



WEST SENECA CENTRAL SCHOOL DISTRICT

East Middle School • 1445 Center Road • West Seneca, New York 14224-3292

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Mark J. Crawford, Ed.D.
Superintendent of Schools

Vincent P. Dell'Oso
Director of Health, Physical
Education, and Athletics

PHYSICAL EDUCATION MEDICAL RECOMMENDATION FORM

Dear Parent /Guardian & Physician,

Date: _____

All students registered in the schools of New York State are required by New York State Education Law and the Commissioner's Regulations to attend courses of instruction in Physical Education. These courses must be adapted to meet individual student needs if the student has medical limitations. This means that a student who is unable to participate fully in their Physical Education program must have activities modified to meet his/her individual needs.

Your son/daughter/patient (Student's Name): _____ is registered in the West Seneca Central School District at (School Attending): _____.

It has been indicated that he/she has an inability to participate fully in the Physical Education program. To assist us in designing a program adapted to meet his/her individual needs, would you kindly provide us with your recommendations outlining any restrictions and/or limitations due to his/her medical condition.

For your awareness and understanding, our Physical Education program is designed to incorporate a wide array of lifelong physical fitness activities. These activities may involve one or several of the following movements or skill sets; throwing, catching, kicking, running, lifting, tumbling, bending, twisting, hitting, walking, jumping, stretching, pushing, pulling, body contact, water activities and outdoor activities.

On the accompanying pages, we ask for your assistance in informing us of any limitations, restrictions or concerns you may have with your patient being involved in such opportunities.

If you have any questions, please contact the Athletic office at (716) 677-3144. Thank you for your cooperation.

This is to certify that the above Physical Education requirements have been read and are understood. The above patient also has been examined and it is recommended that his/her Physical Education program be modified according to the above noted restrictions/limitations until _____ (Date)

Physician Name (Please Print): _____
Physician's Signature: _____ Date: _____
Phone #: _____ Email: _____

Parent/Guardian Name (Please Print): _____
Parent/Guardian Signature: _____ Date: _____
Phone #: _____ Email: _____

Please return this form by: _____ School Nurse Fax #: _____

NOTE: This report will be attached to the student's health record with duplicates sent to the parent/guardian, Physical Education teachers, the Director of Physical Education and the Committee on Special Education when appropriate. If you have any further questions please call Vincent Dell'Oso, Director of Health, Physical Education and Athletics at (716)677-3144. Thank you for your cooperation!

WEST SENECA CENTRAL SCHOOL DISTRICT
Adaptive Physical Education Form

Student Name _____

Grade _____

School _____

Please indicate the type(s) of activity that your patient **can participate in** by placing check mark next to that activity.

VIGOROUS

- Adventure Education/Cooperative Games
 - Low elements
 - High elements
- Aerobics
- Basketball
 - Sideline
 - Lead-Up Games/Activities
 - Sideline Game
 - Regulation Game
- Field Hockey
 - Lead up games/activities/stick handling
 - Regulation game
 - Goal tending only
- Floor Hockey
 - Lead up games/activities/stick handling
 - Regulation game
 - Goal tending only
- Flag Football
 - Passing/catching/kicking activities
 - Touch football game
- Gymnastics
 - Tumbling activities
 - Apparatus (vault, balance beam, spring board)
 - Climbing ladder
 - Pole climb
- Handball (Team)
 - Throwing/catching activities/lead up skills
 - Sideline game
 - Goalie position
 - Game
- Lacrosse
 - Stick handling activities
 - Sideline game
 - Regulation game for P.E.

- Physical Fitness Exercise & Testing
 - Curls (sit ups) 1 minute
 - Flexed arm hang
 - Push ups
 - Pull ups
 - Pacer Test
 - Jumping jacks and jumping activities
 - Stretching activities (sit and reach)
- Pillow Polo (hockey style activity with padded stick)
 - Passing and dribbling activities
 - Sideline game
- Racquetball/Pickleball
- Snow Shoeing
- Soccer
 - Passing and dribbling activities
 - Sideline game using nerf ball (indoor)
 - Regulation game with nerf ball (indoor)
 - Regulation soccer game (outside)
- Speedball (combination of soccer and team handball)
 - Passing and throwing/dribbling activities
 - Sideline game using a Nerf ball
 - Goalie position
 - Regulation game
- Tag Games
 - Outside with vigorous running
 - Inside with moderate running
- Track & Field
 - Sprint – timed 50 meter
 - 100 Meter
 - 200 Meter
 - 400 Meter Run (1/4 mile)
 - 800 Meter Run (1/2 mile)
 - ¾ mile cross country run
 - Pull ups
 - Standing long jump
 - Softball throw
 - Triple jump (no running approach)
 - Vertical jump
- Tug of War
- Warm up activities
 - Relay type activities (jogging/running)
- Wrestling

MODERATE

- ___ Badminton
- ___ Cage Ball Games
- ___ Calisthenics
- ___ Cargo Net
- ___ Combatives (Strength Activities)
- ___ Cross Country Skiing
- ___ Cup Stacking
- ___ Fidget Ladder
- ___ Field Day
- ___ Fitness Walking
- ___ Free Weights (lifting)
- ___ Golf
- ___ Games of Low Organization
- ___ Kickball
- ___ Obstacle Course
- ___ Orienteering
- ___ Rhythms and Dance
- ___ Relay, Locomotive Skills
- ___ Rock Wall (8 foot)
- ___ Rope Skipping
- ___ Roller Racer
- ___ Scooter Games (scooter hockey, basketball)
- ___ Soccer – Indoor (Nerf Ball)
- ___ Softball, T-Ball
- ___ Springboard
- ___ Stationary Bike
- ___ Swimming
- ___ Tennis (activities and games)
- ___ Tumbling
- ___ Volleyball
 - ___ Passing and serving
 - ___ Regulation game
- ___ Watercise

QUIET

- ___ Archery
- ___ Ball Bouncing
- ___ Ball Throwing and Catching
- ___ Balloon Activities
- ___ Basketball Shooting Activities
- ___ Bowling
- ___ Dribbling (hands)
- ___ Dribbling (feet)
- ___ Exercise Bands
- ___ Light Weight Lifting (3 lbs.)
 - ___ Upper body
 - ___ Lower body
- ___ Light Yoga
- ___ Parachute Activities
- ___ Perceptual Motor Activities
- ___ Playground Activities/Equipment
- ___ Shuffleboard
- ___ Stretching Exercises
- ___ Tennis Skills
- ___ Throwing and Catching Games

Any Further Recommendations for this patient:
