

Physical Education Restriction Form- Modifications/Adaptations

STEP 1: Parent/Guardian- please complete the student information:

Student Name: _____ Grade: _____ DOB: _____
 PE Teacher: _____ Classroom Teacher: _____
 Injury: _____ Chronic Condition: _____

STEP 2: Parent/Guardian- please clarify the student’s medical condition:

Temporary: Less than 2 weeks *-Parent/Guardian- please fill out this form for a temporary condition only. Documentation from a health care provider is preferred and may be attached. (If the condition extends beyond the 2-week timeframe please have the health care provider complete the form.)*

Extended (2 weeks to 2 months): **Health Care Provider** documentation and signature required. *(If the condition will last beyond 2 months, complete the form, but see directions at the bottom of this page.)*

STEP 3: Parent/Guardian and/or Health Care Provider- Please indicate the student’s limitations:

- Non-Modified-** No restrictions need to be placed on the student relative to type or intensity of activity.
 - Modified-** The student’s condition is such that the intensity and type of activity need to be altered. **Complete Step 4.**
- YES NO Student should **only** be performing UPPER body activities.
- YES NO Student should **only** be performing LOWER body activities.
- YES NO Student should **only** be completing activities from a sitting position (no weight bearing).
- YES NO Student should **only** be using their RIGHT LEFT arm/hand for activity.
- YES NO Student should **only** be using their RIGHT LEFT leg/foot for activity.

Specific Activities Recommended: _____

Parent/Guardian Signature: _____

Phone: _____ Date: _____

Health Care Provider Signature: _____

Phone: _____ Date: _____

**Health Care Provider-* For extended restriction please indicate the date of return to full participation: _____

***If the student’s condition is expected to last beyond a two-month time period, please have the school-based team, parents and physical educator discuss the need for a potential 504 or IEP to be put in place to support the child’s needs.*

STEP 4: Health Care Provider: Please check YES or NO for activities below. If you select NO, please complete Step 5.			STEP 5: Health Care Provider: Please check YES or NO for the <u>MODIFIED</u> activities only if you selected NO for the non-modified activity.		
Non-Modified Activities			Modified Activities		
Y	N	Walking	Y	N	Reduced time
Y	N	Jumping (jumping rope and other activities)	Y	N	Reduced time
Y	N	Muscular Endurance & Strength Activities (curl-ups, sit-ups, planks, push-ups, chin-ups, arm hang, etc.)	Y	N	Physical assistance, limited time, floor chin-ups with modified bar
Y	N	Flexibility Activities (stretching, yoga, Pilates, etc.)	Y	N	(please indicate a specific body area to be stretched if necessary)
Y	N	Cardio Activities (Treadmill, Elliptical, Rower, Exercise Bike, Stair climber, running/jogging, etc.)	Y	N	Reduced time, speed
Y	N	Weight Training	Y	N	Stretch bands, light weights, machines only
Y	N	Archery	Y	N	Wii Archery, suction cup archery, clothespin launchers
Y	N	Bowling	Y	N	Lighter ball, with a ramp
Y	N	Parachute Play	Y	N	Sitting position, without the use of balls
Y	N	Dance	Y	N	Reduced time, seated
Y	N	Gymnastics (rolling, bending, routines, etc.) & Dance	Y	N	Reduced time, Specify unsafe activities:
Y	N	Throwing & Catching Skills	Y	N	Soft balls, balloons, scarfs, reduced distance, from a sitting position
Y	N	Racket Games-(tennis, badminton, pickleball, tennis, ping pong, etc.)	Y	N	Larger ball, lighter racket, stationary or a sitting position, foam rackets, against a wall
Y	N	Striking Games-(wiffle ball, baseball, softball, hockey, golf, putt putt, etc.)	Y	N	With a tee, foam/lighter racket, foam/soft ball, small group, stationary, on a scooter
Y	N	Lacrosse Skills-(scoop, cradle, throw/catch, etc.)	Y	N	Shorter stick, larger net, softer balls, small group, stationary
Y	N	Basketball Skills-(dribble, pass, shoot, etc.)	Y	N	Larger ball, stationary or a sitting position
Y	N	Football Skills-(football-place kicks, drop kicks, punts, etc.)	Y	N	Soft ball, small group, stationary
Y	N	Soccer Skills-(dribbling, trapping, kicking, punting, etc.)	Y	N	Soft ball, stationary, modified rules
Y	N	Volleyball Skills-(bump, set, serve, etc.)	Y	N	Modified rules, from a sitting position, soft ball or beach ball
Y	N	Non-Contact Group Games- (ultimate frisbee, handball, flag football, etc.)	Y	N	Foam Frisbee, Frisbee goal, modified rules, no flags (no touch), softer & lighter balls, seated position

Other Comments:

Please return this form to the HEALTH ROOM. Copies to: Classroom Teacher, PE Teacher & Student File

If there is any additional medical documentation provided to the school by the parents, please copy and provide to the PE Teacher with this form.