

Student Name _____ Home Room _____

Norwin Middle School

ADAPTIVE PHYSICAL EDUCATION FORM

Dear Physician:

The State Board of Education and federal law, REQUIRE EVERY STUDENT TO PARTICIPATE IN SOME FORM OF PHYSICAL EDUCATION TO MEET GRADUATION REQUIREMENTS. Our Adaptive Program is working at full capacity to help patients such as yours to meet these regulations. Please provide information to help our students meet this goal.

Please "CHECK" the level of exercise which can be incorporated and is appropriate for his/her condition.

I. CARDIOVASCULAR ACTIVITIES

___ High Level ___ Medium Level ___ Low Level

II. UPPER BODY EXERCISES

___ High Level ___ Medium Level ___ Low Level

III. LOWER BODY EXERCISES

___ High Level ___ Medium Level ___ Low Level

Additional advice or activities: _____

Anticipated date this student may return to unrestricted activity, _____

Or date of next scheduled appointment for re-evaluation. _____

Examining Physician's Signature

License Number

Date Completed

Please note that permanent Adaptive Physical Education will PREVENT the student from participating in sports. Book work (outline, quizzes, and tests) will be incorporated if it is the only option.

Student Name _____ Parent/Guardian _____