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 Dance  Aquatics  \_\_\_\_ 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.*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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