



Adapted Physical Education Guidelines in California Schools

Fact Sheet for Parents: Elementary

Physical Education is defined as The development of (A) Physical and motor fitness, (B) Fundamental motor skills and patterns, and (C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports) and (ii) includes special physical education, adapted physical education, movement education, and motor development. Code of Federal Regulations 300.17:

Adapted Physical Education is defined as a program to meet the unique needs of an individual with a disability who is unable to fully participate in the general physical education program. A credentialed APE specialist who may work collaboratively with other school personnel including general physical education teachers, special day class teachers, and instructional assistants teaches the program. Consultative services may also be provided to school personnel and others, including parents, medical personnel, and social agencies for the purpose of identifying supplemental aids, services, or modifications necessary for successful participation in the general PE program or specially designed PE program. Frequency and duration of services, and goals and objectives/benchmarks, which are monitored by the APE Specialist, are identified on the IEP. Students receiving APE are counted on the APE specialist's caseload.

Standard 3.14 The majority of children identified as eligible for special education and related services are capable of participating in the general education curriculum to varying degrees with some adaptations and modifications. (Guidelines page 27)

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

Standard 3.4: A student, who receives general or specially designed physical education, will be referred to APE when adaptations, accommodations, and modifications have had limited or no success (Guidelines page 16)

In some cases, the severity of the disability is such that the team makes a referral to APE as adaptations, accommodations, and modifications, which have been considered, are determined to be inappropriate. In other words, a direct referral for APE assessment is most appropriate.

Standard 4.3: The IEP Team for a student who has been referred to special education makes the final determination of the eligibility. (Guidelines page 32)

All members of the IEP team should carry out their assessment responsibilities and should come to the IEP meeting prepared to report findings. APE specialist may be extremely helpful when identifying children whose disabilities fall under the categories of other health impaired an orthopedic impairment.

Standard 5.1: APE, occupational therapy, and physical therapy are all designated instruction and service (DIS) but serve different functions. (Guidelines page 39)

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, as well as the Special Education Teacher, should be

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

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 APE 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.

Standard 9.5: All children are required to participate in 200 minutes of physical education per 10 days for elementary, and 400 minutes per 10 days for secondary ([Guidelines page 61](#))

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

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. ([Guideline page 46](#))

Physical and occupational therapy are identified as early intervention services for children under the age of three and are provided when the IFSP is developed by the regional center and/or LEA for each eligible infant or toddler, which has been evaluated. Children with solely low-incidence conditions such as visual impairment, hearing impairment, severe orthopedic impairment, or a combination thereof receive services through the LEA. If the present level of physical development indicated the need for further assessment to determine eligibility for physical and or occupational therapy, a referral should be made to California Children Services. A parent may perform service coordination activities for his or her own infant or toddler in collaboration with the service coordinator assigned by the regional center or the LEA. 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)

Standard 4.1: A combinations of physical education program options can be used to meet the physical education requirement.

An elementary aged student might receive a session in APE and for the remainder of the 200 minutes of physical education instruction s/he might attend specially designed or general physical education, taught by the classroom teacher or team taught.

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