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**A SUGGESTED GUIDE FOR ESTABLISHING AN ADAPTED
PHYSICAL EDUCATION PROGRAM ON THE SECONDARY LEVEL**

by

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**B.S., Saint Mary of the Plains
College, 1970**

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A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

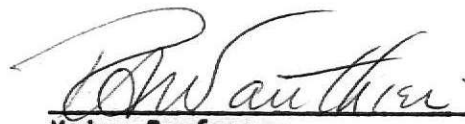
MASTER OF SCIENCE

Department of Physical Education

**KANSAS STATE UNIVERSITY
Manhattan, Kansas**

1971

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ACKNOWLEDGMENTS

The writer wishes to express his sincere appreciation to the members of his committee:

Professor Raymond A. Wauthier

Dr. T. M. Evans

Dr. Joseph Sarthory

He is especially grateful to Professor Wauthier for his assistance in the organization and evaluation of this report.

Deep appreciation is extended to his wife, Suzanne; and parents, who made professional training possible.

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INTRODUCTION

The inclusion of adapted physical education in the school curriculum requires promotion if this very important phase of the total physical education program is to be implemented and embodied as a component part of the entire educational structure. The development of a plan of action that will benefit the handicapped child is the joint responsibility of the school, the department of physical education, and the medical profession. The child, the parent, and the community should be informed of the scope of the program and the effects that it will have on the physical, social, and emotional well-being of handicapped children.¹

Today's literature points out that most children who are handicapped may be helped to improve and advance. A few will have to be completely taken care of all their lives, but many can be trained to take care of their own personal needs. A large majority may be prepared for useful work as adults. Many have the opportunity to become self-sufficient enough to make their own way in life.

Interest in the problem of the handicapped has grown rapidly since World War II.

One of the aftermaths of World War II was an unprecedented interest in the problems of the handicapped. War service caused about half of the number of permanent disabilities acquired in our civilian population during those same war years...The expanded interest resulted in greatly increased investigation and research. This research has been extended to many kinds of disabilities and different phases of rehabilitation.²

The problems of the handicapped are serious and affect many aspects

¹Committee on Adapted Physical Education, "Guiding Principles for Adapted Physical Education," Journal of the National Association for Health, Physical Education, Recreation, XXIII, No. 4 (April 1952), p. 15.

²Arthur S. Daniels and Evelyn A. Davies, Adapted Physical Education (New York, Evanston, and London: Harper and Row, Publishers, 1965), p. 43.

of society. The problem is complex and cannot be attacked in any one area since the diversions are biological, psychological, educational, vocational, economic, and social. School systems can meet the challenge by setting up adapted physical education programs for the physically handicapped.

In practice, physical education programs are almost always geared to the gifted, says O. William Blake, physical education coordinator, Contra Costa County, California. "The highly skilled children usually dominate and monopolize the learning activities to the detriment of the less skilled. As a result the skilled become more skilled and the less skilled fall farther behind."³

"According to the best estimates available, there are about four million children of school age in the United States with physical, mental, or emotional handicaps," stated Julian Stein, director of Programs for the Handicapped, American Association for Health, Physical Education, and Recreation. They represent 10 percent of the total school-age population. A vast majority of these children are attending regular schools. In far too many school systems the handicapped child, who is likely to have a lower level of physical fitness than the average child, is ignored when it comes time for physical education."⁴

Mr. Wally Gart, instructor, New Trier High School West, Northfield, Illinois, points out that recent research has revealed that 7 to 10 percent of the students in our schools have physical, mental, and emotional conditions to such a degree that some special programming is indicated. At least

³F. Glen Loyd, "New Break for the Gym Dropout," Today's Health, 47:38, March, 1969.

⁴Ibid, p. 39.

16 percent of every student body can benefit from individual attention and special programming because of low physical fitness and specific motor deficiencies.

"Athletic administrators are able to convince their communities of the need for space and facilities to accommodate interscholastic athletes, which generally involves 5 to 10 percent of the students. It is only fair that programs also be provided for the 15 to 20 percent of our students who are in need of special programs in physical education."⁵

Charges that the nation's school physical education programs weren't helping students most in need started snowballing during the administration of President John Kennedy. The President's Council on Youth Fitness conducted a survey which indicated that more than 10 million of the nation's 40 million school children were unable to pass a test which measured only a minimum level of physical fitness, while almost 20 million would be unable to meet the standards set by a more comprehensive test of physical strength and skills.

"In 1955 the Kraus-Weber survey indicated that American youths lagged far behind young Europeans in basic levels of physical fitness. Almost 58 percent of Americans were unable to pass these tests, while only 8.7 percent of Europeans failed. Concerned by evidence of declining vigor in American youths, President Eisenhower created the President's Council of Youth Fitness."⁶

Today 14 percent of America's school children do not participate in any physical education whatsoever, and another 27 percent are in programs rated less than adequate. Only a few states require daily physical education classes for all grades. Although most other states have some physical education

⁵Adapted Physical Education, Journal of Health, Physical Education, and Recreation, May, 1969.

⁶Loyd, op. cit., p. 41.

classes for all grades. Although most other states have some physical education requirement, the standards are all too often vague and enforcement of them frequently is lax.

STATEMENT OF THE PROBLEM

In the belief that all children are entitled to an opportunity for maximum physical, mental, emotional, and social development of their potentials, the purpose of this report was:

1. To provide a helpful program of physical activities for physical education teachers who are uninformed regarding the techniques of working with the physically handicapped yet, through their instructional programs, are striving to help physically handicapped students attain their optimum of happiness, independence, and responsibility.

2. To help educators acquire knowledge and understanding about curricular content, methods, techniques, policies, procedures, and adaptations needed for a program of physical activities.

3. To help the instructors create successful situations by eliminating feelings of frustration and failure through participation in physical activities.

The information in this report is by no means all-inclusive. While it touches on the important facets, it does not cover each in all its details.

IMPORTANCE OF THE STUDY

If the ultimate goal of public schools is to accept responsibility for developing each pupil to the maximum of his abilities, educators may understand his needs and provide a different program than is generally presented to the handicapped child. A greater responsibility rests with the school,

however, to provide the physically handicapped with knowledge and skills necessary for independent functioning within the community in which he lives. This may be done through organized adapted programs in all areas of the total school curriculum. Physical education is one of these areas. It is a part of, not apart from, the total educational process.

Physical activities may serve as the core to educating and training the handicapped. Practical, meaningful, and enjoyable experiences from active participation in a program of physical activities will likely become the stimuli--the motivation that provides the impetus for broader understanding and greater learning in academic areas and in complex situations. It falls to those responsible for programs to plan, organize, and conduct programs so as to provide opportunities for handicapped students to develop skill, competency, and knowledge. In this way every individual may live as independently in America's society as his capabilities will allow.

METHOD OF PROCEDURE

The material in this report was compiled from information gathered from books and periodicals found in the library of Kansas State University Physical Education Department. Literature was also received from the State Department of Education of Pennsylvania. Additional information was obtained by a study of the different aspects of adapted physical education prepared by the American Association of Health, Physical Education, and Recreation.

DEFINITION OF TERMS USED

Adapted Physical Education is a diversified program of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully

engage in unrestricted activities of the general physical education program.

Exceptional Pupils is a classification of students when they are so different in mental, physical, emotional, or behavior characteristics that in the interests of equality of educational opportunity, special provisions must be made for their proper education. (During the course of this paper exceptional or handicapped will be used synonymously and mean those students with only physical defects.)

Disability is a physical handicap or maladjustment.

LIMITATION OF THE STUDY

The information in this report is limited to a program of physical activities for physically handicapped male students on the high school level.

RESULTS AND DISCUSSION

THE GOALS OF ADAPTED PHYSICAL EDUCATION

Physical education is an essential part of the total educational program. Its aim is the same as the aims in other curriculums--to develop the child to the full extent of his capacities by providing broad, varied, and meaningful experiences.

According to Carl Haney, State Director of Physical Education of Kansas, many of the secondary schools in this country are not fulfilling this aim for the physically handicapped child.

The general policy for handicapped students is to sit and watch, or to go to the dressing room and sort towels. This type of activity is useless as far as physical education is concerned. The physically handicapped child is the one who needs physical education the most and is the one who is getting the least.

The Committee on Adapted Physical Education of the American Association for Health, Physical Education and Recreation defines the scope of adapted physical education in the following guiding principles:⁷

1. There is a need for common understanding regarding the nature of adapted physical education.

Adapted physical education is a diversified program of developmental activities, games, sports, and rhythms, suited to the interests, capacities, and limitations of the students with disabilities who may not safely or

⁷Committee on Adapted Physical Education, op. cit., p. 15-18.

successfully engage in unrestricted participation in the vigorous activities of the general physical education program.

2. There is a need for an adapted physical education program in schools and colleges.

According to the best estimates available there are about four million children of school age in the United States with physical handicaps. Only 11 percent of this group requiring special educational services are receiving them through special schools and classes. The vast majority of physically exceptional children are attending regular schools. The major disabling conditions, each affecting thousands of children, are cerebral palsy, poliomyelitis, epilepsy, tuberculosis, traumatic injuries, neurological problems, and heart disease. Further evidence indicates that at the college level there is a significant percentage of students requiring special considerations for either temporary or permanent disabilities.

3. Adapted physical education has much to offer the individual who faces the combined problem of securing an education and living most effectively with a handicap.

Through adapted physical education, the individual can:

- a. Be observed and referred when the need for medical or other services is suspected.
- b. Be guided in avoidance of situations which would aggravate the condition or subject him to unnecessary risks or injury.
- c. Improve neuromuscular skills, general strength, and endurance following convalescence from acute illness or injury.
- d. Be provided with opportunities for improved psychological adjustment and social development.

4. The direct and related services essential for the proper conduct

of adapted physical education should be available to our schools.

These services should include:

- a. Adequate and periodic health examinations.
- b. Classification for physical education based on the health examination and other pertinent tests and observations.
- c. Guidance of individuals needing special consideration with respect to physical activity, general health practices, recreational pursuits, vocational planning, psychological adjustments, and social development.
- d. Arrangement of appropriate adapted physical education programs.
- e. Evaluation and recording of progress through observation, appropriate measurements, and consultations.
- f. Integrated relationships with other school personnel, medical and auxiliary services, and the family to assure continuing guidance and supervisory services.
- g. Cumulative records for each individual, which should be transferred from school to school.

5. It is essential that adequate medical guidance be available for teachers of adapted physical education.

The possibility of serious impairments requires that programs of adapted physical education should not be attempted without the diagnosis, written recommendations, and supervision of a physician. The planned activities must be predicated upon medical findings and accomplished by competent teachers working with medical supervision and guidance. There should be an effective referral service between physicians, physical educators, and parents aimed at proper safeguards and maximum student benefits. School administrators, alert to the special needs of handicapped children, should make every effort

to provide adequate staff and facilities necessary for adapted physical education.

6. Teachers of adapted physical education have a great responsibility as well as an unusual opportunity.

Physical education engaged in teaching adapted physical education should:

- a. Have adequate professional education to implement the recommendations provided by medical personnel.
- b. Be motivated by the highest ideals with respect to the importance of total student development and satisfactory human relationships.
- c. Develop the ability to establish rapport with students who may exhibit social maladjustment as a result of a disability.
- d. Be aware of a student's attitude toward his disability.
- e. Be objective in relationships with students.
- f. Be prepared to give the time and effort necessary to help a student overcome a disability.
- g. Consider as strictly confidential information related to personal problems of the student.
- h. Stress similarities rather than deviations, and abilities instead of disabilities.

7. Adapted physical education is necessary at all school levels.

The student with a disability faces the dual problem of overcoming a handicap and acquiring an education which will enable him to take his place in society as a respected citizen. Failure to assist a student with his problem may retard the growth and development process.

Offering adapted physical education in the elementary grades and

continuing through secondary school and college will assist the individual to improve, function and make adequate psychological and social adjustments. It will be a factor in his attaining maximum growth and development within the limits of the disability. It will minimize attitudes of defeat and fears of insecurity. It will help him face the future with confidence.

ORGANIZATION OF THE ADAPTED PHYSICAL EDUCATION PROGRAM

A proper adapted physical education program should have a steering committee to insure that the proper functions of the program are carried out. This committee should be made up of the school physician (or interested community physician), a school nurse, a guidance counselor, a school administrator, and should be headed by the physical education director or supervising physical education instructor.

RESPONSIBILITY OF THE SUPERVISOR

The adapted physical education teacher or supervisor is responsible for: medical and administration forms, and class forms necessary to carry out the program, carrying out the instructions recommended by the doctor, identifying the needs of the students by his own screening or by the medical referral form submitted by the doctor, setting up individual activity programs, keeping an accurate record of the child's progress, and evaluating the effectiveness of the program.

RESPONSIBILITY OF THE STAFF

The cooperating physician is responsible for: approving the suggested activities submitted by the teacher, informing the members of the medical profession regarding the nature and scope of the adapted program, and serving as medical advisor to the adapted physical education committee.

The school nurse should work closely with the teacher and the doctor. Her medical history and health status of the child is of great importance.

Her duties may include: maintaining liaison between the school and the home, informing teachers of any condition that may temporarily limit the student's participation when it is not necessary to refer the student to a doctor, referring the child to a doctor if there is a question to the child's participation in the regular program, serving as a consultant to the adapted physical education teacher.

The guidance counselor contributes to the success of the program by: identifying behavior problems, evaluating the effects of the adapted physical education on the child, and serving as a consultant to the teacher regarding the mental health of the student.

Although the parents are not a member of the professional team, they can be of great help by: helping the child obtain or maintain a good attitude about the program, and encourage him to practice the exercises, designed by the teacher, outside of the school environment.

IDENTIFICATION OF STUDENTS FOR THE ADAPTED PHYSICAL EDUCATION PROGRAM

Certain physical conditions may cause a pupil to be disturbed emotionally, or an emotional disturbance may cause such a condition. The pupil who is affected in either way needs special consideration and guidance. Being overweight or underweight may aggravate a feeling of inferiority; a deformity, birthmark, or other skin condition or poor muscular coordination may cause a pupil to fear ridicule. Retarded or accelerated development of secondary sex characteristics, compared with others in the age group, may cause a student to be self-conscious. These pupils should be helped to understand their condition and given an opportunity to participate in activities to develop desirable attitudes.⁸

To make certain that appropriate provision is made to meet a pupil's special needs, his ability should be determined, causes of his special needs studied, and the program planned on the basis of this information. When this procedure is followed each pupil will have an opportunity to participate in the activities that will be most beneficial to him. Through his participation in these activities the pupil with special needs will acquire the motor skills that are necessary for successful participation and that will help him to enjoy satisfying physical education experiences.

In most high schools, a physical examination is required before the student enters the freshman year. Examination of the student should be administered by the student's family physician, who may know the history of the individual, or by a qualified physician. The physician should identify any defects, handicaps, or pathological complications and express recommendations for their control or correction.

Selection of participants for an adaptive program should be made

⁸Guidelines for Adapted Physical Education, Pennsylvania Department of Education, 1971, p. 7.

primarily upon the recommendation of the physician but in determining participants for the program, certain tests and measurements in the regular physical education class should also be conducted. Various strength tests may be used; for example, the strength test set up by F. R. Rogers, the Physical Fitness Index.⁹ This test consists of various strength abilities along with age and size. The Physical Fitness test for each student is found as a ratio of the student's achieved strength to the established normal.

A general screening test for posture problems should also be carried out in the regular physical education class. Any deviations should be referred to the physician who in turn will determine the best type of activities for the student.

⁹H. Harrison Clarke, Application of Measurement to Health and Physical Education, Englewood Cliffs, (New Jersey: Prentice Hall, Inc. 1959), p. 137.

PROPOSED ADAPTED PROGRAM IN PHYSICAL EDUCATION

Many high schools have done little in the way of providing a progressive physical education program for the handicapped student. There are many reasons for this but it is felt that the most conclusive reason is a lack of knowledge about the subject. Other determining factors would include lack of facilities, equipment, and in some of the smaller schools, not enough physically handicapped students to warrant an adapted physical education program.

If the objectives of the physical education program include all children, the physically handicapped students are also entitled to develop their skills as well as the normal students. No reason or excuse is acceptable if this is not done.

Organization of the adapted physical education program has been covered in Organization of the Adapted Physical Education Program. After the steering committee has been selected, it is important for the physical education teacher to consider possible methods of screening students for the adapted program. Numerous forms are available for this. (Refer to Appendix).

There are two basic plans that can be used in scheduling of classes; these are the segregated or special class, and the integrated or regular class. However, possible combinations of features from both programs may best meet the conditions in any particular school.¹⁰ Few schools have the facilities or staff to conduct a segregated or special class; therefore, it is suggested that the regular class program be established.

¹⁰George J. Stafford and Ellen D. Kelly, Preventive and Corrective Physical Education (New York: The Roland Press Company, 1958), p. 363

This involves placing the students in need of preventive or corrective physical education in the same classes with the non-handicapped student. Stafford and Kelly point out that the psychological need of the handicapped to identify themselves with the whole group can be preserved in the integrated or regular class.¹¹ As a result of remaining in the regular class with the non-handicapped students, the handicapped are often motivated to improve their condition so that they may be able to participate in the regular class activities.

The handicapped student should engage in as many of the regular class activities as possible. When activities are beyond their limitations or capacities, special activities and exercises should be substituted. Many times the student will not be able to participate in a certain activity or sports game.

For example, during a basketball unit, the student with a heart condition may not engage in the game itself but he might be assigned to ball handling skill to whatever extent he could or should participate, to learn to coach the team, to score, and to referee.¹² The instructor should never yield to the easy method of simply having the student sit and watch. The handicapped student gains many social benefits while participating in class with the non-handicapped students.

The physical educator should consult the doctor and/or carefully read his report and recommendations to determine the exercise tolerance of each handicapped student before he is allowed to participate in the program. This will enable the instructor to plan activities for the handicapped student

¹¹ Stafford and Kelly, op. cit., p. 368.

¹² Ibid., p. 373.

throughout the year.

Establishing the adapted program requires modification of rules for stunts, sports, games, and relays. The following modifications will prove valuable in setting up a program:

1. Limit playing time.
2. Decrease the size of playing field, court and area.
3. Substitute walking steps for running steps.
4. Limit player or players to a definite place or position.
5. Substitute lighter, more easily controlled equipment.
6. Increase the number of players.
7. Permit players to hit ball any number of times, as in volleyball.
8. Allow player to hold the ball for a longer period of time, as in basketball.
9. Decrease the distance of service in volleyball or in tennis, with a lower net.
10. Allow the player to hit the ball on the second or third bounce in tennis.
11. Permit another player to run in place of a batter.
12. Require frequent rest periods when need is indicated.

Physical educators must remember that participating is not the only aim of the program. Many people in American society are spectators of sport activities rather than actual participants. Thus, if the disabled individual acquires a better knowledge of the strategy and rules of the game, he will gain more enjoyment as a spectator.

However, participation is a very important aim. Stafford stated, "With the adapted sports method the student very often continues the activities

outside class."¹³ The corrective effect may be initially less with the adapted sport method than with the formal corrective exercise but the continuation of the activity outside of class often gives enough additional participation to result in as much correction as might be obtained by the formal exercises. A student may be much more inclined to pursue on his own time the fun of table tennis or badminton rather than corrective exercises.

The physical education instructor, when organizing the adapted program, must in addition to students with permanent handicaps, keep in mind the students who have temporary disabilities. For instance, the student who has sustained a bone fracture and cannot participate in the program for a period of time and then returns to the physical education program, poses a special problem and unquestionably requires special attention. The muscles of the injured limb will be deteriorated due to inactivity and will not be ready for the strenuous competitive activities of the regular program. The instructor will have to place certain restrictions on the student's activity and certain exercises will have to be performed to restore the limb to normal.

The instructor must not forget the student who has been absent from school for a long period of time due to some illness for he also may be in a weakened condition. Consultation with the family physician may be desirable to determine the activities in which the student can participate.

METHODS

Organization for roll call and class instruction--definite working policies and procedures set up by the teacher for roll call and class instruction are helpful to both teacher and students if there are to be skill improvement,

¹³Stafford and Kelly, op. cit., p. 381.

positive attitude changes, broadened understandings, classroom control, and deep and lasting appreciation for physical activities. Physical activities may be learned and demonstrated most easily in small groups, usually called squads. The composition of the squad and the method of selecting squad leaders may or may not be necessary for the most effective means of instruction.

Realizing there is no one method that will assure success, the best teaching method, provided it is a socially approved procedure, is the one which gets the job done. However, accuracy and speed appear to be essential with any method used.

The physical education teacher may use the method for selecting squads that best fits the situation in his particular course unit. Some specific suggestions based on this writer's experience and research are:

1. Assign students to squads that have equal numbers of highly skilled, average, and poor students on each.
2. Arrange squads in some sort of alphabetical sequence of student's last names. With this method the poorer performers, are spared the depressing effect of being chosen last.
3. Select squads on the basis of cumulative records. (Brief observations by the instructor may be substituted for the cumulative records.)
4. Select squads outside of class time in order to have the opportunity to select with care squads that are balanced in skills as well as friendships.
5. Select squads on the basis of results of sociometric and specific skill achievement tests.

Effective functioning of a squad, either as a team or as a group learning particular techniques, often depends greatly on the squad leaders.

Wise and careful consideration is advisable in securing squad leaders, which may be done in several ways. The instructor chooses the procedure that is best for him. Serving as a squad leader is an opportunity to practice leadership that may be shared by many boys. The instructor may:

1. Appoint leaders to serve at the beginning of the year or first grading period or semester until the class members and the instructor have had an opportunity to learn names and know each other. This selection may be done on the basis of general appearance, apparent confidence, extroverted tendencies, and intuitive ability. Each subsequent grading period from then on, new leaders may be elected or the same ones retained if so desired by the majority.

2. Permit outgoing squad leaders to elect new squad leaders.

3. Hold class elections after nominations have been made.

4. Ask for volunteers.

The squad leader and his duties may vary according to the purpose and function of the squad. However, class leaders usually assist with instruction, act as officials, check attendance, obtain necessary supplies and equipment, act as team captains, and promote and encourage team punctuality on the field, court, and floor or in the pool.

UNIFORM

Efficiency is more likely to be accomplished if classroom policies and procedures governing proper dress for physical activities are set up by the local school system. The physical education supervisor and instructors usually participate in the selecting of uniforms that are comfortable, washable, and attractive.

Definite rules governing the cleaning of uniforms should be imposed. For example: taking suits, shoes, supporters, and socks home every Friday to be returned on Monday morning after laundering. Because of health reasons the borrowing or lending of uniforms, shoes, socks, and the like is not recommended. Another issue that the physical educator may be concerned with is the marking of uniforms to insure uniformity and non-loss of uniforms. The physical education supervisor and physical education teachers may decide on this issue.

SHOWER PROCEDURES

Many authorities recommend that all students take a shower following vigorous activities. Towels and soap should be provided by the school district to ensure good health teaching habits. Individual showers or special safety measures may be set up regarding the handicapped student.

LOCKER ASSIGNMENT

Locks and locker room supervision might be fully discussed among administrators and teachers to allow pupils ample room for dress and moving around which precipitate efficiency in maintaining a pleasant and clean atmosphere. It may be a good idea to simplify the location of lockers with the handicapped students getting the ones that are the most convenient for their particular disability.

A record of the individual to whom the locker is assigned may be kept by the instructor. In those situations where the facilities are not adequate, but there is space for a limited program, equipment for this program should also be provided.

CLASS TIME ALLOTMENT

Time allotment for the various aspects listed below may vary according to the newness of the activity, purpose of the activity, and progress of the students achieving essential skills.

<u>Activities</u>	<u>Percent</u>
Administrative	7
Conditioning and Combative	8
Recreational, Individual, and Dual Sports	20
Rhythmical	20
Stunts, Tumbling, and Self-Testing	20
Team Sports	<u>25</u>
Total	100

Size of classes, teacher load, and the scheduling of students in physical activities will probably be determined by school policy. Definite guidelines for class size may be established before the schedule of classes has been determined. In determining class size, the factors involved in a good learning situation are the availability of particular facilities, special individual problems, achievement level of students, and adequacy of teaching.

Effective use of the class period is essential and is the responsibility of the teacher. A suggested daily class time allotment for a 55-minute class period is:

<u>Item</u>	<u>Number of Minutes</u>
Dressing	4 to 6
Roll Call	2
Conditioning Activities	3 to 5

Fundamental Skill	15
Game or Activity	20
Showers and Dressing	10

REPORTING ACCIDENTS

The physical education instructor is required to know and follow the school procedures in reporting accidents and in the treatment of injuries.

EXCUSES

A thorough understanding of policies for excusing students from physical activities may prove beneficial if understood by teachers, students, school and family medical advisors, administrators, parents, and members of the school board. Specific procedures may be set up by the school board to carry out policies agreed on.

The Joint Committee of the Lifetime Sports Education Project and the Project on Recreation and Fitness for the physically handicapped lists suggested teaching methods for teaching physical activities for the physically handicapped.¹⁴ These suggestions are concerned with motivational factors, effective program planning, and class organization.

EDUCATIONAL PRINCIPLES

1. Educational principles of effective teaching and learning are applicable to the handicapped and may be utilized, for instance, from the known to unknown and from the simple to complex. Both conceptual understandings

¹⁴Physical Activities for the Physically Handicapped: Ideas for Instruction (Washington: American Association for Health, Physical Education, and Recreation, 1968), p. 25-27.

and skills might be considered. Motor development will probably proceed from gross to fine movement and from trunk movement to movement of the extremities. Methods of motivation may be basic to any activity program: Conventional methods of verbal praise and acceptance praise, based on improved performance and operant conditioning may also be used. The instructor's enthusiasm and participation appear to be the key to pupil enthusiasm and participation.

2. A maximum number of stimuli may be apparent in teaching a basic movement skill. It might be doubtful that the entire range of stimuli would be practical, but those which can contribute successfully to understanding and performance on a given level are:

a. Kinesthetic: The guiding of body parts through desired movement to result, hopefully, in a proper response.

b. Abstract: The use of signals, signs, and words which must be received and interpreted prior to reaction by the student.

3. Games and activities may be selected on the basis of their recreative value as well as physical, social, or mental values.

4. Select games which involve a maximum of activity for players simultaneously. Relay games may have fewer numbers (4-8). Children lose interest if they wait too long for a turn.

5. If discipline becomes a problem, it may be that the game is too difficult to understand or that it requires too much skill, too many rules.

6. If there is no interest in the activity, do not insist that it be played.

7. Change the activity when the interest is at its peak.

8. Attempt to select games which are within the skill range of the students.

9. Practice giving only a few rules to start the game, introducing

new rules in the actual playing situation.

10. Teach rules that may be modified, but not changed.

11. In teaching games, the instructor should stand so that he will always be in the view of all students.

12. Be attuned to laughter and excitement. These are very good measurements of enjoyment.

13. Allow students to choose activities occasionally.

14. In programming, the instructor must remember not to plan activities based on his own interest and abilities or the interest and abilities of normal students of comparable age.

15. A variety of activities should be planned for vigorous physical activity daily.

16. The instructor might guard against working on more than one aspect of a skill at a time. The student will be more apt to experience success and less likely to become confused and fail.

17. It is important that the instructor have an accurate and visual image of the desired skill.

It may be wise for the physical educator not to be reluctant to "learn from the pupil" and to adjust his or her teaching techniques to those methods which seem best to get the desired job done under the circumstances.

SUMMARY

The drive for activity is especially strong in the young and is felt by all youth throughout their growing years. This basic need is no different for those who are physically handicapped. They enjoy opportunities that make them socially acceptable in the home, at school, and in other groups in which they find themselves. It is especially important for the handicapped child to experience success, to be loved, and to feel secure. The physical educator's program of activities has much to offer through instruction which can be and, in fact, is related to all necessary social skills. If a child does not have skills sufficient to participate with others of the group on a satisfactory basis, he is likely to become a misfit and to develop social and emotional problems of a permanent nature. It is, therefore, the duty of physical education teachers to help prepare individuals to develop the basic fundamental skills in recreational activities of a physical nature. It appears to be highly important that the mastery of skills begin while the individual is quite young because the chances of optimum development diminish as a person progresses through elementary and secondary levels.

Leaders need to understand that these children require more patience, guidance, help, and encouragement to achieve even the most limited skills than do normal children. Programs in adapted physical education, can lead the way for these children with physical handicaps, to happy and productive lives.

APPENDIX

ADAPTED PHYSICAL EDUCATION SCREENING FORM (Concluded)

Class _____

Section _____

Time _____

NAMES																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
G-3. Shuffling																	
G-4. Mincing																	
G-5. Waddling																	
G-6. Bouncing																	
G-7. Hip Swinging																	
G-8. Toeing Outward																	
G-9. Toeing Inward																	
G-10. Forward Lean																	
G-11. Backward Lean																	
G-12. Tension																	
G-13. Transfer of Weight																	

Programming

It is the teacher's job to prepare specific programs after gathering the information. In general, all children in the physical education program may be placed in one or more of the following categories:

1. Unrestricted activity
2. Modified activity
 - a. Permanent disability
 - b. Temporary disability
3. Remedial activity
 - a. Permanent disability
 - b. Temporary disability

Specific examples of the latter two categories are:

Modified-Permanent Disability. A child with a heart lesion would fall in this category. Under no circumstances would he be permitted to enter into an unrestricted activities program. A graded program of exercises to a moderate level and limited participation in sports are generally permissible. Since the degree

of exertion is better controlled by the participant in individual sports than in team sports, the former should be recommended for the child with heart trouble.

Modified Temporary Disability. Following an operation or illness, a child might be restricted to a limited program involving a "mild" degree of exertion until medical approval is given for return to unrestricted activity. The doctor may suggest mild forms of exercise after surgery. Some of the basic principles to follow are: (1) do not place stress on tissue involved in the operation, (2) gradually work from mild activity to more vigorous activity as indicated by doctor, and (3) place child in Remedial-Temporary to recondition area of structural weakness before he is reassigned to "regular" programs.

Remedial-Permanent Disability. The cerebral palsied child who has made significant progress in a school for the severely handicapped and has a mild degree of involvement would fall into this category.

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LOS ANGELES CITY SCHOOL DISTRICTS
Health Education and Health Services Branch - Auxiliary Services Division
Corrective Physical Education Section

CORRECTIVE PHYSICAL EDUCATION ACTIVITY GUIDE
A Guide for the Teacher and Physician
In Planning a Restricted Program of Physical Education

Pupil _____ Date _____

School _____ Corrective Phys. Ed. Teacher _____

I. TYPES OF MOVEMENTS	OMIT	* MILD	**MODERATE	UNLIMITED	REMARKS
Bending					
Climbing					
Hanging					
Jumping					
Kicking					
Lifting					
Pulling					
Pushing					
Running					
Stretching					
Throwing					
Twisting					

II. TYPE OF EXERCISES	OMIT	* MILD	**MODERATE	UNLIMITED	REMARKS
Abdominal					
Arm					
Breathing					
Foot					
Head					
Knee					
Leg					
Trunk					
Relaxation					

III. TYPES OF POSITIONS	LIMITED	UNLIMITED	IV. TYPES OF ACTIVITIES	YES	NO
Lying, supine			Competitive Sports		
Lying, prone			Games - Sitting		
Sitting			Games requiring Standing but no Running or Jumping		
Standing			Officiating		

Recommended until _____ 196 _____

Remarks:

Swimming		
Coeducational Activities		
Social Dancing		
Square Dancing		
Sports and Games		

Signature of Physician _____

ADAPTED PHYSICAL EDUCATION FORM

INDIANA JOINT SENIOR HIGH SCHOOL

To: Dr. _____ Date _____

In regard to physical education activities of your patient _____, we shall appreciate your cooperation in filling out this blank and returning it at your earliest convenience to _____.

Pupils registered in Pennsylvania schools are required by school law to attend courses of instruction in physical education. These courses are to be adapted to meet the needs of the individual pupil. Thus a pupil who is unable to participate in a whole program, due to a specific physiological condition, should have his program modified to meet and/or improve his condition.

The above named patient has the following condition(s) _____

The following is a general list of the activities included in physical education courses. Please indicate by a check those activities in which the above named patient can participate.

_____ rest	_____ recreational sports
_____ dress for class	_____ swimming
_____ walk	_____ rhythms and dance
_____ corrective exercises	_____ mimetics
_____ quiet games	_____ calisthenics
_____ marching tactics	_____ apparatus
_____ running games	_____ tumbling
_____ study of game rules	_____ combative games, i.e. football, wrestling, etc.
	_____ non-combative, i.e. baseball, track, etc.

The following remedial or corrective work is also suggested for the above mentioned patient _____

(If necessary, please attach additional instructions to this form)

This is to certify that I have examined the above mentioned student on _____ and recommend that (he) should participate ONLY in the _____ date (she) above checked activities for a period of _____ weeks, months, semester.

1 cc school nurse
1 cc class instructor

Signature

PHYSICIAN'S PHYSICAL EDUCATION REPORT
Mt. Diablo High School, Concord

School Year 35

Student's Name _____ Age _____

Address _____ School Grade (9, 10, 11, 12) _____

Abnormal Condition: _____

The High School is most anxious to program the student into the correct type of physical activity. Three programs are offered for those unable to take regular physical education. Please check which of the three programs the student may participate in:

A ☐ COMPLETE EXEMPTION - no exercise, is assigned to the Nurse.
Bed Rest - lying down, no studying or reading.
Chair Rest - sitting, may read or study.

B ☐ PARTIAL EXEMPTION - Student remains with the regular P.E. Class, but serves as an official during the time he is restricted from a particular activity. Some 6 activities are played during a year. List the activities the student may not do: _____

C ☐ MODIFIED P.E. CLASS - The program includes modified and less strenuous types of games such as listed below. The student should be able to do the majority of these games in order to be placed in this Class.

1. Games played over a net, no running involved.

☐ Volleyball

☐ Netball

☐ Deck Tennis

☐ Pateca

2. ☐ Archery

3. ☐ Social party games

4. ☐ Swimming (available only if necessary for student's condition).

5. Games involving hitting an object, limited amount of movement.

☐ Badminton

☐ Paddle Tennis

☐ Croquet

☐ Golf Putting

☐ Shuffleboard

☐ Horseshoes

☐ Ping Pong

☐ Modified forms of bowling

Duration of Exemption: _____ School Year: _____ Months, Until next examination
on _____

Note: May we phone you? yes ☐

Physician's Signature

Nurse: _____

Approved: F. Diel

P.E. Instructor: _____

Please return promptly so student may be programmed!

PHYSICIAN'S RECOMMENDATION FOR PHYSICAL EDUCATION AND OTHER PHYSICAL ACTIVITIES

Dear Physician:

All pupils enrolled in the public schools participate in physical education activities which are designed to meet the growth and developmental needs of boys and girls. In addition many pupils participate in other types of physical activity such as intramural programs, interschool athletics, band, drill team. To identify specific needs of each pupil, the physician, parents, and school personnel must work cooperatively. Will you please provide us with the information listed below so that we can provide appropriate activities for: _____

(Pupil's name)

FINDINGS AND RECOMMENDATIONS TO THE SCHOOL

I have examined _____ and find the following handicaps,
(Pupil's Name)
if any: _____

I recommend the following: (check appropriate item or items)

- ___ 1. No restriction on any type of activity.
- ___ 2. Participation in all activities (intramural and other activities in addition to physical education) with the exception of interschool athletics.
- ___ 3. No restriction on activities in physical education.
- ___ 4. Adaptations in physical education to fit individual needs:
 - ___ a. Little running or jumping
 - ___ b. No running or jumping
 - ___ c. No activities involving body contact
 - ___ d. Exercises designed for rehabilitation
 - ___ e. Strenuous conditioning exercises
- ___ 5. Other adaptations: (specify) _____

I recommend the adaptation for: ___ 2 weeks, ___ 1 month, ___ 3 months, ___ 6 months

Date _____

Signature: _____

Address: _____

Please mail this form to: (Name and address of school should be given here)

Form approved in compliance with Education Code section 11906, Superintendent of Public Instruction, State of California 10/25/62.

Name _____

NORTHWESTERN HIGH SCHOOL
Albion, Pennsylvania Date _____

Department of Physical Education for Girls

The Physical Education program at Northwestern High School is so planned that every pupil able to be in school should be able to derive benefit from some phase of this program.

After allowing time for undressing, dressing and showers, the actual amount of time left for activities is about 25-30 minutes. All girls are enrolled in two physical education classes per week.

Please check (X) either generally or individually the type of Physical Education which you would recommend for this student.

- | <u>MILD ()</u> | <u>MODERATE ()</u> | <u>STRENUOUS ()</u> |
|---|--|---|
| ☐ Badminton practice | ☐ Table tennis | ☐ Basketball |
| ☐ Corrective exercise | ☐ Girls Volleyball | ☐ Cageball |
| ☐ Throwing - catch | ☐ Folk Dance | ☐ Tumbling |
| ☐ Throwing at target | ☐ Corrective exercise | ☐ Apparatus (P-Bars) |
| ☐ Table games- chess, etc. | ☐ Softball | ☐ Trampoline |
| ☐ Golf practice | ☐ Apparatus (horse) | ☐ Soccer |
| ☐ Tennis practice | ☐ Relay races | ☐ Field hockey |
| ☐ Archery | ☐ Golf | ☐ Speedball |
| ☐ Mild folk dance | ☐ Tennis practice | ☐ Speedway |
| ☐ Shuffleboard | ☐ Badminton | ☐ Relay races |
| ☐ Table tennis | ☐ Rhythmic exercises | ☐ Tennis - game |
| ☐ Marching | ☐ Indian club drills | ☐ Badminton - game |
| | ☐ Marching | |
| | ☐ Bowling | |

NOTE:

If strenuous exercise is recommended, it is taken for granted that the mild and moderate are permissible unless exceptions are specifically stated; if moderate activities are recommended, again it is taken for granted that mild activities are permissible. Should you feel that generally the student should take only mild activity, but find that you feel one or two of the moderate activities such as bowling or golf should be included, simply check them.

COMPLETE REST: If the condition of this girl is such at the present that complete rest (recumbent position in bed) is desirable during her physical education period, please indicate this and give the number of days she should continue these supervised rest periods.

Up to the date of _____ please restrict this girl's activities as indicated above. She is under my care for _____.

Signed _____ Examining Physician

COMMENTS: _____

PART B—TEACHER'S ENTRIES

FACTORS EFFECTING IMPROVEMENT (DATA FROM MEH 23):

FLEXIBILITY

TESTING PROGRAM

STRENGTH

1. BACK AND HAMSTRINGS

4. MIDDLE TRAPEZIUS (III)

7. UPPER ABDOMINALS

2. ADDUCTORS AND INTERNAL ROTATORS OF ARMS

5. LOWER TRAPEZIUS (IV)

8. LOWER ABDOMINALS

3. HIP FLEXORS

6. BACK EXTENSORS

9. OBLIQUE ABDOMINALS

DATE	FLEXIBILITY			STRENGTH						OTHER			
	1	2	3	4	5	6	7	8	9				

EVALUATION OF IRPE ACTIVITIES BY TEACHER (SIGN ENTRIES WITH NAME.)

DATE	NOTES	DATE	NOTES

EVALUATION OF FUNCTIONAL POSTURE (BODY MECHANICS) IN OTHER ACTIVITIES

DATE	

TERM ENDING	PERIODS PER WEEK	DAYS ABSENT
. 19		
. 19		
. 19		
. 19		
. 19		

EAST STROUDSBURG AREA JOINT SCHOOLS

EAST STROUDSBURG, PENNSYLVANIA

DATE _____

Dear Parents:

There is a modified Adapted Physical Education Program available in East Stroudsburg Area Joint Schools this year in addition to the regular physical education program.

This program has been designed to take care of children who have specific physical defects for which the physician recommends definite physical education activity.

The program has been planned cooperatively by the school medical personnel and the physical education department. It will be under constant supervision.

The physical examination of your child, _____, indicates a condition of _____. To assist in the correction of this condition, participation in our Adapted Physical Education Program is recommended.

Your signature below will insure your child's participation in this program. Please return this form to the home room teacher. If you desire more information regarding this kindly call the school nurse or the physical education instructor.

Sincerely yours,


Carl T. Secor
Supervising Principal

Date _____

Parent's Signature

Parent's Remarks:

SCHOOL DISTRICT OF PHILADELPHIA, DEPARTMENT OF SUPERINTENDENCE

....., 19....

Dear Doctor:

In the course of a routine complete physical examination, it was noted that your patient,, a pupil at the School, has the following orthopedic defects:
.....

In addition to the regular physical education activities, we have available an INDIVIDUAL REMEDIAL PHYSICAL EDUCATION program, designed to correct such common orthopedic defects as flat feet, posture deviations, and muscular deficiencies.

This program is planned scientifically and cooperatively by the Division of Medical Services and the Division of Physical and Health Education. Its purpose is to help correct certain orthopedic defects by giving health instruction and corrective exercises under careful and constant supervision of specially trained personnel.

If you care to send us any recommendations with reference to the above-named pupil, we should be glad to hear from you. In this event, please fill in the form below and return to the school.

If you wish further details, the school nurse will welcome a telephone call. (The telephone number is)

Your follow-up of this pupil and continued reports and recommendations will be welcomed.

Sincerely yours,

C. Taylor Whittier

Superintendent of Schools

Date.....

Name of Pupil.....

Diagnosis.....

Physician's Recommendations.....

.....

.....

.....

Physician's Signature

_____196____

Dear Doctor:

This year an adapted physical education program is available at _____
_____. This program has been designed to
(School)
improve and possibly correct certain types of physical defects which exist among
pupils.

The health instruction and exercise program has been planned cooperatively
by the health services department and the physical education department, and makes
available, individual instruction under careful supervision of trained personnel.

In the course of a physical examination, it was noted that your
patient, _____ has the following
defects: (Student's Name)

This child's parents have been advised of the defects and have granted
permission to contact you for advice.

If you care to send us any recommendations with reference to the above named
pupil, we should be glad to hear from you. In this event, please fill out the
enclosed form and return it to the school.

If you wish further details, the school nurse will welcome a telephone call.

Sincerely yours,

Principal or School Physician

Parent _____

Telephone No. _____

WEST JEFFERSON HILLS SCHOOL DISTRICT

Box 36, R. D. 1, Clairton, Penna.

Telephone: Olympia 5-4513

Date _____

Dear Parent:

The school laws of Pennsylvania specify that all students in attendance in the public schools of the Commonwealth receive instruction in the subject of physical education (Section 1511). Exception to this course requirement can only be made when the physical condition of a child is such that participation in physical education activities will be injurious to his or her health. This exception must be determined by the family physician in accordance with Section 1401 of the School Code which reads " 'Family Physician' means either a doctor of medicine legally qualified to practice medicine and surgery in the Commonwealth, or an osteopath or osteopathic surgeon legally qualified to practice osteopathy or osteopathic surgery in the Commonwealth who has been designated by the parent or guardian as the personal physician of the child."

TO BE COMPLETED BY THE FAMILY PHYSICIAN

Nature of illness or injury _____

Approximate duration of excusal _____

Please check the activities which are permissible for the student to engage in:

- | | | | |
|---|-------|--------------------------|-------|
| 1. Tumbling | _____ | 7. Dances | _____ |
| 2. Running | _____ | 8. Bar and ropes | _____ |
| 3. Jumping | _____ | 9. Horse and springboard | _____ |
| 4. Trampoline | _____ | 10. Limited exercises | _____ |
| 5. Games (basketball, soccer, dodge ball, softball) | _____ | | |
| 6. Exercises | _____ | 11. None | _____ |

Students handicapped by physical defects can engage in limited physical education activities and still receive credit for the course.

If we receive no answer to the above questions, particularly the question in regards to the nature of the illness or injury, we can assume that the child is physically capable of participating in normal physical education activities.

Signed _____ Family Physician

PHYSICIAN'S CERTIFICATION CARD

Date _____

All pupils in the schools in Pennsylvania are required to receive physical education instruction.

In our schools an Adapted Physical Education Program has been developed by the physical education department. The program will be outlined and directed by teachers with special preparation, training, and experience. Adapted Physical Education will provide a much needed individual service to the handicapped individual so that the student may achieve the maximum degree of physical fitness and skill possible for his-her particular condition, while providing a diversified and modified program of instruction.

Our physical education department desires to help every student in our school. Physicians recognize the value of regular exercise adapted to the age, strength, and physical condition of the student. We believe that the best interests of students are served when the doctor excuses the student for a limited time only.

This certifies that I have carefully examined _____
a pupil in _____ school, and that, in my professional
opinion, because of _____

he-she should be excused from the following phases of physical education: (Please check)

_____ Apparatus Exercises	_____ Relay Races
_____ Athletic Games	_____ Rhythmical Activities (Social,
_____ Calisthenic Program (Mild)	_____ Folk Dancing, etc.)
_____ Calisthenic Program (Heavy)	_____ Running
_____ Climbing (Ropes, ladders, etc.)	_____ Social Games (Mild Activity)
_____ Combatives (Arm & Leg wrestling, etc.)	_____ Stunts
_____ Group Games	_____ Swimming
_____ Jumping	_____ Throwing
_____ Marching (Simple)	_____ Tumbling (Simple)

from _____, 19____ to _____, 19____

Remarks: (Physician) _____

Signature - Physician

Signature - Physician

SCHOOL DISTRICT OF PHILADELPHIA, DEPARTMENT OF SUPERINTENDENCE

.....
Date

TO THE PARENT:

In addition to the regular physical education activities, there is an individual remedial program available at the School this year.

This program has been designed to correct certain common types of physical defects which exist among school pupils. Included are such defects as flat feet, posture deviations, muscular deficiencies, and any other condition for which the physician recommends specific physical education activity.

The program which has been planned cooperatively by the Division of Medical Services and the Division of Physical and Health Education makes individual instruction, under careful and constant supervision, available to pupils enrolled in our remedial program.

The physical examination of your,
reveals a condition of
.....

As you know, such a condition if neglected will in all probability become more pronounced and more difficult to correct. Therefore, participation in this individualized program is recommended.

Occasionally, it may be necessary to assign pupils to individual activities for short periods of time during other subject classes. However, such assignments will be kept at a minimum, and will be so planned that scholastic standing need not be jeopardized.

Your signature in the space provided below will insure your child's inclusion in this valuable program. If you wish further details, the school nurse or the teacher of remedial physical education will welcome a visit or a telephone call.

Sincerely yours,

C. Taylor Whittier

Superintendent of Schools

.....
Signature of Parent

.....
Date

SELECTED FORMS FOR COMMUNICATION, REFERRAL, AND SCREENING

_____ 196__

To The Parent:

In addition to the regular physical education activities, there is an adapted physical education program available at _____ this year. (School)

This program has been designed to improve and possibly correct certain common types of physical defects which exist among pupils. Included are such defects as flat feet, posture deviations, muscular deficiencies, and any other condition for which the school physician or your family physician recommends specific physical education activity.

The program has been planned by the health services department and the physical education department, and makes individual instruction, under trained supervision available to pupils enrolled in the program.

A physical examination of _____ reveals:
(Student's Name)

As you know, such a condition if neglected will in all probability become more pronounced and more difficult to correct. Therefore, enrollment in this adapted physical education program is recommended. Your signature in the space provided below will allow your child's inclusion in this program. If you wish further information, the school nurse or the teacher of adapted physical education will welcome a visit or a telephone call.

If your child is now being treated for this condition, your physician will be contacted for information and advice regarding a corrective program of exercise.

Sincerely yours,

Principal or School Physician

Signature of Parent

Date

Physician's Name

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4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	----	----	----

--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--

4			7		10
	5		8		11
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	5		8		11
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4			7		10
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4			7		10
	5		8		11
		6		9	12
4			7		10
	5		8		11
		6		9	12

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TOTAL
RAW
SCORE

BIBLIOGRAPHY

Adapted Physical Education. Journal of Health, Physical Education, and Recreation, May 1969.

Arthur S. Daniels and Evelyn A. Davies, Adapted Physical Education (New York, Evanston, and London: Harper and Row, Publishers, 1965).

Committee on Adapted Physical Education "Guiding Principles for Adapted Physical Education". Journal of the National Association for Health, Physical Education, and Recreation, No. 4 (April 1952).

Guidelines for Adapted Physical Education, Pennsylvania Department of Education, 1971.

Loyd, Glen F., "New Break for the Gym Dropout" Today's Health, 47:38-42, March, 1969.

Physical Activities for the Physically Handicapped: Ideas for Instruction (Washington: American Association for Health, Physical Education, and Recreation, 1968).

**A SUGGESTED GUIDE FOR ESTABLISHING AN ADAPTED
PHYSICAL EDUCATION PROGRAM ON THE SECONDARY LEVEL**

by

JEROME PAUL WAUTHIER

**B.S., Saint Mary of the Plains
College, 1970**

AN ABSTRACT OF A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Physical Education

**KANSAS STATE UNIVERSITY
Manhattan, Kansas**

1971

ABSTRACT

Physical handicaps afflict the lives of millions of people in the United States today and the burden is directly felt by many family members who share the problem of care of the handicapped.

The impetus for change and its challenge have been reflected in the minds and feelings of professionals in their drive to innovate, and to initiate new ideas to benefit the handicapped.

Interest in the problems of the handicapped has grown rapidly since 1945. Increased activities have been stimulated by a few foundations, interested professional groups, and members of legislative bodies who have been convinced of the urgent need for programs in the field.

In the belief that all children are entitled to an opportunity for maximum physical, mental, emotional, and social development of their potentials, the purpose of this report was:

1. To provide helpful ideas regarding various physical activities that may be used by physical education teachers who are not well informed regarding the techniques of working with the physically handicapped yet, through their instructional programs, are striving to help handicapped students attain optimum happiness, independence, and responsibility.

2. To present methods, techniques, procedures, and adaptations needed for a program of physical activities that will help create successful situations by eliminating feelings of frustrations and failure through participation in physical activities.

If the ultimate goal of public schools is to accept responsibility for

developing each pupil to the maximum of his abilities, educators may understand his needs and provide a different program than is generally presented to the handicapped child. A greater responsibility rests with the school, however, to provide the physically handicapped with knowledge and skills necessary for independent function within the community in which he lives. This may be done through organized adapted programs in all areas of the total school curriculum. Physical education is one facet of these areas. It is a part of, not apart from, the total educational process.

Adapted physical education is a diversified program of developmental activities, games, sports, and rhythms, suited to the interests, capacities, and limitations of the students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program.

Programs of physical activities will have a significant and far-reaching impact upon education and rehabilitation of the physically handicapped.