



Adapted Physical Education Guidelines in California Schools

Fact Sheet for Special Day Class Teachers and other specialists...

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 physical education program or specially designed physical education 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.

RATIONAL 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 PE 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.

Students with disabilities can gain very similar benefits from physical activity and the accrued physical fitness as people without disabilities.

FREQUENCY OF SERVICE:

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, 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.)

Adapted Physical Education Specialist, Occupational Therapy, Physical Therapy:

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 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. Individuals with disabilities can gain very similar benefits from physical activity and the accrued physical fitness as people without disabilities.

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 PT and/ or OT, 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 PT and/or OT for educational purposes. (Govt. Code Sec 7575.)

Physical education program options can be used to meet the PE 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.

Standard 3.3: Adaptations, accommodations, and modifications within the existing general physical education program shall be documented before a child is referred to adapted physical education.

When movement skill ability is suspected as contributing to or resulting from a disability, adaptations, accommodations, and modifications should be tried within the general or specially designed physical education program for a child before a referral to APE is made. Appropriate and meaningful intervention strategies should be based upon the child's needs and age and upon the physical education curriculum. It is recommended that interventions and their outcomes be documented for a reasonable period of time.

In some instances, the disability of the child is so apparent that is referral to APE is appropriate without implementations or adaptations, accommodations, and modifications. However, on the IEP, there should be documentation that adaptations, accommodations, and/or modification have been considered. This will meet the letter of the law and will assist in communicating with future examiners and service providers. (Sec 56344.)

Some general physical educators are unclear as to how they can modify instruction, equipment and participation for their students who have mild disabilities. In these instances, the APE specialist may provide consultation to these teachers for the purpose of helping them identify different instructional strategies, modification, and adaptations. Often, students with mild disabilities can participate successfully in general physical education if rules are modified, equipment is changed, the student is permitted to play a specific position on a team, or provided with a peer tutor or "buddy."

Collaboration:

A collaborative approach is recommended for APE, which maximizes the quality of education for students with a disability. For example, when a student receives two or more services, (e.g. APE and PT) 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 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 the other professionals informed about skill transfer to the educational settings that involve group participation.

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