

EASTERN LANCASTER COUNTY SCHOOL DISTRICT
Garden Spot High School/Middle School
669 E. Main St., P.O. Box 609
New Holland, PA 17557

ADAPTIVE PHYSICAL EDUCATION FORM

Student Name: _____ Grade: _____ Date: _____

Diagnosis: _____

Check **ONE** of the following:

Option 1: (_____) Omit physical education class until (date) _____ (*Disregard check list below*) **OR**

Option 2: (_____) May participate in the physical activities checked below:

Fitness Center:

Weight lifting – machines only (no free weights): _____ Upper body _____ Lower body
Weight lifting – dumb bells: _____ Upper body _____ Squats _____ Lunges
Cardio-respiratory Machines: _____ Treadmill _____ Stationary bike (upright)
_____ Stationary bike (recumbent) _____ Elliptical runner (no pounding)
Stretching: _____ Upper body _____ Lower body
Balance Balls: _____ Upper body _____ Lower body

Activities: No Contact, No Games

Outside: Sport Skills

_____ Soccer/Speedball – dribbling, kicking, throw-in
_____ Football – throwing, catching
_____ Softball – throwing, catching
_____ Track – walk, jog
_____ Field – throwing shot, discus
_____ Frisbee – throwing
_____ Golf
_____ Tennis – Serve, forehand, backhand
_____ Other activity, please specify: _____

Inside

_____ Badminton
_____ Ping Pong
_____ Basketball - shooting, passing, catching
_____ Volleyball - serve, pass, receive, set
_____ Wiffleball – bat
_____ Dance – social, creative/rhythmic, aerobic, step
_____ Exercise Video – yoga
_____ Exercise Video – kickboxing
_____ Wii video games (Just Dance, Wii Sports,)

*****MUST BE COMPLETED:**

Physician guidelines and/or restrictions during physical activity to the above checked activities (if needed, i.e. no use of R arm): _____

AND/OR referral to P.T. for additional directions: _____

As a result of examination of this patient, I recommend placement in the above Adaptive Physical Education Program until (date/amount of time) _____

Need for re-evaluation: _____ NO OR _____ YES – (date of next visit) _____

Signature of Physician: _____ Date: _____