Libertyville High School

Modified Physical Education

Student Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_

Student Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Education Period: \_\_\_\_\_\_\_\_

Based on your examination, the above student should be placed in Modified Physical Education class/activities

due to the following diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The student is to remain in the modified physical education program until (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one below that applies.

\_\_\_\_\_\_\_\_\_\_ No limitations/No modifications needed

\_\_\_\_\_\_\_\_\_\_ Modified Physical Education (Please check all that applies that the student can participate in)

 This class may include a cognitive element if necessary.

\_\_\_\_\_\_\_\_\_\_ Individual Exercise Plan: Please advise specific exercises to be completed (or attach instructions

 from PT, OT, etc.)

**\_\_\_\_\_\_\_\_\_\_** Cognitive PE Only (reading, writing, research paper)

**Please check below all that applies that the student can participate in during their Physical Education period.**

|  |  |
| --- | --- |
| **Team Sports – Individual Sports** | **Fitness Activities** |
|  |  |
| \_\_\_\_ Badminton game\_\_\_\_Modified Badminton game \_\_\_\_Basketball game\_\_\_\_Modified Basketball game\_\_\_\_Floor Hockey game\_\_\_\_Modified Floor Hockey game\_\_\_\_Gymnastics\_\_\_\_ Tumbling\_\_\_\_Soccer game\_\_\_\_Modified Soccer game\_\_\_\_Swimming\_\_\_\_Modified Swimming\_\_\_\_ Team Handball game\_\_\_\_Modified Team Handball game\_\_\_\_ Tennis game\_\_\_\_ Modified Tennis game\_\_\_\_Volleyball game\_\_\_\_ Modified Volleyball game\_\_\_\_ Team sport skills only (please specify which sport skills they can participate in)Dance Class\_\_\_\_ Modified Ballet/Jazz \_\_\_\_ Modified Tap DanceAquatics\_\_\_\_ Please attach doctor’s plans | \_\_\_\_ Jump Rope\_\_\_\_Ladder Drills\_\_\_\_ Lower extremity strengthening exercises\_\_\_\_ Upper extremity strengthening exercises\_\_\_\_ Pilates\_\_\_\_ Push Ups\_\_\_\_ Sit ups\_\_\_\_Stationary bike (under 130 BPM)\_\_\_\_Stationary bike (over 130 BPM)\_\_\_\_ Stretching\_\_\_\_ Walking 1 mile (under 130 BMP)\_\_\_\_ Walking 1 mile (over 130 BMP)\_\_\_\_Walking 1 ½ miles (under 130 BPM)\_\_\_\_Walking 1 ½ miles (over 130 BPM)\_\_\_\_ Treadmill walk (under 130 BPM)\_\_\_\_ Treadmill walk (over 130 BPM)\_\_\_\_Treadmill jog (under 130 BPM)\_\_\_\_ Treadmill run (over 130 BPM)\_\_\_\_Track walk (outdoors – under 130 BPM)\_\_\_\_ Track walk (outdoors – above 130 BPM)\_\_\_\_ Track jog (outdoors – under 130 BPM)\_\_\_\_ Track run (outdoors – above 130 BPM)\_\_\_\_ Yoga\_\_\_\_ Other (Please describe on the back side) |
|  |  |
| ***Other: Please give a detailed description of what the student is capable of participating in during a team/individual sport in a Physical Education setting.*** | ***Other: Please give a detailed description of what the student is capable of participating in during a fitness unit in a Physical Education setting.*** |
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Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address (or business card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Must be a physician licensed to practice medicine in all of its branches.

Please return this form or call the nurse if there are any questions.

 Cameron Traut RN, IL/NCSN

 Certified School Nurse

 Libertyville High School

 708 W. Park Ave.

 Libertyville, IL. 60048

 Phone: 847 327-7016

 Fax: 847-327-7254

 Patti Mascia

 Physical Welfare Department Supervisor

 Libertyville High School

 708 W. Park Ave.

 Libertyville, IL 60048

 Phone: 847-327-7188