



# Adapted Physical Education Guidelines in California Schools

## Fact Sheet for Parents: Secondary

**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, APE, 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 PE 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

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.

**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 adapted physical education assessment is most appropriate.

**Standard 8.1: Students who receive APE services shall have an Individual Transition Plans (ITPs) beginning at age 14. ([Guidelines page 55](#))**

The transition curriculum revolves around three main areas: instruction, community living and employment. Physical education programming, in the area of instruction, focuses on helping the student become aware of his/her movement strengths and needs. Additionally, the student may become aware of the resources for pursuing movement goals that are available within the community or post-secondary education setting. Programming in the area of community living may focus on helping the student experience or access community programs or facilities offering physical activities such as: YMCA, parks, fitness clubs, or community college classes to name a few. In the area of employment, physical education programming may focus on physical and motor fitness necessary to perform ones job duties, travel to a job site and daily living and mobility.

**Standard 9.9: A high school student who requires APE as stated on his/her IEP, should continue to receive APE even if he/she has met the graduation requirements for physical education. ([Guideline page 64](#))**

If a student continues to qualify for special education and needs APE services, but wishes to focus on other areas, he/she may elect to take other courses or class electives. This decision is based on the consensus of the IEP team and the parents.

**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 5.1: APE, occupational therapy, and physical therapy are all designated instruction and services (DIS) but serve different functions. (Guidelines page39)**

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.

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

An example of an IEP team assigning an individual with a disability to a combination of physical education programs could be a combination of APE and general physical education. An elementary age student may receive one or two sessions per week in adapted physical education, working on IEP goals and objectives, and for the remainder of the 200 minutes of physical education instruction s/he may attend specially designed or general physical education, taught by the classroom teacher. Occasional periods of team teaching are sometimes required when a combination of physical education program options are assigned for a student with a disability. (Guidelines page 30)

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