

AUBURN ENLARGED CITY SCHOOL DISTRICT
Auburn Physical Education Participation Form

Education Law requires Physical Education instruction for all students registered in the schools of New York State. In an effort to comply with this regulation and be proactive Auburn Schools will offer **modified physical education**. Modified physical education is defined as a specifically designed program of physical activities suited to the capabilities and medical limitations of students who may not safely engage in unrestricted regular physical education participation. Doctors will indicate below the student's physical limitations, if any, and PE teachers will design appropriate activities.

NAME _____ DATE _____

SCHOOL _____ GRADE _____

DURATION: WEEK _____ MONTH _____ SCHOOL YEAR _____

DESCRIPTION OF MEDICAL ISSUE: _____

____ I. Full Program Participation

____ II. Limited Participation – **INDICATE BELOW**

____ **A. CLASSROOM ACTIVITIES:**

Physical Education assignments with no physical activity.

____ **B. REHAB PROGRAM: (AHS ONLY-please specify)**

Cardio equipment _____ Strengthening _____

Specific directions regarding extremities _____

____ **C. NON-STRENUOUS/NON-CONTACT**

	YES	NO
Archery	_____	_____
Bowling	_____	_____
Fencing	_____	_____
Golf	_____	_____
Manipulative Skills(juggling, hoops, etc)	_____	_____
Rhythm and Dance	_____	_____
Riflery	_____	_____
Scooter Activities	_____	_____
Stretching Activities	_____	_____

____ **D. STRENUOUS NON-CONTACT**

	YES	NO
Aerobics	_____	_____
Badminton	_____	_____
Cross Country	_____	_____
Jogging	_____	_____
Locomotor Skills(running, jumping)	_____	_____
Physical Fitness Tests	_____	_____
Rope Skipping	_____	_____
Running Games	_____	_____
Swimming	_____	_____
Table Tennis	_____	_____
Tennis	_____	_____
Track & Field	_____	_____

____ **E. LIMITED CONTACT/IMPACT**

	YES	NO
Baseball	_____	_____
Basketball	_____	_____
Cross Country Skiing	_____	_____
Diving	_____	_____
Downhill Skiing	_____	_____
Gymnastics Apparatus	_____	_____
Paddleball	_____	_____
Softball	_____	_____
Stunts & Tumbling	_____	_____
Volleyball	_____	_____

____ **F. CONTACT/COLLISION**

	YES	NO
Field Hockey	_____	_____
Floor Hockey	_____	_____
Football	_____	_____
Ice Hockey	_____	_____
Lacrosse	_____	_____
Soccer	_____	_____
Team Handball	_____	_____
Wrestling	_____	_____

____ **G. SPECIAL PROTECTIVE DEVICES**

(Describe): _____

____ Physician's Name (Please print)

____ Physician's Signature

____ Address

____ Phone

____ Reviewed (as needed) by school physician (signature)

____ Date