

North Cape School
Physical Education Modification Form

It is required by the North Cape School that this form be completed by the physician when a student has restrictions on activities in physical education class. State education law requires that all students be enrolled in a course of physical education unless physical restrictions are so severe that even modified physical education class is not possible. Since we wish to do what is best for the student, we will attempt to modify our activities to meet the specific limitations of the student; however some limitations may not be possible due to the alteration of curriculum and safety concerns. If possible, this will be achieved by either of the following programs:

Modifying regular physical education curriculum to meet the student's limitations as stated below.

Or

The student will be seated in the physical education classroom and asked to pay attention to the curriculum being taught even though they will not be physically involved. This student will still be considered a member of the class and will still be expected to participate in any oral assessments related to the curriculum presented or complete any written work associated with the objectives of the missed classes.

The physical education program chosen for the student will be determined on the basis of your recommendation below:

Student Name _____ **Grade** _____ **Date of Birth** _____

Please restrict this student's activities from _____ **to** _____

Please specify the nature of the illness or injury:

The student will be able to:

Warm-ups

_____ Walk for warm-ups (approx. 3mins.) _____ Jog/run for warm-ups (approx. 3mins.) _____ Stretch for warm-ups (**static**)

Activity

_____ Able to switch to an alternate activity under the current curriculum for the grade level _____ Stretch for warm-ups (**dynamic**)

_____ Low level activity (Stationary movements-- **NOT** involving injured area— ex. able to participate lower limb due to upper limb injury) Individual skill work but no game play. Ex. Shoot baskets but not participate in a game situation

_____ Activity as tolerated (Modifications made to activity to reduce risk of further injury, but stays in unit—ex. Underhand throwing versus overhand, walking versus running)

_____ Student is recovering from an extensive injury or illness and will be sidelined until released by their Doctor.

In order for the student to remain in the regular physical education class, this form needs to be agreed upon by the below parties:

Physician's Signature _____ Date _____

Parent Signature _____ Date _____

Student Signature _____ Date _____

Physical Education Teacher _____ Date _____

Please complete this form and send to the school office or fax this form to the school fax number :

North Cape School 11929 Highway K, Franksville, WI 53126

Fax Number: 262-835-2311