



# Physical Education for Individuals with Disabilities

*A Guide for  
Best Practices*

**SPED**

OFFICE OF  
SPECIAL EDUCATION



**T&A**

OFFICE OF TEACHING,  
LEARNING, AND ASSESSMENT

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# Overview

## Philosophy

The philosophy of the Nebraska Department of Education (NDE) is to assist districts and educators with providing educational equity among all students. An appropriate physical education program ensures that individuals with disabilities have access to a program that enables them to achieve the same goals in physical education as their peers without disabilities. Students identified by an individualized education program (IEP) team who do not meet [age appropriate curricular benchmarks](#)<sup>1</sup> should be provided the necessary supplementary aids and support services in the least restrictive environment. Instruction, equipment, activity rules, and the environmental set-up should be modified as necessary to provide an appropriate, safe, and comfortable educational setting.

## Purpose

The purposes of this document are to provide parents, adapted physical education teachers, physical education teachers, special education teachers, and administrators the following:

1. Adapted Physical Education best practice information that includes:

- Compliance with federal and state laws and regulations.
- NE adapted physical education service delivery options.
- Collaboration for plans, procedures and program development.

2. Adapted Physical Education resources for program development that include:

- Sample goals and objectives.
- Suggested assessment and evaluation tools.
- Skills progression, modifications and adaptations.

## Adapted versus Adaptive

Adapted physical education is the proper term, used in federal and state guidelines and in all current major texts, journals, and Internet sites in the field. The basic idea is that service delivery is adapted, while behaviors are adaptive. The program is adapted to meet the needs of each student through modifications and accommodations. The student is not required to adapt to the conditions of the program as would be implied with adaptive physical education.<sup>2</sup>

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<sup>1</sup> SHAPE America, "Grade Level Outcomes for K-12 Physical Education." Published 2013.

<https://www.shapeamerica.org/standards/pe/upload/Grade-Level-Outcomes-for-K-12-Physical-Education.pdf>

<sup>2</sup> Maryland Department of Education, "Adapted Physical Education: A Guide for Serving Students with Disabilities." Published September 2015.

<http://www.marylandpublicschools.org/about/Documents/DCAA/PE/MDAPEStateGuide.pdf>

## Rationale for Quality Physical Education Programs

Physical activity (PA) provides many health benefits beyond increased physical fitness. Research shows regularly engaging in physical activity reduces risk of chronic diseases, lowers tension and anger, reduces anxiety and depression, and builds self esteem alongside social skills. According to the 2014 [Health and Academic Achievement Report](#)<sup>3</sup> from the CDC, key evidence also includes:

- Students who are physically active tend to have better grades, school attendance, cognitive performance and classroom behaviors (pp. 24-30).
- Higher physical activity and physical fitness levels are associated with improved cognitive performance among students (pp. 30-35).
- More participation in physical education class has been associated with better grades, standardized test scores, and classroom behavior among students (pp. 36-39).
- Increased time spent for physical education does not negatively affect students' academic achievement (pp. 2,32).

Physical Education, as defined by the Society of Health and Physical Education (SHAPE) America, provides a planned, sequential, K-12 standards-based program of curricula and instruction designed to develop motor skills, knowledge and behaviors for healthy, active living, physical fitness, sportsmanship, self-efficacy and emotional intelligence. The standards ([Nebraska](#)<sup>4</sup> and/or [National](#)<sup>5</sup>) are used to assist with modifications and adaptations within physical education for all ability levels. Physical education develops a physically literate individual who has acquired the skills necessary to participate in a variety of PA, is regularly physically active, knows the implications and benefits of involvement in various types of PA, and values PA and its contributions to a healthy lifestyle.

SHAPE America identifies a well-designed physical education program:

- Meets the needs of all students;
- Keeps students active for most of physical education class time;
- Teaches self-management;
- Emphasizes knowledge and skills for a lifetime of physical activity; and
- Is an enjoyable experience for all students.

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<sup>3</sup> CDC, "Health and Academic Achievement." Published May 2014.

[https://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/health-academic-achievement.pdf](https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf)

<sup>4</sup> Nebraska Department of Education, "Nebraska Physical Education Standards." Adopted October 2016.

[https://cdn.education.ne.gov/wp-content/uploads/2017/09/NE\\_PE-Standards\\_Final-USE.pdf](https://cdn.education.ne.gov/wp-content/uploads/2017/09/NE_PE-Standards_Final-USE.pdf)

<sup>5</sup> SHAPE America, "National PE Standards." Published 2013. <https://www.shapeamerica.org/standards/pe/>

# Laws & Regulations

Federal and state laws and regulations define special education and physical education, as well as, provide guidance on the delivery of physical education to students with disabilities. These laws and regulations protect and ensure the rights of children with disabilities to receive a free appropriate public education, based on individual needs and appropriate related services, in the least restrictive environment.

## Federal Law

[IDEA - Individuals with Disabilities Education Act, 2004](#)<sup>6</sup>

Special education is defined as:

- specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability
- includes instruction conducted in the classroom, home, in hospitals and institutions, and in other settings
- and **instruction in physical education.**

Physical education is the development of:

- Physical and motor skills
- Fundamental motor skills and patterns
- Skills in aquatics, dance, and individual and group games and sports
- Special physical education, **adapted physical education**, movement education, and motor development

[Section 504 of the Rehabilitation Act of 1973](#)<sup>7</sup>

No otherwise qualified individual with a disability in the United States... shall solely by reason of her or his disability, be **excluded** from the participation in, be **denied** the benefits of, or be **subjected to discrimination** under any program or activity receiving Federal financial assistance.

[Americans with Disabilities Act, 1990](#)<sup>8</sup>

Prohibits discrimination against qualified individuals with disabilities **in all programs, activities, and services of public entities.** It applies to all state and local governments, and any other instrumentalities or special purpose districts of state or local governments.

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<sup>6</sup> Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/b/b/300.108>  
<https://sites.ed.gov/idea/regs/b/a/300.39/a/1>

<sup>7</sup> Rehabilitation Act of 1973; Section 504. <https://sites.ed.gov/idea/about-idea/#Rehab-Act>

<sup>8</sup> Americans with Disabilities Act National Network. <https://adata.org/factsheet/ADA-overview>

## Nebraska Law

### [Rule 51](#)<sup>9</sup>

Special education services, specially designed if necessary, must be made available to every child with a verified disability receiving a free, appropriate public education, unless the school district or approved cooperative enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.

- Each child with a verified disability must be afforded the opportunity to participate in the **regular physical education program** available to nondisabled children unless the child is enrolled in a separate facility or the child needs specially designed physical education as prescribed in the child's IEP.
- If **specially designed physical education** is prescribed in a child's IEP, the school district or approved cooperative responsible for the education of that child shall provide the services directly or make arrangements for those services to be provided through other public or private programs.
- The school district or approved cooperative responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate **physical education services** in compliance with this section.

## Options for Students with Disabilities in a Physical Education Setting

Proper placement of students with disabilities is important to a student's overall success in physical education. Placement should always be in the least restrictive environment (LRE). **The least restrictive** environment is the educational placement where a student with a disability is attending classes and learning alongside their non-disabled peers to the maximum extent appropriate. This placement may require the use of supplementary aids and services that enable the student to be educated in the general education classroom. A student should only be placed in a separate learning environment if it is determined by an IEP team, the student is unable to be taught successfully in the general education setting with appropriate support.<sup>10</sup> Student placement is determined by the student's IEP team and not an individual teacher, it is

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<sup>9</sup> Nebraska Department of Education, "Rule 51." Last modified January 2017.

[https://cdn.education.ne.gov/wp-content/uploads/2017/10/Rule51\\_2017.pdf](https://cdn.education.ne.gov/wp-content/uploads/2017/10/Rule51_2017.pdf)

<sup>10</sup> Least-Restrictive Environment (LRE), Nebraska Department of Education, Published August 2018. Pp. 3.

<https://cdn.education.ne.gov/wp-content/uploads/2017/09/Least-Restrictive-Environment-LRE-Guidance-Document-Aug-2018.pdf>



recommended best practice to include the GPE or APE teacher as part of the IEP team. There are several options available to students depending on their present level of performance, functional performance and needs.

There are some students with disabling conditions, who are not identified as students with disabilities under IDEA, yet are not meeting grade level outcomes set by each local school system. These students may have a Section 504 Plan as defined under the Rehabilitation Act of 1973. The Section 504 Plan should identify the services, supports, accommodations, and/or modifications. These students should be provided additional support to meet grade level outcomes.

It is important to note that many students with disabilities do not require or need adapted physical education services. These students should participate in general physical education and in the required curriculum when appropriate. Below is a description of each method of providing physical education to students with disabilities.

1. **General Physical Education (GPE) is a standards-based curriculum that builds sequentially<sup>11</sup> from year to year around grade level outcomes<sup>1</sup>. GPE provides varying levels of skill development for the differing abilities (higher or lower) within the traditional range of those grade level outcomes. Participation in this course does not require large scale modifications or adaptations for an individual.**

If a student has a disability that affects their ability to successfully participate in activities in a GPE setting then *they must be verified and the IEP team should determine appropriate services.*

Nebraska Rule 51 states, Physical education services, ***pecially designed*** if necessary, must be made available to every child with a verified disability receiving a free, appropriate public education, unless the school district or approved cooperative enroll children without disabilities and does not provide physical education to children without disabilities in the same grades. (92 NAC 007.07C2) Each child with a verified disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children (92 NAC 007.07C2a) unless: the child needs ***pecially designed physical education*** as prescribed in the child's individualized education program. (92 NAC 007.07C2a(2))

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<sup>11</sup> SHAPE America, "Scope & Sequence for K-12 Physical Education." Last modified 2013. [https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school\\_health/shapescopehart.pdf](https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school_health/shapescopehart.pdf)

**GPE with modifications and/or Accommodations such as Paraprofessionals and/or Peer Helpers** is a service where students who have disabilities can participate in GPE with adaptations to the activity and/or with the assistance of a paraprofessionals and/or peer helper. If a student with disabilities is in GPE, all of the activity modifications or assistance needed from a teacher's aide should be included in their Individualized Education Plan (IEP). The GPE teacher can refer to the student's IEP, case manager, and APE teacher, if applicable, for questions and support. An example of an accommodation could be, **Peer Model Helper** is a general education student who assists and supports students with disabilities in GPE or self contained APE. With guidance from the teacher, a peer helper encourages the student with a disability and helps them participate in physical activities. The teacher should [prepare the peer models](#)<sup>12</sup> for a range of disabilities they might encounter in class. The teacher should discuss modifications that will be made for activities to help the peer and the student with the disability be successful.

2. **Adapted Physical Education (APE)** is a direct **service** of special education. It is federally mandated by IDEA and at the state level by Rule 51. APE provides adaptations and modifications to physical education in order to make activities as appropriate for students with verified disabilities as it is for students without disabilities. APE is provided separately from PT/OT to students with disabilities. APE services provide a diversified program of developmentally appropriate activities, games, sports skills, and rhythms. It is suited to the capacities and abilities of the students receiving special education services.

**Self Contained Adapted PE** is a specially designed, separate class setting that is used for students with disabilities who are not able to participate fully and/or successfully in the GPE setting. This would be included on a student's IEP.

### **Examples of the delivery of General Physical Education and Adaptive Physical Education combinations would be:**

**Unified Physical Education** is a concept that brings approximately an equal number of students with disabilities and their typically developing peers together in a general physical education setting. A [Unified Physical Education](#)<sup>13</sup> course is

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<sup>12</sup> Maryland Department of Education, "Adapted Physical Education: A Guide for Serving Students with Disabilities," *Instructional Strategies for Working with Peers Working with Students with Disabilities*. P.21. Published September 2015.

<http://www.marylandpublicschools.org/about/Documents/DCAA/PE/MDAPEStateGuide.pdf>

<sup>13</sup> Special Olympics, "Unified Physical Education Resources, 2nd Edition." Published July 2019.

[http://media.specialolympics.org/resources/community-building/youth-and-school/unified-champion-schools/Unifed%20Champion%20School-Unified-Physical-Education-Resources-v2.pdf?\\_ga=2.87557085.414026992.1565010701-557370348.1547143351](http://media.specialolympics.org/resources/community-building/youth-and-school/unified-champion-schools/Unifed%20Champion%20School-Unified-Physical-Education-Resources-v2.pdf?_ga=2.87557085.414026992.1565010701-557370348.1547143351)

structured around physical education standards and grade-level outcomes. Additionally, the class supports the development of leadership skills for all students as well as the empowerment of ALL students to foster an inclusive class and school-wide environment.

**Dual Class Enrollment** occurs when students with disabilities are placed in more than one class. These cases are usually students who are able to participate in GPE activities, but it may not be the LRE all of the time. This placement is on a case by case individual basis determined by the IEP team.

***Examples when this placement may be appropriate:***

- A student has needs that require more practice and skill breakdown than what is available in the GPE setting but is able to participate in GPE activities if given this extra time.
- A student is close to being dismissed from APE services and being introduced to the GPE setting.
- A student with physical skills to be successful in GPE but behaviors impair their ability to be successful in all activities.
- Self contained-APE placement is not available often enough to provide the students with the minutes of APE services on the IEP.

**Individualized Instruction** focuses on the needs of the individual student. Teaching is specific and targets one need at a time. Individualized instruction is about using teaching strategies that connect with individual student's learning strategies. The ultimate goal is to provide a learning environment that will maximize the potential for student success.

## **Collaboration of Services**

Collaboration of services among all individuals involved is essential to student success. If a district or collaborative does not have an APE specialist then these roles may become the role of the special education teacher and/or the physical educator. The IEP team members, per [Rule 51](#)<sup>6</sup>, are summarized below. See full document for additional roles and details.

The school district or approved cooperative shall ensure and document that each IEP team includes the following: [If the representative cannot attend, other methods shall be used to ensure participation, including electronic communication, individual or conference telephone calls.]

- The parents and/or guardians of a child with a disability,
- Not less than one regular education teacher of the child,
- not less than one special education teacher, or where appropriate, not less than one special education provider of the child,
- a representative of the school district or approved cooperative
- an individual who can interpret the instructional implications of evaluation results,
- Other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate.
- Whenever appropriate, the child with a disability.
- For a child attending a nonpublic school, a representative of the nonpublic school the child attends.
- For children receiving services from an approved service agency, a representative of the service agency.
- If the purpose of the meeting is to consider postsecondary goals for the child and the transition services needed to assist the child in reaching those goals. The school district or approved cooperative must invite the child.
  - To the extent appropriate, with the consent of the parents or a child who has reached the age of majority, the school district or approved cooperative must invite a representative of any participating agency that is likely to be responsible for providing or paying for the transition services.
- For a child verified in the category of hearing impairment, an educator endorsed to teach a child with hearing impairments.
- For a child verified in the category of visual impairment, an educator endorsed to teach a child with visual impairments.

**Role of the physical educator:**

Essential learner outcomes should be the same for all students participating in physical education class. Students with an IEP do not require a separate set of outcomes. A student's IEP team determines if a student's abilities limit independent participation in a GPE class. The role of the adapted/general physical educator is to progress students towards those goals with modifications if needed. These modifications may include equipment, adult support, modified placement, smaller class size integrated with peer models or other modifications deemed appropriate by the student's IEP team.

**Responsibilities of the physical educator may include:**

- Determination of instructional needs and effectiveness of instruction as part of the IEP process.
- Development of instructional objectives appropriate for the student.

- [Consultation](#)<sup>14</sup> with the parent, nurse, physical therapist, special education teachers, occupational therapist, and classroom teachers to learn about the child's medical condition and physical limitations. Consultation with the adult support staff on roles and responsibilities in the physical education environment.
- Obtaining recommendations from specialists on the student's IEP team concerning proposed activities in order to coordinate the needs of the child with the physical education programs and activities. These specialists may include physical therapy, occupational therapy, speech therapy, teacher of the visually impaired, deaf educator, augmentative specialist, nurse, or others listed on the IEP/MDT.
- Promotion of normal social development and behavioral control for a student's special needs.
- Identify within the district or building who is responsible for scheduling IEP meetings. Adapted/general physical educators will notify them of desired attendance on students that require modifications/adaptations for safe and successful participation in their physical education program. If you are unable to attend the meeting, as per 007.04B2 of Rule 51, an excusal form with a current level of performance is submitted to the IEP case manager prior to the IEP meeting.
- Identify and if needed request access to MDT/IEP's of students that require modifications for safe and successful participation in their physical education program.

## Developing Goals and Objectives

IDEA 2004 at the Federal level and Rule 51 at the State level dictate the requirements for development of the Individualized Education Plan (IEP). The Multidisciplinary Team (MDT) identifies the student's needs and the next step is writing goals and objectives which may be specific to the individual's disability but mostly related to the needs of the student identified in the present level of performance. The person responsible for writing the goals may vary from district to district. Ideally the teacher or teachers who will be implementing the instruction should be involved with the development and execution of the goals. *Not all students with disabilities may require or need goals specific to adapted physical education services.* The purpose of this section will be to

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<sup>14</sup> Maryland Department of Education, "Adapted Physical Education: A Guide for Serving Students with Disabilities," *Collaboration of Services for Students with Disabilities in Physical Education*. P.87. Published September 2015.

<http://www.marylandpublicschools.org/about/Documents/DCAA/PE/MDAPEStateGuide.pdf>

identify the requirements in writing goals/objectives and provide examples of those goals that could be used at the elementary, middle school and high school level.

## IEP Goals

Goal writing roles may vary based on each school district. [IEP goals](#)<sup>15</sup> are determined by the entire IEP team, not one individual.

The goal is derived from an area of difficulty that has been identified and explained in the student's present levels. It should be aligned to National and/or State Physical Education Standards. Goals are written with the S.M.A.R.T acronym in mind. **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime sensitive. IDEA 2004 requires that goals are measurable. The goal should be written for achievement in one year. They should include a situation or given (specific environmental scenario and supports), the task (achievable performance), criteria (method of measure), and outcome (results expected from the goal). The dates for reporting progress will be dictated by each local school system.

Goals...

- Must be specific, measurable, attainable, realistic and timed.
- IEP Goals are reviewed at the student's IEP meeting, and progress must be reported.
- Must have knowledge of the student's present level of performance. This is gained through an assessment of the student's skills and abilities.

### Tips for Writing goals

**Student centered:** Student (name) will develop/demonstrate/improve/increase

**Skill centered:** Fitness related/ locomotor/object control skill/balance/ coordination/motor planning/ social skills/ leisure and recreation skills/ aquatics skills

**Observable Outcome Centered:** successful completion may include Percentage, number of successful trials, distance for completion, criterion completed.

**User Centered:** Anyone should be able to pick up and read the IEP and know what to work on with that student.

Please refer to **Appendix A- Sample IEP Goals** for varying examples of IEP goals for elementary, middle and high school students.

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<sup>15</sup> Nebraska Department of Education " Setting Goals...Achieving Results: Nebraska IEP Technical Assistance Guide" Last Modified March 2014.  
<https://www.education.ne.gov/wp-content/uploads/2017/07/Setting-Goals-Achieving-Results-3-11-14.pdf>

### **Assessment vs. Observation for Adapted Physical Education:**

Assessment is a vital part of determining a student's needs for adapted physical education services. Assessments measure specific skills and abilities and look for any deficits or impairments. They help ensure that students with disabilities are receiving the most developmentally appropriate physical education program in the least restrictive environment. Observation only allows for the teacher to see the skills that are being used at the time of the observation. Observational results are more subjective than objective in most cases. Administering an assessment using a criterion or norm referenced assessment tool allows the APE teacher to see the student's potential and abilities as well as any deficits or impairments in several areas of physical education. Assessments are necessary to ensure proper services are offered to students, and to properly write IEP goals and objectives for the student receiving APE services. For a list of possible assessments, please see **Appendix B- Commonly Used Assessment Tools**.

### **Who Administers Assessments?**

- If a standardized test is administered it should be given only by those trained in the administration of the test. If there is not an APE teacher available then the GPE teacher can assess the student's skills. If neither is available then the special education teacher can administer assessments.
- Information from the assessment should then be presented to the student's MDT /IEP team to determine proper physical education services in the least restrictive environment and to assist in writing IEP Goals.

## **Resources for Appropriate Progression, Skills Assessments, Modifications, and Adaptations**

Quality physical education involves the physical educator differentiating instruction to meet the needs, interests, and abilities of each individual student. That differentiation might involve the teacher adapting/modifying the content, process, environment, and/or student assessment. Physical educators must be committed and prepared to make appropriate adjustments in the curriculum to meet the unique needs of the learner. Making appropriate modifications to the curriculum to meet individual needs allows for meaningful and relevant experiences provided in a safe and secure environment. The below links are resources to utilize when determining appropriate progression, making modifications and adaptations, and administering assessments.

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<sup>16</sup> Baert, Helena, "Fundamental Movement Patterns Skill Cards," 2015.  
<https://drive.google.com/file/d/14WWDrd0SDU59ImWkrOtMwMjypcBQ7ZQB/view>

## Resources:

- [Fundamental Movement Skill Cards](#)<sup>16</sup>  
This resource provides teachers with skill cards complete with appropriate progressions, skill assessments, and modifications that can be made based on what the teacher observes. The skill cards also include a QR link to a video demonstration of each skill.
- [Learn. Practice. Play. UNIFIED](#)<sup>17</sup>  
This resource provides instructional strategies for a unified approach to adapted physical education, including equipment space, game and skill development, and rule modifications. It also includes fundamental movement skill progressions (manipulative, balance, locomotor) and modified activities for sports (soccer, basketball, track and field).
- [Special Olympics Unified Physical Education Resources](#)<sup>18</sup>  
This resource focuses on a unified approach to physical education with an emphasis on Standards 4 and 5 (leadership and wellness). It also includes a fitness assessment and bocce ball/basketball unit plans.
- [Special Olympics Activity Guide](#)<sup>19</sup>  
This resource aims at teaching the young athlete. Covered are the fundamental movement skills and progressive sports skills.
- [Teaching, Responding, and Communicating Inclusive Physical Education](#)<sup>20</sup>  
This resource provides teachers with suggestions for adapting activities, modifications for selected activities, communicating with students with disabilities, and helpful hints about teaching materials.
- [Curriculum and Instruction in Adaptive Physical Education](#)<sup>21</sup>  
Chapter 10  
This resource provides teachers with curriculum guidelines when teaching adaptive physical education. Also included are fitness testing and best practice for different types of exemptions.

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<sup>17</sup> Special Olympics, "Learn. Practice. Play. Unified: A Guide to Inclusive Physical Education and Sports Activities."  
<https://1j538h1sajzp39nmw6le8zcg-wpengine.netdna-ssl.com/wp-content/uploads/2017/10/guide-to-inclusive-physical-education-and-sports-activities.pdf>

<sup>18</sup> Special Olympics, "Unified Physical Education Resources" Published January 2017.  
<https://1j538h1sajzp39nmw6le8zcg-wpengine.netdna-ssl.com/wp-content/uploads/2017/10/unified-physical-education-resources.pdf>

<sup>19</sup> Special Olympics, "Young Athletes Activity Guide,"  
<https://media.specialolympics.org/resources/community-building/young-athletes/young-athletes-activity-guide/YoungAthletes-Activity-Guide-Print.pdf>

<sup>20</sup> North Carolina Public Schools, "Teaching, Responding, Communicating Inclusive Physical Education".  
<http://www.ncpublicschools.org/docs/curriculum/healthfulliving/resources/instructional/bestpractices/inclusivepe.pdf>

<sup>21</sup> California State Council on Adapted Physical Education. Published 2012.  
<https://www.califstatecouncilape.org/california-ape-guidelines.html>



## Appendix F

This resource provides teachers with grade-level guidelines, categorized by standard.

- [Skill Adaptations and Modifications for Students with Disabilities \(Pages 44-57\)](#)<sup>2</sup>

This resource provides teachers with a comprehensive list of skill adaptations and modifications for students with disabilities. Included are both locomotor skills, manipulative skills, rhythmic activities, health-related physical fitness, and postural tone/core stability. Best practices for teaching students with autism is also highlighted.

- [PE Central - Differentiating Instruction for Students with Disabilities](#)<sup>22</sup>

This resource focuses on adaptations for specific activities. General suggestions for equipment, boundaries/playing field, time, rules/prompts/cues, and actions are highlighted. Adaptations for bowling, basketball, soccer, volleyball, golf, softball, and tennis are also included.

- [Understanding Adapted Physical Education](#)<sup>23</sup>

This presentation takes teachers through all components of adapted physical education; including everything from definitions, assessments focusing on student strengths, creating a positive environment, using appropriate language and terminology, sport modifications, and the process of teaching adaptive physical education. Several additional links to useful resources are also provided in the presentation.

- [Assessment in Adapted Physical Education](#)<sup>24</sup>

This resource provides teachers with assessment strategies for determining eligibility for adapted physical education. Locomotor, manipulative, body/spatial awareness, and balance skills are covered.

- [Assistive Technology Partnership](#)<sup>25</sup>

This resource provides equipment, training, and funding for individuals with disabilities and schools. This partnership is between the Nebraska Department of Education and At4All technology company.

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<sup>22</sup> PE Central, "Differentiating Instruction for Students with Disabilities." 2016  
<https://www.pecentral.org/adapted/adaptedactivities.html>

<sup>23</sup> Georgia Department of Education, "Understanding Adapted Physical Education Webinar and Powerpoint." <https://register.gotowebinar.com/register/5655022881441055233>

<sup>24</sup> Louisiana Department of Education, "Determining Eligibility for Adapted Physical Education," Published 2015. <https://www.wrightslaw.com/info/ape.la.elig.crit.pdf>

<sup>25</sup> Assistive Technology Partnership. <https://atp.nebraska.gov/>

## Glossary of Physical Education Terms and Definitions

<b>Accommodation</b>	A change in teaching strategies, standards, test presentations, location, timing, scheduling, student responses, environmental structuring and/or other attributes that does not fundamentally alter or lower standards or expectations in either the instructional or assessment phases of a course of study <sup>20</sup>
<b>Adaptation</b>	A change permissible in educational environments that allows the student equal opportunity to obtain access, results, benefits and levels of achievement. Adaptations consist of both accommodations and modifications <sup>20</sup>
<b>Adapted Physical Activity</b>	Encompasses the comprehensive and interdisciplinary study of physical activity for the education, wellness, sport participation, and leisure of individuals with unique needs <sup>26</sup>
<b>Adapted Physical Education</b>	Programs designed to develop physical and motor fitness; fundamental motor skills and patterns; and skills in aquatics, dance and individual and group games and sports so that the individual with a disability can ultimately participate in community-based physical activity programs to enjoy an enhanced quality of life. Diversified programs generally have the same goals and objectives as general physical education, but are modified when necessary to meet the unique needs of each individual <sup>2</sup>
<b>Adapted Sport</b>	Sport modified or created to meet the unique needs of individuals <sup>26</sup>
<b>Affective Domain</b>	The Domain in which the focus is on personal-social development, attitudes, values, feelings, motivation and emotions <sup>1</sup>
<b>Age Appropriate</b>	Within the child's chronological age <sup>2</sup>
<b>Agility</b>	The ability to change direction of the entire body quickly and accurately while moving from one

<sup>26</sup> Adapted Physical Education and Sport, Sixth Edition, Joseph P. Winnick, David L. Porretta Editors, Human Kinetics

	point to another <sup>2</sup>
<b>Alternative/Augmentative Communication</b>	Refers to supplemental communication techniques that are used in addition to any naturally acquired speech and vocalization that exists <sup>2</sup>
<b>Americans with Disabilities Act (ADA)</b>	1990 Title II - Prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services of public entities. It applies to all state and local governments, their departments and agencies, and any other instrumentalities or special purpose districts of state or local governments <sup>8</sup>
<b>Applied Behavioral Analysis</b>	Techniques derived from the principles of behavior systematically applied to meaningfully enhance socially significant behavior and demonstrate experimentally that the technique used caused the improved behavior <sup>27</sup>
<b>Assessment</b>	A process used to gather information about the participant's achievement and to make decisions and judgments based on that evidence <sup>2</sup>
<b>Assistive Technology Device</b>	Any item or piece of equipment or product system, commercial, modified, customized, high tech or low tech, that is used to increase, maintain, or improve the functional capabilities of a child with a disability <sup>9</sup>
<b>Ataxia</b>	Greek word meaning "lack of order" is defective muscular coordination, especially in relation to reaching and walking. Both balance and coordination are affected <sup>2</sup>
<b>Athetoid</b>	Unwanted jerky repetitive movements <sup>2</sup>
<b>Athletics</b>	Focus primarily on a specific skill set, sport, competition, and/or prize <sup>1</sup>
<b>Atrophy</b>	Degeneration of the muscles <sup>2</sup>
<b>Authentic Assessment</b>	An assessment that takes place in a realistic situation as opposed to an artificial, contrived setting <sup>2</sup>

<sup>27</sup> Adapted Physical Education National Standards, Third Edition, National Consortium for Physical Education and Recreation for Individuals with Disabilities, Luke E. Kelly Editor

<b>Autism</b>	A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before the age of three, that adversely affects the child's educational performance <sup>9</sup>
<b>Balance</b>	The ability to maintain one's equilibrium in relation to the force of gravity. Balance may be static or dynamic <sup>2</sup>
<b>Behavior Management</b>	Encompasses all of the strategies that educators utilize to develop effective and appropriate student behaviors <sup>2</sup>
<b>Bilateral Movements</b>	Two body parts working in unison and performing the same movements. Arms and legs simultaneously reaching, spreading, or closing <sup>2</sup>
<b>Body Awareness</b>	The ability to derive meaning from the body. Developing capacity to accurately discriminate among body parts and to gain a greater understanding of the nature of the body <sup>2</sup>
<b>Body Composition</b>	The amount of fat cells compared with lean cells in the body mass. Measured by skinfold thickness <sup>2</sup>
<b>Catching</b>	Involves using the hands to stop and gain control of an object <sup>2</sup>
<b>Child-Centered</b>	Focuses on the active involvement of students in the learning process. Students are encouraged to make decisions in their learning process. Students are encouraged to develop their own ideas, and creativity is valued. Child initiated and teacher facilitated <sup>2</sup>
<b>Child with a Disability</b>	A child who has been verified with one of the following; autism, behavior disorder (emotional disturbance, deaf-blindness, a developmental delay, a hearing impairment including deafness, an intellectual disability, multiple impairment, an orthopedic impairment, an other health impairment, a specific learning disability, a speech language impairment, a traumatic brain injury or a visual impairment including blindness, who because of this impairment needs special education and related services. <sup>9</sup>

<b>Closed Skill</b>	Repetitive activities in a predictable environment <sup>2</sup>
<b>Cognitive Domain</b>	Domain in which the focus is on knowledge and information (facts and concepts), with an emphasis on the understanding and application of knowledge and information through higher-order thinking <sup>1</sup>
<b>Competence</b>	One's actual ability to meet particular achievement demands at an adequate performance level in all three learning domains <sup>2</sup>
<b>Congenital</b>	Condition is present at birth <sup>2</sup>
<b>Contractures</b>	Permanent shortening and tightening of muscle or muscle group caused by spasticity, paralysis, or disuse <sup>2</sup>
<b>Contralateral Pattern</b>	A movement pattern (generally creeping and walking) in which the arm and leg on the opposite side of the body move in unison <sup>2</sup>
<b>Coordination</b>	The ability to integrate separate motor systems with varying sensory modalities into efficient movement <sup>2</sup>
<b>Criteria</b>	How the behavior will be measured <sup>14</sup>
<b>Criterion-Referenced Test</b>	Compares an individual's performance against a predetermined standard of performance <sup>2</sup>
<b>Cross-disciplinary Model</b>	The integration of knowledge from many academic disciplines in the creation of a distinct, unique body of knowledge that focuses on the identification and remediation of psychomotor problems <sup>2</sup>
<b>Cross-Lateral Movements</b>	Movements in which the limbs work in opposition. (i.e.: left leg moves forward with right arm like the natural walking pattern) <sup>2</sup>
<b>Daily Living Activities</b>	Movement oriented tasks that individuals carry out throughout their lives that are required for basic everyday needs <sup>2</sup>
<b>Deaf-Blindness</b>	A con-committant hearing and visual impairment, the combination of which causes: severe communication needs and other developmental and educational needs. The severity of these needs is such that they can not be

	accommodated in special education programs solely for children with deafness or blindness. <sup>9</sup>
<b>Deafness &amp; Hard of Hearing</b>	A hearing impairment so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, or is permanent or fluctuating, and adversely affects the child's educational performance. <sup>9</sup>
<b>Development</b>	Changes in an individual's level of functioning over time <sup>2</sup>
<b>Developmental Approach</b>	Instruction that emphasizes the acquisition of movement skills and increased physical competency based on the unique developmental level of the individual <sup>2</sup>
<b>Developmentally Delayed</b>	A significant delay, in a child age three to the school year the child turns eight, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas and by reason thereof, needs special education and related services: cognitive development, physical development, communication development, social and emotional development, adaptive behavior or skills development, or a diagnosed physical or mental condition that has a high probability of resulting in a substantial delay in function in one or more such areas. <sup>9</sup>
<b>Diplegia</b>	Lower extremities are much more involved than upper ones <sup>2</sup>
<b>Direct Service</b> (Physical Education)	Delivery of Physical Education services by an adapted physical educator including screening, evaluation, assessment, and implementing education programs <sup>27</sup>
<b>Directional Awareness</b>	Common directional movement elements include forward, backward, sideways, up, down, clockwise, and counterclockwise <sup>28</sup>
<b>Early Childhood Special Education</b>	Special education programs and related services designed to serve children below age five with verified disabilities. <sup>9</sup>

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<sup>28</sup> Teaching Movement Education, Foundation for Active Lifestyles, Karen Weiller Abels and Jennifer M. Bridges

<b>Every Student Succeeds Act (ESSA)</b>	The reauthorization of the Elementary and Secondary Education Act focused on equal opportunity, ensuring a quality education for all students regardless of race, zip code, language proficiency or disability. <sup>29</sup>
<b>Exercise</b>	Is any physical activity that is planned, structured and repetitive for the purpose of improving or maintaining one or more components of fitness <sup>1</sup>
<b>Exploratory-Based</b>	An indirect teaching approach that encourages child-centered movement <sup>2</sup>
<b>Extension</b>	Stretching or lengthening muscles <sup>2</sup>
<b>Fine Motor</b>	Small muscle movements that require precise movement performance <sup>2</sup>
<b>Flexibility</b>	The ability to use joints fully; the capacity of a joint to move through its potential range of motion <sup>2</sup>
<b>Flexion</b>	Shortening or contracting muscles <sup>2</sup>
<b>Formative Assessment</b>	Gathering and evaluating data about participants' progress throughout the program <sup>2</sup>
<b>Free Appropriate Public Education (FAPE)</b>	Special Education and related services are provided at public expense, under public supervision and direction, and without charge <sup>9</sup>
<b>Frontal Plane</b>	Plane in which lateral movements of the body and body segments occur <sup>2</sup>
<b>Fundamental Movement</b>	An organized series of related movements used to perform basic movement tasks such as running, jumping, throwing, and catching <sup>2</sup>
<b>Fundamental Movement Patterns</b>	The observable performance of a basic locomotor, manipulative, or stability movement that involves combining movement patterns of two or more body segments <sup>2</sup>
<b>Gait</b>	An individual's walking pattern. It consists of the swing phase and support phase <sup>2</sup>
<b>Gallop</b>	Similar to slide, but the movement is performed in a

<sup>29</sup> Every Student Succeeds Act, ESSA Nebraska. 10/16/2017.  
<https://cdn.education.ne.gov/wp-content/uploads/2017/10/essasummary101617.pdf>

	forward direction. A forward step followed by a closing of the rear foot <sup>2</sup>
<b>Glide</b>	Move along smoothly, evenly and easily. The phase of movement through water without effort of the swimmer <sup>2</sup>
<b>Gross Motor</b>	Large muscle movements of the body <sup>2</sup>
<b>Guided Discovery Method</b>	A teaching approach in which the instructor poses problems in the form of questions or challenges <sup>2</sup>
<b>Head Control</b>	Ability to position head in space to work against gravity <sup>2</sup>
<b>Health-Related Fitness</b>	The development and maintenance of fitness components that can enhance health and well-being. Includes: cardiorespiratory endurance, muscular strength, muscular endurance, body composition, and flexibility <sup>2</sup>
<b>Hard of Hearing</b>	A hearing impairment so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, or is permanent or fluctuating, and adversely affects the child's educational performance. <sup>9</sup>
<b>Hemiplegia</b>	The entire right side or left side is involved <sup>2</sup>
<b>Homolateral Pattern</b>	A movement pattern (generally creeping and walking) in which the arm and leg on the same side of the body move in unison <sup>2</sup>
<b>Hop</b>	Forcefully pushing off the ground from one foot, a brief suspension in the air, and landing on the same foot <sup>2</sup>
<b>Hydrodynamics</b>	The science that studies the motion of fluids and forces on solid bodies in water <sup>2</sup>
<b>Hydrotherapy</b>	Water exercises for therapeutic purposes <sup>2</sup>
<b>Hypotonia</b>	Insufficient muscle tone, muscle weakness. Often associated with children with Down Syndrome <sup>2</sup>
<b>Immersion</b>	Dip or lower into water until covered by it <sup>2</sup>
<b>Inclusion</b>	An educational procedure and process for children with disabilities based on the ethical and



	legal requirements that each child be educated in the least restrictive environment in which the child's education and related needs can be satisfactorily met <sup>2</sup>
<b>Individualized Education Plan (IEP)</b>	A written statement for each child or youth with a disability that describes their educational program and is developed, reviewed, revised, and implemented in accordance with special education laws and regulations <sup>9</sup>
<b>Individuals with Disabilities Education Act (IDEA)</b>	A law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children <sup>6</sup>
<b>Inertia</b>	Tendency of a body to resist a change in its state of motion <sup>2</sup>
<b>Intellectual Disability</b>	Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period, that adversely affects a child's educational performance. <sup>9</sup>
<b>Interdisciplinary Model</b>	Individuals from many different professions interact in service delivery and share knowledge and skills <sup>2</sup>
<b>Isometric</b>	Contraction involving no change in muscle length <sup>2</sup>
<b>Jump</b>	Two-foot takeoff and two-foot landing; one-foot takeoff and two-foot landing, or two-foot take-off and one-foot landing <sup>28</sup>
<b>Kick</b>	Imparting force to an object by the foot and the leg <sup>2</sup>
<b>Leap</b>	Similar to a run, a long step forward to cover a distance or to go over an obstacle. An exaggerated running step with a takeoff from one foot, landing on the other foot <sup>2</sup>
<b>Least Restrictive Environment (LRE)</b>	To the maximum extent appropriate, children with disabilities, including children in public and non-public schools and approved service agencies, are educated with children who are not disabled, and that special classes, separate

	schooling, or other removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. <sup>9</sup>
<b>Locomotion</b>	Movement patterns that permit exploration through space (i.e.: walking, running, jumping, hopping, skipping, galloping, sliding, marching, leaping, etc.) <sup>2</sup>
<b>Manipulation</b>	Movement patterns that permit gross and fine motor contact with objects (i.e.: throwing, catching, kicking, striking) <sup>2</sup>
<b>Moderate Physical Activity</b>	Activity that is easily maintained and is performed at an intensity that increases heart rate and breathing <sup>2</sup>
<b>Moderate to Vigorous Physical Activity (MVPA)</b>	A category of activity intensity that has been consistently shown to benefit and/or reduce the risk of many chronic disease states <sup>30</sup>
<b>Modification</b>	A change in course content, teaching strategies, test presentation, location, timing, scheduling, expectations, student responses, environmental structuring and/or other attributes which provides access for a student with a disability to participate in a course/standard/test. The modification does fundamentally alter or lower the standard or expectations for the course/standard/test <sup>20</sup>
<b>Motor</b>	Underlying biological and mechanical factors that influence movement <sup>2</sup>
<b>Motor Development</b>	Continuous change in motor behavior throughout the life cycle brought about by interaction among the requirements of the task, the biology of the individual, and the conditions of the environment <sup>2</sup>
<b>Motor Fitness</b>	The aspect of physical fitness that refers to genetically dependent characteristics that is relatively stable and related to athletic skills <sup>2</sup>

<sup>30</sup> World Health Organization, "What is Moderate-Intensity and Vigorous-Intensity PA?" [https://www.who.int/dietphysicalactivity/physical\\_activity\\_intensity/en/](https://www.who.int/dietphysicalactivity/physical_activity_intensity/en/)

<b>Motor Planning</b>	The organizational activity of the neural system that commands coordinated movement patterns. It is the child's thought process about his/her movements <sup>2</sup>
<b>Movement Concepts</b>	Analogous to adverbs (i.e., they describe how an action is performed). Sub-divided into three categories: space awareness, effort, and relationships <sup>31</sup>
<b>Movement Education</b>	Uses problem-solving approach to help children develop body awareness and use their bodies in an effective manner unique to their own physical resources <sup>2</sup>
<b>Movement Patterns</b>	An organized series of related isolated movements, such as an underhand or overhand movement pattern <sup>2</sup>
<b>Movement Skills</b>	A fundamental movement pattern performed with accuracy, precision, and control <sup>2</sup>
<b>Multiple Impairments</b>	Concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. This does not include children with deaf-blindness. <sup>9</sup>
<b>Muscular Endurance</b>	The ability of the muscle or a group of muscles to perform force related work repeatedly against moderate resistance <sup>2</sup>
<b>Muscular Strength</b>	The amount of force the muscles can produce <sup>2</sup>
<b>Multidisciplinary Model</b>	Individuals from many professions participate in service delivery <sup>2</sup>
<b>Norm-Referenced Test</b>	Compares an individual's performance against established standards for a population group with similar characteristics <sup>2</sup>
<b>Occupational Therapy (OT)</b>	A form of therapy primarily concerned with the components of performance to maintain the individual's self-care, work, and leisure activities. Major components include motor functioning,

<sup>31</sup> Graham, George. (2010), McGraw-Hill Education Learning Technology.  
[http://33202576.weebly.com/uploads/1/4/6/8/14680198/graham8\\_sample\\_ch03.pdf](http://33202576.weebly.com/uploads/1/4/6/8/14680198/graham8_sample_ch03.pdf)

	sensory integrative functioning, and cognitive functioning <sup>27</sup>
<b>Open Skill</b>	Practice of skills in an authentic unpredictable environment <sup>2</sup>
<b>Orientation and Mobility</b>	Services provided to blind or visually impaired by qualified personnel to enable those students to attain orientation to and safe movement within their environments in school, home, and community; and includes teaching children the following: as appropriate; Spatial and environmental concepts and use of information used by the senses to establish, maintain, or regain orientation and line of travel; to use the long cane or service animal to supplement visual travel skills or as a tool for safely negotiating the environment for children with no available travel vision; to understand and use remaining vision and distance low vision aids; and other concepts, techniques, and tools. <sup>32</sup>
<b>Orthopedic Impairment</b>	Adversely affects the child's educational performance. Includes children with impairments caused by congenital anomaly, impairments caused by disease (eg. bone tuberculosis, poliomyelitis), impairments from other causes (cerebral palsy, amputations and fractures, or burns that cause contractures). <sup>9</sup>
<b>Other Health Impairments</b>	A child will have limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems which adversely affects the child's educational performance such as: asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome. <sup>9</sup>
<b>Palmer Grasping Reflex</b>	Upon stimulation of the palm, the hand will close strongly around the object without using the thumb <sup>2</sup>

<sup>32</sup> Individuals with Disabilities Education Act, Sec 300.34 (c) (7).  
<https://sites.ed.gov/idea/regs/b/a/300.34/c/7>

<b>Paraplegia</b>	Partial or complete involvement of two similar limbs either the legs or trunk <sup>2</sup>
<b>Paralympics</b>	The worldwide sport movement for elite athletes with orthopedic disabilities <sup>2</sup>
<b>Perceptual - Motor</b>	The process of organizing incoming information with stored information that leads to a movement response <sup>2</sup>
<b>Performance-Related Fitness</b>	The development and maintenance of fitness components that can enhance performance in physical activity such as sport. It includes: agility, balance, coordination, power, reaction time, and speed. Also known as "skill-related fitness" <sup>2</sup>
<b>Physical Activity</b>	Any bodily movement that results in energy expenditure <sup>1</sup>
<b>Physical Education</b>	An academic subject that provides a planned, sequential, K-12 standards-based program of curricula and instruction designed to develop motor skills, knowledge and behaviors for healthy, active living, physical fitness, sportsmanship, self-efficacy and emotional intelligence <sup>1</sup>
<b>Physical Fitness</b>	A measure of the body's ability to carry out daily tasks with vigor and alertness, without undue fatigue and with ample energy to enjoy leisure-time pursuits and respond to emergencies <sup>33</sup>
<b>Physical Literacy</b>	The ability to move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person <sup>1</sup>
<b>Physical Therapy (PT)</b>	The identification, prevention, remediation, and rehabilitation of acute to prolonged movement dysfunction. Treatment occurs by physical means and treatment through physical therapeutic measures as opposed to medicines or surgery <sup>27</sup>
<b>Present Level of Academic and Functional Performance (PLAAFP)</b>	A summary describing the child or youth's current achievement in the areas of need as determined by an evaluation. It specifically addresses their strengths, effective teaching approaches, and

<sup>33</sup> The President's Council on Physical Fitness and Sports, Last Modified September 2019.  
[https://web.archive.org/web/20120712201046/http://www.fitness.gov/digest\\_mar2000.htm](https://web.archive.org/web/20120712201046/http://www.fitness.gov/digest_mar2000.htm)

	interventions to enable their success. It contains current specific, measurable, objective baseline information for each area of need affected by the disability. In addition, it links the evaluation results, the expectations of the general education curriculum, and the goals for the child or youth. It summarizes the child's current performance and provides the foundation upon which all other decisions in the IEP will be made. <sup>15</sup>
<b>Proficient</b>	One's actual ability to master particular achievement demands at or above expectations across all three learning domains <sup>2</sup>
<b>Prone</b>	Lying in a horizontal position with front of the body facing down <sup>2</sup>
<b>Propulsion</b>	The action or process of moving forward <sup>2</sup>
<b>Psychomotor Domain</b>	Domain in which focus is on motor skills. Includes physical movement, coordination and the use of the motor-skills areas. Development of these skills requires practice and is measured in terms of speed, precision, distance, procedures or techniques in execution <sup>1</sup>
<b>Push-Off</b>	Creating a certain amount of force by pressing against an object in order to produce a certain amount of speed or movement away from it (Law of Acceleration) <sup>2</sup>
<b>Quadriplegia</b>	All four extremities are involved. Partial or total lack of voluntary motor movements and sensations <sup>2</sup>
<b>Qualitative</b>	Involving non-numerical description of quality <sup>2</sup>
<b>Quantitative</b>	Involving the use of numbers <sup>2</sup>
<b>Range of Motion</b>	The angle through which a joint moves from anatomical position to the extreme limit of segment motion in a particular direction <sup>2</sup>
<b>Reflexes</b>	Involuntary changes in muscle tone elicited by certain stimuli or conditions <sup>2</sup>
<b>Rehabilitation Act of 1973 - Section 504</b>	A federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance

	from the Department of Education. <sup>7</sup>
<b>Related Service</b>	Transportation and such developmental Supportive services as are required to assist an individual with a disability to benefit from special education and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Also includes school health services and school nurse services, social work services in schools, and parent counseling and training. <sup>9</sup>
<b>Rhythm</b>	The synchronous recurrence of events related in such a manner that they form recognizable patterns <sup>2</sup>
<b>Rosa's Law</b>	Bill signed in 2010 by President Obama. It replaced the term "mental retardation" with the term "intellectual disability" <sup>34</sup>
<b>Rotation</b>	Turning round a center or axis; turning in a circle, revolving <sup>2</sup>
<b>Run</b>	Alternating steps (right, left, right, left, and so on) with flight and arm-leg opposition at a fast pace <sup>28</sup>
<b>Sagittal Plane</b>	Plane in which forward and backward movements of the body and body segments occur <sup>2</sup>
<b>Self-Concept</b>	An individual's awareness of personal characteristics, attributes, and limitations, and the ways in which these qualities are both like and unlike those of others <sup>2</sup>
<b>Self-Confidence</b>	An individual's belief in his or her ability to carry out a mental, physical, or emotional task <sup>2</sup>
<b>Self-Efficacy</b>	A situation-specific form of self-confidence based on the conceptual framework proposed by Bandura <sup>2</sup>

<sup>34</sup> Rosa's Law, July 2017. <https://www.govinfo.gov/app/details/FR-2017-07-11/2017-14343/summary>

<b>Self-Esteem</b>	The value that one attaches to his or her unique characteristics, attributes, and limitations <sup>2</sup>
<b>Emotional Disturbance</b>	A child exhibits the following characteristics over a long period of time and to a marked degree that adversely affects the child's educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. Includes schizophrenia. <sup>9</sup>
<b>Shunt</b>	Device implanted in the body to remove excess cerebrospinal fluid <sup>2</sup>
<b>Skill-Based</b>	Fundamental movements that are later modified into the more specialized patterns on which activities of increasing complexity are built <sup>2</sup>
<b>Skip</b>	Alternating step, hop, step, hop <sup>28</sup>
<b>Slide</b>	A side step followed by a closing of the trailing foot <sup>28</sup>
<b>Spasticity</b>	Caused by pyramidal system malfunction, is primarily a problem of over excitation or too much tightness in muscles. Impairment of voluntary movement <sup>2</sup>
<b>Spatial Awareness</b>	The movement concept which focuses on where the body moves. It has six categories: location, direction, level, pathway, plane, and extension <sup>28</sup>
<b>Special Education</b>	Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings, including instruction in physical education <sup>9</sup>
<b>Special Olympics</b>	A worldwide sport movement for athletes with intellectual disabilities <sup>2</sup>



<b>Specific Learning Disability</b>	A disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken/written) that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Does not include children with learning problems that are primarily the result of visual, hearing, or motor disabilities; intellectual disabilities; emotional disturbance; or of environmental, cultural, or economic disadvantage. <sup>9</sup>
<b>Speech or Language Impairment</b>	A communication disorder that adversely affects the child's educational performance such as: stuttering; impaired articulation; language impairment; or a voice impairment. <sup>9</sup>
<b>Speed</b>	The ability to move from one point to another in the shortest time possible. Speed is the total of reaction time and movement time <sup>2</sup>
<b>Stability</b>	Movement patterns that place a premium on gaining and maintaining one's equilibrium (i.e.: static and dynamic balance abilities) <sup>2</sup>
<b>Strike</b>	Making contact with an object using an implement <sup>28</sup>
<b>Summative Assessment</b>	Assessment that occurs at the conclusion of the program <sup>2</sup>
<b>Supine</b>	Lying in a horizontal position with front of the body facing up <sup>2</sup>
<b>Supplementary Aids &amp; Services</b>	Aids, services, and other supports that are provided in regular education classes or other education-related settings and in extracurricular and non-academic settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate. <sup>9</sup>
<b>Teacher-Directed</b>	A more formal and direct style of teaching in which the teacher commands the class in a more controlling environment <sup>2</sup>

<b>Temporal Awareness</b>	The ability to derive meaning in relation to speeds, distances, time, and/or flow. It is intersensory, primarily visual-auditory <sup>2</sup>
<b>Temporary Disability</b>	A disability incurred while an individual was in a regular education class and which at the termination of the temporary physical disability, the individual can, without special intervention, reasonably be expected to return to his or her regular education class <sup>20</sup>
<b>Throw</b>	Hand release object, sending it through the air <sup>28</sup>
<b>Transdisciplinary Model</b>	Individuals of different domains work collaboratively in all aspects of the educational process including assessing, designing, and determining goals jointly <sup>2</sup>
<b>Transition</b>	A coordinated set of activities for a child with a disability that is designed to be within a results-oriented process that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation. <sup>9</sup>
<b>Traumatic Brain Injury</b>	Acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the child's educational performance. <sup>9</sup>
<b>Triplegia</b>	Three extremities, usually both legs and one arm are involved <sup>2</sup>
<b>Unified Physical Education</b>	A separate class setting with peers <sup>35</sup>
<b>Unilateral Movements</b>	One body part performing a movement. Reaching of one arm to grasp a toy <sup>2</sup>
<b>Vigorous Physical Activity</b>	Physical activity that can produce fatigue in a

<sup>35</sup> Minnesota DAPE Best PRactices Operational Guide 2012.  
<http://nebula.wsimg.com/63ba04bae1bf7a737fa0914557de16dc?AccessKeyId=D82A4572EFF056DB2B1E&disposition=0&alloworigin=1>

	short period of time and is performed at an intensity in which heart rate and breathing are elevated quickly <sup>2</sup>
<b>Visual Impairment</b>	An impairment in vision that, even with correction, adversely affects a child's educational performance. Includes blindness or partial sight. <sup>9</sup>
<b>Visual-Motor Coordination</b>	The ability to visually track and make interception judgments about a moving object <sup>2</sup>
<b>Vocational Skills</b>	Includes a variety of educational programs intended to prepare students for employment and for life after high school <sup>2</sup>

## Appendix A-Sample IEP Goals

The sample IEP goals have been provided using different formats to better reflect the varying requirements from school district to school district. A tool for writing IEP goals, provided by the Nebraska Department of Education, Office of Special Education, is "Setting Goals... Achieving Results, A Technical Assistance Guide.

<https://www.education.ne.gov/wp-content/uploads/2017/07/Setting-Goals-Achieving-Results-3-11-14.pdf>

- **Elementary Student: {Student Name}, 11 year old male, wheelchair bound student with lower functioning Autism.**

Student has limited use of left side but can power his own wheelchair to access his educational environment. He can perform the following object control skills but his performance falls well below that of his peers: catch using hands and arms from 10 feet, overhand throw to a target from 8 feet, two hand strike. He is just beginning to work on stationary dribble. The in-balance of function/strength between left and right sides of his body as well as the level of his skill adversely affect his interactions with his peers during physical education and recess. Improving these areas will help him to be more successful in his education.

- **Goal 1:** By the end of the IEP period, student will demonstrate essential skills by meeting the objectives below.
  - Given a verbal cue and demonstration, student will be able to catch using hands and arms 5 of 10 times to a 10 foot distance.
  - Student will be able to demonstrate and recite cues of an overhand throw 2 of 3 times with dominant hand to a target up to 8 feet.
  - Student will be able to demonstrate a 2 hand strike of an object using a long implement. Student will progress from a stationary object being able to hit it 3 out of 5 times.
  - Student will be able to demonstrate cues for stationary dribbling (pushing not slapping, use of the finger pads) and continually dribble for 10 seconds or more.
  - Student will progressively work towards using non-dominant hand for 5 times.
  - Student will be able to demonstrate appropriate physical education behavior in accordance with the rules and expectations set forth by the instructor and school building. Student will have no more than 1 redirection on 3 consecutive days per quarter.
  - Student will progress in interaction with peers and be fully inclusive within groups at least 3 times per class period.

- **Middle School Student: {Student Name}, 12 year old male, ADHD/Impulsivity/ED, ELL, able to verbally communicate needs.**
  - **Student Overview:** {Student Name} is very friendly and enjoys physical activity. He has age appropriate motor skills. He struggles with understanding verbal directions, waiting his turn and completing tasks. He exhibits very impulsive behaviors such as throwing or kicking a ball across the playing area; which can be a safety risk to other students in large class settings.
 

**Locomotor Skills:** Majority are age appropriate, some modeling needed due to lack of understanding verbal directions.

**Object control:** Age appropriate. Able to throw, catch, strike and kick to self, target or partner given only verbal cues.
  - **Goal #1 (Behavior):** By {completion date}, given verbal cues at the beginning of class, student will demonstrate proper use of equipment by not kicking or throwing anything unless directed for activity. He will have 1 or less instances of impulsivity during a 40 minute class.
    - **Objective:** by the end of first quarter, given verbal cues before each activity and transition, student will have 3 or less instances of impulsivity during a 40 minute class.
  
- **High School Student: {Student name}, 16 year old male, Cerebral Palsy, wheelchair bound.**
  - **Student Overview:** {Student name} is able to participate with peers with varying levels of need of support by powering their own chair but cannot do so quickly enough to participate 100% of the time in certain activities.
  - **Goal #1:** By {certain date}, {student name} should be able to grasp and manipulate or move an object such as a ball independently on command or with little assistance.
  
- **High School Student: {Student Name}, 16 year old female, Visually impaired.**

The student is able to participate in her general physical education Personal Fitness Class.

  - **Goal 1:** Given a sighted guide, the student will demonstrate improvement in aerobic capacity from (baseline or final number from first year) to (desired baseline or final number) on the following fitness assessments given during the current school year: pacer test (laps) and the shuttle run (time).

## Appendix B-Commonly Used Assessment Tools

Name of Assessment Tool	Age of Students Assessed	Skills Assessed	Additional Information
Competency Testing for Adapted Physical Education (CTAPE)	6-15 yrs	Locomotor, manipulative, spatial awareness, balance, sports skills, gymnastics skills and fitness skills	<a href="https://www.wrightslaw.com/info/ape.la.elig.crit.pdf">https://www.wrightslaw.com/info/ape.la.elig.crit.pdf</a>
Test of Gross Motor Development 2 (TGMD2)	3-10 yrs	Locomotor skills, object control skills	<a href="https://www.therapro.com/Browse-Category/Gross-Motor-Fine-Motor/Test-of-Gross-Motor-Development-TGMD-2.html">https://www.therapro.com/Browse-Category/Gross-Motor-Fine-Motor/Test-of-Gross-Motor-Development-TGMD-2.html</a>
Brockport Physical Fitness Test Manual	10-17 yrs	Aerobic Functioning, Body Composition, Musculoskeletal Functioning	<a href="https://www.topendsports.com/testing/brockport.htm">https://www.topendsports.com/testing/brockport.htm</a>
Adapted Physical Education Assessment Scale (APEAS)	4-17 yrs	Perceptual motor function, object control, locomotor skills, physical fitness and adaptive behaviors	