

Physical Education Recommendation

Name _____ D.O.B. _____ Age: _____

School: _____ I.D. # _____

Physical Education Standards and Benchmarks require skill and knowledge in aquatics, dance, fitness, individual sports, dual sports, team sports and recreational cooperative games. Based on the diagnosis of this student, please indicate the level of participation that you recommend this student be involved in*.

___ Asthma specify: _____

___ Cardiovascular Endurance specify: _____

___ Orthopedic Impairments specify: _____

___ Other: _____

Physician Signature **Date**

_____ **I recommend General Physical Education with restrictions for the duration**
from _____ **to** _____

Please check all categories that apply and note any exception as applicable:

___ Student is able to participate in competitive games and activities where contact may occur
With the exception of: _____

___ Student is able to participate in competitive games and activities with no contact in the game
With the exception of: _____

___ Student is able to participate in sheltered and controlled competitive games (beginning level)
and activities, With the exception of: _____

___ Student participates in a skill development program which includes drills such as passing,
catching, throwing, shooting, dribbling, with the exception of: _____

___ Student participates in skill development drills and works at own pace with adaptations and
modifications where needed such as lighter ball, assistive technology, shorter distances, short
breaks within activity etc. _____

___ NO Physical activity, including walking. Student will demonstrate knowledge of Physical
Education content through daily written assignments which correlate with each class unit.

***Physical Education Recommendation form has to be submitted for each school year for any restriction of student participation.**