



Adapted Physical Education Guidelines in California Schools

Fact Sheet for Administrators

RATIONALE FOR PHYSICAL EDUCATION:

The many benefits of physical activity have been documented through years of research. These benefits include increased muscular strength, stimulation of bone growth, cardiovascular fitness, and flexibility or range of motion, which enable the body to move and function more efficiently and contribute to personal health. In addition, individuals can attain higher levels of functional movement skills, fundamental movement patterns and skills, and sport skills through physical activity. The attainment of these skills and patterns promotes a higher quality of life and greater opportunity for social interaction with others. Other studies have identified physical activity as a factor linked to faster reaction time and greater memory for the elderly.

Quality physical education programs provide opportunities for students to attain movement and sport skills that can be applied to physical activities across the lifespan. Opportunities are also provided for students to develop increased levels of lifetime physical and health fitness, which contribute to an active lifestyle. Individuals with disabilities can gain very similar benefits from physical activity and the accrued physical fitness as people without disabilities.

EDUCATION REFORM:

As a result of education reform, curriculum standards are being written for the various subject areas. These standards provide the basis for curriculum development. The National Association on Sport and Physical Education (NASPE) of the American Alliance of Health, Physical Education, Recreation, and Dance has written grade level standards for physical education (1995). In 1998, the California Department of Education published "Challenge Standards for Students Success: Physical Education." Using the California Challenge Standards and the NASPE Standards, a committee convened by the California Department of Education has written the Adapted Physical Education Standards and included them in the Adapted Physical Education Guidelines for California Schools.

QUALIFICATIONS OF THE ADAPTED PHYSICAL EDUCATION SPECIALIST:

Standard 2.1 The person providing instruction and services shall have a credential authorizing the teaching of adapted physical education as established by the Commission on Teacher Credentialing 5 CCR sec. 3051.5(b) In order to teach APE to students of all ages, the teacher should possess a credential authorizing the teaching of physical education (single subject physical education, general secondary, multiple subject, etc) and have the APE specialist credential. (2002, Adapted Physical Education Guidelines for California Schools.)

EARLY INTERVENTION:

Standard 7.1 An infant who may have or is suspected of having a neuromuscular, musculoskeletal, or other physical impairment may require medically-necessary occupational therapy or physical therapy and should be referred by the parent to California Children Services (CCS) to determine eligibility for physical therapy and/or occupational therapy. If the infant or toddler is not found eligible for medically necessary physical or occupational therapy, the LEA or regional center may provide physical and/or occupational therapy for educational purposes. (Govt.Code Sec.7575.)

LOCAL PLAN:

Legal references, standards and material used for this Fact Sheet are taken from the Adapted Physical Education Guidelines for California Schools, April 2003.

Standard 9.1 Each SELPA is to develop policy and implementation procedures within their local plan, which describe all Designated Instruction and Services (DIS) including adapted physical education (APE). The California Department of Education, in conjunction with professionals in the field, recommends the following be considered when determining the appropriate physical education service(s) for children who are eligible for special education. Before a referral to special education is made, adaptations, accommodations, and modification within the existing general education program should be tried and documented. Appropriate and meaningful intervention strategies should be based on the child's needs, age and curriculum content. These strategies should be documented and reported along with the outcomes for a designated period of time before a referral to adapted physical education is made. (Sec.56303)

CASELOADS:

Actual caseloads are determined at the SELPA level. The best practice is to first consider all to the factors listed on page 60 of the Guidelines and determine the impact on each APE specialist. There will be a wide range of caseloads and the APE specialists should be involved in determining actual assignments and caseloads. Currently a caseload formula is being developed which takes into account the following: not **teaching duties** (IEP writing, assessment/reports writing, planning time, parent contact time, case management and other duties as assigned), **direct teaching time** including collaboration-consultation, and **travel** time including car time, setting up and taking down equipment, as well as gathering and returning students.

FREQUENCY OF SERVICE:

All children are required to participate in 200 minutes of physical education instruction per 10 days for elementary and 400 minutes per 10 days for secondary, unless excused or exempt under sec. 51241. Direct APE instruction service may be provided for all or part of the required minutes in which the focus of instruction is on the state goals and objective/benchmarks.

The remainder of the required number of minutes for physical education instruction may be provided in general, or specially designed physical education. The IEP should clearly indicate the total number of minutes in each service delivery model. (Sec.51222, 51241,51246,51210,56345(a)(b) and 34 CFR sec. 300,307.)

APE, OT, PT:

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

USE OF INSTRUCTIONAL ASSISTANTS:

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

For More information go to: www.sc-ape.org