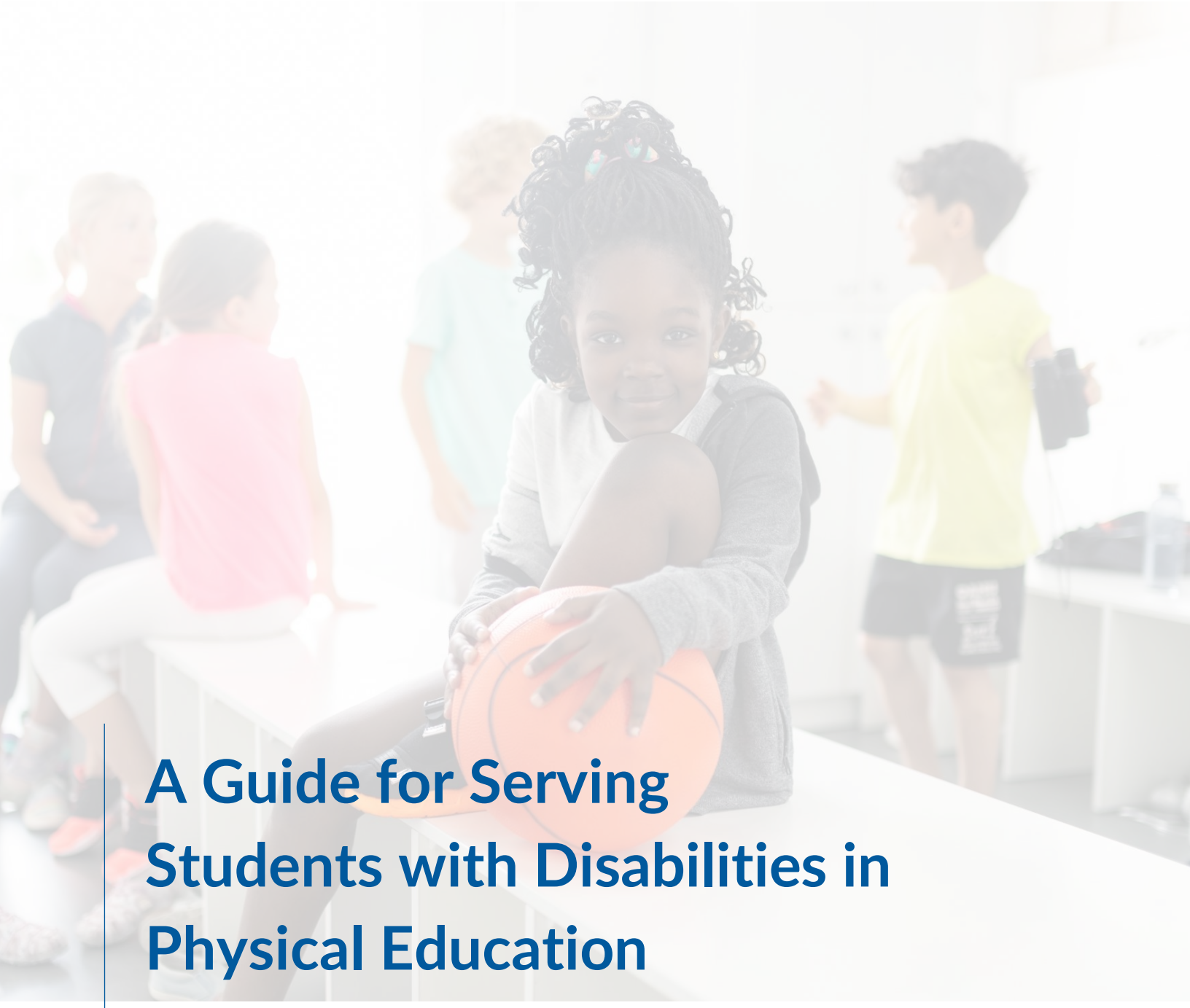

A Guide for Serving Students with Disabilities in Physical Education

Division of Curriculum, Instructional Improvement, and Professional Learning

March 2022

MAPEC
Maryland Adapted Physical Education Consortium

Adapted ape
Physical Education

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Introduction

PHILOSOPHY

Physical education plays a critical role in educating the whole child as part of a well-rounded education. Like other academic courses of study, physical education is based on rigorous State and national standards that define what students should know and be able to do by the end of each grade. Physical education is unique to the school curriculum as it is the only program that provides students with opportunities to learn motor skills, develop fitness, and gain an understanding of the importance of physical activity. Students are provided an individualized and developmentally appropriate instructional program designed to develop physically literate individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity.

Local education agencies (LEAs) must provide reasonable accommodations to ensure students with disabilities have an equal opportunity to participate to the fullest extent possible in the standards-based physical education program. LEAs must also ensure that adapted, allied, or unified physical education as defined in Education Article §7-4B-01, Annotated Code of Maryland is available and coincides with the comprehensive standards-based physical education program outcomes for the students who qualify.

Students identified by an individualized education program (IEP) team as demonstrating significant difficulties in meeting grade-level outcomes based on one or more disabilities must be provided the necessary supplementary aids and support services in the least restrictive environment.

The environment, instructional delivery, equipment, and/or rules to an activity must be modified to provide an appropriate, safe, and comfortable educational setting comparable to that of students without disabilities.

RATIONALE AND PURPOSE

This document is intended to provide teachers and school system leaders with guidance for teaching students who do not meet grade-level outcomes in physical education based on the Maryland Physical Education Framework, the Individuals with Disabilities Education Act of 2004, and section 504 of the Rehabilitation Act of 1973, as amended. It is not intended to be exhaustive, and LEAs may make additional alignments.

DEFINING ADAPTED PHYSICAL EDUCATION

The Individuals with Disabilities Education Act (IDEA) continues to include the curriculum content area of physical education. All students, including students with disabilities, are required to participate in physical education instruction. A specially designed physical education service for a student with a disability is **adapted physical education.**

Adapted versus Adaptive: Adapted physical education is the proper term used in federal and State guidelines and all current texts, journals, and websites in the field. The basic idea is that service delivery is *adapted* while behaviors are *adaptive*. The general physical education program is *adapted* to meet the unique needs of a student with a disability through modifications and accommodations. The student is not required to adapt to the program's conditions; the IEP team needs to adapt the curriculum.

Adapted physical education is a service, not a setting. If a student with a disability requires specialized instruction in physical education to meet their unique needs, it is the responsibility of the student's Individualized Education Program (IEP) team to determine if the student requires specialized instruction in physical education.

It is important to note that many students with disabilities do not require or need adapted physical education services. Physical education goals and objectives may not be necessary on some students' IEP. These students should participate in general physical education and the required curriculum when appropriate.

Some students with disabling conditions are not identified as students with disabilities under IDEA yet are not meeting grade-level outcomes set by each LEA. These students may have a Section 504 Plan as defined under the Rehabilitation Act of 1973. The Section 504 Plan should identify the services, supports, accommodations, and/or modifications. These students should be provided additional support to meet grade-level outcomes.

THE GOAL OF PHYSICAL EDUCATION

Physical education aims to develop physically literate individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. To pursue a lifetime of healthful physical activity, a physically literate individual:

- Has learned the skills necessary to participate in a variety of physical activities.
- Knows the implications and the benefits of involvement in various types of physical activities.
- Participates regularly in physical activity.
- Is physically fit.
- Values physical activity and its contributions to a healthful lifestyle.

— National Standards & Grade-Level Outcomes for K-12 Physical Education (SHAPE America, 2014).

MARYLAND PHYSICAL EDUCATION CONTENT STANDARDS PK-12

Students shall:

1. Demonstrate competency in a variety of motor skills and movement patterns;
2. Apply knowledge of concepts, principles, strategies, and tactics related to movement and performance;
3. Demonstrate the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness;
4. Exhibit responsible personal and social behavior that respects self and others; and
5. Recognize the value of physical activity for health, enjoyment, challenge, self-expression, and social interaction. COMAR 13A.04.13.01C

MARYLAND PHYSICAL EDUCATION FRAMEWORK: PRE-KINDERGARTEN THROUGH 12TH GRADE

The State Framework is designed to identify what students should know and be able to do by the end of each grade. The framework is not a physical education curriculum. Local education agencies (LEAs) must use this document as a guide in developing their own curriculum and other instructional resources. Teachers should use these grade-level outcomes to make instruction-related decisions and to create meaningful assessments that measure student achievement in all areas of physical education instruction.

If an outcome is not identified for a particular grade level, then it is not a pedagogically appropriate skill to teach at that time. If a LEA has access to other facilities at its disposal, they can create additional outcomes that meet the needs of their students. For example, if a school system has access to a pool, they can create outcomes based on water safety and aquatics.

Federal Legislation

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

IDEA is a federal law that ensures that a free appropriate public education (FAPE) is provided to all individuals ages three through 21 years with identified disabilities and a need for specialized instruction, including related services. It is the responsibility of the IEP team for a student with a disability to determine the necessary services that will allow the student to receive the FAPE in the least restrictive environment (LRE). Everyone between the ages of three and 21 years old with an identified disability on an active IEP has the right to participate and receive benefits from a physical education program.

Within IDEA, the term physical education includes special physical education, adapted physical education, movement education, and motor development. The IDEA definition of physical education consists of the development of:

- Physical and motor fitness;
- Fundamental motor skills and patterns; and
- Skills in aquatics, dance, individual and group games, and sports (including intramural and lifetime sports).

Physical education is the only identified content area defined under special education in IDEA 2004. In accordance with 34 CFR §300.108(a), "general physical education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE unless the public agency enrolls children without disabilities and does not provide physical education services to children without disabilities in the same grades." This statement is essential when addressing students with disabilities in schools offering Pre-kindergarten programs and selecting the services to be provided in those schools.

Before a student with a disability receives special education services, the student's IEP team develops the IEP based on collected data. The student's parent(s)/guardian(s) are equal member(s) of the IEP team. Parents are encouraged and expected to share their concerns and information about their child during the IEP team meeting to assist in developing their child's IEP. The student also has a right to attend and participate in the IEP meeting. It is the responsibility of each student's IEP team to determine whether the student requires adapted physical education due to the student's disability, hindering their performance of skills required in physical education. If the student requires specialized physical education, the student's IEP must identify the service, including the provider, location, duration, and frequency.

Each student with a disability must participate in the general physical education program available to students without disabilities. If a student with a disability could fully participate in the general physical education program without specialized instruction to address their unique needs, it would not be necessary to describe or refer to physical education in the student's IEP. If accommodations, supplementary aids, services, supports, or program modifications (hereafter referred to as supports) to the general physical education program are necessary for the student to participate in that program, those supports must be described on the IEP. For students with disabilities educated in a separate facility, the physical education program for each of those students must be described or referred to in all applicable areas of the IEP, including goals and objectives.

The IDEA regulation on physical education, 34 CFR §300.108, specifies, the State must ensure that public agencies in the State comply with the following:

1. *General*. Physical education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.
2. Regular physical education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children unless:
    a. The child is enrolled full time in a separate facility; or
    b. The child needs specially designed physical education, as prescribed in the child's IEP.
3. Special physical education. If specially designed physical education is prescribed in a child's IEP, the public agency responsible for the education of that child must provide the services directly or make arrangements for those services to be provided through other public or private programs.
4. Education in separate facilities. The public agency responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services in compliance with this section.

SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act of 1973 is a federal statute designed to eliminate discrimination based on disability in any program or activity receiving federal financial assistance. Section 504 requires the provision of specialized accommodations to students who exhibit physical or mental impairments that significantly impact a major life activity but are not identified as a student with a disability under the Individuals with Disabilities Education Act (IDEA). Major life activities under Section 504 include caring for oneself, performing manual tasks, walking, breathing, seeing, hearing, working, and learning. Both temporary and permanent disabilities may be addressed under Section 504.

A student identified as having a diagnosed medical condition that substantially limits one or more major life activities and negatively impacts their academic achievement may receive modifications, accommodations, specialized equipment, and services under Section 504. Specialized accommodations are provided within the regular education environment. It is important to note that students with a disabling condition that requires accommodations under a Section 504 Plan ***ARE NOT*** students with disabilities under IDEA.

QUALIFYING STUDENTS FOR SERVICES

The provision of specialized accommodations under Section 504 may become available to regular education students whenever a school team is made aware that a physical or mental impairment exists that significantly impacts a major life activity for that student. A Section 504 Plan may be implemented by related services personnel, regular educators, consultants, paraprofessionals, volunteers, parents, students, and others. Please contact your LEA administrator for additional information about Section 504 of the Rehabilitation Act of 1973 and local policies and procedures to develop and implement a Section 504 Plan.

Physical education programs must afford equal opportunities for students with disabilities to achieve the same results as students without disabilities. Disabling conditions need to be considered to maximize the benefits students can receive from physical education, intramural sports programs, and interscholastic sports programs. The guidelines below should be followed to ensure equally effective services for students with disabilities.

1. The quality of educational services for students with disabilities must be at least equal to that of services provided to students without disabilities.
2. Teachers of students with disabilities must be competent to provide instruction to individuals with disabilities.
3. Services shall be offered in a setting that replicates the general/integrated setting as closely as possible. A program is not equally effective if it results in students with disabilities being indiscriminately isolated or segregated.

The following practices should be implemented when conducting physical education programs involving students with disabilities:

- Students with disabilities will be placed with their age/grade-level peers. For example, a second-grade student will be enrolled in and participate in a second-grade physical education class.
- Students with disabilities will participate alongside their peers and not be separated categorically from individuals without disabilities.
- Students with disabilities will be included in all community environments, such as field trips.
- Students with disabilities shall not be placed in segregated programs and activities solely due to their disabilities.

AMERICANS WITH DISABILITIES ACT (ADA)

ADA, signed into law in 1990, prohibits discrimination in employment, public accommodations, transportation, State and local government services, and telecommunication relay services. ADA expands the coverage of Section 504 into the private sector. This law moves away from the categorical approach of labeling disabling conditions. ADA broadens the definition of disability to a physical or mental impairment that substantially limits that person in some major life activity (such as walking, talking, breathing, or working). ADA requires that:

- Businesses, public services, and transportation used every day by all people are accessible to people with disabilities.
- Existing facilities remove barriers if the removal is "readily achievable."
- Businesses and public services provide additional aids and assistance that would enable persons with disabilities to participate and appreciate the goods and services available at that facility.

Physical education, especially for those students with community transition goals, should therefore be directed toward providing students with disabilities the skills necessary to participate in and benefit from community recreation and fitness programs.

GUIDANCE FROM THE UNITES STATED DEPARTMENT OF EDUCATION

Office of Special Education and Rehabilitative Services (OSEP) to Irby explaining the requirements under Part B of the IDEA related to substituting reading instruction for mandatory PE

OSEP to Tymeson regarding the provision of PE services as part of preschool-aged children's IEP

OSEP to Kelly regarding the provision of PE services as part of transition-aged youth's IEP

Office of Civil Rights Dear Colleague regarding Section 504 of the Rehabilitation Act of 1973 and the provision of extracurricular athletics to students with disabilities

State Laws, Regulations, and Policies

EDUCATION ARTICLES

Education Article §8-401(a)(4), Annotated Code of Maryland, each local education agency (LEA) and State-operated program is required to provide special education to each student identified as a student with a disability under IDEA. Special education is specially designed instruction to meet the unique needs of a child with a disability at no cost to parents. This specially designed instruction can be provided in the classroom, home, hospital, institution, physical education class, and other settings.

FITNESS AND ATHLETIC EQUITY LAW

Education Article, §7-4B, Annotated Code of Maryland, requires LEAs to ensure that all students have an equal opportunity to participate in a standards-based physical education program. LEAs must ensure the provision of reasonable accommodations necessary to provide students with disabilities an equal opportunity to participate to the fullest extent possible in mainstream physical education. Based on the results of an individualized assessment, a student may participate in an adapted, allied, or unified standards-based physical education program. The individualized education program and/or the 504 plan shall be developed and approved by the LEA in collaboration with the parent and/or guardian.

CODE OF MARYLAND REGULATIONS (COMAR)

Code of Maryland Regulations (COMAR) is the driving force behind education in Maryland. It is explicitly designed to support the work of the LEAs in developing and implementing high-quality curricula. In January of 2019, the State's Assistant Attorney General recommended a review of the physical education regulations to strengthen the language regarding the mandate for adapted physical education services and clarify MSDE's participation requirements. The recommended changes were the byproduct of consultation with the Office of the Attorney General, teachers, content supervisors, and nonprofit physical education professional organizations. The amendments were adopted by the State Board of Education during a public meeting held on June 22, 2021, and became effective on July 12, 2021.

PHYSICAL EDUCATION COMAR

COMAR 13A.04.13 requires every school system to provide an instructional program in physical education for all students in grades PreK-8 each year to meet the requirements of the State Framework. Further, each LEA must offer a standards-based physical education program in grades 9-12 which enables students to meet graduation requirements and select physical education electives that align with the State Framework.

The local education agency may not:

1. Authorize a student to substitute other activities for a standards-based physical education program for graduation credits, such as but not limited to interscholastic sports, community-based sports, physical therapy, Junior Reserve Officer Training Corps (JROTC), or marching band;
2. Waive the standards-based physical education requirement needed to meet graduation requirements;
3. Excuse students from the standards-based physical education program to participate in content area classes or to complete classwork assignments in other content areas; or
4. Withhold students from the standards-based physical education program as a punishment, unless the student is also removed from the regular classroom setting as part of an in-school suspension or similar disciplinary intervention.

Additionally, students who have a temporary illness and/or injury are also required to have an Individualized Action Plan (IAP). The IAP is created from input from a medical care provider, parent/guardian, and the student's physical education teacher. Input is generally collected using a form that identifies medical allowances and limitations for participation. The IAP must provide appropriate learning experiences aligned with the State Framework.

HIGH SCHOOL GRADUATION COMAR

COMAR 13A.03.02 requires every high school student to obtain .5 credits in physical education to be awarded a Maryland High School Diploma. LEAs have the authority to require additional physical education credits for graduation.

SPCIAL EDUCATION AND RELATED SERVICES COMAR

COMAR 13A.05.01, Provision of a Free Appropriate Public Education for students with disabilities, is aligned with IDEA and includes information relative to identification, assessment, evaluation, parent participation, consent, IEP content, services in the least restrictive environment, and procedural safeguards. The IEP team for a student with a disability determines whether the student requires specialized physical education to meet the student's unique needs because of the student's disability. In accordance with COMAR 13A.05.01.03B (56), physical education means the development of:

- Physical and motor fitness;
- Fundamental motor skills and patterns; and
- Skills in aquatics, dance, and individual and group games and sports, including intramural and lifetime sports.

Physical education includes:

- Special physical education;
- Adapted physical education;
- Movement education; and
- Motor development

STUDENT PARTICIPATION MEMORANDUM

Each year MSDE distributes a memorandum to all LEAs to reinforce Federal legislation as well as State statutes and regulations that affect physical education. The memo was updated and aligned with the amended COMAR before the 2021-2022 school year.

PRIVATE AND NONPUBLIC SCHOOLS

In general, all children with disabilities residing in the State, including those attending private schools, and those who need special education and related services, are identified, located, and evaluated regardless of the severity of their disability.

Each LEA is expected to establish written policies and procedures for a continuous child find system, which addresses the relationships among identification, assessment, evaluation, planning, implementation, and review. If a student's IEP cannot be implemented in a public-school program, the LEA shall take steps to ensure that the student is provided a Free and Appropriate Public Education (FAPE). It is the responsibility of the LEA to ensure the student receives the services identified on the student's IEP, including physical education.

A child with a disability who is parentally placed in a private school does not have the individual right to receive (at the cost of the LEA) some or all the special education and related services that they would receive if enrolled in a public school. The LEA makes decisions about the services provided to parentally placed private school children with disabilities after consultation with representatives of private schools located within the jurisdiction of the LEA. The LEA must make the final decisions concerning the services provided to eligible parentally placed private school children with disabilities.

Service Delivery

STATE GUIDANCE

The Maryland State Department of Education (MSDE) provides guidelines for local education agencies (LEAs) to develop. LEAs determine the best way to deliver services to students with disabilities. MSDE supports various strategies for delivering adapted physical education (APE) services, including consultation, collaboration, and direct-service models.

Consultation is a service provided directly to the student consisting of regular review of student progress, student observation, accommodations, and modifications of core material, and developing and modeling instructional practices through communication between the general education teacher, the special education teacher, parent, and/or related service provider.

Collaboration is a service by which general education teachers, special education teachers, and/or related service providers work together to teach students with and without disabilities in the classroom. All are responsible for direct instruction, planning and delivery of instruction, student achievement, progress monitoring, and discipline to support the students' goals and objectives and access to the curriculum.

Direct service is instruction or service by a single special education provider designed to support, bridge, and strengthen student skills. It is an opportunity to provide specific skill instruction through re-teaching, pre-teaching, and scaffolding that supports students' goals and objectives and access to the curriculum.

Hiring Certified *and* Qualified Teachers

A teacher with a valid license to teach physical education in Maryland is certified to teach adapted physical education. The National Consortium for Physical Education for Individuals with Disabilities (NCPEID) and Maryland's Adapted Physical Education Consortium (MAPEC) have created a position paper defining a highly qualified adapted physical education teacher.

It includes the following criteria:

- **Criterion 1:** Professionals should have a bachelor's degree in physical education teacher education and State license to teach physical education.
- **Criterion 2:** Professionals should have a minimum of three college credit hours explicitly addressing the educational needs of students with disabilities.
- **Criterion 3:** Professionals should have direct practicum experience providing instruction to children with disabilities in the physical education/physical activity environment.

Teachers working in adapted physical education are strongly encouraged to seek additional certification and specialized professional development. NCPEID has a national certification for adapted physical education. MSDE offers three online courses in adapted physical education, and several universities throughout the country provide graduate programs in adapted physical education that can be used toward extending licensure.

THE ROLE OF THE ADAPTED PHYSICAL EDUCATOR

Adapted physical education as defined by the continuum of service includes various services and assistance to physical education teachers and instructional programs. The adapted physical educator is considered the content expert and resource for this area. Listed below are a variety of items that may be included within the job responsibilities of an adapted physical educator:

- IEP team member
- Assessment
- IEP development
- Teaching strategies
- Alternative equipment or adaptations
- Accommodations
- Curriculum adaptations
- Professional development
- Teacher coaching
- Parent conferences
- Peer mentors
- Para-professionals
- Documentation
- Communication with Medical Professionals (with parental permission)
- Interdisciplinary collaboration
- Evaluate facilities

ADAPTED PHYSICAL EDUCATION NATIONAL STANDARDS (APENS)

The purpose of APENS is to ensure that a qualified Adapted Physical Educator delivers physical education for children with disabilities. To meet this purpose, a set of fifteen national standards representing the content a qualified Adapted Physical Educator must know to do their job was developed. In addition, a national certification exam was designed to measure the specialized content. The following are brief descriptions of the 15 national standards.

1. Human Development
2. Motor Behavior
3. Exercise Science
4. Measurement and Evaluation
5. History and Philosophy
6. Unique Attributes of Learners
7. Curriculum Theory and Development
8. Assessment
9. Instructional Design and Planning
10. Teaching
11. Consultation and Staff Development
12. Student and Program Evaluation
13. Continuing Education
14. Ethics
15. Communication

THE ROLE OF THE PHYSICAL EDUCATOR

The physical education teacher is responsible for providing instruction to all students. Instruction should be provided utilizing multiple instructional strategies and a variety of equipment to assist with the acquisition of skills. Numerous opportunities for a student to achieve mastery of a grade-level outcome should be provided. Listed below are the unique responsibilities of the physical education teacher within an adapted physical education program based on the service-delivery model in each of the LEAs:

- Support Services Team (SST) member
- Assessment
- IEP development
- Teaching strategies
- Alternative equipment or adaptations
- Scheduling
- Medical documentation
- Referrals
- Accommodations
- Curriculum adaptations
- Professional development
- Parent conferences
- Peer mentors
- Paraprofessionals
- Documentation
- Grading
- Quarterly IEP Progress Reports
- Communication with medical professionals (with parental permission)
- Interdisciplinary collaboration
- Evaluation of facilities

THE ROLE OF THE PARAEDUCATOR IN PHYSICAL EDUCATION

The primary role of paraprofessionals (instructional assistants and personal assistants) is to provide instructional assistance and student support for the physical educator. Physical education is an area of instruction, and the gymnasium is the classroom-learning environment. The paraprofessional is generally (e.g., when indicated on the IEP) required to be present and dressed appropriately to assist the student through their instruction. Having this support in the physical education class allows for closer supervision, a better staff-to-student ratio, and a better opportunity for teaching and learning to occur for student success. The following are specific roles and responsibilities of the paraeducator:

- Working under the direct supervision of the physical educator;
- Assisting the teacher with equipment and materials;
- Providing all students with opportunities for positive learning and interpersonal experiences;
- Being aware of health and medical concerns of students;
- Being knowledgeable of safety issues;
- Applying consistent classroom management techniques;
- Assisting the physical educator with the implementation of students' goals and objectives;
- Providing support, suggestions, and feedback regarding the strategies and instruction that have been implemented;
- Assisting and supervising students to and from physical education;
- Monitoring/assisting students during warm-ups and class activity; and
- Assisting the teacher in collecting data and monitoring student progress.

Effective use of paraprofessionals in physical education classes can be invaluable. The physical educator must communicate with instructional and personal assistants to encourage professionalism and trust between the professionals. Areas to discuss are preplanning (knowing the curriculum beforehand) and feedback (performance-based).

Continuum of Services

An effective adapted physical education program is achieved through an individualized education program (IEP) based on identified students' unique needs related to the cognitive, affective, and psychomotor domains. Adapted physical education (APE) is provided through a continuum of services that allows students to move in and out of the strands of the physical education program based on their current level of performance.

EFFECTIVE ADAPTED PHYSICAL EDUCATION PROGRAMS

All physical education teachers should understand and be able to implement the continuum of the physical education program.

Students who meet grade-level outcomes

Physical education programs are aligned with State and National standards. It is important to note that many students receiving special education services do not require or need adapted physical education services. These students should participate in general physical education and in the required curriculum when appropriate. These students may not need physical education goals and objectives listed on their IEPs.

Students who are not meeting grade-level outcomes and need remediation

Some students may not be identified as special education students and are not meeting the grade-level outcomes. These students should be provided additional remediation to meet grade-level outcomes. Instruction should be provided utilizing multiple instructional strategies and a variety of equipment to assist with the acquisition of skills. Multiple opportunities for students to achieve a grade-level outcome should be provided. Students who ultimately meet grade-level outcomes do not need additional physical education services.

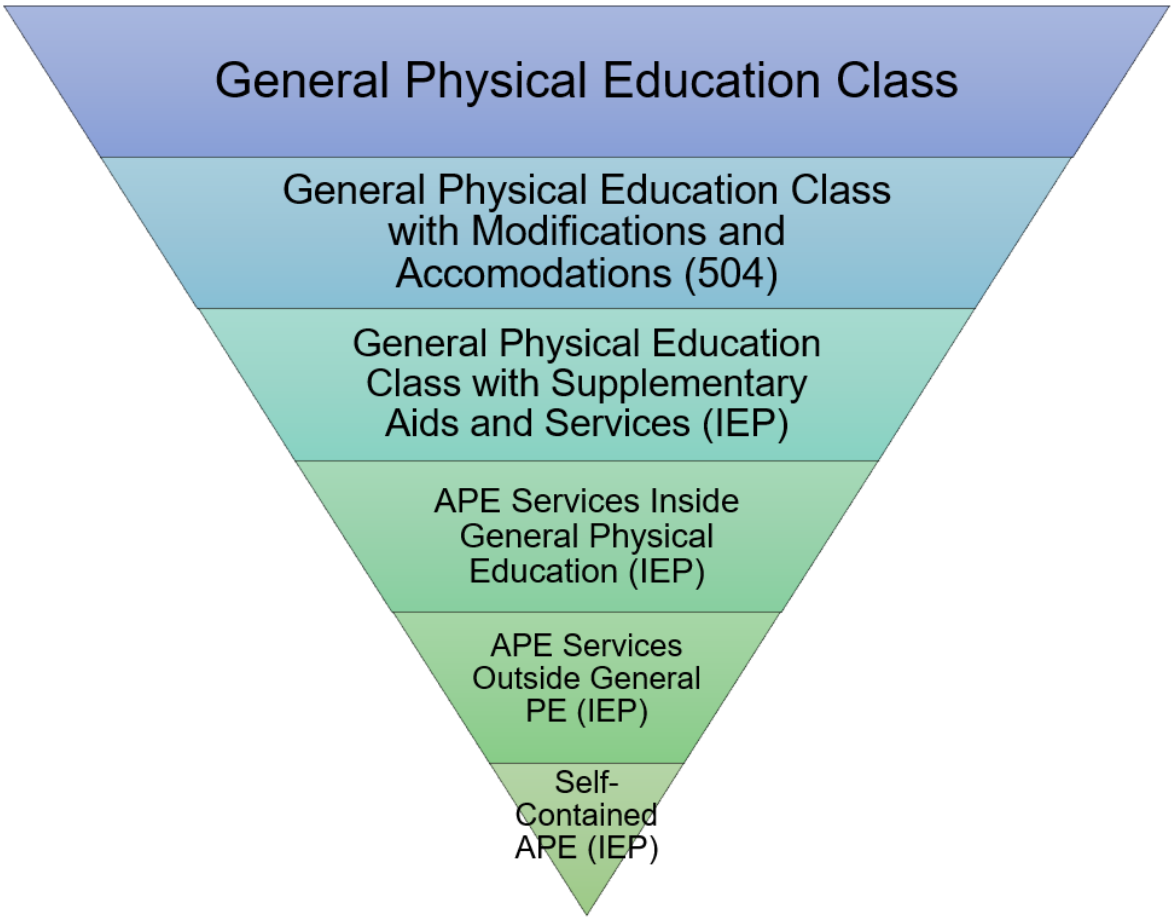
Students who need accommodations and remediation due to health-related issues under Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 defines a disability as any physical or mental impairment that substantially limits that person in some significant life activity (such as walking, talking, breathing, or working). Students who fall within the guidelines of Section 504 of the Rehabilitation Act of 1973 may receive adapted physical education services. An example may be the modifications necessary for a student with extreme asthma to participate in physical education—e.g., medication procedures or no classes outside under certain weather conditions.

Students who are not meeting grade-level outcomes and have been identified as a student with a disability under IDEA as needing adapted physical education services

Adapted physical education is a **direct service** provided under the guidelines for special education. Students who qualify for this service will receive adapted physical education in the least restrictive environment (e.g., inside a general education class, outside of a general education class, or self-contained.) Adapted physical education is also a consult service with modifications and adaptations provided by supplementary aids and services on the IEP. The student's IEP team determines the provisions of adapted physical education as a special education service to meet the student's unique needs due to their disability. Policies and procedures will be followed following the direction of the LEA.

SAMPLE CONTINUUM OF SERVICES FOR PHYSICAL EDUCATION:



Least Restrictive Environment

The **GOAL** is for **ALL STUDENTS** to receive physical education in the least restrictive environment.

ADAPTED PHYSICAL EDUCATION PROGRAMS

All students with disabilities must be afforded the opportunity to participate in the general physical education program available to their peers without disabilities unless:

- The student is enrolled in a separate full-time facility; or
- The student needs a specially designed physical education program as prescribed in their Individual Education Program (IEP).

The following information will be used to determine the most appropriate least restrictive environment for the delivery of the physical education program:

- Results of assessments;
- Psychomotor, cognitive, and affective factors that would impact the student's ability to participate in general physical education successfully and safely; and
- The effect of the behavior of the student with a disability on the other students.

Decisions related to the most appropriate physical education environment must be based on each student's abilities. Evaluation procedures must be comprehensive, and a team of experts, not just one person, must make decisions about the environment. These decisions must be reviewed at least once a year to determine if the student is appropriately placed and ready for a less restrictive environment and to update their goals and objectives.

Transition Services

Transition is the passage from one stage of development to another. Formal transition-planning begins during the calendar year in which the student turns fourteen years old. The school-based Individualized Education Program (IEP) team, including the student and parents, will develop a transition plan that identifies the student's transition goals and service needs.

According to the Individuals with Disabilities Education Act of 2004 (IDEA): "Transition Services" means a coordinated set of activities for a child with a disability that is designed to be a results-oriented process focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. It is also based on the individual child's needs, taking their strengths, preferences, and interests into account.

Adapted physical education teachers are responsible for teaching the skills and knowledge needed for successful participation in community-based recreation, leisure, and sports. Adapted physical educators must pay particular attention to the transition process from school to community-based activities and the development of skills necessary to transition to a lifetime of participation in physical activity.

This "top-down" approach to teaching starts with the end result (e.g., bowling at the local bowling center) in mind, and works backward to identify all the cognitive, social, and physical components, including the environmental components, needing to be taught. Each of these components is then task-analyzed and used for initial assessment, the basis of instruction, and the final evaluation.

Using a "top-down" planning approach when developing IEP goals and objectives may increase student confidence in participating in community-based activities. It's the recommended approach when teaching sport, recreation, and leisure skills.

Appropriate Inclusion

IDEA and Dear Colleague Letters by Office of Special Education Programs mandate that students with disabilities be educated with students without disabilities to the maximum extent possible whenever appropriate. Therefore, general physical education should be considered as the first setting option. Inclusion in the general physical education setting is determined by each student's present level of academic achievement and functional performance (PLAAFP). Students participating in physical education should progress while demonstrating learning in the cognitive, affective, and psychomotor domains. In addition, students should be able to demonstrate competency in grade-level outcomes.

It is important to note several concerns and possible barriers to providing instruction in the general physical education environment. Educators have identified the following barriers impacting the quality instruction:

- Class sizes
- Developmental level of student
- Safety concerns
- Medical concerns
- Severity of the disability

Although these barriers are important considerations, they should never exclude students from general physical education. It is the responsibility of the entire school team to work collaboratively to eliminate barriers to students with disabilities' successful participation in physical education.

ELIMINATING BARRIERS

Barriers to including students with disabilities in general physical education settings may be eliminated with the following guidelines:

- Students with disabilities should be individually scheduled into general physical education classes. Therefore, just because a student receives academic instruction in a self-contained setting does not necessarily mean the student needs segregated self-contained instruction in physical education. All efforts should be made to ensure students with disabilities receive instruction with their peers without disabilities to the maximum extent appropriate. Categorically placing a group of students with disabilities "en masse" into a general physical education class, just for the sake of inclusion, increases class sizes to numbers that negatively impact the quality of instruction for all students. Decisions regarding placement in general physical education should be conducted on an individual case-by-case basis and be determined based on individual student assessments, strengths, needs, and present levels of performance.
- When included in general physical education, students with disabilities should participate with their same-aged peers without disabilities. Students should not be placed in an inclusion class based on their developmental level. For instance, placing a fifth-grade student with a disability in a first-grade class is not appropriate.
- The safety of all students, including those students with disabilities, must be carefully considered. School teams should explore the many supplementary aids, services, and supports available to help facilitate successful inclusion in physical education. Through the use of such supplementary aids and supports, many safety concerns can be significantly reduced. It is essential to try such supports before placing a student in a more restrictive environment. In addition, it is vital to review the following safety factors when planning for inclusion:
    (1) Ensure the lesson is age- and developmentally-appropriate for the student with a disability.
    (2) Survey the instructional environment for safety concerns. For example, check for evenness of playing surface to prevent possible falls or wheelchair tipping.
    (3) Ensure equipment is safe.
    (4) Have progressive lead-up activities to prevent injuries that may result from lack of preparation.
    (5) Ensure students with disabilities are actively supervised.
    (6) Be aware of the school's emergency procedures.

All service providers must review medical records for any activities that may be contraindicated for a particular student. For example, a student with Downs Syndrome may be prone to atlantoaxial instability and should avoid forward rolls that place stress on the neck if this condition is present. The school nurse should always be consulted in regard to any student with a medical condition. School nurses are a valuable resource and can serve as a bridge to the student's physician. In some cases where a student is medically fragile, a one-on-one nurse can be assigned to be with the student at all times during the instructional day, including the part of the day devoted to physical education.

Students should not be placed in adapted physical education classes based solely on their disability. School teams should not only talk about the student's disability but also, and more importantly, about how the disability impacts performance in general physical education. **Not all students that have a disability or an IEP require adapted physical education.**

Instructional Strategies for Peers

Peers in general education are often an underutilized resource for facilitating the inclusion of students with disabilities in physical education. Taking the time to provide diversity education and disability awareness promotes a comfortable, safe, and inclusive environment that leads to a greater success rate for all students. Topic areas to include under the diversity education are:

- Awareness of specific disabilities.
- Alternative communication strategies (sign language, icon/picture-based communication systems, voice output devices, etc.).
- Introduction to mobility equipment (wheelchairs, gait trainers, walkers, etc.).
- Introduction to adapted equipment (beeper balls, bowling ramps, etc.).

Physical education teachers can conduct several activities to help prepare general education students to work with students with disabilities.

Suggested activities:

- Having related service providers talk to classes on how they help students access the instructional environment
- Inviting guest speakers with disabilities to discuss their experiences
- Discussing instructional strategies that students can use to support students with disabilities in physical education
- Engaging in team-building challenges and cooperative activities

Preparing general education students to work with students with disabilities can be a lengthy process. Still, it is necessary to ensure the successful inclusion of students with disabilities in physical education. It is essential to utilize all school personnel, including paraprofessionals, in the training process.

Additional Program Considerations

CONFIDENTIALITY

All federal, State, and local education agency (LEA) regulations regarding personal information must be followed at all times, and it is the responsibility of the teacher to comply with these regulations. The information obtained by any teacher, paraeducator, or therapist must also be kept confidential between teachers and specialists and should be accessible to all instructional personnel working with the student.

REFERRALS

Referrals for services in physical education can come from LEA personnel and parents. Physical educators have a right and an obligation to refer students who do not meet grade-level expectations based on a disability. Initially, teachers should provide student modifications to the program so students can succeed in the general physical education environment. The physical educator should consult with the educational team members, including the classroom teacher, guidance counselor, nurse, parents, student, etc. If the modifications are not producing a successful experience, LEA procedures should be followed for the referral process. The physical educator should have a complete portfolio that includes observations, informal assessments, and present performance levels that can be shared with appropriate school personnel. LEA referral procedures should be followed.

MEDICAL DOCUMENTATION

It may be best to consult with a student's physician for medical information before some students with disabilities participate in physical education. Medical documentation must be current and remain confidential. Emergency and first aid procedures are required in the substitute/emergency plans.

Communication devices (e.g., walkie-talkie or cell phone) must be available at all times. The physical education environment must be checked daily to ensure the safety of all students. Latex-managed environments are to be maintained for all identified students, such as those with spinal bifida. Physical educators should contact the school nurse or the adapted physical education representative for further medical information. This sample medical allowances and limitations form can be customized by LEAs and sent home for the parent/guardian/medical care provider to complete.

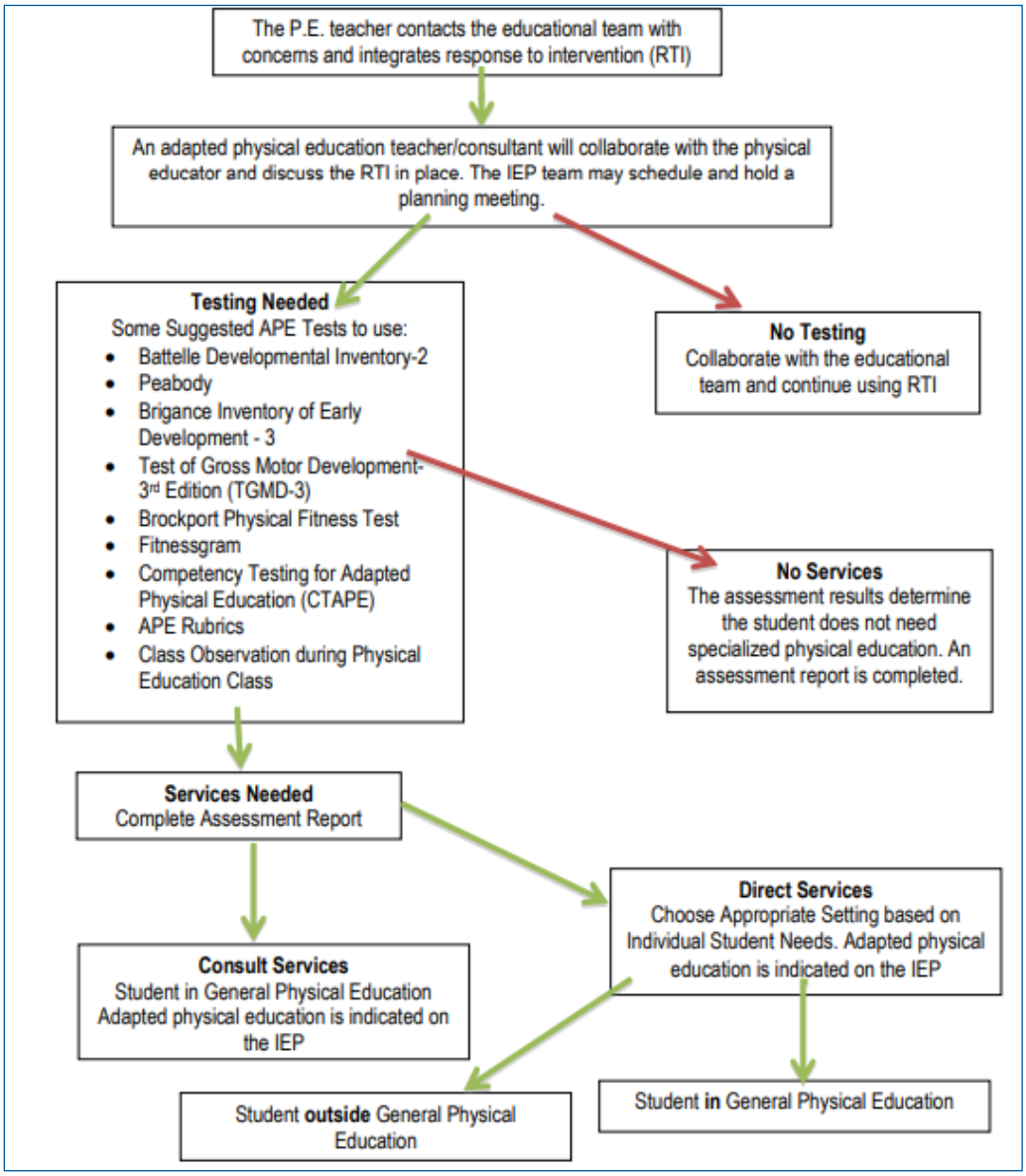
Qualifying for Adapted Physical Education

A student with a disability does not automatically qualify for adapted physical education services. A delay must be identified based on data collected in at least one of the three domains of physical education: cognitive, affective, or psychomotor.

This delay is generally defined as a deficit of one and a half standard deviations or more below the mean or a discrepancy of two or more years below the student's peers as recommended by the Society of Health and Physical Educators (SHAPE) America.

DETERMINATION OF SERVICES

Each local education agency is responsible for developing a process to identify students needing adapted physical education services. Below is an example flow chart from Prince George's County Public Schools.



Assessments

The assessment is of utmost importance as it is the foundation for effective programming. Assessment refers to data collection, interpretation, and decision-making (Sherrill, 1993). Various types of assessments can be administered. This process should be directed toward a specific purpose—to create a profile of a student's present level of performance in physical education.

IDEA states that the assessor should use multi-confirming data to ascertain present levels of performance. Assessment tools have different purposes and can evaluate motor skills, physical fitness, knowledge, and social-emotional skills. Informal and formal assessment tools are both valuable and informative in the assessment process. Results are used to recommend placement and to develop goals and objectives for adapted physical education. The assessor must understand how to select and administer the assessment tools correctly. Interpreting and discussing the results with parents and other school personnel is also essential for the assessor. Collaboration with additional school personnel such as the special educator, adapted physical education consultant, physical therapist, and psychologist may be necessary to assist in the assessment process.

Although these types of assessments can help provide appropriate adapted physical education, they do have limitations. Because many students with severe disabilities cannot be tested in traditional methods and because these tests do not necessarily adhere to curricular grade-level outcomes, a performance-based or authentic assessment may be a preferred alternative.

A comparable assessment must be administered to a student who cannot complete an assessment used in a general physical education class. An example would be administering the Test of Gross Motor Development-Third Edition (TGMD-3) for students with disabilities in lieu of the FitnessGram assessment tool. Regardless of which health-related fitness assessment tool is being used, teachers should follow these guidelines and procedures recommended by MSDE.

AUTHENTIC ASSESSMENT

Authentic assessment is an approach that closely links to instruction and takes place in a real-life situation. It is designed to directly measure the skills that students need for successful participation in physical education. The following are the guiding principles for authentic assessments:

1. The assessment should be embedded in the curriculum.
2. Data should be taken during each physical education session.
3. No ceiling should be placed on student learning.
4. All students should be expected to improve in their progress toward the objective. (Lieberman/Houston-Wilson 2002)

Authentic assessment may include rubrics, task analysis, functional assessment, portfolios, and teacher observation.

PERFORMANCE-BASED ASSESSMENT

Performance-based assessment, also known as an authentic assessment, is a form of testing that requires students to perform a task rather than select an answer from a ready-made list. For example, a student may be asked to perform a motor skill such as throwing or a fitness skill such as a curl-up. Experienced assessors—either teachers or other trained staff—then assess the quality of the student's work based on an agreed-upon set of criteria to determine the student's need for successful participation in physical education.

TEST SELECTION

It is preferable to utilize standardized assessments; however, additional assessments can be selected to support the student's present level of performance. Due to the limited number of standardized (e.g., norm-referenced and criterion-referenced) assessments for physical education, a test that comes close to the ideal may be selected. The use of additional non-standardized assessments can be utilized in conjunction with standardized assessments to determine if a student qualifies for services. Observations and anecdotal notes on the student's performance during physical education class should be considered. Selecting an appropriate test is critical to gathering meaningful assessment data; the information must provide a true representation of the student's ability and performance.

NOTICE AND CONSENT FOR TESTING

Before testing a student, the Individual Education Program (IEP) team must obtain their parent or guardian's authorization. The authorization for assessment should be acquired during the planning meeting. During this meeting, informal data points are discussed and reviewed as a basis for the request of consent. For initial IEPs, the team has sixty days from when the parents give permission to complete and report the testing results at a formal meeting known as the determination meeting. Next, the team will have an additional thirty days to create an IEP if it is determined that adapted physical education (e.g., special education) services are required. A reevaluation conducted under §§Sec. 300.303(a):

- May occur not more than once a year unless the parent and the public agency agree otherwise; and
- Must occur at least once every three years unless the parent and the public agency agree that a reevaluation is unnecessary.

ASSESSMENT ADMINISTRATOR

The administrator of any assessment must be adequately trained for the administration and interpretation of the assessment for it to be accepted as valid and reliable. The assessment administrator in many local education agencies is a highly qualified physical educator or the adapted physical educator.

ASSESSMENT REPORT

After the assessments are administered, a comprehensive assessment report is written with the following necessary information included:

- Date(s) of assessment
- Date the report is written
- Name of student
- Date of birth of the student
- Parent's or parents' name(s)
- Administrator's (examiner's) name (printed)
- Administrator's (examiner's) title
- Administrator's (examiner's) contact information
- Determination of assessment validity
- Purpose of the assessment—student background and reason for the assessment
- Assessment's or assessments' procedure(s) or protocols
- Relevant assessment behavior
- Description of student's performance compared to non-disabled peers
- Instructional implications for physical education and recommendations
- Signature of the administrator (examiner)

This report is shared with the parent and student five business days before the IEP team meeting.

SAMPLE EVALUATION REPORT

Confidential

Student: _____ Student ID #: _____

Date of Birth: _____ School Name: _____

Date of Evaluation: _____ Referral Source: IEP Meeting

Evaluator(s): _____ Chronological Age: __years __months

Background and Referral Information:

_____ is an _____ year old _____ grade student attending _____ Elementary School. Student has been identified with a _____. The IEP team was concerned about _____ ability to perform grade level physical education skills and concepts. The purpose of this evaluation is to determine if the direct service of adapted physical education is required for _____ to benefit from her special education program.

Testing Procedures:

- File Review
- Conference with School Staff
- Test of Gross Motor Development – TGMD-3

Evaluation Materials Verification:

The test materials were selected and administered so as not to be discriminatory on a racial or cultural basis. The evaluation was provided and administered in the student's native language or other mode of communication unless it was clearly not feasible to do so.

Tests were selected and administered so as best to ensure that if a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level, or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

The testing instruments are technically sound and provide relevant information. They were validated for the specific purposes for which they were used, and they were administered by trained and knowledgeable personnel in accordance with any instructions provided by the producers of the test.

Test Selection:

The Test of Gross Motor Skill Development – Third Edition (TGMD-3) is a standardized test of gross motor skill development for children from 3–10 years of age.

Assessment Results: _____

Test Data:

_____ administered the adapted physical education assessment on __ __, 20__.

The Test of Gross Motor Skill Development – Third Edition (TGMD-3) is a standardized test of gross motor skill development for children from 3–10 years of age.

Scaled Score	Percentile	Subtest Performance	Subtest
__	__	__ Average	**Locomotor** running, galloping, hopping, skipping, horizontal jumping and sliding.
__	__	__ Average	**Object Control** 2-handed and 1-handed striking, stationary dribble, catching, kicking, overhand throw, and underhand throw

Sum of Scaled Scores	Gross Motor Index	Percentile	Overall Performance
__	__	__	__

_____ is a __-year old student who was assessed using the TGMD-3 to determine their exact strengths and difficulties. __ Locomotor subtest standard score of __ falls within the "__" category. Their age equivalent for performing locomotor skills is __-years __-months. __ subtest standard score of __ for Object Control skills falls within the "__" category. Their age equivalent for performing Object Control skills is __-years 6__-months. __ current gross motor development measured by the Gross Motor Index (__) is "__" for an __-year old student.

Recommendation: _____

Signature of Evaluator: _____ **Date:** _____

GRADING

A student with a documented disability may require a differentiated grading method in physical education (e.g., a high school student requiring alternative activities/programming for credit acquisition). The local education agency will determine the criteria on which students will be graded. Those policies must incorporate standards-based instructional assessments that:

1. Periodically evaluate progress toward achievement of the content standards;
2. Align to outcomes in the State Physical Education Framework;
3. Monitor a student's cognitive, affective, and psychomotor progress;
4. Include all students;
5. Do not evaluate student dress or attendance; and
6. Are not based on the results of a health-related fitness test. COMAR 13A.04.13.01C

Standards-based grading uses the evidence-based criteria in the curriculum to determine a student's instructional level. The student is graded on curricular content adapted and/or modified to the instructional level. Skills and concepts are linked to grade-level outcomes. IEP-based grading uses student progress on their individualized physical education goals and objectives to determine a grade for physical education. Using this method, each student is graded upon an individualized expectation.

Furthermore, students with physical education goals and objectives on their IEP must receive a quarterly progress report pertaining specifically to their goals and objectives. This progress report is in addition to their report card grade and any additional reporting required by individual school systems (e.g., interim reports).

If students do not have physical education goals and objectives documented on their IEP, they must be graded on the curricular benchmarks in a way that is similar to the way in which their peers without disabilities are graded on them.

RESPONSE TO INTERVENTION (RTI)

RTI should be considered a first step to addressing a student's needs. The general education team utilizes the collaborative form of this process. There are three basic tiers in this model, including:

- High-quality classroom instruction, screening, group interventions
- Targeted interventions
- Intensive interventions and comprehensive evaluation

This process is typically 6-12 weeks per tier. However, this process does not hinder the initiation of the special education process.

Individual Education Program (IEP)

As a direct service defined under special education in IDEA 2004, adapted physical education may be a stand-alone service on the IEP.

When the student achieves grade-level curricular benchmarks in all other areas of their instructional education, the adapted physical education teacher or physical education teacher will be the case manager. After it is determined that a student needs adapted physical education services, the adapted physical educator/consultant or physical educator will need to complete and maintain the student's IEP. The local education agency (LEA) will provide additional guidance on completing a student's IEP. The Special Education department generally guides the procedures and processes. The main areas in which physical education is found on the IEP and which need to be completed annually are:

- Present Level of Academic Achievement and Functional Performance (PLAAFP)
- Supplementary Aids, Services, Program Modifications, and Supports
- Goals and Objectives
- Services/Delivery of Services

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT & FUNCTIONAL PERFORMANCE (PLAAFP)

PLAAFP is the cornerstone of the IEP, and the written content will support the rest of the document. This area should be data-driven from assessments that identify students' strengths, interests, unique attributes, and needs. The information should be presented positively, highlighting the student's strengths and areas of difficulty.

SUPPLEMENTARY AIDS, SERVICES, PROGRAM MODIFICATIONS, AND SUPPORTS

This section of the IEP outlines the modifications and supports that will be provided to the student. These could be instructional, modified equipment, modified assignments/outcomes, personnel, environmental supports, extended time, breaks, etc.

GOALS AND OBJECTIVES

Once the IEP team has identified the priority skills and an appropriate target, they set goals that are estimates of the student's anticipated growth that would result from receiving specially designed instruction. **Goals are measurable, ambitious, and achievable.**

Maryland requires five components within well-written IEP goals and objectives that reduce ambiguity and allow for anyone responsible to implement instruction WITH FIDELITY and support progress monitoring that allows for continuous improvement. In simple terms, the goal describes what the team expects the student to be able to do and how we will know if they can do it.

The five components of IEP goals and objectives describe:

- The **conditions** under which the skill will be demonstrated;
- A **behavioral description** of the skill to be observed;
- The **criteria** for measuring achievement of the skill;
- The method of measurement; and
- The **time frame** by which the goal or objective will be achieved.

The IEP team must use data to inform decisions about which grade-level outcome(s) the student is not on track to achieve and why. The IEP team backward maps the development of the standards, grade-level outcomes, and age-appropriate functional skills to isolate the component(s) or underlying skill(s) that are needed to access and make progress in the general education curriculum.

These goals will:

- Align with the content standards of the grade in which the student is enrolled to enable the student to make progress toward grade-level performance and reduce or close the achievement gap; and/or
- Align with the academic/content standards of below-grade level performance in which the student is missing critical skills that are important for current and future grade level skill development to reduce or close the achievement gap; and/or
- Address age/grade appropriate functional skills that are impacted by the student's disability and interfere with, prevent, or affect communication, interpersonal interactions, self-determination, and self-management, all of which are needed for meaningful participation in life, learning, and work.

SERVICES

When completing a service line of an IEP, the educator must first determine the appropriate setting for the student, either in general education or outside general education, directly related to the needs outlined in the present level of academic achievement and functional performance. The service's frequency, duration, and provider must be indicated and explained in the delivery of services section.

Related Services

According to federal law, the APE teacher is a **direct service provider, not a related service provider**. This means that physical education needs to be provided by a qualified teacher to the student with a disability as part of the special education services that a child and family may receive. This is contrasted with physical therapy and occupational therapy, which are related services. These therapies are provided to the child with disabilities only if they need them to benefit from instruction.

Prior to or during the IEP meeting, related services may be identified as necessary for the student with a disability. A related service is a supportive service that assists students with disabilities in accessing the instruction (brailed materials, assistive technology, communication devices, etc.) and educational environment (cafeteria, playground, school grounds, bathrooms, school buses, and/or classrooms). Many students with disabilities can benefit from the support of related services.

It is important to remember that related services **cannot replace** the instructional physical education program, such as physical and occupational therapy. Collaboration between the physical educator and related service providers is encouraged. For example, the physical education teacher can consult with the physical therapist to use assistive equipment, proper body alignment, activities for addressing motor and fitness development, etc. Examples of related service providers are below:

- Physical Therapist
- Occupational Therapist
- Audiologist
- Speech and Language Pathologist
- Deaf and Hard of Hearing Services
- Counseling Services
- Orientation and Mobility Services
- Parent Counseling and Training
- Psychological Services
- Recreation and Therapeutic Recreation Services
- Health Services
- Medical Services
- Nursing Services
- Nutritional Services
- Rehabilitative Counseling Services
- School Health Services
- Service Coordination Services
- Social Work Services in Schools
- Transportation
- Assistive Technology and Services
- Board Certified Behavior Analyst

Positive Behavior Management Strategies

A **behavior** is an action in which a person conducts oneself. The person, organization, or society in charge dictates whether a behavior is desired or undesired.

Response to behaviors should always reflect the action and not the individual. For example, students should always be viewed as good kids, even when engaged in undesired behaviors. The adult personnel must make known that they favor the student, not the behavior. Using strategies that reinforce positive behavior will decrease the undesired behaviors.

MSDE School Discipline Basics and Integrating Supports: A Focus on Students with Disabilities

SPECIAL EDUCATION DISCIPLINE: SUSPENSIONS AND EXPULSIONS

1415(k)(1)(B)/1415(k)(1)(D)(i): Students with disabilities may be suspended up to ten consecutive school days (equal to their peers without disabilities), but must continue to be educated and receive services during this time if the suspension is considered a "change in placement" (removed more than ten days in a row or removed for more than ten school days for similar behaviors).

1414(k)(1)(E): During the 10-day suspension, the IEP team needs to determine if the behavior was manifested from the student having a disability.

1415(k)(1)(C): If it is determined that the **behavior was not manifested** from having a disability, disciplinary procedures applicable to students without disabilities will be applied in the same manner.

1415(k)(1)(F): If it is determined that the **behavior is manifested** from having a disability:

- The educational team will conduct a functional behavior assessment.
- Implement the behavior intervention plan (or review and revise a necessary that plan).
- Return the child to the placement from which the child was removed unless parents and the local education agency agree to change placement (as part of the modification to the behavior intervention plan).

SAMPLE STRATEGEIES FOR COMMON UNDESIRABLE BEHAVIORS

Behavior	Definition	Sample Proactive Strategies
Noncompliance	Failure to follow a command	Use a first-then board. Use a choice board. Establish a clear routine with structure. Integrate motivating themes (based on student interest), objects, or music into the lesson. Present the instruction using methods that the students best receive information (e.g., picture exchange communication symbols, teacher demonstration, or peer models). Praise small successes and success of other students.
Verbal Disruptions	Vocally interfering with the communication between others	Show the picture communication symbol for a quiet mouth while also saying “quiet mouth.” Praise other students for having a quiet mouth. Provide students with a fidget (or an object from a sensory bag) while presenting instructions. Engage the student as a support to demonstrate the task (give the student a job). Provide the student(s) a short movement break.
Physical Disruptions	Using one’s body to interfere with the communication between others	Show the picture communication symbol for a calm body while also saying “calm body.” Praise other students for having a calm body. Provide the student with a heavy work movement break (e.g., jumping high, push-ups, animal walks). Provide the student with an item to squeeze. Engage the student as a support to demonstrate the task (e.g., give the student a job).

Behavior	Definition	Sample Proactive Strategies
Dropping	Falling to the floor with intent	Remain patient and calm and provide some space. Use a first-then board with a motivating object. Use picture symbols with verbal direction. Praise others for listening.
Elopement	Fleeing or running from an assigned area without permission	Use motivating techniques (e.g., objects or music). Develop environmental boundaries (e.g., standing mats without creating a fire hazard). Use proximity. Maintain consistent engagement.
Aggression	Making physical contact with another person using one's body or an object with enough force to cause an audible sound and leave a visible mark	Maintain a calm body and voice. Move other students to a safe location in the room or have them exit the room. If possible, clear the space of large or possibly dangerous objects. Turn body to the side of the student. Do not directly face the student. Give the student space and use any known calming/de-escalation strategies. Encourage the use of coping strategies.
Self-Injury	Any behavior that causes harm to oneself	Maintain a calm body and voice. Assess the level of risk. (If risk is high, call for support.) Move other students to a safe location in the room or have them exit the room. If possible, clear the space of large or possibly dangerous objects. Use soothing sensory techniques (e.g., squeeze pillow, motivating object, or mats). Use picture communication symbols to provide the student with a method of communicating.

VARIABLES THAT AFFECT BEHAVIORS

Environment

Size:

- Larger rooms may allow students to run freely. Use structures such as standing mats to section the room or make the room appear smaller.
- Decreasing the visual size of the room can support reducing the visual stimuli and increase time on task.

Sound:

- Larger enclosed environments tend to bounce sounds off the wall, which can cause an uncomfortable sensory response.
- Smaller enclosed environments may not allow sounds to escape, causing them to increase the auditory sensory input.
- Outdoor environments offer various extrinsic auditory inputs that can cause undesirable behavior (elopement, noncompliance, or aggression) depending on how the input is received.
- Using sound-reduction headphones can support reducing the extrinsic auditory input.

Structural Design:

- An open room with equipment laid out communicates “come play” to many children. Use routine, physical barriers, and picture communication symbols to teach and reinforce expectations, including the class structure.
- Each learning environment will require its own unique structural design based on the unique attributes of the students.
- Creating pathways and dividing the room into sections works well for many students with limited attention spans. Section areas can be specifically designed for different lesson segments. For example, one corner can be used for instruction, and another part of the learning environment can be used for higher intensity levels of engagement.

Instructional Flow

Routine:

- Without structure, students tend to display non-compliant behaviors.
- Practice and review the expectations.
- Design the sequence of the lesson (instant activity, warm-up, instructional overview, practice, refinement, and closure).
- Use picture communication symbols with a schedule board

Transition:

- Change of tasks or environments can be difficult.
- Provide visual (pictures and schedule boards), verbal (countdown or description of what is to come), and auditory (timer signal, bell, or vocal cue) prompts to prepare for the completion and start of tasks.
- Use motivating objects to support transition. (Choose a toy to bring during the transition.)

Instructional Intake:

- Students tend to elope or display verbal disruption or noncompliance if they must sit for an extended period or stay engaged in a single task for an extended period or if the information is presented too much all at once.
- Offer movement opportunities every 3 - 5 minutes (e.g., help demonstrate, show equipment, handout equipment, or a whole class quick break).
- Provide students an object to hold when expected to attend for a long period (beyond 2 minutes).
- Chunk instructional information into different parts to avoid overload.

Student

Background Experiences and Exposure:

- Students come to the physical education class with a multitude of diverse experiences with adults, peers, movement, structure, expectations, etc.
- Displayed behaviors will be based on those prior experiences, which can be best supported through reflection and collaboration.

Unique Attributes:

- Cognitive, psychomotor, and social-emotional ability levels
- Age, family configuration, socioeconomic status, religious background, sexual orientation, ethnic heritage, body image, and primary language.
- Knowing students as individuals increases the ability to reflect upon their displayed behaviors, supported through a collaborative approach.

External Factors (outside of physical education and the school setting):

- Events that occurred in the morning before or on the way to school.
- The last time the student ate a meal.
- A recent change in routine or family structure (e.g., change of residence, parent/guardian is no longer around, an addition to the family).

Adult Personnel (e.g., teachers, support staff, or therapist)

Facial and body language:

- Smile.
- Open body (don't cross arms) and show palms.
- Make eye contact (don't require it back in return).
- Ensure personal space (ask "May I help you?" if you need to provide physical guidance).

Pitch of the voice:

- Vary levels of enthusiasm.
- Use an evenly paced, calm voice.
- Maintain a flexible mindset to adjust based on unforeseeable situations.
- Praise students and provide clear specific feedback.
- All staff should refrain from speaking about students or starting side conversations during class.
- All staff should hold disagreements on a situation until after class.
- Staff should know their roles and responsibilities while in the class.

Peers

Background Experiences and Exposure:

- The peers of students with disabilities come to the physical education setting with a multitude of diverse background experiences.
- Prior experiences will lead to a positive or destructive environment.
- Teach (through games, discussion, and/or reflection) and model the expected behaviors in class.
- Developing a cohesive and collaborative learning environment should be taught or reviewed starting the first day of each school year.

Note:

1. Behavior is a form of communication.
2. The best strategy is to collaborate with the educational team and use consistent strategies throughout all settings.
3. If a strategy is needed, it should be indicated in the PLAAFP and in the supplemental aid, program modification, support, and service section.

TOOLS TO ENHANCE COMMUNICATION AND DECREASE UNDESIRABLE BEHAVIORS

Using a Picture Exchange Communication System (PECS) consists of six phases that use picture communication symbols to teach individuals how to request a desired item or action and become a communicative partner. Providing students a voice in making choices gives them a sense of ownership over their learning.

Picture Exchange Communication System (PECS) Videos

Phase	Descriptor
I	How to Communicate
II	Distance and Persistence
III	Picture Discrimination
IV	Sentence Structure
V	Responsive Requesting
VI	Commenting
I-IV	Six Phases of PECS

Additional PECS Resources

- Boardmaker Online
- Lessonpix
- Picto4me

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

An educational team process to identify the **function** (the reason behind engagement in a behavior) of specific undesirable behaviors displayed by a student. The information collected during the assessment process is used to discuss and identify effective positive behavior supports.

Three Parts of an FBA

Antecedent What happens before	Behavior What happens during	Consequence What happens after
Setting Where did the behavior take place in the classroom? **Events** When is the event happening? **Interactions** Who is the student interacting with at the time the behavior occurs?	**Specific** Only focus on the targeted behavior. **Detailed** Record everything that is being said or done. **Objective** Only record facts. Refrain from adding opinions or interpretations of the behavior.	**Teacher/Adult Response** Redirection, punishment, ignoring, or was it not noticed? **Peer Response** What was the reaction of the peers in response to the behavior? **Environment Response** How did the environment respond? Example: If a student throws a ball against the wall and it bounces back, hitting the student in the face.

Additional PECS Resources

- How to Collect ABC Data Analysis
- Blank ABC Analysis Form

BEHAVIOR INTERVENTION PLAN (BIP)

A BIP is a detailed plan developed based on FBA data and includes specific target behavior and behavior goals. It consists of four areas: function, frequency, severity, and consequence. Steps within a BIP are designed to decrease the occurrence of undesirable behaviors and increase occurrences of desired or replacement behaviors. Sample BIPs can be found below:

- ADD, ADHD
- Anxiety
- Defiant Behavior that Involves and Instigates Others
- Displays Tantrums, Struggles to Cope, and Easily Cries
- Easily Frustrated and Quick to Give Up
- Oppositional, Defiant, and Refuses to Follow Directives
- Poor Attendance and Frequently Late
- Puts Forward Little to No Effort

INCREADING DESIRED BEHAVIORS

Strategy	Description	Example
Differential Reinforcement of Alternative Behavior (DRA) or Replacement Behavior	By reinforcing the desired behavior, you can replace the undesired behavior. Provide the same function but in a more appropriate method. The more time the student engages in the desired behavior, the less time the student has to engage in the undesired behavior.	**Target Behavior** Fran screams and cries when provided direction to sit and listen to instruction with the whole class. **Strategy** Fran will choose an object of interest and hold that item of interest while she sits quietly with her peers. She may exchange items and may choose a mat/cushion to sit on.

Strategy	Description	Example
Attention Extinction	The function of the behavior is to seek attention. An intervention that makes behavior occur less frequently or not at all. Stop the undesirable behavior from obtaining the reinforcement that it previously had gotten. Make the undesirable behavior ineffective. Extinction should never be the only procedure to replace behavior unless it is a minor undesirable behavior such as disruption, tantrums, or excessive noise.	**Target Behavior** Brian will walk over to Ms. James (paraeducator) and begin a conversation about trains throughout the class. She has been engaging in the conversation, which keeps Brian away from the task/instruction. Ms. James unknowingly has been reinforcing James' attention-seeking behavior. **Strategy** Ms. James was given a picture symbol for physical education. Before class, Brian was taught that the picture card indicated that Ms. James was only available to talk about the physical education class. If Brian starts to discuss any other topic than the lesson focus, Ms. James will show and point to the picture card without engaging verbally with Brian. Without the reinforcement from Ms. James, Brian stopped walking over to talk about trains.

Strategy	Description	Example
Redirecting Behavior	This process reduces the use of punishment and guides a child's behavior to be more desirable. Use verbal redirection that is specific to telling the student how to behave. It is important to model the desired behavior. Provide the student with options. Guide the student to a new location. Redirection should occur before the behavior elevates.	**Target Behavior** Shawntelle throws objects without direction, whether she picks them up off the floor or the object is handed to her. Objects can hit nearby students. **Strategy** Provide Shawntelle a corner in the room with five soft objects and a target. Use verbal direction. For example, "Shawntelle, we are using our feet to kick over here. Let's go over and throw five objects and then continue kicking the ball with our feet."
Tangible Reinforcement	This is an immediate response using an object of interest to promote a desirable behavior. Cause and effect (do this, get that); or the use of a First-Then Board Immediately present the object when the student engages in the desired behavior. Offer the student a choice from a selection of objects.	**Target Behavior** Rasheed has difficulty staying with his group during station rotations. **Strategy** Knowing Rasheed likes the red ball, he can hold onto that red ball while he is with the group. If Rasheed moves away from the group, the ball is taken away while the teacher says, "Stay with the group, then red ball." Over time, the ball is the reinforcement to stay with the group.

Strategy	Description	Example
Token Economy	This is a delayed response with the expectation that the student earns the tangible reinforcement through successful trials of the desired performance. The student can visually see the completed trials, has ownership by marking the completed trials, and can see how many remain until the reinforcement is provided. Example Boards	**Target Behavior** During physical education, Hope doesn't want to participate. When the teacher attempts to encourage her engagement, Hope yells and swings her arms and legs around. **Strategy** Knowing Hope loves to dance to "Can't Stop This Feeling" by Justin Timberlake; the teacher develops a token board. The expectation is that Hope successfully engages in one activity, and she then gets to dance to the song. Once successful, the expectation becomes two, three, four, and five activities followed by dancing to the song. Eventually, Hope engages in the entire lesson, and she gets to listen to the song before she leaves. Finally, the song is removed after Hope no longer needs the song to participate in physical education. (Note: This may take a few months).

Strategy	Description	Example
Social Reinforcement	Catch the student demonstrating a desirable behavior and praise the behavior. The praise could also be directed to peers demonstrating desired behaviors in the student displaying undesirable behaviors. Reinforcement can be a smile, high five, verbal statement, or grouping students with favorable peers.	**Target Behavior** Andrew walks into the physical education class, walks around the room with his peers, and sits in his designated area. **Strategy** The teacher gives Andrew a smile and a high five and says, "Andrew, great job finding your seat after your walk and waiting quietly. High Five!" The teacher may prompt Andrew to perform the desired behavior of sitting after the walk by praising other students, such as saying, "I like how Suzanna, Toby, and Jasmine sat down after their walk. Great job!"

RESTORATIVE PRACTICES

A specific process that responds to wrongdoing and harm placed on someone with a focus on repairing relationships rather than applying punishment. It brings together those who have caused harm with those they have directly or indirectly harmed. It focuses on supporting needs, honoring inherent value, and strengthening relationships between individuals and social connections within communities.

Three conditions must occur:

1. The harm or injustice must be acknowledged.
2. Equity must be restored or developed.
3. Future intentions must be addressed.

Foundations to Successful Restorative Practice:

- Trust
- Positive conflict engagement
- Equity

The core principle of the Individuals with Disabilities Education Act's Procedural Safeguards is parental and student engagement. All efforts need to dissolve barriers that would keep all parties from participating in the restorative practice process. For example:

- Limited English Proficiency
- Transportation
- Work Schedules
- Cultural
- Socioeconomic Differences

Based on individualized need, a student with a disability may require accommodations, modifications, or pre-teaching to participate meaningfully in the process.

Using a 'Social Story' can support students with disabilities in recognizing their behavior. A 'Social Story' is specific information regarding what to expect and/or the expected behavior while engaged in a particular situation, event, or activity. Using picture communication symbols combined with words, the student will either read or have the story read to them.

Using "I" Affective Statements

"I" statements allow an individual to make an emotional connection with others without judgment or blame. It is a process of communicating a need while building trust, empathy, and mutual concern.

Sample "I" Affective Statement Starters:

- When I see/hear…
- I feel…
- Because I need…

Restorative Dialogue using Questions

This provides an opportunity to reflect on harmful behavior and the impact it has had on others.

Sample Restorative Questions: Video 1/Video 2

- What happened?
- What were you thinking when it happened?
- What have you thought since?
- What has been the worst part?
- What did you want to happen?
- What needs to happen to make things right?

Students with disabilities may have difficulty understanding the questions answering them if they are the individuals who conducted the harm.

Possible strategies to support comprehension:

- Picture communication symbols
- Relating the wrongdoing or harmful act to a personal experience
- Visual reenactment
- Using a social story to support the understanding and answering of the questions.

Restorative Circles and Conferences

A formal dispute resolution option facilitated by a trained restorative practice facilitator. It supports everyone involved in recognizing their role in the dispute and determining the best way to repair the harm.

- It occurs after the IEP team uses a dispute resolution option outlined in the Individuals with Disabilities Education Act. It offers participants an opportunity to repair the strained relationship so the team can continue to function together while engaging in the ongoing process of planning for the student's needs.

SENSORY IMPLICATIONS AND INTEGRATIONS

This section addresses sensory implications for individuals challenged to discriminate, control, and organize sensory input, causing hypersensitive (over-sensitive or easily impacted) or hyposensitive (under-sensitive or needing more input to react) reactions that impact the performance of desirable behaviors.

Recommendation:

- Collaborate with an occupational therapist (OT) to discuss interventions and strategies applied to individual needs. The OT may request to observe the child in your class. You can fill out the Sensory Processing Assessment of Responses Form (SPAR) to guide your discussion with our OT.

Five Senses That Typically Impact Students in Physical Education

Senses	Description	Common Attributes (Every Student is Unique)	Sample Strategies
Tactile *In physical education, tactile and proprioceptive strategies typically are the same.	Processing input through touch	Avoids group activities. Avoids holding objects. Seeks out or specifically avoids physical interaction with others. Avoids or seeks out interacting with objects of specific textures. Poor balance	Burrito Rollup Wheelbarrow Walk Animal Walks Sensory Walk Cushion or Mat Play Provide students with options for what objects they are comfortable using.
Visual	Processing input through sight	Poor balance Poor attention span Difficulty with body coordination May become distracted by light sources (fluorescent). Difficulty tracking moving objects. Difficulty entering an unfamiliar room with a change of lighting.	Sensory Pathway Bean Bag Balance Midline Crossing Ring Toss/Place Toss and Catch Bubble Pop Monster Mash Suspended Ball Balloon Challenge-(Put in a plastic bag)

Senses	Description	Common Attributes (Every Student is Unique)	Sample Strategies
Auditory	Processing input through sound	Poor attention span Poor balance Difficulty with changing activities Overly sensitive to loud or sudden noises Difficulty entering unfamiliar environments Difficulty following directions	Noise Cancelling Headphones Warn students using pictures and words. When possible, decrease the visual stimulation. Give the student a comforting object. When possible, decrease environmental sounds. Show the student what is making the sound. Allow the student to work in an area that is most comfortable.
Proprioceptive	Processing input through the joints and muscles, providing awareness for the body in space	Difficulty judging force production Poor static and dynamic balance Difficulty planning movements Difficulty with body awareness Poor posture and muscle tone	Fun Games Body Bowling Pushing Scooter Wall Push Pulling Prone on a Scooter Seated Rotation Half Knee Toss Cross Jump

Senses	Description	Common Attributes (Every Student is Unique)	Sample Strategies
Vestibular *Has the most important influence on other sensory systems.	Processing input through movement to maintain balance. This system is impacted by the speed, direction, and position of the body.	There can be two extremes (Hyper/Hypo) Seeking out or avoiding movement Poor balance, posture, and muscle tone Poor static muscle control May get dizzy very easily or not at all	Mixed Activities Scooter Board Games More Scooter Games Spooner Board Log Rolling Exercise Ball

Equipment Modifications

Many physical educators and adapted physical educators find themselves in situations where adapting equipment is necessary to meet grade-level outcomes. Traditional equipment may not match students' abilities and needs. Equipment that can help certain students may not be available or too expensive to purchase.

Adapting equipment takes much thought and creativity. In order to adapt equipment, physical educators and adapted physical educators should first identify the skill they want to teach. Next, they must identify the current functional ability of the student in relation to their ability to perform the skill. In doing so, they must consider the following six "Ss" in order to match the student's functional ability to the skill: size, sound, support, speed, and switches. The equipment should be adapted by size to allow the student to perform optimal movement patterns. Sound may be necessary for students with vision loss. Equipment can support the particular needs of a student and can take the form of a suspended ball or ramps to assist with rolling a ball. Adding texture can change the equipment surface for better grip. Slowing down the speed of equipment can be of great help to students with disabilities. Low- and high-tech switches can also activate equipment with less force than needed.

In order for adapted equipment to contribute to student learning, it must make SENSE. This acronym allows physical educators and adapted physical educators to evaluate if the equipment meets these valuable characteristics of a meaningful activity:

Safe: Do the activity and equipment allow for safe participation for all involved? This includes the safety of the user and other students engaged in the activity.

Educational: Is the activity contributing to the attainment of the students' goals as noted on their IEP? Does it align with the Maryland Physical Education Framework for K-12 Grade Level Outcomes?

Number of Trails: Do the activity and the equipment provide the student with maximal practice trials? Equipment can provide a more efficient activity, less wait time, and increased time-on-task (e.g., eliminating retrieval).

Success: Does the equipment allow for success in the majority of the students' trials?

Enjoyment: Is the student enjoying using the equipment? Adapted equipment should result in positive interactions with classmates.

Physical educators and adapted physical education teachers can create adapted equipment to ensure student success. Using these criteria can ensure the equipment is safe and educational, and allows the student maximum opportunities for success. Teachers and staff should also check with their local education agency supervisor and/or risk management office for approval before using the equipment in their school.

Adapted from: Healy, S. (2018). Accessing the curriculum by adapting equipment. Presentation made at the SHAPE America Annual Convention, Nashville, TN.

Skill Refinements

OVERVIEW

Universally designed instruction (UDI) aims to support the development of all students, especially students with disabilities. UDI lessons provide students an equal opportunity to experience success and growth towards the grade-level outcomes. While this section focuses primarily on psychomotor skills, this does not decrease the importance of incorporating the cognitive and affective domains into every lesson.

Foundational components are listed under each skill. They are essential components necessary to develop the skill of focus. For example, balance and muscular strength are necessary when teaching someone to walk. The foundational skills may guide the development of individualized education program (IEP) goals. An IEP goal may address maintaining standing balance as a benchmark towards walking, like the example above. During a locomotor lesson, this student may work on walking while others are focused on skipping. This process is not limited to elementary because high school fitness and sports courses incorporate these foundational skills.

General Instruction Strategies: *

- Review the Individualized Education Program (IEP) and the health documents to ensure safety throughout the year.
- Decrease the number of instructions or directions provided at one time.
- Use picture communication symbols (PCS) and boards (e.g., First-Then, Schedule).
- Allow for repetitive practice.
- Use a multisensory approach (visual, auditory, tactile, vestibular, and proprioceptive).
- Develop a structured routine with clear and meaningful expectations. Include traditional supports such as timers and counting each repetition, either verbally or visually.
- Use a combination of visual supports (e.g., video, peer/adult modeling, pictures, colorful equipment/markers, mirror/recorded image).
- Develop an inclusive culture through intentional planning, implementation, and reflective practices.
- Utilize equitable practices.
- Utilize prompt hierarchy (Gesture or verbal cue to full physical assistance) while promoting maximum independence.
- Provide practice and games that have 1-2 step directions and are repetitive and consistent (limited variables).
- Progress from an isolated (closed) learning setting to an open (dynamic) activity.
- Use 3-4 simple short cues that are visually accessible to the students.
- Collaborate with related service providers (e.g., physical therapist, occupational therapist, speech and language pathologist, the visually impaired teacher, the deaf and hard of hearing teacher, orientation and mobility specialist, and assistive technology specialist).

** This section is not comprehensive and will not address the needs of every student. It is meant to guide the planning and reflection process, but additional resources may be required to address specific needs. Collaboration with colleagues in your school, county, State, and country is recommended.*

ROLLING A BALL WITH HAND

Adaptations to the Mature Pattern (Student Does)

Range of Motion

- While standing or seated, holding either a lightweight object or without any equipment, have the student swing their arm back then forward in a pendulum motion to tap environmental cues (e.g., sticker on the wall behind them, top of a large cone).
- Work on stretching (with assistance) and/or reaching for motivating objects for students with limited voluntary movement.

Balance (Weight Transfer)

- Have the student stand with staggered feet.
- Have the student practice stepping forward or over a low obstacle with their non-dominant foot.
- Practice single-leg balance.

Body Coordination

- Have the student push the ball forward off a surface using both hands, while standing or while seated.
- Have the student swipe objects away or push objects forward using one hand.

Focus and Concentration

- Have the student say or point to pictures of the cues as they perform them.
- Have the student point to and vocalize the target or name of the partner.

Accuracy

- Have the student hold the ending/"tock" position with their arm/hand pointing toward the target.
- Have the student point to the target with their non-dominant hand before rolling.

Force Patterns

- Have the student practice rolling to targets that are varying distances away.

Instructional Strategies (Teacher Does)

- Provide environmental cues to increase understanding of the pendulum motion for the underhand roll (e.g., sticker/target on the wall, hang bells, or another auditory object).
- If applicable, collaborate with a physical therapist to work on their range of motion.
- Provide environmental supports (e.g., poly spots or footprints) to illustrate foot placement.
- Provide adaptive equipment such as bowling ramps. Students can also push balls off their lap, a desk, or a three-ring binder placed on the lap to create a ramp.
- Use targets that provide visual and/or auditory feedback by falling over or making noise when hit.
- Use targets that are motivating to the student (e.g., preferred peer when appropriate, targets with pictures on them, or favorite shape or color).
- Provide simple cues verbally and visually (step, tick, tock).
- Provide clear expectations (e.g., "roll ten times then break").
- Use existing lines on the floor or create tape lines to illustrate the desired direction of movement.
- Use large targets or multiple targets (e.g., bucket in a hula hoop) and begin with the student close to the target to increase chances of success, then gradually progress to farther distance/smaller targets. Assign point values to different-sized targets.
- Place student next to wall or panel mat to provide a tactile cue/feedback if they turn their body in the wrong direction. Video Example
- Use targets that provide visual and/or auditory feedback by falling over or making noise when hit.
- Provide equipment of varying weight, size, shape, and texture so students can practice rolling with objects that require different amounts of force (e.g., medicine ball, bean bag, deflated basketball, or socks).

Additional Resources

- Rolling Progression
- Rolling Game
- Rolling Song
- Rolling to Targets
- Rolling Demonstration
- How to Make a Bowling Ramp

OVERHAND AND UNDERHAND THROWING

Adaptations to the Mature Pattern (Student Does)

Range of Motion

- Using an object above eye level, have the student reach up and strike the object (progression to the overhand motion).

Balance (Weight Transfer)

- Have the student practice stepping forward and back (using a visual marker).

Body Coordination (Bilateral Coordination)

- Have the student propel the ball forward with two hands or point at the target with one hand and propel the ball forward with the other hand.

Grasp and Release

- Have the student pick up and drop objects at a specific location or in a target (one that changes position with success) within arm's reach.

Focus and Concentration

- Have the student point to and vocalize the target or name of the partner.

Accuracy

- Have the student point to the target, square their shoulders, and propel the object forward.

Force Patterns

- Have the student pick up an object and propel it into a target that slightly moved further away with successful attempts.

Instructional Strategies (Teacher Does)

- Increasing the target or decreasing the distance will support accuracy and successful outcomes.
- Provide objects with a variety of textures, sizes, shapes, and levels of inflation.
- Utilize concrete barriers that visually prompt the students to either throw over or toss under the barrier.
- Use a beep box, flashlight, colored LED light, printed image of interest, or another method to promote attention.
- Provide a clear reinforcement to the successful performance (an auditory or visual response such as light, music, verbal praise, or the sound of the thrown object striking the target).
- Simplify Instruction

Additional Resources

- Overhand Throw (4 Teaching Cues)
- Overhand Throw Slow Motion Model
- Overhand Throw Skill Development
- Underhand Throw (4 Teaching Cues)
- Underhand Throw (Cues Repeated)
- Underhand Throw (5 Cues and Rhyme)
- Underhand Throw Progression
- Wall Throw and Power Throw Practice
- Sample Throwing Activities
- Overhand Throwing Activity
- Underhand Throw Activity (Sock Bocce)
- Grasp and Release Activity

CATCHING WITH HANDS AND WITH AND OBJECT

Adaptations to the Mature Pattern (Student Does)

Visual Tracking

- Have the student track an object moving horizontally/vertically.
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.

Hand-Eye Coordination

- Have the student reach for a suspended and/or stationary object and pull it to their chest.
- Have the student toss and catch slow-moving objects (e.g., scarf, deflated beach ball, or balloon) to themselves.
- Have the student work on stretching and bringing their arms to the midline. They can work on holding a larger object with both arms.
- Have the student practice tracking an object (eye gaze) and stretching their hands out to stop a ball rolling towards them.

Balance and Body Coordination

- Have the student roll/bounce a ball, providing more time for visual tracking
- Have the student practice catching while seated.
- Have the student lean against a wall while in a standing position.
- Have a student lean on a table as needed to practice catching a ball rolling to their midline.

Focus and Concentration

- Have the student verbally say the color of the ball to ensure focus and concentration.
- Have the student recite the cues before catching.
- Have the student with proficient balance stand on an elevated surface (e.g., aerobic step, stair, balance beam, or a folded panel mat) to increase focus on the task.

Instructional Strategies (Teacher Does)

- Decreasing the distance will support accuracy and successful outcomes (as needed).
- Use ramps and tables as a progression to catching. The student can sit at the bottom of a ramp or one end of the table.
- Use Velcro mitts.
- Use a bell ball (auditory), bumpy ball (tactile), soft vibrating ball (tactile), and other balls of various sizes and inflation levels.
- Use varying objects such as stuffed animals, beach balls, scarfs, a deflated ball, SloMo ball, bumpy ball, bell ball, balloons (be aware of latex allergies), and/or fleece balls.
- Simplify Instruction

Additional Resources

- Catching
- Catching (Ready Hands)
- Catching (Hand/Eye Coordination)
- Catch with Hands Demonstration
- Skills of Catching
- Catching Quest
- Catching Game
- Catching with Physical Disabilities
- Object Control Skills
- Object Control Practice

KICKING A STATIONARY OBJECT AND MOVING OBJECT

Adaptations to the Mature Pattern (Student Does)

Visual Tracking

- Have the student track the soccer ball slowly moving vertically and horizontally by a peer or adult before kicking the ball.
- Have the student visually track a suspended ball in motion.

Foot-Eye Coordination

- Have the student step and touch the ball with their dominant instep a few times before striking it.
- Have the students seated in a chair, positioned to kick a stationary ball that focuses on the kicking action.

Balance and Body Coordination

- Have the students challenge their balance by standing on one foot with support (e.g., leaning against a wall or holding a peer's hand).

Force Production

- Have the student produce more force by engaging in heavy work activities (e.g., kick down a weighted bowling pin, squat to stand, weighted sensory ball).
- Have the student produce less force by having students use lighter objects (e.g., soft-skinned foam ball, deflated ball, balloon, cage ball, beach ball).

Focus and Concentration

- Have the students focus on an object of interest or pair an object of interest with the ball.
- Have the student recite the cues before kicking.
- Have the student verbally say the color of the ball to ensure focus and concentration.
- Have the students choose the ball or object they want to use.

Instructional Strategies (Teacher Does)

- Demonstrate the skill by using poly spots or other markers to show where students should stand and which foot to step with.
- A visual piece of tape or sticker placed on the inside of the foot provides for a visual and facilitates the more appropriate pattern.
- Provide a variety of balls for students to choose from (e.g., bell ball, soft vibrating, bumpy ball, including a mix of textures, sizes, inflation, and colors).
- The teacher uses visual supports for cue recognition and appropriate body technique.
- Provide targets at various locations, sizes, and distances.
- Elevate the ball to promote kicking with the shoelaces/instep and maintain the stationary ball position (e.g., half dome cone or deck ring).
- Have the student participate in modified activities with repetitive movement patterns that do not exceed two directions or rules.
- Simplify Instruction

Additional Resources

- Lying on Back and Kicking a Balloon
- Kicking Balloons
- Kicking from a Sitting Position
- Ball with an Auditory Signal
- Example of Student Balancing on One Foot
- Cone Activities
- Kick the Cup Activity
- Kicking Games for Kids
- Kicking

JUMPING AND LANDING (HORIZONTAL AND VERTICAL)

Adaptations to the Mature Pattern (Student Does)

Muscular Strength

- Have the student engage in bodyweight activities (e.g., squat to stand).
- Have the student engage with weighted objects.
- Have the student step up and down from an elevated surface.

Balance

- Have the student sit on a Physioball (with physical support if needed) for a set period.
- Have the student stand on an unstable surface.
- Have the student practice lowering and raising their center of gravity.

Focus and Concentration

- Have the student identify the target (color or shape) before jumping.

Force Production

- Have the student reach for motivating objects (e.g., bells, toys, reinforces).
- Have the student step or jump over various objects.
- Have the student bounce or jump on equipment that promotes jumping (e.g., BOSU ball, spring ball, or mini-trampoline).

Instructional Strategies (Teacher Does)

- Provide different types of objects to build strength through a progression of exercises (e.g., squat) using hand weights, medicine balls, weighted bean bags, or exercise bands with the goal of jumping.
- Provide assistance to maintain balance while promoting maximum independence (e.g., two hands held, one hand held, or the student using a stable object to hold onto).
- Provide opportunities for the students to shift weight such as balancing on one foot, stepping over elevated obstacles (low hurdle), or in and out of a hula hoop.
- Provide opportunities for the students to engage in animal movements such as frog jumps or bunny jumps.
- Provide visual supports such as poly spots or footprints. These can be used for designating a takeoff and landing location.

Additional Resources

- Vertical Jump Progression
- Jumping Down from an Elevated Surface
- Horizontal Jump Model
- Horizontal Jumping Activity
- Vertical Jumping Activity
- Vertical Jumping Activity-2

BALL CONTROL WITH FEET

Adaptations to the Mature Pattern (Student Does)

Foot-Eye Coordination

- Have a student extend their feet to the ball multiple times to support their performance when kicking.

Visual Tracking

- Have the student say the color of the ball before kicking it.
- Have the student track a suspended ball as it swings.

Agility

- Have the student practice changing their direction with balance.

Balance and Coordination

- Have the student balance on one foot (with support if needed).
- Have the student balance with their back against the wall.
- Have the student lift their alternating knees to tap the bottom of their foot on the top of the ball.
- Have the student dribble the ball linearly, holding onto a stable support object (e.g., wall or railing).
- Have the student lift their striking foot to kick a cone or bowling pin over softly.

Force Pattern

- Have the student kick a ball to a wall from a few feet away to demonstrate light kicks.
- Have the student kick a suspended ball lightly without knocking down bowling pins surrounding it.

Instructional Strategies (Teacher Does)

- Provide the student with a piece of tape/sticker on the ball to support kicking the ball.
- Provide the student with a piece of tape/sticker on the instep of their shoe.
- Provide the student with a piece of tape/sticker on the floor to visualize where to plant their non-kicking foot.
- Provide the student with balls of various colors, sizes, weights, textures, and inflation levels.
- Provide the student with auditory balls (beeping or bell balls).
- Provide the student with a crowded area or deterrent that prompts focus and small touches on the ball.
- Provide the student with bumpers on either side (folded panel mats) to help maintain control.
- Provide the student with objects other than a ball (e.g., deck ring, shoebox)

Additional Resources

- Progression of Skills
- Ball Control Progressions
- Get to the Base Game
- 10 Soccer Ball Activities and Games

BALL CONTROL WITH HANDS

Adaptations to the Mature Pattern (Student Does)

Handy-Eye Coordination

- Have the student push a ball forward across the floor or a table using either one or two hands.
- Have the student use two hands to push the ball forward, starting from chest level.
- Have the student bounce and catch the ball in place.
- Have the student strike a suspended object with their hand(s)
- Have the student use their hands to maneuver a ball with control (e.g., left to right hand along a table or flat surface) while seated in a chair or on the floor. The students can also use the wall to lean on.

Visual Tracking

- Have the student track an object moving horizontally/vertically.
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student track a suspended ball.

Balance and Coordination

- Have the student track an object moving horizontally/vertically.
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student track a suspended ball.

Focus and Coordination

- Have the student track an object moving horizontally/vertically.
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student track a suspended ball.

Force Pattern

- Have the student track an object moving horizontally/vertically.
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student track a suspended ball.

Instructional Strategies (Teacher Does)

- Have the student track an object moving horizontally/vertically.
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student track a suspended ball.
- Simplify Instruction

Additional Resources

- Ball Control with Physical Disabilities
- Dribbling with Two Hands
- Ball-handling Skills
- Underhand Serve
- Dribbling Activity
- Adapted Foot/Hand Volleyball
- Bouncing a Ball
- Rolling a Ball
- Seated Ball Skills
- Seated Ball Handling

BALL CONTROL WITH IMPLEMENT

Adaptations to the Mature Pattern (Student Does)

Hand-Eye Coordination

- Have the student strike a suspended balloon or ball.
- Have the student strike a ball on the ground using a short-handled implement.
- Have the student strike a beach ball off a batting tee (place the handle of a toilet plunger into a cone).

Visual Tracking

- Have the student track an object moving horizontally/vertically (e.g., suspended ball).
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student visually track the short-handled implement in varying locations (e.g., look to the right, left, up, and down).

Grasping

- Have the student grasp and maintain the grasp of the short-handled striking implement while the arm is in motion.
- Have the student use two hands to maintain their grasp of a long-handled implement while in movement.

Balance and Body Coordination

- Have the student sit in a chair while using a short-handled implement to strike a suspended or stationary ball off a tee.
- Have the student practice stepping forward and back to encourage weight transfer while striking.
- Have the student practice squat to stand or sit to stand exercise to improve controlled balance while changing their center of gravity during a long-handled implement activity (e.g., bending over while holding a hockey stick).

Focus and Coordination

- Have the student indicate (verbally, in pictures, or with gestures) the location that the student will attempt to strike the ball towards.
- Have the student stand on an elevated surface when striking a stationary/suspended object.
- Have the student count each time the implement is used to strike the object.
- Use a token board to support counting.

Force Pattern

- Have the student use an implement to strike objects of varying sizes and weights towards targets at varying distances.

Instructional Strategies (Teacher Does)

- Provide the student with a striking implement that has a larger surface area.
- Provide a smaller court size to increase success for striking an object in a game situation.
- Provide a larger ball/puck, lighter balls, or larger targets (areas).
- Provide a Velcro strap, tube sock, or glove to support grip.
- Provide an auditory target (e.g., beeper box).
- Provide a shorter length implement for students who have weaker grip strength.
- Simplify Instruction

Additional Resources

- Key Tips
- Scoop Tricks
- Ball Skills
- Lesson and Game
- Ball Control Lacrosse
- Floor Hockey
- Hide and Seek hockey
- Adapted Lacrosse
- Scooter Hockey
- Racquet and Ball Walk

RHYTHMIC MOVEMENTS

Adaptations to the Mature Pattern (Student Does)

Hand-Eye Coordination

- When using objects, have the student reach for the object and then move that object (up/down, swaying, shaking, side-to-side, circular, and switching hands).

Mobility

- Challenge the students to maneuver their body around an environment with maximum independence (with or without their wheelchair, gait trainer, or assistive equipment), changing directions, speeds, and pathways.

Balance (Weight Transfer)

- Have the student maintain a static standing position and move to a dynamic standing position (e.g., walking, rocking side-to-side, changing direction, using various speeds and pathways).

Upper Body Coordination

- Have the student use their arms to perform coordinated movements such as reaching, swaying, shaking, clapping, and showing flow.

Motor Planning

- Have the students move to a combination or sequence of movements.

Instructional Strategies (Teacher Does)

- Use music with a slow rhythm or alter the rhythm and pace to the students' levels.
- Use modern music that is age and developmentally appropriate.
- Use music that increases the interests and motivation of students.
- Use music with a slow rhythm or alter the rhythm and pace to the students' levels.
- Use modern music that is age and developmentally appropriate.
- Use music that increases the interests and motivation of students.
- Use music with a slow rhythm or alter the rhythm and pace to the students' levels.
- Use modern music that is age and developmentally appropriate.
- Use music that increases the interests and motivation of students.
- Use music with a slow rhythm or alter the rhythm and pace to the students' levels.
- Use modern music that is age and developmentally appropriate.
- Use music that increases the interests and motivation of students.
- Simplify Instruction
- Start with less structured routines to allow students to explore free movement and develop an intrinsic value for moving to music.
- Decrease the number of movements (steps) presented at one time. Increase with success.
- Offer a lot of repetitive practice
- Allow students to omit difficult moves or perform adapted movements instead of challenging movements.
- Teach the steps without the music

Additional Resources

- Adapted Ballet
- Seated Dance - Can't Stop This Feeling
- Seated Zumba - Dance Monkey
- Exercise Ball Drumming - Uptown Funk
- Isolated Movement - Clapping
- Adapted Dances Website
- Teach PhysEd Website (Let's Dance)
- Adapted Dance with Heather Katz and Laura Prieto
- Action Based Turning on Music
- Drum Loops

TUMBLING*

Adaptations to the Mature Pattern (Student Does)

Muscular Strength

- Have the students engage in heavyweight activities such as lifting, pushing, pulling objects, and bodyweight exercises (floor time exercises).

Balance (Weight Transfer)

- Have the students engage in sitting and standing balance or balance on unstable surfaces.
- Have the students shift their weight from their feet to their hands.

Body Coordination (Bilateral Coordination)

- Have the students use two hands/arms to push up off the floor, maintain an isometric body position, hold onto a horizontal bar, hold body weight, and/or push to support body movement.

Motor Planning

- Have the student plan their movements to move their body out of a position on the floor into a specific body position and problem-solve a personally challenging movement.

Force Patterns

- Have the student engage in pushing exercises with their hands (pushing and pulling exercises) and feet (sit to stand, squat, jumping, or a seated leg press such as pushing a large exercise ball away).

Body Awareness

- Have the student tap specific parts of their body based on a demonstration or verbal command.
- Challenge students to perform the task with their eyes closed.

Instructional Strategies (Teacher Does)

- Body Bowling (Body Awareness)
- For students with limited mobility, position plastic bowling pins or bottles around their bodies and encourage them to move isolated body parts to knock the pins down.
- As the student progresses, move the pins further away to encourage reaching and rolling.
- Using Tumbling as Calming Strategies
- Students with orthopedic impairments and other disabilities have a greater likelihood of falling. It is important to teach and practice falling safely.
- Body to Weight Exercises
- Using Tumbling to Support the Sensory System
- Provide Physical and Verbal Guidance
- Students with visual impairments and blindness typically are delayed in body awareness. Provide adult physical guidance to support students through the movements slowly.
- Progression for Rolling

Instructional Strategies (Teacher Does) Continued

- Students with visual impairments and blindness typically avoid inverted positions that take their feet off the floor. It is important to progress the students through the movements slowly using specific verbal directions before engaging.
- Teaching Safe Falling Techniques
- Students with orthopedic impairments and other disabilities have a greater likelihood of falling. It is important to teach and practice falling safely.
- Utilize bolsters and exercise balls to support safe practice starting slowly.

Additional Resources

- Safety Falls
- Backward Fall
- Front Fall
- Side Falls (More Side Falls)
- Sit to Stand
- Standing Side to Side (Weight Shift)
- Bear Walk
- Wheelbarrow Walks
- Frog Jump
- Exercise Ball Activities
- Rocking and Rolling (Back to Front)
- Using an Exercise Ball
- Pencil Roll - Start with an incline mat
- Log Roll - Start with an incline mat
- Body Bowling (Log Roll)
- Egg Roll
- Forward Roll with a Spot
- Forward Roll - Start with an incline mat
- Adapted Ballet
- Seated Dance - Can't Stop This Feeling
- Seated Zumba - Dance Monkey
- Exercise Ball Drumming - Uptown Funk
- Isolated Movement - Clapping
- Adapted Dances Website
- Teach PhysEd Website (Let's Dance)
- Adapted Dance with Heather Katz and Laura Prieto
- Action Based Turning on Music
- Drum Loops
- Body Coordination Exercises
- Using an Exercise Ball
- Animal Walks and Cushion/Mat Activities
- Sausage Roll/ Burrito

** Students with shunts and/or Atlantoaxial Instability (High incidence in students with Down Syndrome) should not engage in movements (e.g., a forward roll) that invert the student's position; unless this has been cleared by the physician and nurse.*

STRIKING – SHORT AND LONG HANDLED IMPLEMENTS

Adaptations to the Mature Pattern (Student Does)

Grasp

- Have the students practice maintaining their grasp of various textured objects (e.g., tennis ball, plastic ball, foam ball, racquet/paddle handle, or rubber ball).
- Have the students practice maintaining their grasp of the implement's handle while moving their wrist and arm.
- Have the students practice holding long implements with two hands while walking/wheeling around and/or moving their arms.

Range of Motion

- Have the students practice shoulder rotation, arm extension/flexion, and wrist rotation while holding the striking implement.
- Have the students practice trunk rotation while swinging the implement to strike a stationary or suspended object.

Balance and Weight Transfer

- Have the student stand in a static position while lifting their arms/hands with the short or long-handled implement in hand.
- Have the students practice stepping forward and back while moving the striking implement (e.g., striking a suspended or stationary object).

Visual Tracking

- Have the student track an object (e.g., suspended ball) moving horizontally/vertically.
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student visually track the short-handled implement in varying locations (e.g., look to the right, left, up, and down).

Force Pattern

- Have the student use an implement to strike objects of varying sizes and weights towards targets at varying distances.

Instructional Strategies (Teacher Does)

- Provide the student with a striking implement that has a larger surface area.
- Provide a smaller court size to increase success for striking an object in a game situation.
- Provide a larger ball/puck, lighter balls, larger targets (areas).
- Provide a Velcro strap, tube sock, or glove to support grip.
- Provide an auditory target (e.g., beeper box) or a larger target.
- Provide a shorter length implement for students who have weaker grip strength.
- Provide a visual marker (i.e., tape or poly spots) to support hand and foot placement.
- Provide environments that decrease chasing the object and increase practice (e.g., tethering the ball or suspending the ball).
- Provide a lighter weight (e.g., pool noodle or paper plate).

Additional Resources

- Floor Hockey
- Hide and Seek hockey
- Adapted Lacrosse Stations
- Striking a Ball
- Scooter Hockey
- Tee Games
- Other Games
- Striking Balloon with Implement
- Striking Balloon with Implement 2
- Progression Activities
- Bubble Striking
- Animal Herding with Pool Noodles

BALANCING

Adaptations to the Mature Pattern (Student Does)

Static Balance

- Have the students practice maintaining their grasp of various textured objects (e.g., tennis ball, plastic ball, foam ball, racquet/paddle handle, rubber ball).
- Have the students practice maintaining their grasp of the implement's handle while moving their wrist and arm.
- Have the students practice holding long implements with two hands while walking/wheeling around and/or moving their arms.

Object Balance

- Have the students practice shoulder rotation, arm extension/flexion, and wrist rotation while holding the striking implement.
- Have the students practice trunk rotation while swinging the implement to strike a stationary or suspended object.

Dynamic Balance

- Have the student stand in a static position while lifting their arms/hands with the short or long-handled implement in hand.
- Have the students practice stepping forward and back while moving the striking implement (e.g., striking a suspended or stationary object).

Focus and Concentration

- Have the student track an object moving horizontally/vertically (e.g., suspended ball).
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student visually track the short-handled implement in varying locations (e.g., look to the right, left, up, and down).

Instructional Strategies (Teacher Does)

- Provide the student with a striking implement that has a larger surface area.
- Progress from a lying position into sitting, standing, and finally moving.
- To progress towards standing on one foot, students can lift up to kick a ball off a tee or to kick a cone over.
- Creating obstacle courses allows students to change body positions and work on balance.
- Provide a stable surface/object for the student to hold onto while maintaining their balance.
- Provide a surface such as a carpet or dycem (non-slick padding).
- Use wider boards/surfaces rather than a narrow balance beam and allow for a lower elevation.
- Plan for movement from a low center of gravity to a high center of gravity (sit or squat to stand up).

Additional Resources

- Sitting Balance
- Ball Sit to Stand
- Sitting with Midline Crossing
- Standing Balance with an Unstable Support
- Narrowing Base of Support
- Improve Balance When Using a Wheelchair
- High Sitting Balance Exercises
- Standing and Seated Balance Exercises
- Balance Training Exercises for Fall Prevention
- Quadruped Position - Shoulder Taps
- Quadruped Bucket Fill
- Squat (Lower Center of Gravity) and Touch
- Balance Beam Ball Tap
- Single Leg Ball Toss
- Single-Leg Balance Ring Activity
- Lateral Step-Ups
- One Foot Raises (Bean Bag Activity)
- #VBFITT

MUSCULAR STRENGTH AND ENDURANCE

Adaptations to the Mature Pattern (Student Does)

Range of Motion

- Have the students practice maintaining their grasp of various textured objects (e.g., tennis ball, plastic ball, foam ball, racquet/paddle handle, or rubber ball).
- Have the students practice maintaining their grasp of the implement's handle while moving their wrist and arm.
- Have the students practice holding long implements with two hands while walking/wheeling around and/or moving their arms.

Balance (Weight Transfer)

- Have the students practice shoulder rotation, arm extension/flexion, and wrist rotation while holding the striking implement.
- Have the students practice trunk rotation while swinging the implement to strike a stationary or suspended object.

Dynamic Balance

- Have the student stand in a static position while lifting their arms/hands with the short or long-handled implement in hand.
- Have the students practice stepping forward and back while moving the striking implement (e.g., striking a suspended or stationary object).

Focus and Concentration

- Have the student track an object moving horizontally/vertically (e.g., suspended ball).
- Have the student reach to grasp objects in various positions.
- Have the student track a light or a motivating object with sound and light.
- Have the student visually track the short-handled implement in varying locations (e.g., look to the right, left, up, and down).

Instructional Strategies (Teacher Does)

- Provide the student with a striking implement that has a larger surface area (Example).
- Progress from a lying position into sitting, standing, and finally moving.
- To progress towards standing on one foot, students can lift up to kick a ball off a tee or to kick a cone over.
- Creating obstacle courses allows students to change body positions and work on balance.
- Provide a stable surface/object for the student to hold onto while maintaining their balance.
- Provide a surface such as a carpet or dycem (non-slick padding).
- Use wider boards/surfaces rather than a narrow balance beam and allow for a lower elevation.
- Plan for movement from a low center of gravity to a high center of gravity (sit or squat to stand up).

Additional Resources

- Sitting Balance
- Ball Sit to Stand
- Sitting with Midline Crossing
- Standing Balance with an Unstable Support
- Narrowing Base of Support
- Improve Balance When Using a Wheelchair
- High Sitting Balance Exercises
- Standing and Seated Balance Exercises
- Balance Training Exercises for Fall Prevention
- Quadruped Position - Shoulder Taps
- Quadruped Bucket Fill
- Squat (Lower Center of Gravity) and Touch
- Balance Beam Ball Tap
- Single Leg Ball Toss
- Single-Leg Balance Ring Activity
- Lateral Step-Ups
- One Foot Raises (Bean Bag Activity)
- #VBFITT

FLEXIBILITY

Adaptations to the Mature Pattern (Student Does)

Range of Motion

- Have the students display mobility throughout their body: head/neck, shoulder, elbow, wrist, finger, hip, knee, and ankle.

Balance (Weight Transfer)

- Have the students lie on the floor, sit, or hold onto a stable surface to support their engagement in stretching exercises.

Body Coordination

- Have the students engage in exercises that utilize both sides of the body even if one side is weaker or perform the stretch differently.

Instructional Strategies (Teacher Does)

- Provide passive support to the students as needed, ensuring permission, safety, and maximum independence.
- Provide visual markers to guide hand and foot placement.
- Provide various degrees of methods to accomplish a stretch.
- Provide visual supports to guide performance (e.g., picture cards, GIFs [looped video], or video modeling).
- Provide auditory supports to guide performance (e.g., a bell, buzzer, switch, or voice output device when the student reaches the expected distance)

Additional Resources

- Provide Passive Stretching for Students with Limited Mobility
- Differentiated Stretching Exercises
- Modifying Stretching Exercises
- Upper Body Seated Workout
- Special Olympics Fit 5
- #VBFITT

POSTURAL TONE/CORE STABILITY*

Adaptations to the Mature Pattern (Student Does)

Range of Motion

- Have the student reach for stimulating objects at different levels and directions.
- Have the student practice maintaining an upright head position with their shoulders back for an increasing duration of time.

Balance (Weight Transfer)

- Have the students sit or stand on an uneven surface with decreasing support and rotate their trunk side to side or move their arms vertically/horizontally.
- Have the students change their center of gravity (e.g., sit to stand, raise arms, and lean-towards either side).

Body Coordination (Bilateral Coordination)

- Have the students engage in core exercises (e.g., sit-up, superman, bear crawl, planks).

Instructional Strategies (Teacher Does)

- Provide students with dycem (non-slip rubber material) when sitting in a chair or on the floor.
- Instead of sitting on the floor, provide a chair, mat, or cheese wedge for students with low tone or posture difficulty.
- Provide students with a picture card, a gesture, or a verbal cue as a reminder to the student to correct their posture.
- Provide specific posture and core exercises within the routine warm-up and closure activities.

Additional Resources

- Purpose for Increased Core Strength Using an Exercise Ball
- Half Kneel Rotation Quadruped Bucket Fill
- Midline Crossing
- Ball Pass
- Ball Walkouts
- Exercise Spot - Quadruped Tap
- Twist Pass
- Over and Under Ball Pass
- Seated Ball Trunk Rotation
- Quadruped Core Strength
- Functional Core Strength Activity
- #VBFITT
- Superman
- Quadruped Cross Crawls
- Planks

* Collaboration with the physical therapist

Appendix

SAMPLE MEDICAL ALLOWANCES AND LIMITATIONS FORM

Dear Authorized Healthcare Provider or Physician:

[Insert LEA name] is committed to providing all students with quality physical education. The Maryland State Department of Education defines five Content Standards to develop physically literate individuals who have the knowledge, skills, and confidence to engage in health-enhancing physical activity.

Under Code of Maryland Regulations (COMAR) 13A.04.13.01, *[Insert LEA name]* must provide physical education to all students in grades pre-kindergarten-8 each year. *[Insert LEA name]* must also offer a physical education program in grades 9-12, enabling students to meet graduation requirements and select physical education electives.

Accommodations and adaptations can be made at any grade level to allow for safe participation in physical education. Please assist us in adapting our physical education curriculum to meet your patient's needs by filling out this form with as much detail as possible. When filling out the chart, there are three options for each skill or skill group:

No Restriction: The student may execute these skills without any accommodations.

Adaptations Needed: The student may execute these skills with accommodations or adaptations, such as softer equipment, shorter distances, or smaller groups of peers.

Accommodations: The student may need smaller groups or peers, allotment for breaks, or engagement without physical contact.

Restricted: The student may not execute these skills.

Upon completion of this form, please return to:

[Insert name, title, email, and fax# or location of individual]

If you have any questions about contact *[Insert name, title of either PE teacher or supervisor, and email]*

Student Name: _____ **D.O.B:** _____

School: _____ **Grade:** _____

TO BE COMPLETED BY AUTHORIZED HEALTHCARE PROVIDER:

Medical Condition(s): _____

Duration of the Condition(s):

- ▫ Short-Term
- ▫ Long-Term
- ▫ Permanent

The Condition Is:

- ▫ Progressive
- ▫ Non-Progressive

Student may return to unrestricted activity on or by: _____

Student will be reevaluated on or by: _____

Activity	No Restrictions	Accommodations and/or Adaptations Needed	Restricted	Activity	No Restrictions	Accommodations and/or Adaptations Needed	Restricted
Tumbling & Gymnastics (rolling, balancing, animal walks)				Volleyball (serving, forearm passing, overhead passing)			
Locomotor Skills (running, jumping, skipping)				Basketball (dribbling, passing & catching, shooting)			
Striking with Short-Handled Implements (pickleball, tennis)				Striking with Long-Handled Implements (golf, floor hockey)			
Bodyweight Exercises (push-ups, curl-ups)				Soccer (kicking, foot dribbling, passing)			
Offensive & Defensive Activities				Rhythmic Activities (dance)			
Small-Sided Games (3 vs. 3)				Large Group Activities/ Games (tag)			
Climbing				Throwing & Catching			
Stretching				Weightlifting			

Please provide additional information that you feel will help *[Insert LEA name]* in adapting the physical education curriculum to meet your patient's needs:

Healthcare Provider Name (printed): _____ **Date:** _____

Signature: _____

Phone Number: _____

School System Use Only

Received by Adapted Physical Education Specialist: _____ _____
Date Initials

Received by Physical Education Teacher: _____ _____
Date Initials

Received by School Nurse: _____ _____
Date Initials

PARAEDUCATOR RESPONSIBILITIES

General Job Description

Work with students who require more individualized attention during the physical education lesson.

Specific Job Description

1. Establish a positive and supportive relationship with the physical education teacher through regular meetings and communication.
2. Work with individuals or groups of students under the direct supervision of the physical education teacher.
3. Implement an approved behavior management program for students in the gymnasium consistent with the plan used in the classroom.
4. Assess students' skill and activity performances as requested by the physical education teacher.
5. Record progress of students under the direction of the physical education teacher.
6. Prepare and obtain instructional materials (e.g., equipment, or written instructions) as needed for the lesson's activities in consultation with the physical education teacher.
7. Accompany students during any community experiences.
8. Assist students with toileting, dressing, and other self-care activities when needed.
9. Uphold confidentiality guidelines about students, parents, and physical education activities. All parent communication must come from the certified physical education teacher.
10. Perform other duties as assigned by the physical education teacher.
11. Assist with activities of the daily lesson by:
    a. Demonstrating or having another student demonstrate the skill or activity under instruction;
    b. Closely supervising students in teacher-planned activities, including physically standing an arm's-reach away as needed;
    c. Helping students stay on task for activities taught by the physical education teacher through motivation, assistance, and the like;
    d. Using appropriate activity modifications of equipment, rules, and so on, as approved by the physical education teacher;
    e. Allowing students to perform skills and activities as independently as possible; and
    f. Facilitating positive, age-appropriate interactions between the students and their peers.

Adapted from: Lieberman, L.J. (Ed.). (2007). Paraeducators in physical education: A training guide to roles and responsibilities. Champaign, IL: Human Kinetics.

BEHAVIOR MANAGEMENT – AUTISM & ANXIETY

- Be an active member of the IEP team! Participating leads to a better understanding of the student and their behaviors.
- Meet regularly with the APE teacher, Special Education teacher, and the Paraprofessional.
- Educate the student's classmates on the disability and, more specifically, on the child's strengths, weaknesses, and idiosyncrasies.
- Develop an effective communication system that works for the student (e.g., scheduling boards or picture communication symbols).
- Students with autism require a highly structured physical education program. Develop a schedule for the child using words, symbols, or pictures to help the student anticipate what will happen during the class.
- Use equipment that provides extra stimuli (e.g., bell ball, brightly colored balls, targets that make a sound when hit, or handprints and footprints on equipment).
- Minimize extraneous stimuli (e.g., loud music or extra equipment).
- Use poly spots, hula hoops, and carpet squares for students to stand on during PE activities.
- Use mats or partitions to create a smaller play area in a big gym to avoid overstimulation.
- Elevate the child off the ground using balance beams, blocks, and other raised surfaces to increase focus during ball and other object control activities.
- Use peer helpers in partner and small group activities.
- Be aware of stimuli that provoke inappropriate behavior (e.g., loud noises, peer and teacher touching, or too much movement in a small space).
- Allow the child to take breaks from activities that are overstimulating. During this time, the student can work away from the group on IEP objectives with a peer or Paraprofessional.
- Have a clear, distinct start/stop to activities (e.g., the child returns to a specific space at the end of each task, a bell, music starts/stops, or lights turn off).
- Play games with repetitive actions/rules.

APE SERVICES FOR STUDENTS AGES 3-5 YEARS OLD

Impact on APE Services

There has been confusion regarding providing services for students with disabilities in schools where physical education is not offered to other preschool-aged students.

Under Part B of the Individuals with Disabilities Education Act (IDEA), if physical education is specially designed to meet the unique needs of a child with a disability and is set out in the student's IEP, those services must be provided whether or not they are provided to other students in the school.

IEP Team Members Predominantly Impacted

IEP Team Members - Understand the provisions of the law regarding providing services for students with disabilities in schools where physical education is not offered to other preschool-aged students in the school.

Physical Education Teachers - If adapted physical education is listed as one of the services on a student's IEP, those services must be provided even if the other students in the school do not receive general physical education services.

Suggested Strategies

- Providing information regarding all of the provisions of the law to IEP team members.
- Sharing the current performance level during physical activity at the IEP team meeting.
- Referring a student for an assessment and provide the results at the IEP team meeting.
- Developing and sharing goals at the IEP team meeting with parents and IEP team based on the assessment and present level of performance.
- Collecting progress data on IEP goals.
- Reporting on the progress towards the achievement of IEP goals.
- Reviewing and updating goals.

Resource

OSEP Dear Colleague Letter to G. Tymeson

APE SERVICES FOR STUDENTS AGES 18-21 YEARS OLD

Impact on APE services

There has been confusion regarding the provision of adapted physical education services for high school students with disabilities ages 18-21 if such provision is in their individualized education program (IEP) even though physical education is not provided to all students in those grades every year.

Under 34 CFR 300.108 (c), if specifically designed physical education is prescribed in a child's IEP, the public agency responsible for the education of that child must provide the services directly or make arrangements for those services to be provided through other public or private programs. Thus, under Part B, if physical education is specially designed to meet the unique needs of a child with a disability and is set out in that school's IEP, those services must be provided whether or not they are provided to other children in the school or agency.

IEP Team Members Predominantly Impacted

IEP Team Members - Understand the provisions of the law regarding providing services for students with disabilities in schools where physical education is not provided to their non-disabled peers in those grades every year.

Transition Specialist – Provides support for the transition goals developed for the student.

Student – Participates in the process and has a voice in their education.

Physical Education Teachers - If adapted physical education is listed as one of the services on a student's IEP, those services must be provided even if the other students in the school do not receive general physical education services.

Suggested Strategies

- Providing information regarding all of the provisions of the law to IEP team members.
- Sharing the current performance level during physical activity at the IEP team meeting.
- Referring a student for an assessment and provide the results at the IEP team meeting.
- Developing and sharing goals at the IEP team meeting with parents and IEP team based on the assessment and present level of performance.
- Collecting progress data on IEP goals.
- Reporting on the progress towards the achievement of IEP goals.
- Reviewing and updating goals.

Resource

OSEP Dear Colleague Letter to L. Kelly

COLLECTING DATA IN PHYSICAL EDUCATION

Data collection is required to determine the present performance level, development, and reporting on appropriate goals. It assists the teacher in determining instructional strategies to address the students' needs.

Impact on APE Services

Data collection is important to the adapted physical education service providers because it is the most practical way to show student progress over time. Data collection should be used to write the present level of performance and the basis for future goals. Data collection is required by law to meet the legal implications of the IEP.

IEP Team Members Predominantly Impacted

Physical Education Teacher/Adapted Physical Education Teacher - Collects data to monitor progress and write future goals.

Paraeducator - Can assist the teacher with documenting student progress.

Student - Has performance recorded and monitored to ensure learning.

Suggested Tools

- Rubrics
- Checklists
- Anecdotal notes
- Video recording
- Pictures
- Formal/standardized assessments
- Student worksheets

Resource

Horvat, M., Block, M.E., & Kelly, L. (2007). Developmental and Adapted Physical Activity Assessment. Champaign, IL: Human Kinetics.

PEER TUTORING IN PHYSICAL EDUCATION

Peer tutors influence children in adapted physical education by intentionally providing students with disabilities an opportunity to socialize and learn from their peers.

Impact on APE Services

When tutors are properly trained and supervised, they act as a model and provide support. Peer tutors can also enhance the setting by modeling appropriate behaviors and skills.

IEP Team Members Predominantly Impacted

Physical Education Teacher/Adapted Physical Education Teacher – Provides training for peer tutors and monitors the impact.

Peer Tutor – Models appropriate behavior and skills and support the student with disabilities in the classroom setting.

Suggested Strategies

- Small-Group Instruction
- One on One
- Large Group
- Reverse Mainstreaming
- Reciprocal Peer Tutors
- Unidirectional
- Bidirectional
- Class Wide
- Same Age
- Cross-Age

Resource

Peer Tutoring in Physical Education

IEP TEAM INCLUDES THE APE TEACHER

The physical education teacher must be an active member of the IEP team and equally informed to be an effective IEP team participant.

Impact on APE Services

Physical education teachers/adapted physical education teachers are responsible for providing services. They need to provide information relating to the student's performance in physical education and understand the process of identifying students for adapted physical education.

IEP Team Members Predominantly Impacted

Adapted Physical Education Teacher/Physical Education Teacher – Is knowledgeable of the IEP process and provides appropriate physical education instruction.

Student and Parents/Guardians – Understands adapted physical education as an instructional service and how it supports growth and development.

Suggested Strategies

Requesting an adapted physical education assessment

- Reporting on student performance in physical education.
- Sharing strengths of the student in physical education.
- Sharing concerns regarding students' performance in physical education.
- Sharing strategies or interventions that have been implemented.
- Indicating the assessment determines eligibility for adapted physical education services.

Reporting the assessment data

- Summarizing the data and share key points from each of the sections of the report.
- Highlighting specific areas of strength and need (at least two for each).
- Sharing the areas where the student is performing below grade/age level.
- Recommending services and discuss placement if eligible.
- Providing strategies to implement in physical education (behavioral, environmental, and/or instructional).
- Suggesting recreation opportunities for parents to explore.

Recommending APE goals and objectives for an IEP

- The IEP team members are required to have the goals before the IEP team meeting.
- The goals and objectives are reviewed at the IEP team meeting.
- The supplementary aids/services and the least restrictive environment are considered during the IEP team meeting.
- The adapted physical education teacher should know the related services, accommodations, and other important information.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

Present levels of academic achievement and functional performance (PLAAFP) is the driving force behind the IEP and should be addressed first before writing adapted physical education goals and objectives.

Impact on APE Services

The team must thoroughly review all available data. Goals and short-term objectives are then written based on the results of current assessments or data collection.

IEP Team Members Predominantly Impacted

Physical Education Teacher/ Adapted Physical Education Teacher – Is responsible for using current assessment data to develop the PLAAFP.

Suggested Strategies

- PLAAFP statements must be supported by current data.
- PLAAFP should accurately describe how the disability affects the involvement and progress in meeting the physical education curriculum (impact statement).
- PLAAFP should also include descriptive statements of the student's abilities (strengths and weaknesses).
- Current classroom observations must be included.
- The goals and objectives reflect the needs of the student as indicated in the PLAAFP.
- Summarize assessment findings (must be current and relevant).
- Review and include last-quarter progress report information.
- Include all information from checklists and other relevant data.
- Include descriptive statements on strengths and weaknesses.
- Include class observations.
- Include areas of concern and barriers.
- Include instructional implications (how concerns affect access, progress, or participation in general physical education).
- Include names and credentials

Resource

Maryland Learning Links

WRITING IEP GOALS AND OBJECTIVES

IEP Goals and objectives should be written for any area discussed in the present level of academic achievement and functional performance (PLAAFP).

Impact on APE Services

The annual goals should have a direction of the behavior/skill, area of need, and level of attainment. Goals should be written with anticipation of mastery within a year. All goals and objectives must be measurable.

Five Components of IEP Goals and Objectives:

- Conditions
- Behavior
- Criteria
- Method of Measurement
- Timeframe

Format:

- Given/provisions
- Condition or environment
- Expected behavior
- Determination for mastery

Suggested Strategies

Goals and Objectives Writing Checklist

- Review PLAAFP statement.
- Use adapted physical education curriculum guides and physical education curriculum guides for developing goals and objectives. Use a top-down planning model and parent questionnaires.
- Include who (the person performing the behavior).
- Include what the student will do (i.e., the specific, measurable, and observable behavior or skill to be performed).
- Include the conditions (i.e., indicate what specific assistance will be given to the student to accomplish the skill, including the setting[s] or circumstances).
- Include the criteria for how (i.e., the level the student must perform to accomplish the step for meeting the annual goal. It can be expressed in percentages and frequency rates).
- Include how the objective will be evaluated (e.g., data collection, teacher observation, therapist observation (who), portfolio, work samples, or informal assessments).

Resources

Maryland Physical Education Framework: Pre-Kindergarten through 12th Grade (2020)

Improving Outcomes for Students with Disabilities (2019)

RESPONSE TO INTERVENTION (RTI)

RTI has been described as a multi-tiered framework designed for early and, when necessary, sustained interventions for students who are unsuccessful in the general education curriculum (Jenkins, Hudson, & Johnson, 2007).

Impact on APE Services

Through implementing an RTI framework, students are provided with an appropriate level of scientifically based instruction focused on their educational needs. Adapted and general physical educators must be proactive in preventing student failure by intervening early with scientifically based interventions and ongoing progress monitoring.

Elements of the RTI Framework

Tier 1 - Core Instructional Strategies:

- All Students
- Proactive, Preventative

Tier 2 - Targeted Group Interventions:

- Some Students (At-Risk)
- High-Efficiency
- Rapid-Response

Tier 3 - Intensive, Individual Interventions:

- Individual Students
- Assessment-Based
- Higher-Intensity
- Longer-Duration

Suggested Strategies

- Collaborating with Special Educators
- Collaborating with Adapted Physical Educators
- Attending Professional Development
- Videotaping
- Mentoring
- Planning Supports
- Providing Written Guidelines
- Attending Professional Development - Online Courses
- Providing Informative Resources
- Collecting Data
- Being Time Sensitive
- Providing Follow up Sessions

Resource

Maryland Learning Links

PERSON FIRST LANGUAGE

Whether verbal or written, it is recommended to use person-first language. People are not defined by their disabilities, and disabilities are not the person. There is a difference between "being" and "having." To "be" implies someone's identity, where "having" implies possession.

What's In a Name?

Appropriate Terms	Inappropriate Terms
Person with a disability	Disabled person, cripple, abnormal, crip, gimp
Person who has mental or physical disabilities	Disabled victim, unfortunate victim, poor, pitiful, abnormal, deformed, invalid
Person without a disability	Normal, complete, whole
Person who has a mobility impairment, wheelchair user, or person who uses a wheelchair	Wheelchair-bound, confined to a wheelchair, wheelchair victim
Person with quadriplegia, paraplegia, person who is paralyzed, or person who uses a wheelchair	Quad, quadriplegic, paraplegic
Person who uses crutches or cane or another mobility device	Cripple, gimp
"Person who has…," "Person who experienced…," "Person with…."	Victim of, suffers from, afflicted with, stricken with…
Person who has a disability, resulting from or caused by….	Invalid, victim, afflicted with…
Person who has had a stroke	Stroke victim, suffered from a stroke
Person with a congenital characteristic or a congenital disability	Birth defect
Person with mental illness or disability, psychiatric disability	Mental deviant, crazy, mentally deranged, insane, former mental patient
Person with intellectual disability or person with cognitive disability	Retard, mentally retarded person, feebleminded, mentally deficient, defective, imbecile, idiot
Person with a brain injury	Brain-damaged, brain-injured victim
Person who has a speech disorder, a person without speech, or a person with a speech impairment	Mute
Person with Down syndrome	Mongoloid, Down
Person with cerebral palsy	Palsied, spastic, spas
Person with learning disabilities	Retard, lazy, stupid
Person with a developmental disability	Developmentally disabled person

POSITION STATEMENT FOR HIGHLY QUALIFIED APE TEACHERS

Presented By:

Maryland's Adapted Physical Education Consortium (MAPEC)

Endorsed By:

National Consortium for Physical Education for Individuals with Disabilities (NCPEID)

Introduction:

Physical education services, specially designed if necessary, must be made available to all students with disabilities who qualify for special education services under the Individuals with Disabilities Education Act (IDEA) of 2004 (including the amendments made in 2008). Highly qualified and caring personnel who hold a valid license to teach physical education must provide these physical education services. If a student with a disability has unique physical education needs and adapted or specially designed physical education is written into the student's individualized education program (IEP), it is recommended that a highly qualified adapted physical education teacher provide this service and/or provide consultative support to the general physical education teacher. To these ends, the position paper by the Maryland Adapted Physical Education Consortium (MAPEC) provides interpretation, application, and criteria for "highly qualified" personnel who teach adapted or specially designed physical education (a required direct instructional service) to students with disabilities.

Rationale:

According to IDEA of 2004, a "highly qualified" special education teacher must meet the following criteria:

1. The teacher has obtained full State certification as a special education teacher, or passed the State special education licensing examination, and holds a license to teach in the State as a special education teacher.
2. The teacher has not had special education certification or licensure requirements waived on an emergency, temporary, or provisional basis.
3. The teacher holds at least a bachelor's degree [(Part A – General Provisions) (602) (10) (B)]

Related Research:

Based on the above requirements for special education teachers, the National Consortium for Physical Education for Individuals with Disabilities (NCPEID) and MAPEC recommend that all teachers who are hired to provide physical education services to students with disabilities, as prescribed on the IEP (a required special education direct instructional service), be licensed in the State of Maryland to teach physical education with a minimum of three college course credits in the area of adapted physical education. Specific mandates have been outlined in IDEA to ensure that all students are taught by instructors who are prepared and have content knowledge in the area for which they are hired. IDEA, NCPEID, and MAPEC recognize the importance of physical education for all students and its contribution to physical, emotional, and cognitive development.

Physical education is defined in IDEA as the development of:

- Physical and motor skills;
- Fundamental motor skills and patterns; and
- Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports); and

Includes special physical education, adapted physical education, movement education, and motor development. All students being served in special education must have physical education to the same extent that their peers without disabilities participate in physical education. According to the guidelines outlined in the Federal Register (34 CFR parts 300-301), "First, physical education must be made available equally to children with disabilities and children without disabilities." "Second, if physical education is specially designed to meet the unique needs of a child with a disability and is set out in that child's IEP, those services must be provided whether or not they are provided to other children in the agency."

Based on the needs of the student with disabilities, a continuum of physical education placement services is provided, ranging in delivery from a general physical education class setting to a specially designed self-contained class setting that may include small group or one-on-one programming. Adapted physical education is the specially designed service provided along that continuum, not the placement. Highly qualified physical education teachers must possess a comprehensive content knowledge in disability studies; assessment methods for service qualification and instructional design; report writing; special education law; development of individualized education program (IEP); adaptations and modifications for physical education; behavior management; individual teaching and learning styles; collaboration and consultation skills; advocacy, inclusion practices; instructional design and planning; community and family resources; professional leadership; and assistive technology for physical education (Kelly, 2006). At a minimum, the teacher has gained this content knowledge by completing three college course credits in adapted physical education.

To ensure that all professionals who teach adapted or specially designed physical education to students with disabilities are, in fact, highly qualified and meet all competencies stated above, NCPEID has identified the following minimum requirements for all adapted physical education professionals who would be considered "highly qualified." MAPEC supports NCPEID's recommended requirements.

Recommended Criteria for Highly Qualified Adapted Physical Education Teachers

Criterion 1: Bachelor's degree in physical education teacher education and State license to teach physical education.

Professionals who teach physical education have content knowledge in this instructional area and hold a valid physical education teaching credential. Professionals with special education and/or physical therapy credentials are not qualified to serve as adapted physical educators unless they have completed the necessary additional professional preparation to be deemed "highly qualified" to teach physical education and have met the requirements as stated in this document defining a "highly qualified" adapted physical education teacher.

Criterion 2: Professionals should have a minimum of three college credit hours specifically addressing the educational needs of students with disabilities.

Coursework to meet this requirement must relate to physical activity, physical education, or recreation and students with disabilities as set forth by State or national standards for professional preparation in adapted physical education. NCPEID and MAPEC believe coursework in adapted physical education should provide evidence of competency in the following areas:

- Disability studies
- Motor assessment of individuals with disabilities
- Report writing
- Special education law
- Development of individualized education program (IEP)
- Adaptations and modifications for physical education
- Behavior management
- Collaboration and consultation skills
- Advocacy skills
- Instructional design and planning
- Individual teaching and learning styles
- Inclusion practices
- Community and family resources
- Professional leadership
- Assistive technology for physical education

Criterion 3: Professionals should have direct practicum experience providing instruction to children with disabilities in the physical education/physical activity environment.

Practicum hours must be in physical education/physical activity settings while teaching students with disabilities. All practicum settings must be supervised by a certified physical educator and may include student teaching, disability sports programs, and university supervised physical activity clinics/programs for individuals with disabilities, physical activity-based summer camps, and/or recreational programs. Practicum hours must be done with students who have a variety of abilities in various settings (e.g., inclusion, self-contained, or individual) and have the opportunity to participate in the IEP process.

VIRTUAL LEARNING ENVIRONMENTS

Physical education is a critical part of a well-rounded education and is an essential learning opportunity. Regardless of the instructional modality (face-to-face, synchronous, and/or asynchronous), the central focus remains the physical education standards. With the right resources and some creativity, specially designed physical education instruction can be achieved remotely or in a hybrid environment. The chart below identifies some of the challenges or barriers educators may face when designing, implementing, and evaluating a specially designed physical education service for a student with a disability. These recommendations were developed during the COVID-19 pandemic and were designed to help teachers and local education agencies (LEAs) leaders restore, reconstruct, and redesign education.

Challenges	Suggestions
Realigning IEPs to reflect the virtual learning environment	Assign more home-based fitness activities/goals and simplify motor skills - throwing, catching, kicking, etc. Meet the child where they are with a centralized focus on lifelong community-based activities. Design activities to include skills that can be safely performed in the student's home and with equipment that is readily available to them.
Administering APE assessments (initial and re-evaluations) to satisfy IEP requirements	Following local protocol(s), invite the parent/guardian to bring their student in for a one-on-one assessment Offer the parent/guardian the option to delay testing until they are comfortable with an in-person assessment: Be sure to document this option. Offer the parent/guardian the option of completing the assessment remotely using a checklist supplied in advance.
Ensuring students have a safe place to participate and/or the appropriate equipment to learn new skills and concepts at home	Survey parents about what equipment students may have at home. Plan on using alternative equipment and/or modified activities for the home. Have families create their own kit of At-Home Equipment. Set aside a small set of equipment for students or guardians to pick up from school and bring home for a short period.

Challenges	Suggestions
Teaching visually impaired students in a virtual environment	Continue to use communication devices during service hours. Consult with assistive technology staff and teachers of the visually impaired to provide supports and modifications to access the physical education lessons.
Teaching non-verbal students in a virtual environment	Use lots of visuals, videos, and parent/guardian support during service hours. Continue to use communication devices during service hours. Consult with assistive technology staff and teachers to provide supports and modifications to access the physical education lessons. Use accessible videos and/or pictures with embedded sign language symbols or picture symbols that the student uses for communication in all subject areas.
Students not having access to technology for synchronous instruction (computer and/or reliable Wi-Fi)	Consult with assistive technology staff to ensure students have access to the necessary technology. Use virtual support from a student's paraprofessional to assist with completing the written assignment(s). Create modified assignments that students can complete in a different format, such as an emailed cell phone video recording or a paper packet. Conference with related service providers and special education staff to design activities that students can complete independently and safely in their home environment asynchronously.
Inconsistencies in schedules (multiple transitions from synchronous to asynchronous instructional models as well as face-to-face to virtual and/or a hybrid instruction)	Set up a routine and lesson plan that can be implemented in-person, in a hybrid model, and virtually to meet all students' needs as the service delivery model shifts. Collaborate with classroom teachers and paraprofessionals to provide continuity from classroom to Physical Education.

Challenges	Suggestions
Student engagement and expectations during virtual learning	Camera use (consult LEA policy). Discuss with parent/guardian about the school system's expectations of camera use during virtual PE lessons. Adult assistance - Virtual PE & Dance Recommendations for Families IEP team meeting to realign expectations to allow for a successful educational experience for students. Option for asynchronous lesson when support is available. Reassign students to a general PE class and continue to provide supports and modifications as necessary.
Realigning IEPs to reflect the virtual learning environment	Assign more home-based fitness activities/goals and simplify motor skills - throwing, catching, kicking, etc. Meet the child where they are with a centralized focus on lifelong community-based activities. Design activities to include skills that can be safely performed in the student's home and with equipment that is readily available to them.

COLLABORATION OF SERVICES FOR STUDENTS WITH DISABILITIES IN PE

Quality Physical Education

Physical education (PE) plays a critical role in educating the whole child as part of a well-rounded education. Like other academic courses of study, it is based upon rigorous State and national standards that define what students should know and do by the end of each grade level. PE is unique to the school curriculum as it is the only program that provides students with opportunities to learn motor skills, develop fitness, and gain an understanding of the importance of physical activity. Students are provided an individualized and developmentally appropriate instructional program that will aid in developing physically literate individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity.

All individuals with disabilities have the right to receive maximum benefit from PE. A developmental sequence of motor, fitness, and social skills that recognizes individual differences in learning rates and styles should be provided to individuals with disabilities ages birth to 21 years.

If a student cannot participate in the general PE program, specially designed individualized instruction in PE (Adapted PE) shall be provided.

A successful program should include:

- Developmentally appropriate units/lessons that address Individualized Educational Program (IEP) goals and objectives.
- A highly structured classroom routine.
- A variety of teaching strategies and instructional practices utilized in the classroom.
- Promotion of social skills.
- Visual pictures/symbols for schedule and communication aids as needed.
- Graduated guidance when teaching skills.
- Modified equipment to ensure student success.
- Modified activities and games for student skill-development success.
- Fitness-improving activities.
- Student supports as needed.

Expectations of the Physical Education Teacher

To provide successful adapted physical education for students with disabilities, whether in the separate adapted physical education class or the inclusive setting, instruction should be aligned with the general physical education curriculum. Appropriate modifications and adaptations should be implemented to ensure a safe and orderly environment.

Physical education teachers should:

- Demonstrate and facilitate a positive attitude toward students with disabilities.
- Create a learning environment that is structured and organized with clear boundaries/areas designated for specific activities.
- Post rules/expectations and lesson objectives.

- Develop and implement an appropriate program to meet the students' needs.
- Collaborate and consult with related service providers such as speech/language pathologists, occupational therapists, and physical therapists to provide a consistent and effective physical education program.
- Consult with the special education classroom teacher for information regarding student's classroom routines and behavior management to provide consistency throughout the school program.
- Establish a rapport with paraprofessionals to support an effective instructional physical education program.
- Become familiar with what a qualified and effective Adapted Physical Educator is to improve outcomes for students with disabilities.
- Provide clear expectations for students, Instructional Assistants, and Additional Adult Assistants.
- Assign adult support to students as necessary.
- Provide feedback to additional adult assistants.
- Utilize the student IEP information and complete appropriate assessment and paperwork as part of the IEP process.
- Actively engage with students during the activity.
- Be flexible in addressing student behavior and activity modifications needed for each lesson.

Collaboration with Other Related Services

Physical education teachers, classroom teachers, related service providers, support personal, and parents are highly encouraged to collaborate with one another to address the unique needs of students with disabilities to provide a quality instructional program in physical education. Related services support physical education and adapted physical education but may not be offered in place of it. The related services that a school provides can be very helpful in understanding student needs. Related service providers can assist in planning instruction for students with disabilities in the physical education setting.

Occupational Therapist (OT)

The occupational therapist provides services to and on behalf of students to help them participate meaningfully in the activities that are a part of their roles as students/peers to make progress in the general education curriculum within their educational environment. They can help physical education teachers understand:

- Completion of functional activities to increase independence in instructional and non-instructional activities within the physical education classroom.
- Strategies to support function in the tasks, roles, and routines in the PE classroom.
- Modifications/adaptations of materials and environments.
- Fine motor and visual-motor skill development and adaptations to support successful participation and progress.
- Motor planning or body awareness and the impact on gross motor skill development.
- Strategies to facilitate an appropriate response to sensory information for safe and successful participation in activities.
- Strategies to regulate behavior and develop self-management skills required for successful participation with peers and in the curriculum.

Speech/Language Pathologist (SLP)

The speech/language pathologist provides services to students who have communication problems that affect their success in classroom activities, social interaction, literacy, and learning. They can help physical education teachers:

- Develop appropriate communication systems.
- Suggest strategies to increase communication in the physical education environment.
- Provide strategies or suggestions as to how language concepts can be reinforced through physical activities.
- Provide an understanding of levels of communication and the ability of students with autism to understand language.

Physical Therapist (PT)

The physical therapist provides services to and on behalf of students with physical disabilities/limitations to assist with developing functional mobility skills and providing strategies so that students can participate to the maximum extent possible in instructional and non-instructional activities and routines in their educational environment. They can help physical education teachers:

- Understand a student's participation restrictions in the general PE curriculum and their activity limitations in gross motor, motor planning, or functional motor skills.
- Problem-solve the barriers to a student's participation in the age/grade-appropriate PE curriculum with same-aged non-disabled peers.
- Determine appropriate solutions on how best to support the student's access to the PE curriculum and its environmental challenges.
- Develop strategies and/or interventions to address activity limitations and enhance participation in age-appropriate gross motor activities and the PE curriculum.
- Utilize adapted equipment to increase student participation.
- Safely assist students during transfers/mobility opportunities.
- Support the safe use of adapted equipment by PE personnel.

Orientation and Mobility (O&M) Services

Orientation and Mobility training is instruction in travel skills designed to allow individuals with visual impairments and blindness to travel safely and independently. An individual specifically trained in this area provides the instruction. The level of instruction is determined after the completion of an evaluation of the student's O&M skills.

Classroom/General Education Teacher

The classroom teacher can provide valuable information regarding the student, which will help in providing instruction in physical education, such as:

- Communication tools used in the classroom.
- Rewards and consequences used in the classroom.
- Strengths and needs of the student(s).
- Units of instruction (math/reading) and descriptions of how they can be integrated into the physical education lessons.

Instructional assistants

Additional adult assistants should be expected to provide support while allowing students to be as independent as possible. In addition, they should provide feedback to assist in assessing students' performance. Instructional assistants and additional adult assistants are the links that connect the teacher to the students and the students to the teacher. Their role is to:

- Assist and supervise students to and from the physical education environment.
- Work under the direct supervision of the physical education teacher.
- Guide and assist students through activities.
- Assist the physical education teacher in activities working toward the achievement of students' goals and objectives.
- Be familiar with the rules, expectations, consequences, and rewards for students.
- Apply consistent classroom management techniques.
- Be aware of the health and medical concerns of students.
- Communicate with the physical education teacher regarding the current emotional/behavioral status of students.

Collaboration with Parents

Communicating with parents is essential to having a quality and successful program. Parents should be informed of their child's goals and objectives through progress reports. It is also helpful if the parents are informed of different activities and skills taught in physical education. In turn, parents/guardians can suggest physical activities that they like to do with their child at home.

Possible topics of communication include:

- Letters/notes
- Team meetings
- Behavior charts/progress charts
- Telephone calls/email
- Parent-teacher conferences
- Discussing IEP goals and objectives
- Providing progress reports
- Requesting information to become more knowledgeable about the student
- Sharing pertinent information regarding physical education. For example, the student does not wear tennis shoes on days when they have physical education
- Providing ideas for movement activities at home
- Suggesting recreational activities

Additional Related Service Providers

Included is a list of additional related service providers that physical education teachers collaborate with to provide instructional programs for students with disabilities:

- Audiologists
- Deaf and Hard of Hearing Services
- Counseling Services
- Psychological Services
- Recreation and Therapeutic Recreation Services
- Nursing Services
- Nutritional Services
- Rehabilitative Counseling Services
- School Health Services
- Service Coordination Services
- Social Work Services in Schools
- Assistive Technology and Services
- Behavior Interventionist

The collaboration of services for students with disabilities in physical education settings will allow students to better meet the physical education curriculum and address the unique needs of each student.

Source: Modified from "Collaboration of Services for Students with Disabilities" Baltimore County Public Schools 2013

ASSESSMENT TOOLS

Maryland Adapted Physical Education Inventory is an assessment tool developed by Maryland's Adapted Physical Education Consortium.

Battelle Developmental Inventory, Third Edition (BDI-3) measures developmental milestones from birth to 7 years, 11 months across several global domains, including communication, social-emotional, adaptive, motor, and cognitive.

Brigance Inventory is an in-depth assessment with skill sequences that reveal what students did know and could do across a broad array of skills and behaviors in key developmental, academic, and transition domains.

Brockport Physical Fitness Test is a criterion-referenced health-related fitness test compatible with FitnessGram for students with physical and mental disabilities.

Competency Testing for Adapted Physical Education (CTAPE) is an assessment that creates a movement that indicates whether the student is average, poor in one type of skill, or weak in all areas.

Developmental Assessment for Individuals with Severe Disabilities – 3 (DASH-3) is a criterion-referenced test measuring specific skills in children and adults with disabilities. The tool is composed of five scales to examine a developmental sequence.

Fit4Work has criterion-referenced assessment tools that take into account a student's vocational preferences and unique needs to improve their skills and increase their opportunities for competitive, integrated employment.

FitnessGram is a criterion-referenced health-related fitness assessment.

Louisiana Motor Assessment for Preschoolers (LaMAP) is a supplemental tool designed for students with significant motor disabilities or impairments

Peabody Developmental Motor Scales -2 (PDMS-2) comprises six subtests that measure the interrelated motor abilities of children from birth through 5 years of age.

Test of Gross Motor Development – Third Edition (TGMD-3) is a norm-referenced assessment tool to identify children with gross motor deficits.

INTERACTIVE APPS

Exercise Buddy - An app designed for all students no matter their age, motor skills, or cognitive ability, with a central focus on students with Autism. It can be used to assess performance and to create custom visuals and workouts, and track data. It requires an iOS or Android mobile device and subscription.

Splice - An app that allows the user to piece videos together

ImgPlay - An app that allows the user to record a short video and convert to a GIF that can be imbedded in a presentation such as PowerPoint or Google Slides.

PowerPE - An app with engaging and kid-friendly visuals. It is designed to enhance instruction and bolster lessons and includes a section for distance learning.

Kahoot - A game-based app that can be used as an assessment tool. The format and number of questions is up to the creator. Videos, images, and diagrams can be embedded within each question to increase engagement.

Pear Deck - An app that increases the user's interactivity within Google Slides. A variety of questions can be added included open-ended and multiple-choice/poll questions. This app also has a "student-paced" mode that allows students to work through the lesson/slides independently.

Playposit Interactive Video - An app that allows the teacher to add interactive questions to a video. It is a great way to teach new skills and information. Teachers can create "interactions" which include:

- Multiple choice questions.
- Select all responses.
- Free response.
- Fill in the blank.
- Pause and reflect.
- Embed a hyperlink.
- Polls.

National Lesson Plan Creator - An easy click and auto-fill PE lesson plan template. Created by physical educators Justin Schleider, Mike Graham, Ben Parillo, Jimmy Wright, Lynn Burrows, Nicholas Endlich, and Adam Llevo.

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WEBSITES

Chromebook Health and Physical Education - A comprehensive list of crowd-sourced activities from Twitter. Activities can be sorted by grade level and/or national standards curated by physical educators Mark and Becky Foellmer.

Assessments in PE - A comprehensive list of crowd sourced resources curated by physical educators Mark and Becky Foellmer.

National Consortium for Physical Education for Individuals with Disabilities (NCPEID) - NCPEID is a national organization that plays a role in influencing the direction and development of the adapted physical education/activity field. Its mission is to promote, stimulate, and encourage legislative mandates, professional preparation, advocacy, and research in physical activity, physical education, and recreation for individuals with disabilities.

Adapted Physical Education National Standards (APENS) - APENS was developed by the National Consortium for Physical Education and Recreation for Individuals with Disabilities. Individuals who wish to become Nationally Certified Adapted Physical Educators (CAPE) can use this website as a resource to prepare for the exam.

Society of Health and Physical Educators (SHAPE) America - SHAPE America serves as the voice for 200,000+ health and physical education professionals across the United States. The organization's extensive community includes a diverse membership of health and physical educators and advocates, supporters, and 50+ state affiliate organizations.

Toolkit for PE - Connecting with physical educators by sharing ideas, experiences, and special education strategies to support teaching students with varying abilities and to foster positive behavior in the physical education classroom.

Boardmaker Online - A subscription-based service to create schedules and visuals for students

Go Noodle - Movement and Mindfulness resources

School of Strength - Special Olympics partnering with WWE Superstar Becky Lynch to introduce a whole new way to exercise through videos and workouts

Special Olympics Fit 5 – A resource guide to achieving fitness and your personal best with physical activity, nutrition, and hydration

PARENTAL SUPPORTS

Autism Society - Since 1965, the Autism Society has provided information for individuals on the spectrum, family members, and professionals.

Council for Exceptional Children - Provides information and resources about Special Education.

Easter Seals - For almost 100 years, Easter Seals has been providing services to those with special needs and disabilities.

Federation for children with Special Needs – Focuses on providing parental supports.

Family Resource Center on Disabilities - Training, assistance, and information for parents of children with disabilities

National Association of Parents with Children in Special Education - Parents of Special Education students can learn how to be their child's best advocate.

National Down Syndrome Society (NDSS) - Provides supports for people with Down Syndrome with resources such as wellness, education, and research.

Parent to Parent USA - Offers support to parents of children with special needs.

United Spinal Association - Offers support, advice, and resources for those with spinal cord injuries.

United States Department of Education - Provides resources and research for parents of children with special needs.

Center for Parent Information and Resources - Explains the process of special education services

Special Needs Resource - A directory for children with special needs

Food and Nutrition Services - Eat Smart, Play Hard

Special Olympics Maryland - Offering athletes the opportunity to choose from 27 sports and three sports seasons.

Maryland Learning Links - The Maryland State Department of Education's Division of Early Intervention and Special Education Services' (DEI/SES') provides resources all students, including students with disabilities on how to be ready for school, achieve in school, and be prepared for college, career, and community living.

Glossary

Acceleration - The rate of change in velocity

Accommodation - Adaptation that the child must make to the environment when new and incongruent information is added to their repertoire of possible responses

Adaptation - The process of making adjustments to environmental conditions and intellectualizing these adjustments through the complementary processes of accommodation and assimilation

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

Affective – Inner feelings, attitudes, and behaviors (socially acceptable) in a given setting

Age Appropriate - Within the child's chronological age

Agility - The ability to change the direction of the entire body quickly and accurately while moving from one point to another

Alternative/Augmentative Communication - Refers to supplemental communication techniques that are used in addition to any naturally acquired speech and vocalization that exists

Annual Goal - Yearly goals documented in the Individualized Education Plan (IEP)

Apraxia - A thought organization disorder that is particularly observable in movements that require correct sequencing and timing

Assessment - A process used to gather information about the participant's achievement and to make decisions and judgments based on that evidence

Assimilation - Interpretation of new information based on present interpretations by taking in information from the environment and incorporating it into one's existing cognitive structures

Ataxia - Defective muscular coordination, especially in relation to reaching and walking. Both balance and coordination are affected

Athetoid - Unwanted jerky repetitive movements

Atrophy - Degeneration of the muscles

Authentic Assessment - An assessment that takes place in a realistic situation as opposed to an artificial, contrived setting

Autism - A developmental disability significantly affecting verbal and nonverbal communication and social interaction

Balance - The ability to maintain one's equilibrium in relation to the force of gravity. Balance may be static or dynamic.

Behavior Management - Encompasses all of the strategies that educators utilize to develop effective and appropriate student behaviors.

Bilateral Movements - Two body parts working in unison and performing the same movements; arms and legs simultaneously reaching, spreading, or closing

GLOSSARY (CONTINUED)

Body Awareness - The ability to derive meaning from the body; developing the capacity to distinguish among body parts accurately and to gain a greater understanding of the nature of the body

Body Composition - The number of fat cells compared with lean cells in the body mass; measured by skinfold thickness

Catching - Involves using the hands to stop and gain control of an object.

Child-Centered - Child initiated and teacher-facilitated involvement of students in the learning process. Students are encouraged to make decisions in their learning. Students are encouraged to develop their ideas, and creativity is valued.

Closed Skill - Repetitive activities in a predictable environment

Cognitive - Refers to one's intellectual ability to think, recall, conceptualize, and solve problems

Competence - One's actual ability to meet particular achievement demands at an adequate performance level in all three learning domains

Congenital - Condition is present at birth.

Contractures - Permanent shortening and tightening of muscle or muscle group caused by spasticity, paralysis, or disuse

Contralateral Pattern - A movement pattern (generally creeping and walking) in which the arm and leg on the opposite side of the body move in unison

Coordination - The ability to integrate separate motor systems with varying sensory modalities into efficient movement

Criterion-Referenced Test - Compares an individual's performance against a predetermined standard of performance.

Cross-disciplinary Model - The integration of knowledge from many academic disciplines into the creation of a distinct, unique body of knowledge that focuses on the identification and remediation of psychomotor problems

Cross-Lateral Movements - Movements in which the limbs work in opposition. (e.g., left leg moves forward with the right arm like the natural walking pattern)

Daily Living Activities - Movement-oriented tasks that individuals carry out throughout their lives and that are required for basic everyday needs

Deaf-Blindness - Combined hearing and visual impairment, which causes such severe communication and other developmental problems

Deafness - A hearing impairment so severe that the child is impaired in processing linguistic information through hearing with or without amplification

Development - Changes in an individual's level of functioning over time

Developmental Approach - Instruction that emphasizes the acquisition of movement skills and increased physical competency based on the unique developmental level of the individual

Developmentally Delayed - A generic term that indicates a child performing significantly below average in one or more areas

GLOSSARY (CONTINUED)

Diplegia - A form of paralysis in which in which the lower extremities are much more involved than upper ones

Direct Instruction - A formal style of teaching in which the teacher leads through a series of commands in a more controlling environment

Directional Awareness - A developing sensitivity to internal and external sidedness

Early Childhood - The stage of life in which individuals are between the ages of three and eight

Ecological Task Analysis - The collaborative process of assessing and decision-making about all variables that affect learning. Refers to analyzing relationships among task goal, learner, and ecosystem in holistic functional terms.

Exploratory-Based - An indirect teaching approach that encourages child-centered movement

Extension - Stretching or lengthening muscles

Fine Motor - Small muscle movements that require precise movement performance

Flexibility - The ability to use joints fully; the capacity of a joint to move through its potential range of motion

Flexion - Shortening or contracting muscles

Force - The effort that one mass exerts on another. It can be produced by muscles, gravitational pull of the earth, and/or momentum.

Formative Assessment - Gathering and evaluating data about participants' progress throughout the program

Frontal Plane - Plane in which lateral movements of the body and body segments occur

Fundamental Movement - An organized series of related movements used to perform basic movement tasks such as running, jumping, throwing, and catching

Fundamental Movement Patterns - The observable performance of a basic locomotor, manipulative, or stability movement that involves combining movement patterns of two or more body segments

Gait - An individual's walking pattern. It consists of the swing phase and support phase.

Galloping - Similar to sliding, but the movement is performed in a forward direction. One foot leads in the forward direction.

Gliding - Moving along smoothly, evenly, and easily. The phase of movement through water without the effort of the swimmer

Gross Motor - Large muscle movements of the body

Guided Discovery Method - A teaching approach in which the instructor poses problems in the form of questions or challenges

Head Control - Ability to position one’s head in space to work against gravity

Hearing Impairment - An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance

GLOSSARY (CONTINUED)

Health-Related Fitness - The development and maintenance of fitness components that can enhance health and well-being. Includes: cardiorespiratory endurance, muscular strength, muscular endurance, body composition, and flexibility

Hemiplegia - A form of paralysis in which the entire right side or left side is involved

Homolateral Pattern - A movement pattern (generally creeping and walking) in which the arm and leg on the same side of the body move in unison

Hopping - Forcefully pushing off the ground from one foot, a brief suspension in the air, and landing on the same foot

Hydrocephalus - An abnormally large head caused by the accumulation of cerebrospinal fluid

Hydrodynamics - The science that studies the motion of fluids and forces on solid bodies in the water

Hydrotherapy - Water exercises for therapeutic purposes

Hypothermia - A lowering of the core body temperature due to cold conditions in the environment

Hypotonia - Insufficient muscle tone, muscle weakness. Often associated with children with Down syndrome

Inclusion - An educational procedure and process for children with disabilities based on the ethical and legal requirements that each child is educated in the least restrictive environment in which the child's education and related needs can be satisfactorily met.

Inertia- Tendency of a body to resist a change in its state of motion

Immersion - Dipping or lowering the body into water until it is covered by it

Individualized Family Service Plan (IFSP) - Used with infants and toddlers in place of an individualized education plan (IEP)

Infant and Toddler - Individuals from birth through age 2

Intellectual Disability - Significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior. Once known as mental retardation

Interdisciplinary Model - A model in which Individuals from many different professions interact in service delivery and share knowledge and skills

Isometric – A muscle contraction involving no change in muscle length

Jumping - A child bends their knees, swings their arms, and creates a force that allows the child to leave the ground on two feet and land on two feet. This can occur for distance or in height.

Kicking - Imparting force to an object by the foot and the leg.

Leaping - Like a run, it is a long step forward to cover a distance or go over an obstacle. An exaggerated running step

Locomotion - Movement patterns that permit exploration through space (e.g., walking, running, jumping, hopping, skipping, galloping, sliding, marching, or leaping)

Mainstreaming - The process of including children with disabilities in the same programs and activities as the general education classes

GLOSSARY (CONTINUED)

Manipulation - Movement patterns that permit gross and fine motor contact with objects (e.g., throwing, catching, kicking, and striking)

Mental Retardation - See Intellectual Disability

Moderate Physical Activity - Activity that is easily maintained and is performed at an intensity that increases heart rate and breathing

Motor - Underlying biological and mechanical factors that influence movement

Motor Development - Continuous change in motor behavior throughout the life cycle brought about by interaction among the requirements of the task, the biology of the individual, and the conditions of the environment

Motor Fitness - The aspect of physical fitness that refers to genetically dependent characteristics that are relatively stable and related to athletic skills

Motor Planning - The organizational activity of the neural system that commands coordinated movement patterns. It is the child's thought process about their movements.

Movement Concepts - The utilization of the areas of body, effort, space, and relationships to elucidate fundamental movements and sport skills

Movement Education – Instructional strategies that use a problem-solving approach to help children develop body awareness and use their bodies in an effective manner unique to their physical resources

Movement Patterns - An organized series of related isolated movements, such as an underhand or overhand movement pattern

Movement Skills - A fundamental movement pattern performed with accuracy, precision, and control

Multiple Disabilities - A combination of impairments (e.g., intellectual disability and orthopedic impairment) that may cause severe educational problems

Muscular Endurance - The ability of the muscle or a group of muscles to perform force related work repeatedly against moderate resistance

Muscular Strength - The amount of force the muscles can produce

Multidisciplinary Model - A model in which individuals from many professions participate in service delivery

Norm-Referenced Test - An assessment that compares an individual's performance against established standards for a population group with similar characteristics

Open Skill - Practice of skills in an authentic, unpredictable environment

Orthopedic Impairment - A skeletal deformity that adversely affects a child's educational performance; caused by congenital anomaly, disease, or another cause

Other Health Impairments - Having limited strength, vitality, or alertness, due to chronic or acute health problems

Palmer Grasping Reflex – An involuntary response to a mechanical stimulation of the palm, where the hand closed strongly around the object without the use of the thumb

Paraplegia - Partial or complete involvement of two similar limbs, either the legs or trunk

Paralympics - The worldwide sports movement for elite athletes with orthopedic disabilities

GLOSSARY (CONTINUED0

Perceptual-Motor - The process of organizing incoming information with stored information that leads to a movement response

Performance-Related Fitness - The development and maintenance of fitness components that can enhance performance in physical activity such as sport. It includes: agility, balance, coordination, power, reaction time, and speed

Physical Fitness - A state of well-being influenced by nutritional status, genetic makeup, and frequent participation in a variety of intense physical activities over time

Proficient - One's actual ability to master particular achievement demands at or above expectations across all three learning domains

Prone - Lying in a horizontal position with the front of the body facing down

Principles of Physics in Water - Press down: Body goes up; Press up: Body goes down; Press back: Body goes forward; Press forward: Body goes back

Propulsion - The action or process of moving forward

Propulsive Drag Theory - Theory attributing propulsion in swimming to propulsive drag on the swimmer

Psychomotor - Refers to the ability to move part or all of the body in skillful ways

Push-Off - Creating a certain amount of force by pressing against an object to produce a certain amount of speed or movement away from it. (Law of Acceleration). Twice the force will produce twice the speed.

Quadriplegia - All four extremities are involved. Partial or total lack of voluntary motor movements and sensations

Qualitative - Involving non-numerical description of the quality

Quantitative - Involving the use of numbers

Range of Motion - The angle through which a joint moves from anatomical position to the extreme limit of segment motion in a particular direction

Reflexes - Involuntary changes in muscle tone elicited by certain stimuli or conditions

Rhythm - The synchronous recurrence of events related in such a manner that they form recognizable patterns

Rotation - Turning around a center or axis; turning in a circle, revolving

Running - Like a walk, but speed is faster with longer stride lengths. There is a momentary period of flight where the body is not supported at all

Sagittal Plane - Plane in which forward and backward movements of the body and body segments occur

Self-Concept - An individual's awareness of personal characteristics, attributes, and limitations and of how these qualities are both like and unlike those of others

Self-Confidence - An individual's belief in their ability to carry out a mental, physical, or emotional task

Self-Efficacy - The conviction that one can successfully execute the behavior required to produce the desired outcome

Self-Esteem - The value that one attaches to one’s unique characteristics, attributes, and limitations

GLOSSARY (CONTINUED)

Serious Emotional Disturbance - A condition exhibiting one or more of the listed characteristics adversely affecting the child's educational performance over a long period. Inability to learn other than intellectual, sensory, or health factors; inability to build proper social skills, inappropriate behaviors/feelings, depression, and/or development of physical symptoms or fear associated with personal or school problems

Shunt - A device implanted in the body to remove excess cerebrospinal fluid

Skipping - A combination of a step and a hop, with feet alternating after each step-hop

Sliding - A sideways movement in which the weight of the body is shifted in the direction of the slide

Specific Learning Disability - A disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken/written) that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations

Skill-Based Movements - Fundamental movements that are later modified into the more specialized patterns on which activities of increasing complexity are built

Spasticity - A pyramidal system malfunction. Primarily a problem of over-excitation or too much tightness in the muscles. Impairment of voluntary movement

Spatial Awareness - An understanding of how much space the body occupies and the ability to project the body effectively into external space

Special Olympics - A worldwide sports movement for athletes with intellectual disabilities

Speech or Language Impairment - A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment

Speed - The ability to move from one point to another in the shortest time possible. Speed is the total of reaction time and movement time

Stability - Complex movement patterns that place a premium on gaining and maintaining one's equilibrium (e.g., static and dynamic balance abilities)

Striking - Involves using a body part or an implement to apply force to a stationary or moving object.

Summative Assessment - An assessment that occurs at the close of a unit, providing teachers with a comprehensive summary of student progress and growth.

Supine - Lying in a horizontal position with the front of the body facing up

Temporal Awareness - The ability to derive meaning in relation to speeds, distances, time, and/or flow. It is intersensory and primarily visual-auditory

Transdisciplinary Model - Individuals of different domains work collaboratively in all aspects of the educational process, including assessing, designing, and determining goals jointly

Throwing - Use of the underhand, overhand, or sidearm pattern in propelling an object

Traumatic Brain Injury - Acquired injury to the brain caused by an external physical force, resulting in total or partial functioning disability or psychosocial impairment

Triplegia – A form of paralysis in which three extremities, usually both legs and one arm, are involved

Unilateral Movement - One body part performing a movement. Reaching of one arm to grasp a toy

GLOSSARY (CONTINUED)

Vigorous Physical Activity - Physical activity that can produce fatigue in a short period and is performed at an intensity in which heart rate and breathing are elevated quickly

Visual Impairment - Impairment in vision, including blindness, that even with correction adversely affects a child's educational performance

Visual-Motor Coordination - The ability to visually track and make interception judgments about a moving object

Vocational Skills - A variety of trade skills that apply to a specific technical and practical profession. The associated educational programs are designed to prepare students for employment and life after high school