

**LEVITTOWN PUBLIC SCHOOLS  
HEALTH SERVICES**

**ADAPTIVE PHYSICAL EDUCATION  
ELEMENTARY GRADE SCHOOL**

To: Dr. \_\_\_\_\_

From: \_\_\_\_\_

School Nurse

Re: \_\_\_\_\_

Name of Pupil

Grade

School

Diagnosis: \_\_\_\_\_

Remediable: Yes \_\_\_\_\_ No \_\_\_\_\_

All pupils registered in the schools of New York State are required by the Education Law to attend courses of instruction in physical education. These courses are required to be adapted to meet individual pupil needs. This means that a pupil who is unable to participate in the entire program should have his activities modified to meet and/or improve his condition. The physical education classes are approximately \_\_\_\_\_ minutes in length and are held \_\_\_\_\_ times a week.

**THIS CHILD MAY PARTICIPATE IN ALL PHYSICAL EDUCATION CLASS ACTIVITIES  
AND IN COMPETITIVE SPORTS. Yes \_\_\_\_\_ No \_\_\_\_\_**

1. If activity is limited, please check what he may not do, in the following list:

- |                                                                                     |                                                                  |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Hard running relay                                         | <input type="checkbox"/> Standing games (walking-marching)       |
| <input type="checkbox"/> Marching (no running)                                      | <input type="checkbox"/> Vigorous activity (running-jumping)     |
| <input type="checkbox"/> Story Plays (some running and jumping)                     | <input type="checkbox"/> Setting up exercises                    |
| <input type="checkbox"/> Rhythms                                                    | <input type="checkbox"/> Dancing and musical games               |
| <input type="checkbox"/> Tumbling & stunts                                          | <input type="checkbox"/> Apparatus (rings, ropes & balance beam) |
| <input type="checkbox"/> Dodge Ball                                                 | <input type="checkbox"/> Recreational games                      |
| <input type="checkbox"/> Square Dancing (involves some running & jumping)           | <input type="checkbox"/> Basketball                              |
| <input type="checkbox"/> Softball & kickball                                        | <input type="checkbox"/> Volleyball                              |
| <input type="checkbox"/> Football                                                   | <input type="checkbox"/> Calisthenics                            |
| <input type="checkbox"/> Soccer                                                     | <input type="checkbox"/> Wrestling (weight requirement)          |
| <input type="checkbox"/> Learning skills (basketball, volleyball, soccer, football) | <input type="checkbox"/> Other                                   |

2. Duration of restrictions: \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ school year

3. Does this child require a rest period during school hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you wish patient to return to you for re-evaluation? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date

DATE

M.D.

