard
- Tenpins (bowling)
- Medicine Ball
- Stall Ball activities
- Steal the Bacon
- Swat Tag
- Follow the Leader with variations
- Wastebasket Basketball

OUTDOOR GAMES AND SPORTS:

Games of Low Organization

- Dodge Ball
- Around the World
- Twenty-one with variations
- Punt-drive (association football)
- Tetherball
- Parachute Play

Games and Sports

- Field Hockey with variations (12-22 players)
- Football variations
- Basketball variations
- Table tennis with variations
- Bowling
- Shuffleboard with variations
- Golf with variations
- Archery (Archery Golf)
- Goal Hi
- Volleyball and Newcomb with variations
- Softball with variations
- Paddle Tennis
- Tennis with variations

Croquet (roquet)
Horseshoe pitching
Quoits
Lawn Bowling with variations
Handball with variations
Deck Tennis (quoitennis)
Badminton
Aerial Darts
Soccer with variations
Kickball with variations
Track and Field

AQUATIC GAMES AND ACTIVITIES:

Swimming
Baseball type
Basketball type
Water polo
Marco Polo
Ring finding

OUTDOOR EDUCATION:

Boating and canoeing
Fishing
Camping, hiking, and nature study

RHYTHM AND DANCE:

Square dance
Social dance
Folk dance
Fundamental rhythms
Creative rhythms

RUNNING, JOGGING, WALKING

Obstacles

IX. INDIVIDUAL ASSESSMENT OF STUDENTS WITH DISABILITIES

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages
Bruininks-Oseretsky Test of Motor Proficiency	American Guidance Service, Inc. Publishers' Building Circle Pines, MN 55014	Bilateral coordination, visual motor control, balance, running speed, agility	General- 4.5 - 14.5
Ohio State Univ. Scale of Intra Gross Motor Assessment (OSU-SIGMA)	Mohican Publishing Co. P.O. Box 295 Loudinville, OH 44842	Gross motor skills	Pre-schoo 14 years
DEOREO Fundamental Motor Skills Inventory	Kent State University Department HPER Kent, OH 44240	Gross motor skills, locomotor, manipulative	Pre-schoo early elementa
I CAN Program	Hubbard Scientific Co. P.O. Box 104 Northbrook, IL 66062	Gross motor skills, locomotor, object control, rhythm, object projection	elementar
Riley Motor Problems Inventory, Revised	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Gross motor, fine motor, oral motor, balance	4-9 years normal-sl developin
Stott-Moyes-Henderson Test of Motor Impairment	Brook Educational Pub., Ltd. Box 1171 Guelph, Ontario, Canada NIH-6N3	Balance, gross motor, fine motor	5-16 year normal-sl developin
Southern California Sensory Integration Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Motor skills, balance, space visualization, coordination, tactile kinesthesia	4-10 year normal-sl developin
Lincoln-Oseretsky Motor Development Scale	American Guidance Service, Inc. Publishers' Building Circle Pines, MN 55014	Gross and fine motor skills	6-14 year normal
Project ACTIVE Level II & III Motor Ability Test	VEE Inc. P.O. Box 2093 Neptune City, NJ 07753	Coordination, balance, eye-hand and eye-foot accuracy	5-8 years level II 8-11 year III

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages
Basic Gross Motor Assessment	G. E. Miller, Inc. P.O. Box 266 484 S. Broadway Yonkers, NY 10705	Gross motor, balance, manipulative skills	5.6-12.6 minor m problems
Valett Developmental Survey of Basic Learning Ability	Consulting Psychologists Press, Inc. 577 College Ave. Palo Alto , CA 94306		2-7 years
Test of Gross Motor Development	Pro-ED. Publishing Co. 8700 Shoal Creek Blvd. Austin, TX 78753	Gross motor, fine motor, manipulative	3-10 yea normal a delayed developm
Movement Patterns Achievement Profile (MPAP)	AAHPERD 1900 Association Drive Reston, VA 22091	Gross motor, locomotor, balance, manipulative, body image	2.5-5 yea physical disabilitie
Cratty Six-Category Gross Motor Test	Charles C. Thomas 301-27 E. Lawrence Ave. Springfield, IL 62717	Gross motor, locomotor, balance, tracking, throwing	4-16 yea normal 5-20 yea 5-24 yea TMH
Godfrey-Kephart Movement Pattern Test	Appleton-Century-Crofts 292 Madison Avenue New York, NY 10017	Gross motor control	normal a children disabilitie
Oregon Data-Based Physical Education Program	John M. Dunn Dept. of Physical Education Oregon State University Corvallis, OR 97331	Gross motor	severely handicap

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages
Rarick-Factor Structure of MR	University of California Dept. of Physical Education Los Angeles, CA 90025	Gross and fine motor	6-12 year MR
Vineland Adaptive Behavior Scales	American Guidance Service, Inc. Publishers' Building Circle Pines, MN 55014	Gross motor, fine motor, communication, daily living skills, social skills	birth-adul handicapp non- handicapp
Cajon Motor Assessment Instrument	Cajon Valley Union School District Special Education Department 189 Roanoke Rd. El Cajon, CA 92022	Gross motor	all handic condition
Gessell Development Schedules	The Psychological Corporation 757 Third Ave. New York, NY 10017	Motor, language, personal-social, adaptive	4 weeks- 6 years
McCarthy Screening Test	The Psychological Corporation 757 Third Ave. New York, NY 10017	Right/left orientation, coordination, verbal memory	2.5-14 ye those con to be "at
Baley Scales of Infant Development	The Psychological Corporation 757 Third Ave. New York, NY 10017	Mental and motor scales	2 months years normal ar disabled
Denver Developmental Screening	Ladoca Project & Publishing Foundation, Inc. East 51st Ave. and Lincoln St. Denver, CO 80216	Gross and fine motor, personal-social, language	birth-6 ye delayed developm

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages
Portage Guide	Portage Project CESA 12 P.O. Box 564 Portage, WI 53901	Gross and fine motor, language, developmental skills	0-6 years general
Peabody Developmental Motor Scale	DML Teaching Resources P.O. Box 4000, One DLM Park Allen, TX 75002	Gross and fine motor	birth-7 ye
Brigance Diagnostic Inventory	Curriculum Assoc., Inc. 5 Esquire Road North Bellerica, MA 01862	Gross and fine motor, speech and language, early academic, pre-ambulatory motor skills	0-7 years
Hughes Basic Gross Motor Assessment	Hughes, J. (pub) Golden, CO	Gross motor	general
Learning Accomplishments Profile (LAP)	Sangfroid, A. University of North Carolina Chapel Hill, NC	Locomotor, balance, rhythm, eye-limb coordination	1 month-6 years
Purdue Perceptual-Motor Survey	Roach & Kephart Merrill Pub. Columbus, OH	Balance, posture, body image and differentiation, perceptual motor match, ocular control	6-10 year
Bender-Perdue Reflex Test	Academic Therapy Publishers 200 Commercial Blvd. Novato, CA 94947	Tests for signs of Symetric Tonic Neck Reflex Immaturity	6-12 year
Smart Start Preschool Movement Curriculum	Janet A. Wessel and Lawrence L. Zittel Pro-ED., Pub. 8700 Shoal Creek Blvd. Austin, TX 78753	Motor skills	preschool all abilitie

EVALUATING AREAS RELATED TO MOTOR CONTROL

Name	Address	Areas	Ages
Body Image Screening Blind Children	American Foundation for the Blind 15 W. 16th Street New York, NY 10011	Body laterality, directionality	8-19 year blind chil
Foot-O-Graph	Saperston Laboratories, Inc. 200 W. Monroe Street Chicago, IL 60606	Posture, balance, weight bearing	all
Skan-a-Graf Permagrid	Reedco, Inc. 5 Easterly Avenue Auburn, NY 13021	Posture, structural deviation	all
Southern California Post-Rotary Nystagmus Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Vestibular function	early chil
M.O.V.E. (Mobility Opportunities Via Education)	Kern County Schools 5801 Sundale Ave. Bakersfield, CA 93309	Gross motor	all ages physical disabilitie

EVALUATING VISUAL PERCEPTION AND VISUAL MOTOR SKILLS

Name	Address	Areas	Ages
Bender Visual Motor Gestalt Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual motor functions	3 years -a normal ar disabilitie
Developmental Test of Visual-Motor Integration	Follett Educational Corp. 1010 W. Westington Blvd. Chicago, IL 60607	Visual motor integration	2-15 yea
Frostig Developmental Test of Visual Perception	Stoeling Corporation 1350 S. Kostner Ave. Chicago, IL 60623	Visual perception	4-8 years
Mertens-Visual Perception Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual perception, visual memory, design reproduction and completion, spacial recognition	early elementa
Motor-Free Visual Perception Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual perception, processing, kinesthetic awareness	4-8 years
Test of Visual-Perceptual Skills (TVPS)	Special Child Pub. P.O. Box 33548 Seattle, WA 98133		
Wepman Spacial Orientation Memory	Language Research Assoc., Inc. P.O. Box 2085 Palm Springs, CA 92246	Spacial memory	7 years -a

EVALUATING FITNESS

Name	Address	Areas	Ages
AAHPERD Health Related Fitness	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	8-18 year
AAHPERD Special Fitness Test for Mildly Retarded Persons (adaptation of Youth Fitness Test)	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	8-18 year mild MR
AAHPERD Youth Fitness Test	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	10-17 ye
Buell Adaptation of AAHPERD Youth Fitness Test	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	10-17 ye blind
Fait Physical Fitness Battery for Mentally Retarded	Fait, H.F. & Dunn, L.M. Oregon State University HPER Department Corvallis, OR 97331	General fitness	9-20 year moderate
Fit-N-Dex	Cramer Products, Inc. P.O. Box 1001 Gardner, KS 66030	General fitness	normal
Motor Fitness Testing Manual for the Moderately Mentally Retarded	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	6-20 year moderate
Project ACTIVE	VEE Inc. P.O. Box 2093 Neptune City, NJ 07753	General fitness	6-16 year MH, LD,
Project UNIQUE: Physical Fitness Test	State University of New York College of Brockport Brockport, NY 14420	Fitness, motor skills, agility, health	10-18 ye orthopedi handicapp

EVALUATING FITNESS

Name	Address	Areas	Ages
Presidential Physical Fitness Award Test	President's Council of Physical Fitness and Sports Presidential Physical Fitness Award Program: Instructor's Guide Washington, DC 20001	Cardiorespiratory endurance, flexibility, agility, leg strength, abdominal strength, arm and shoulder strength	6-14 yea
FITNESSGRAM	Human Kinetics P.O. Box 5076 Champaign, IL 61825-5076	General fitness	school ag
The Brockport Physical Fitness Test (software available)	Human Kinetics P.O. Box 5076 Champaign, IL 61825-5076	Fitness	10-17 ye children disabilitie

X. PROFESSIONAL RESOURCES

a) CATALOGS

Physical Education:

Things from Bell
230 Mechanic St.
P.O. Box 206
Princeton, WI 54968
1-800-543-1458 (orders)
1-414-642-9591 (fax)

JA Preston Corp.
P.O. Box 89
Jackson, MI 49204
1-800-631-7277 (orders)
1-800-245-3765 (fax)

S&S AdaptAbility
P.O. Box 515
Colchester, CT 06415-0515
1-800-266-8856 (orders)
1-800-566-6678 (fax)
http://www.snswwide.com

Power Systems, Inc.
P.O.Box 12620
Knoxville, TN 37912
1-800-321-6975 (orders)
1-800-298-2057 (fax)

Snitz
2096 S. Church St.
P.O. Box 76
East Troy, WI 53120-0076
1-800-558-2224 (orders)
1-800-432-2842 (fax)

Select Service & Supply Co., Inc.
One Sporttime Way
Atlanta, Georgia 30340
1-800-850-8602

Sporttime
Select Service & Supply Co., Inc.
One Sporttime Way
Atlanta, Georgia 30340
1-800-283-5700 (orders)
1-800-845-153 (fax)

GOPHER Sport
220 24th Ave. NW
Owatonna, MN 55060-0999
1-800-533-0446 (orders)
1-800-451-4855 (fax)

Rifton
P.O.Box 901
Rifton, NY 12471-0901
1-800-336-5948

Flaghouse, Inc.
Special Populations & Rehab
601 Flaghouse Drive
Hasbrouck Heights, NJ 07604
1-800-793-7900 (orders)
1-800-793-7922 (fax)

Chime Time
One Sporttime Way
Atlanta, Georgia 30340
1-800-477-5075 (orders)
1-800-845-1535 (fax)

Advanced Fitness Equipment Corp.
175-A Semoran Commerce Place
Apopka, FL 32703
1-800-308-2655

Fitness Wholesale
895 Hampshire Rd., Suite A
Stowe, Ohio 44224-1121
1-800-537-5512 (orders)
216-929-7250 (fax)

Audiovisual:

1999 Music & Art
Multimedia Resources
Educational Frontiers, 132 West 21st Street
New York, NY 10011
1-800-753-6488 (orders)
212-675-8607 (fax)

Dynamix Music for Fitness
733 W. 733 W. 40th Street, Suite 10
Baltimore, MD 21211
1-800-843-6499 (orders)
www.dynamix-music.com
410-243-9759 (fax)

Pro Motion Music
1611 N. Stemmons Freeway, Suite 416
Carrollton, TX 75006
1-800-380-4776

Kimbo Educational
Dept. C
P.O. Box 477
Long Branch, NJ 07740-0477
1-800-631-2187 (orders)
732-870-3340 (fax)

The Complete Guide to Exercise Videos
Collage Video
5390 Main Street N.E.
Minneapolis, MN 55421
1-800-433-6769

Teacher's Video Company
Global Video, Inc.
P.O. Box SPG-4455
Scottsdale, AZ 85261
1-800-262-8837

Library Video Company
Catalogue K-20
P.O.Box 1110
Balacynwyd, PA 19004
1-800-843-3620 (orders)
610-667-3425 (fax)

Aquatics:

Sprint
Rothhammer International, Inc.
P.O. Box 3840
San Luis Obispo, CA 93403
805-541-5330 (orders)
1-800-235-2156 (fax)
www.sprintaquatics.com

World Wide Aquatics
10500 University Center Drive, Suite 250
Tampa, FL 33612-6462
1-800-726-1530

Adolph Keifer & Associates
1700 Keifer Drive
Zion, IL 60099-4093
1-800-2GO-SWIM
1-800-323-4071
1-800-654-swim (fax)

Kast-a-Way Swimwear, Inc.
9356 Cincinnati/Columbus Rd., Rt.42
Cincinnati, OH 45241-1197
1-800543-2763

Power Systems, Inc.
P.O.Box 12620
Knoxville, TN 37912
615-947-5229
615-947-0319 (fax)

Medley Swim Systems
535 Stenning Drive
Hokessin, DE 19707
302-239-8579
302-239-6988 (fax)

H2O Works
Aqua Fitness Gear
ERO Industries, Inc.
585 Slawin Court
Mount Prospect, IL 60056-2183
708-803-9223 (fax)

Aquatic Exercise Association
P.O.Box 1609
Nokomis, FL 34274
813-486-8600

Other:

AAHPERD Periodicals
The American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Drive
Reston, VA 22091
703-476-3400
703-476-3493 (subscriptions)
1-800-321-0789 (information)

Human Kinetics
P.O. Box 5076
Champaign, IL 61825-5076
1-800-747-4457
(great resource for books, etc.)

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American Alliance for Health, Physical Education, Recreation and Dance, (1976) Youth Fitness Test. Washington, DC: Author.

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c) RECOMMENDED WEB SITES

P.E. Central-
http://pe.central.vt.edu/

Adapted Physical Education-
http://pe.central.vt.edu/adapted/adaptedmenu.html

Adapted Physical Education National Standards (APENS) Project-
http://teach.virginia.edu/go/apens/

Individuals with Disabilities Education Act (IDEA) Web Site-
http://www.ed.gov/offices/USERS/IDEA/index.html

National Consortium on Physical Education and Recreation for Individuals with Disabilities (NCPERID)-
http://ncperid.coedu.usf.edu/

Adapted Physical Education Advocacy Page-
http://www.mankato.msus.edu/dept/colahn/APE/APEpage.html

Special Olympics- Brevard County-
http://www.megabits.net/~cozier/bcso.html

Council for Exceptional Children-
http://www.cec.sped.org/

American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD)-
http://www.aahperd.org

Florida Information Resource Network-
http://www.firn.edu/

Brevard County Public Schools-
http://www.brevard.k12.fl.us/

Florida Department of Education-
www.firn.edu/doe/doehome.htm

Internet Connections-Physical Education-
http://www.mcrel.org/connect/pe.html

Human Kinetics-
http://www.humankinetics.com

d) RECOMMENDED TRAINING

TRAINING	SOURCE
Crisis Prevention Intervention	Brevard Public Schools, Viera
Cardiopulmonary Resuscitation	American Red Cross
Water Safety Instructor	American Red Cross
First Aid Training	American Red Cross
Special Olympics Coaching	Training for various sports through local or county Special Olympics organizations

APPENDIX A

BREVARD COUNTY PUBLIC SCHOOLS
ADAPTED PHYSICAL EDUCATION
REFERRAL PROCEDURES

1. The school will send a B2/14 Form-parent invitation to Individualized Education Program (IEP) meeting-to the student's parents. Check the next to the last box to indicate that the meeting is for an IEP review.

2. At the IEP meeting, a B3 Conference Form is completed. This is a recommendation for referral to Adapted Physical Education and why the service has been recommended. (If the parents do not attend the meeting, send a copy home.)

3. An Adapted Physical Education Referral Form will be completed and sent/faxed to:
   Sue Carver, Supervisor of Itinerant Adapted Physical Education Teachers
   South Pine Grove School
   2175 N. Wickham Rd.
   Melbourne, FL 32935
   (407) 254-1120-phone
   (407) 253-5044-fax

4. The Adapted Physical Education Teacher will determine how to best meet the needs and goals of the students through screening or other evaluative processes.

5. The Adapted Physical Education Teacher will complete the Observation Summary Recommendation Form.

6. The school schedules an IEP meeting.
   a. If Adapted Physical Education is recommended, the goals and objectives are written on the IEP.
   b. If Adapted Physical Education is not recommended, a B3 Conference Form will be completed stating why the student is not recommended.

APPENDIX B

BREVARD COUNTY PUBLIC SCHOOLS
REFERRAL TO RECEIVE ADAPTED PHYSICAL EDUCATION

Student's Name:_____

School:_____

Student's Grade:_____Date of Birth:_____Teacher:_____

Person Requesting Referral:_____

Reason for Referral:_____

_____

_____

_____

Disability/Placement/Diagnosis:_____

_____

_____

_____

Other Comments:_____

_____

_____

_____

Please return this form to:

Sue Carver, Supervisor of Itinerant Adapted Physical Education Teachers
South Pine Grove School
2175 N. Wickham Rd.
Melbourne, FL 32935
Phone (407) 254-1120
Fax (407) 253-5044

APPENDIX C

BREVARD COUNTY PUBLIC SCHOOLS

PHYSICIAN'S RECOMMENDATION FOR ADAPTED PHYSICAL EDUCATION ACTIVITIES

Student:_____Date of Birth:_____

Home Telephone:_____School:_____

Diagnosis: _____

_____

Description of Impairment: _____

_____

_____

Pertinent Medical Information: _____

_____

_____

Precautions and Contraindications: _____

_____

_____

Special Recommendations: _____

_____

Physician:_____Phone:_____

Physician's Signature:_____Date:_____

Parent's Signature:_____Date:_____

APPENDIX D

BREVARD COUNTY PUBLIC SCHOOLS
ADAPTED PHYSICAL EDUCATION OBSERVATION SUMMARY RECOMMENDATION

Student Name: _____

School: _____Date:_____

Screening Summary:

Gross Motor Skills: _____

_____

_____

_____

_____

Physical Fitness and Balancing Skills: _____

_____

_____

_____

_____

Coordination Skills: _____

_____

_____

Recommendation:

The student WILL/WILL NOT receive Adapted Physical Education services.

_____

Adapted Physical Education Teacher

APPENDIX E

Florida Department of Education 4/7/98

COURSE DESCRIPTION - GRADES 6-8

Subject Area: Miscellaneous
Course Number: 7815010
Course Title: Physical Education: 6-8

A. Major Concepts/Content. The purpose of this course is to provide opportunities for students with disabilities to develop motor skills and to participate in various physical activities that may be modified to meet individual needs.

The content should include, but not be limited to, the following:
-team sports
-independent sports
-recreational sports
-motor development
-physical fitness

This course shall integrate the Sunshine State Standards and Goal 3 Student Performance Standards of the Florida System of School Improvement and Accountability as appropriate to the individual student and to the content and processes of the subject matter. Students with disabilities shall:

CL.A.1.In.1 complete specified Sunshine State Standards with modifications as appropriate for the individual student.
CL.A.l.Su.1 complete specified Sunshine State Standards with modifications and guidance and support as appropriate for the individual student.
CL.A.1.Pa.1 participate in activities of peers' addressing Sunshine State Standards with assistance as appropriate for the individual student.

B. Special Note. This entire course may not be mastered in one year. The particular course requirements that the student should master each year must be specified on an individual basis.

This course is designed to reflect the wide range of abilities within the population of students with disabilities. The particular benchmark for a course requirement should be selected for individual students based on their levels of functioning and their desired postschool outcomes.

Three levels of functioning: independent, supported, and participatory, have been designated to provide a way to differentiate benchmarks and course requirements for students with diverse abilities. Individual students may function at one level

across all areas, or at several different levels, depending on the requirements of the situation. Students functioning at independent levels are generally capable of working and living independently. Students functioning at supported levels are generally capable of living and working with ongoing supervision and support. Students functioning at participatory levels are generally capable of participating in major life activities and require extensive support systems.

Instructional activities involving practical applications of course requirements may occur in naturalistic settings in home, school, and community for the purposes of practice, generalization, and maintenance of skills. These applications may require that the student acquire the knowledge and skills involved with the use of related technology, tools, and equipment.

C. Course Requirements. These requirements include, but are not limited to, the benchmarks from the Standards for Special Diploma that are most relevant to this course. Students are expected to make progress, but not master the benchmark listed for each course requirement. Benchmarks correlated with a specific course requirement may also be addressed by other course requirements as appropriate. Some requirements in this course are not fully addressed in the Standards for Special Diploma.

After successfully completing this course, the student will:

1. **Perform physical movement skills at levels consistent with own capabilities.**

2. **Perform skills in individual and team activities at levels consistent with own capabilities.**

3. **Perform recreational skills involved in selected physical activities at levels consistent with own capabilities.**
   - IF.A.1.In.1 complete productive and leisure activities used in the home and community.
   - IF.A.1.Su.1 complete productive and leisure activities used in the home and community-with guidance and support.
   - IF.A.1.Pa.1 participate in routines of productive and leisure activities used in the home and community-with assistance.

4. **Demonstrate understanding of the importance of regular participation in physical activities, fitness activities, and recreation for maintenance of physical well-being.**
   - IF.A.1.In.2 complete personal care, health, and fitness activities.

IF.A.1.Su.2 complete personal care, health, and fitness activities-with guidance and support.

IF.A.1.Pa.2 participate in personal care, health, and safety routines-with assistance.

5. **Use responsible personal and social behaviors when participating in physical activities.**

IF.B.2.In. 1 identify patterns of conduct that comply with social and environmental expectations in specified situations.

IF.B.2.In.2 demonstrate patterns of conduct that comply with social and environmental expectations in specified situations.

IF.B.2.In.3 respond effectively to unexpected events and potentially harmful situations.

IF.B.2.Su.1 identify patterns of conduct that comply with social and environmental expectations in specified situations-with guidance and support.

IF.B.2.Su.2 demonstrate patterns of conduct that comply with social and environmental expectations in specified situations-with guidance and support.

IF.B.2.Su.3 respond effectively to unexpected events and potentially harmful situations-with guidance and support.

IF.B.2.Pa.1 participate in using patterns of conduct that comply with social and environmental expectations in specified situations-with assistance.

IF.B.2.Pa.2 participate in responding appropriately to unexpected events and potentially harmful situations-with assistance**.**

6. **Use technology to participate IN and gain knowledge about own individual fitness and recreation activities.**

Florida Department of Education 4/7/98 1998

COURSE DESCRIPTION - GRADES 9-12, ADULT

Subject Area: Miscellaneous
Course Number: 7915010
Course Title: Specially Designed Physical Education
Credit: Multiple

A. Major Concepts/Content. The purpose of this course is to provide experience and opportunities for students with disabilities to develop motor skills and to participate in various physical activities that may be modified to meet individual needs.

The content should include, but not be limited to, the following:
- team sports
- independent sports
- recreational sports
- motor development
- physical fitness

This course shall integrate the Sunshine State Standards and Goal 3 Student Performance Standards of the Florida System of School Improvement and Accountability as appropriate to the individual student and to the content and processes of the subject matter. Students with disabilities shall:

CL.A.1.In.1	complete specified Sunshine State Standards with modifications as appropriate for the individual student.
CL.A.1.Su.1	complete specified Sunshine State Standards with modifications and guidance and support as appropriate for the individual student.
CL.A.1.Pa.1	participate in activities of peers' addressing Sunshine State Standards with assistance as appropriate for the individual student

(2) **Special Note**. This entire course may not be mastered in one year. A student may earn multiple credits in this course. The particular course requirements that the student should master to earn each credit must be specified on an individual basis. Multiple credits may be earned sequentially or simultaneously.

This course is designed to reflect the wide range of abilities within the population of students with disabilities. The particular benchmark for a course requirement should be selected for individual students based on their levels of functioning and their desired postschool outcomes for adult living and employment specified in the Transition Individual Educational Plan.

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Three levels of functioning: independent, supported, and participatory, have been designated to provide a way to differentiate benchmarks and course requirements for students with diverse abilities. Individual students may function at one level across all areas, or at several different levels, depending on the requirements of the situation. Students functioning at independent levels are generally capable of working and living independently. Students functioning at supported levels are generally capable of living and working with ongoing supervision and support. Students functioning at participatory levels are generally capable of participating in major life activities and require extensive support systems.

Instructional activities involving practical applications of course requirements may occur in naturalistic settings in home, school, and community for the purposes of practice, generalization, and maintenance of skills. These applications may require that the student acquire the knowledge and skills involved with the use of related technology, tools, and equipment.

C. **Course Requirements.** These requirements include, but are not limited to, the benchmarks from the Standards for Special Diploma that are most relevant to this course. Benchmarks correlated with a specific course requirement may also be addressed by other course requirements as appropriate. Some requirements in this course are not fully addressed in the Standards for Special Diploma.

After successfully completing this course, the student will:

1. **Perform physical movement skills at levels consistent with own capabilities.**

2. **Perform skills in individual and team activities at levels consistent with own capabilities.**

3. **Perform recreational skills involved in selected activities at levels consistent with own capabilities.**
   - IF.A.1.In.1 complete productive and leisure activities used in the home and community.
   - IF.A.1.Su.1 complete productive and leisure activities used in the home and community-with guidance and support.
   - IF.A.1.Pa.1 participate in routines of productive and leisure activities used in the home and community-with assistance.

4. **Demonstrate understanding of the importance of regular participation in physical activities, fitness activities, and recreation for maintenance of physical well-being.**
   - IF.A.1.In.2 complete personal care, health, and fitness activities.
   - IF.A.1.Su.2 complete personal care, health, and fitness activities-with guidance and support.
   - IF.A.l.Pa.2 participate in personal care, health, and safety routines-with assistance.

5. **Use responsible personal and social behaviors when participating in physical activities.**
   - IF.B.2.In.1 identify patterns of conduct that comply with social and environmental expectations in specified situations.
   - IF.B.2.In.2 demonstrate patterns of conduct that comply with social and environmental expectations in specified situations.
   - IF.B.2.In.3 respond effectively to unexpected events and potentially harmful situations.
   - IF.B.2.Su.1 identify patterns of conduct that comply with social and environmental expectations in specified situations-with guidance and support.
   - IF.B.2.Su.2 demonstrate patterns of conduct that comply with social and environmental expectations in specified situations-with guidance and support.
   - IF.B.2.Su.3 respond effectively to unexpected events and potentially harmful situations-with guidance and support.
   - IF.B.2.Pa.1 participate in using patterns of conduct that comply with social and environmental expectations in specified situations-with assistance.
   - IF.B.2.Pa.2 participate in responding appropriately to unexpected events and potentially harmful situations-with assistance.

6. **Use technology to participate in and gain knowledge about own individual fitness and recreation activities.**

7. **Select and participate regularly in physical activities based on availability in the community and personal choice at levels consistent with own capabilities.**

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Bruininks-Oseretsky Test of Motor Proficiency	American Guidance Service, Inc. Publishers' Building Circle Pines, MN 55014	Bilateral coordination, visual motor control, balance, running speed, agility	General- 4.5 - 14.5 years	Norm referenced
Ohio State Univ. Scale of Intra Gross Motor Assessment (OSU-SIGMA)	Mohican Publishing Co. P.O. Box 295 Loudinville, OH 44842	Gross motor skills	Pre-school – 14 years	Criterion referenced
DEOREO Fundamental Motor Skills Inventory	Kent State University Department HPER Kent, OH 44240	Gross motor skills, locomotor, manipulative	Pre-school – early elementary	
I CAN Program	Hubbard Scientific Co. P.O. Box 104 Northbrook, IL 66062	Gross motor skills, locomotor, object control, rhythm, object projection	elementary age	Criterion referenced
Riley Motor Problems Inventory, Revised	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Gross motor, fine motor, oral motor, balance	4-9 years normal-slowly developing	
Stott-Moyes-Henderson Test of Motor Impairment	Brook Educational Pub., Ltd. Box 1171 Guelph, Ontario, Canada NIH-6N3	Balance, gross motor, fine motor	5-16 years normal-slowly developing	
Southern California Sensory Integration Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Motor skills, balance, space visualization, coordination, tactile kinesthesia	4-10 years normal-slowly developing	
Lincoln-Oseretsky Motor Development Scale	American Guidance Service, Inc. Publishers' Building Circle Pines, MN 55014	Gross and fine motor skills	6-14 years normal	Norm referenced
Project ACTIVE Level II & III Motor Ability Test	VEE Inc. P.O. Box 2093 Neptune City, NJ 07753	Coordination, balance, eye-hand and eye-foot accuracy	5-8 years, level II 8-11 years, level III	Norm referenced

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Basic Gross Motor Assessment	G. E. Miller, Inc. P.O. Box 266 484 S. Broadway Yonkers, NY 10705	Gross motor, balance, manipulative skills	5.6-12.6 years minor motor problems	
Valett Developmental Survey of Basic Learning Ability	Consulting Psychologists Press, Inc. 577 College Ave. Palo Alto , CA 94306		2-7 years	
Test of Gross Motor Development	Pro-ED. Publishing Co. 8700 Shoal Creek Blvd. Austin, TX 78753	Gross motor, fine motor, manipulative	3-10 years normal and delayed development	Norm referenced
Movement Patterns Achievement Profile (MPAP)	AAHPERD 1900 Association Drive Reston, VA 22091	Gross motor, locomotor, balance, manipulative, body image	2.5-5 years physical disabilities	
Cratty Six-Category Gross Motor Test	Charles C. Thomas 301-27 E. Lawrence Ave. Springfield, IL 62717	Gross motor, locomotor, balance, tracking, throwing	4-16 years normal 5-20 years EMH 5-24 years TMH	Norm referenced
Godfrey-Kephart Movement Pattern Test	Appleton-Century-Crofts 292 Madison Avenue New York, NY 10017	Gross motor control	normal and children with disabilities	
Oregon Data-Based Physical Education Program	John M. Dunn Dept. of Physical Education Oregon State University Corvallis, OR 97331	Gross motor	severely handicapped	

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Rarick-Factor Structure of MR	University of California Dept. of Physical Education Los Angeles, CA 90025	Gross and fine motor	6-12 years MR	
Vineland Adaptive Behavior Scales	American Guidance Service, Inc. Publishers' Building Circle Pines, MN 55014	Gross motor, fine motor, communication, daily living skills, social skills	birth-adult handicapped and non-handicapped	
Cajon Motor Assessment Instrument	Cajon Valley Union School District Special Education Department 189 Roanoke Rd. El Cajon, CA 92022	Gross motor	all handicapping conditions	
Gessell Development Schedules	The Psychological Corporation 757 Third Ave. New York, NY 10017	Motor, language, personal-social, adaptive	4 weeks- 6 years	
McCarthy Screening Test	The Psychological Corporation 757 Third Ave. New York, NY 10017	Right/left orientation, coordination, verbal memory	2.5-14 years those considered to be "at risk"	
Baley Scales of Infant Development	The Psychological Corporation 757 Third Ave. New York, NY 10017	Mental and motor scales	2 months-2.5 years normal and disabled	
Denver Developmental Screening	Ladoca Project & Publishing Foundation, Inc. East 51st Ave. and Lincoln St. Denver, CO 80216	Gross and fine motor, personal-social, language	birth-6 years delayed development	

EVALUATING MOTOR SKILLS AND MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Portage Guide	Portage Project CESA 12 P.O. Box 564 Portage, WI 53901	Gross and fine motor, language, developmental skills	0-6 years general	
Peabody Developmental Motor Scale	DML Teaching Resources P.O. Box 4000, One DLM Park Allen, TX 75002	Gross and fine motor	birth-7 years	
Brigance Diagnostic Inventory	Curriculum Assoc., Inc. 5 Esquire Road North Bellerica, MA 01862	Gross and fine motor, speech and language, early academic, pre-ambulatory motor skills	0-7 years	Norm referenced
Hughes Basic Gross Motor Assessment	Hughes, J. (pub) Golden, CO	Gross motor	general	Norm referenced
Learning Accomplishments Profile (LAP)	Sangfroid, A. University of North Carolina Chapel Hill, NC	Locomotor, balance, rhythm, eye-limb coordination	1 month-6 years	Norm referenced
Purdue Perceptual-Motor Survey	Roach & Kephart Merrill Pub. Columbus, OH	Balance, posture, body image and differentiation, perceptual motor match, ocular control	6-10 years	Norm referenced
Bender-Perdue Reflex Test	Academic Therapy Publishers 200 Commercial Blvd. Novato, CA 94947	Tests for signs of Symetric Tonic Neck Reflex Immaturity	6-12 years	
Smart Start Preschool Movement Curriculum	Janet A. Wessel and Lawrence L. Zittel Pro-ED., Pub. 8700 Shoal Creek Blvd. Austin, TX 78753	Motor skills	preschool all abilities	

EVALUATING AREAS RELATED TO MOTOR CONTROL

Name	Address	Areas	Ages	Norm/Criterion
Body Image Screening Blind Children	American Foundation for the Blind 15 W. 16th Street New York, NY 10011	Body laterality, directionality	8-19 years blind children	
Foot-O-Graph	Saperston Laboratories, Inc. 200 W. Monroe Street Chicago, IL 60606	Posture, balance, weight bearing	all	
Skan-a-Graf Permagrid	Reedco, Inc. 5 Easterly Avenue Auburn, NY 13021	Posture, structural deviation	all	
Southern California Post-Rotary Nystagmus Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Vestibular function	early childhood	
M.O.V.E. (Mobility Opportunities Via Education)	Kern County Schools 5801 Sundale Ave. Bakersfield, CA 93309	Gross motor	all ages physical disabilities	

EVALUATING VISUAL PERCEPTION AND VISUAL MOTOR SKILLS

Name	Address	Areas	Ages	Norm/Criterion
Bender Visual Motor Gestalt Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual motor functions	3 years -adult normal and with disabilities	
Developmental Test of Visual-Motor Integration	Follett Educational Corp. 1010 W. Westington Blvd. Chicago, IL 60607	Visual motor integration	2-15 years	
Frostig Developmental Test of Visual Perception	Stoeling Corporation 1350 S. Kostner Ave. Chicago, IL 60623	Visual perception	4-8 years	Norm referenced
Mertens-Visual Perception Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual perception, visual memory, design reproduction and completion, spacial recognition	early elementary	
Motor-Free Visual Perception Test	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	Visual perception, processing, kinesthetic awareness	4-8 years	
Test of Visual-Perceptual Skills (TVPS)	Special Child Pub. P.O. Box 33548 Seattle, WA 98133			
Wepman Spacial Orientation Memory	Language Research Assoc., Inc. P.O. Box 2085 Palm Springs, CA 92246	Spacial memory	7 years -adult	

EVALUATING FITNESS

Name	Address	Areas	Ages	Norm/Criterion
AAHPERD Health Related Fitness	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	8-18 years	Norm referenced
AAHPERD Special Fitness Test for Mildly Retarded Persons (adaptation of Youth Fitness Test)	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	8-18 years mild MR	Norm referenced
AAHPERD Youth Fitness Test	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	10-17 years	Norm referenced
Buell Adaptation of AAHPERD Youth Fitness Test	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	10-17 years blind	Norm referenced
Fait Physical Fitness Battery for Mentally Retarded	Fait, H.F. & Dunn, L.M. Oregon State University HPER Department Corvallis, OR 97331	General fitness	9-20 years moderate MR	Norm referenced
Fit-N-Dex	Cramer Products, Inc. P.O. Box 1001 Gardner, KS 66030	General fitness	normal	
Motor Fitness Testing Manual for the Moderately Mentally Retarded	AAHPERD 1900 Association Drive Reston, VA 22091	General fitness	6-20 years moderate MR	Norm referenced
Project ACTIVE	VEE Inc. P.O. Box 2093 Neptune City, NJ 07753	General fitness	6-16 years MH, LD, EH	Norm referenced
Project UNIQUE: Physical Fitness Test	State University of New York College of Brockport Brockport, NY 14420	Fitness, motor skills, agility, health	10-18 years orthopedically handicapped	Norm referenced

EVALUATING FITNESS

Name	Address	Areas	Ages	Norm/Criterion
Presidential Physical Fitness Award Test	President's Council of Physical Fitness and Sports Presidential Physical Fitness Award Program: Instructor's Guide Washington, DC 20001	Cardiorespiratory endurance, flexibility, agility, leg strength, abdominal strength, arm and shoulder strength	6-14 years	Norm referenced
FITNESSGRAM	Human Kinetics P.O. Box 5076 Champaign, IL 61825-5076	General fitness	school age	Norm referenced
The Brockport Physical Fitness Test (software available)	Human Kinetics P.O. Box 5076 Champaign, IL 61825-5076	Fitness	10-17 years children with disabilities	Criterion referenced