



WEST SENECA CENTRAL SCHOOL DISTRICT

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Matthew Bystrak
Superintendent of Schools

Marissa Fallacaro-Dougherty
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 Director 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 Marisa Fallacaro-Dougherty, 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:
