



MODIFIED PHYSICAL EDUCATION REFERRAL

Name _____ Grade: _____ Teacher: _____

Date(s) of Modification: From: _____ To: _____

All pupils in Pennsylvania are required physical education instruction. Whenever possible, activities should be modified to accommodate a student's condition rather than excluding them completely from participation. Students may continue to participate in regular classes with modified activity or may be scheduled to work out in the fitness facility. The student should **ONLY** be excluded from those activities inappropriate to their condition.

Please indicate below the students ability to participate in the following activities:

- | | | | |
|-----|-----------------------|-----|--|
| Y/N | Aerobics | Y/N | Eliptical |
| Y/N | Archery | Y/N | Exercise bike |
| Y/N | Badminton | Y/N | Exercise Video |
| Y/N | Basketball (shooting) | Y/N | Flexibility Exercises |
| Y/N | Bowling | Y/N | Free Weights |
| Y/N | Dancing (line/social) | Y/N | Hand Weights |
| Y/N | Football | Y/N | Rower |
| Y/N | Frisbee | Y/N | Stepper |
| Y/N | Golf | Y/N | Therapeutic exercises prescribed by doctor
w/ Adapted PE instructor or Athletic trainer |
| Y/N | Lacrosse | Y/N | Treadmill (walking) |
| Y/N | Recreational games | Y/N | Treadmill (Jogging) |
| Y/N | Soccer | Y/N | Weight machines (LifeFitness) |
| Y/N | Tennis | Y/N | Lower extremity exercises onl y |
| Y/N | Throwing and Catching | Y/N | Upper extremity exercises onl y |
| Y/N | Volleyball | | |
| Y/N | Yoga | | |

Other (please specify):

Comments or Special Instructions:

Physician signature: _____

Parent signature: _____

School Nurse signature: _____

Telephone: 484-266-3306/3324