

Key Techniques

The types of services needed by learners are common; however, each individual has a unique profile that must be addressed in the most appropriate fashion. For learners to benefit fully from physical education, their specific needs must be identified, a program to address those needs must be designed, a teaching approach to facilitate each learner's needs should be provided in the most positive and least restrictive environment, and school systems must provide the necessary resources to ensure programmatic success. Teaching with technology in physical education is an essential part of working with individuals with disabilities to provide successful learning opportunities. Types of equipment and instruction with technology are provided in this part. Transition programming and community recreation and sport opportunities for individuals of various age groups and disabilities are presented to emphasize the importance of lifelong physical activity.

Adapted Physical Education in the Public Schools

OBJECTIVES

- Briefly explain the adapted physical education program within the public schools. Give examples of a philosophy and definition.
- Briefly explain the mandates of three federal laws that have an impact on the education of learners with disabilities.
- Describe the personnel involved and function of the members of a quality motor development team.
- List inexpensive equipment that can be used in the physical education program for children with and without disabilities.
- Describe the six levels of involvement in a parent/school/community partnership and give examples of each.

Adapted Physical Education

Adapted physical education (APE) is usually, but not always, aligned administratively with special education, rather than the physical education department. This creates a huge problem for the adapted physical educator and, more important, for the child, because much of the time our children with disabilities receive their physical education instruction within the general physical education program. While general physical educators are responsible for the education of children with and without disabilities, the



special education department controls the finances. Hence, decisions regarding personnel, such as hiring an APE specialist or making certain that para-professionals are attending physical education, are made by the special education department.

In a large school district or large special education cooperative, one member of the APE staff may be designated the lead teacher or department chair. This person will make decisions regarding the roles and assignments of the other APE staff members. This person is also directly accountable for the activities of the staff and reports to his or her immediate supervisor.

In small school districts, the principal determines what will occur in the school, and those decisions depend on the understanding that person has, as well as the resources that are available. If the principal is knowledgeable about the special education laws, an adapted physical educator may be sought to come to the district once or twice a

month to test students and suggest modifications to the general physical educator. If the school district has access to a special service cooperative, the center may have an adapted physical educator on staff to provide testing, consulting, and workshops throughout the districts served by the center.

One of the major responsibilities of the adapted physical educator is to communicate regularly and effectively with his or her direct supervisor. Frequently, neither the director of special education nor the building principal understands the potential and importance of a quality APE program in the education of learners with disabilities. The adapted physical educator

must be a vocal and tenacious advocate for the learner with a disability and for the field. The teacher should inform these persons about the requirements of the law and share legal updates and current articles describing state-of-the-art practices in APE.

The single most effective way to communicate the worth of the program is through demonstrated student results, based on measurable, observable outcomes and through student and parent testimony regarding the effectiveness of the program.

Timely information that clarifies the goals and objectives of the program and describes the “before and after” status of students receiving APE may help the administrator understand the value of the program. If possible, the administrator should be invited to attend a class or an activity that demonstrates quality programming to meet individual student needs and highlights the accomplishments of the students. It is vital that the adapted physical educator secure the support of district administrators and building principals if the program is to receive its share of district and school resources and if the adapted physical educator is to be considered a vital and integral part of the instructional team within the district.⁸ The director of the APE program and the school’s teachers are responsible for meeting federal, state, and local mandates regarding the provision of a quality physical education program for all children with disabilities who need a specially designed program in order to learn and grow. A district APE manual that outlines the components of a quality program should be on hand for administrators, parents, and teachers. The components of a quality APE program should include the following:

- Philosophy
- Definition of APE
- Goals and objectives
- Criteria for eligibility
- Referral process
- Assessment procedures
- Individualized education program (IEP)
- Instructional options/delivery models
- Equipment
- Accountability

PHILOSOPHY

A philosophy statement should outline the responsibility a school district has to follow the intent of federal legislation and provide quality physical education services to qualifying children with disabilities in preschool through transition. A very good example of such a statement appears in a guide written by the Maryland State Department of Education and nine individuals from the state's local school systems. The statement reads:⁹

The philosophy of the Maryland State Department of Education is to provide all students, including those students with disabilities, an appropriate physical education program. All Maryland Public Schools must ensure that students with disabilities have access to a program that enables them to achieve the same goals in physical education as their non-disabled peers. If special services are required to assist students with disabilities to master these goals, services should be provided. Instructional methods, settings, materials, and time should be modified to create an appropriate educational environment comparable to that provided for students without disabilities.

DEFINITION OF ADAPTED PHYSICAL EDUCATION

APE is the art and science of developing, implementing, and monitoring a carefully designed physical education *instructional* program for a learner with a disability, based on a comprehensive assessment, to give the learner the skills necessary for a lifetime of rich leisure, recreation, and sport experiences to enhance physical fitness and wellness. See **Table 2-1** for the responsibilities of an adapted physical educator.

GOALS AND OBJECTIVES

The goals of the APE program should be consistent with those established by the state education agency for every learner who participates in physical education. This is critical, given the current emphasis on the inclusion of learners with disabilities in the general physical education program. The Maryland State Department of Education has developed its overall goal statement around five main points. The main objectives state that the physical education program should be:

- a planned instructional program with specific content
- part of the total curriculum to increase physical competence, health-related fitness, self-responsibility, and enjoyment

TABLE 2-1 Responsibilities of the Adapted Physical Educator

- Assessment and comprehensive evaluation within physical and motor development
- Development of the individual physical education plan (IPEP)
- Implementation of the IPEP
- Representation of APE at IEP or multidisciplinary team meetings
- Provision of direct instructional services to children with disabilities, when appropriate
- Consultation with general physical education and general special education personnel
- Consultation with community-based leisure, recreation, and sport facilities managers regarding program and facility accessibility
- Curriculum development and/or revision
- Communication with parents
- Management of budget
- Purchase and maintenance of equipment

- a program that can establish lifelong enjoyment of physical activity
- a program to enhance brain development to maximize academic performance
- a program that builds positive attitudes and habits⁹

CRITERIA FOR ELIGIBILITY

The specific criteria for eligibility for APE remain confusing and inconsistent from school district to school district and state to state. The local education agency must determine the eligibility criteria based on the interpretation of federal law by the state education agency. Eligibility criteria may be established based on the extent of the learner's gross motor delay, age-related performance, or score on a given standardized instrument. A few states have identified specific criteria for eligibility in APE.

The lack of criteria in other states makes it virtually impossible for itinerant APE consultants to serve learners with disabilities in the public schools consistently and fairly. Individuals hired to conduct comprehensive APE analyses are asked to determine if the student assessed “qualifies” for APE; without specific criteria, this decision is based solely on the experience and judgment of the individual consultant.⁸

REFERRAL PROCESS

Referral, assessment, and placement procedures are the very foundation of the APE program and are vital to ensure that each eligible student receives the appropriate intervention, an IEP. The instructional model for APE follows these steps:

- 1. Accumulation of information about the student
- 2. Screening and, with parental consent, a comprehensive assessment
- 3. Development of a program to meet the student’s individual needs as part of the IEP/multidisciplinary team
- 4. Determination of the instructional modifications necessary to meet the learner’s educational needs
- 5. Consideration of placement
- 6. Implementation of the program
- 7. Monitoring of progress

ASSESSMENT PROCEDURES

It is vital that an APE assessment be completed by a trained professional who has extensive experience in assessment in physical and motor development (see **Table 2-2**). Because it is unusual for a general physical educator to have specific training in the comprehensive assessment that identifies gross motor delays and their causes, many school districts hire APE specialists specifically for assessing and recommending an appropriate instructional program.

TABLE 2-2 Assessment Skills of the Adapted Physical Educator

<p>The carefully trained adapted physical educator has unique skills to assess and evaluate gross motor performance within the following areas:</p> <ul style="list-style-type: none">• Reflex and equilibrium development• Sensory stimulation and discrimination skills• Sensorimotor integration• Locomotor and nonlocomotor competency• Play, game, leisure, recreation, and sport-specific motor patterns• Physical and motor fitness

INDIVIDUALIZED EDUCATION PROGRAM

The individualized education program (IEP) is the cornerstone of the educational process that ties together the parent and data from the comprehensive assessment and information from the child’s classroom and physical education teacher, with a specific program to intervene to meet goals and objectives specially designed for the student. The IEP should contain specific physical education goals. If these goals are not written in the plan, it is often assumed that the student does not need to receive physical education services, especially if other motor services are written in the IEP. For example, if physical therapy goals are written in the IEP and physical education goals are not, it could be interpreted that the student’s motor needs will be met by physical therapy alone. A related service such as physical therapy cannot replace a direct service such as physical education.

INSTRUCTIONAL OPTIONS/DELIVERY MODELS

A continuum of instructional options is the basis of a district’s ability to provide physical education services within the least restrictive environment. APE is special education programming, not just a place or class period. For example, a qualifying student with a mild motor delay may receive physical education instruction in a general physical education setting with same-age peers. Peer tutors and/or a paraeducator may assist with accommodations and modifications. On the other hand, a student who is very involved motorically may receive instruction in a small-group setting or one-to-one with an APE specialist. See **Table 2-3** for a continuum of instructional options.

TABLE 2-3 Instructional Options

Required educational service by a CAPE or state-certified adapted physical educator.
Assessment and IEP development by a CAPE or state-certified adapted physical educator who serves as a regular consultant to the general physical educator, instruction by general physical educator.
Assessment and IEP development by a CAPE or state-certified adapted physical educator who serves as an occasional consultant to the general physical educator, instruction by general physical educator.
Assessment and IEP development by a general physical educator or special educator with occasional review by a CAPE or state-certified adapted physical educator, instruction by general physical educator.

The strategies used to ensure that a student receives the instructional services he or she deserves vary greatly, depending on a number of variables:

- The number of students served by the school district
- The location and geographical size of the school district
- The administrative hierarchy
- The administrative commitment to APE
- Parental interest in and commitment to APE
- The number of trained/certified adapted physical educators hired to teach within the district
- The caseload

A continuum of service-delivery models should be available to any student qualifying for APE services. The adapted physical educator and general physical educator, if appropriate, along with other IEP team members, should determine which delivery model will provide the student with the most success. Three of the most popular models are listed here:

1. *Direct services:* Designates direct physical education services provided by an APE specialist to students who qualify, as indicated by an assessment and evaluation of motor performance and other areas of need.
2. *Collaboration:* Designates services provided and/or implemented jointly with other school personnel to assist students in meeting individualized goals and objectives through all of the physical education options described. Services may be provided in a way intended to lead students progressively through various types of physical education options or in a way that combines elements of various options to meet the students' individual needs.
3. *Consultation:* Designates assistance given to parents, paraeducators, or general physical education teachers who conduct the general, modified, or specially designed physical education program options. Assistance may include suggestions for individualizing instruction by making modifications or adaptations, and identification of supplementary devices or assistive technology to facilitate skill development to meet a student's individual needs.

Increasingly, the well-trained adapted physical educator (e.g., national [CAPE] or state-certified professional) finds himself or herself thrust into

the role of consultant, even though his or her preservice training focused on the provision of instructional services to learners with disabilities. See **Table 2-4** to consider the roles and responsibilities of the APE consultant. It also becomes increasingly important that the general physical educator be able to take advantage of the services of the APE consultant. Few teachers have received adequate training to prepare them for their collaborative roles. See **Table 2-5** for specific suggestions for the general physical educator to maximize time spent with the APE consultant.

EQUIPMENT

The physical educator or adapted physical educator is responsible for a great deal within the school community. The physical education teacher who

TABLE 2-4 Roles and Responsibilities of the Adapted Physical Education Consultant³

- Complete a comprehensive APE assessment.
- Make specific program recommendations.
- Work with the IEP/multidisciplinary team to develop an individual physical education program.
- Consider accommodations/modifications of the following instructional variables (refer to Chapter 6):
 - Curriculum
 - Assessment
 - Extent and nature of program participation
 - Instructional (personnel) support
 - Teaching style
 - Grading
 - Equipment
 - Management of behavior
- Work with the general physical educator:
 - Identify needs.
 - Develop a plan for addressing the needs.
 - Develop a system for accountability for both the consultant and the general physical educator/special educator.
 - Monitor progress.

TABLE 2-5 Strategies for the General Physical Educator to Maximize Use of the Adapted Physical Education Consultant³

- Make sure the APE consultant feels as if your gymnasium/school is his or her second home.
- Give the APE consultant a place to work (if possible, a phone) in your office or gymnasium.
- Put the APE consultant's scheduled visit on the bulletin board.
- Communicate with the APE consultant regularly via email or campus mail.
- If the APE consultant deserves a "thanks," do so regularly with cards, notes, or letters, with copies to the consultant's supervisor.
- Advise the APE consultant of upcoming IEP meetings (if the special education staff has advised you of the upcoming IEP meetings).
- Invite the APE consultant to PTA presentations, school-wide play days, holiday celebrations, and so on.
- Be sure to introduce the APE consultant to key building personnel.
- Be prepared for the consultant's visit with specific questions.
- When necessary, loan the APE consultant equipment needed for assessment/intervention.
- Regularly complete service logs or portfolio notes for the APE consultant.
- Videotape student performance or behavior, so that the consultant has all the information needed to intervene.

serves children with disabilities in the regular elementary physical education program may wish to supplement basic equipment needed for quality elementary physical education instruction with additional equipment. The following is a list of the basic equipment needed for such a program. This list also represents the basic requirements for an APE program in a more restricted environment:

- a. Wide balance beams or balance boards (6, 8, 10, and 12 inches wide)
- b. Oversize scooter boards
- c. Shoe polish/washable paint for marking floors
- d. Plastic hoops
- e. Jump ropes
- f. Polyspots of varying colors and shapes
- g. Punch balls and beach balls
- h. Balls (assorted sizes, types, textures)
- i. Velcro paddles and Velcro balls for catching
- j. Wands with ribbons attached
- k. Beanbags (including large and heavy beanbags)
- l. Huge group parachutes

- m.** Cage balls
- n.** Tug-of-war rope
- o.** Oversize tennis and badminton racquets
- p.** Oversize, soft, and short bats
- q.** Nerf-type soccer balls, footballs, and volleyballs
- r.** Junior-size balls
- s.** Height-adjustable equipment
- t.** Floor and incline mats
- u.** Carpeted barrels
- v.** Bells, drums, maracas, etc.

With some ingenuity, the teacher can provide an excellent APE program for students at the elementary school level with minimum equipment. Play equipment can be made inexpensively. Following are suggestions for inexpensive equipment for use in the physical education program:

- a.** Rope for skipping, making shapes, jumping over, and climbing under
- b.** Cardboard boxes to climb in and through, to catch with, and to use as targets (particularly empty refrigerator, television, and washer/dryer boxes)
- c.** Tape/chalk to make shapes on the floor for moving on, around, and in
- d.** Half-gallon or gallon plastic jugs for catching, throwing, and knocking over
- e.** Scrap lumber for balance beams
- f.** Yarn for yarn balls
- g.** Carpet squares to skate on, slide on, sit on, and use as targets
- h.** Old garden hoses to make hula hoops
- i.** Old ladders to walk on and through
- j.** Traffic cones for obstacle courses

Equipment for middle and secondary physical education for learners with disabilities is very similar to that used in general physical education. A few special pieces of equipment that may facilitate the performance of learners with disabilities in fitness, leisure, recreation, and sports activities include (a) beepers to attach to targets for the visually impaired/beeper balls; (b) oversize racquets, bats, golf clubs (large heads); (c) basketball standards with return nets; (d) junior size/lightweight balls; (e) portable bowling ramps and balls with retractable handles; (f) Goal balls; (g) fluorescent balls; (h) therapy balls; (i) adjustable net standards; and (j) guide ropes with moveable, plastic handles.

ACCOUNTABILITY

The adapted physical educator must be accountable for the delivery of appropriate education services. Taxpayer scrutiny regarding the use of funds in education has, particularly, highlighted the need for accountability. In some states, federal and state funding of the local special education program is based on the number of documented contact hours between the professional and the student. Contact hours are usually documented with a service log. Service logs are used to record daily involvement in the APE program. A sample of such a log is provided in **Table 2-6**. In addition to a daily log that accounts for time and student contact, the adapted physical educator, like other teachers in the district, may be responsible for submitting paperwork

TABLE 2-6 Sample Daily Service Log

Date	Service	Student(s) Served/School	Time
2/10	Direct service—teaching*	EC Class/Adams	8:00–9:00
	Direct service—teaching	S/Ph Class/Adams	9:00–10:00
	Travel to Cabell		10:00–10:15
	Motor/fitness assessment	J. Flores/Cabell	10:15–12:00
	Lunch/travel to White		12:00–12:45
	Consultation—PE teacher	K. Black/White	12:45–1:30
	Travel to office		1:30–1:45
	Written report	J. Flores/Cabell	1:45–3:15
	Prepare for IEP meeting		3:15–3:45
2/11	Direct service—teaching*	EC Class/Foster	8:00–8:45
	Direct service—teaching	HI Class/Foster	9:00–9:45
	Travel to Cabell		9:50–10:00
	IEP meeting	J. Flores/Cabell	10:30–12:00
	Travel/lunch		12:00–12:45
	Direct service—teaching	S/Ph Class/Grant	1:00–1:45
	Travel to community pool		1:45–2:00
	Direct service	MD students/district	2:15–3:30
	Swimming instruction		

*See attached lesson plans.

(i.e., lesson plans) to a building principal or to the lead teacher. APE teachers with large caseloads will find it impossible to manage the paperwork without the use of technology. Managing electronic IEP updates, tracking assessment data, lesson plan writing, and emailing daily instructional plans to paraeducators are just some of the uses. Having continual access to the files and being able to submit files to administrators provides accountability and organization.

Interaction with Other Special Education Personnel

Within the larger structure of the school district and local campus, the effective adapted physical educator works in close cooperation with other direct service providers and with related service personnel. The most crucial interactions are with the learner's general physical educator, special education teacher(s), and related service personnel. The relationship between the adapted physical educator and the physical therapist, occupational therapist, and recreation therapist, and in some districts the musical therapist, is particularly crucial, given the direct concern of each professional regarding the child's motor efficiency. Related service personnel play an important role in physical education programs for children with disabilities. In addition to providing services that will help the children benefit from the program, they may also enhance the program by:

- Communicating directly with medical personnel
- Identifying students with motor needs
- Making APE referrals
- Recommending specific exercises and activities
- Providing computer or assistive technology necessary for the student to learn auxiliary skills in physical education—for example, playing computer golf; indeed, there are virtual reality computer programs that allow students with limited movement potential to rock climb, whitewater raft, skydive, and participate in other physical activities

Professionals involved in the education of a learner with a disability must share their knowledge, expertise, and technical skill not only with the learner but also with each other. The use of a multidisciplinary team to

provide services is an excellent way to ensure communication among service providers.⁶ The most efficient way to ensure cooperation among the adapted physical educator and related service personnel is to formalize the relationship by forming a multidisciplinary motor development team. The members of the motor development team should include the adapted physical educator, the general physical educator, the physical therapist, the occupational therapist, and the recreation therapist. The speech therapist and/or vision specialist may also function as part of the motor development team depending upon the needs of the student. The multidisciplinary process is, however, complex and there may be some barriers to overcome and discuss as a team:²

- Philosophical differences
- Lack of time for collaborative meetings
- Lack of training regarding collaborative skills, including communication and listening skills; this appears to be a critical obstacle in the collaborative process⁷

Common functions of members of motor teams can include the following:

1. *To screen and evaluate students with functional and/or educational problems to determine needs for special services.* See **Table 2-7**, a motor team screening form developed in District 19, Oregon. This screening instrument gives direction to physical educators, special educators, and general educators who may need to refer children to the motor development team. Once the members of the motor development team receive the information, they decide which specialist should serve as the lead member of the evaluation process. That lead person initiates and organizes a subsequent full-scale gross motor evaluation, which reduces the amount of duplicated effort. For example, both the occupational therapist and the adapted physical educator routinely use the Bruininks-Oseretsky Test of Motor Proficiency-2. As a member of the motor development team, either the adapted physical educator or the occupational therapist may administer the test and share the results with other professionals on the team.

TABLE 2-7 District 19 Motor Team Screening Form

Name: _____	DOB: _____
Date of referral: _____	Grade: _____ Teacher: _____
School: _____	
Specialist: _____	Physician: _____
Was student retained? _____ Yes _____ No	
PE time: _____	Recess time: _____
Current disabling conditions: _____	

Does the student use adaptive equipment (braces, crutches, etc.)? _____	

Please check those items that have been observed:

Gross Motor

- Lacks age-appropriate strength and endurance
- Difficulty with run, jump, hop, or skip compared with others his or her age
- Stiff and awkward in his or her movements
- Clumsy, seems not to know how to move body, bumps into things, falls out of chair
- Demonstrates mixed dominance
- Reluctant to participate in playground activities
- Play pattern is inappropriate for age group (does not play, plays by self, plays beside but not with stereotypical) (Circle one.)
- Has postural deviations
- Complains of pain during physical activities
- Demonstrates unusual wear patterns on shoes and/or clothing

Fine Motor

- Poor desk posture (slumps, leans on arm, head too close to work) (Circle.)
- Difficulty drawing, coloring, copying, cutting
- Poor pencil grasp and/or drops pencil frequently
- Lines drawn are light, wobbly, too faint, or too dark
- Breaks pencil often
- Lack of well-established dominance after 6 years of age
- Student has difficulty using both hands together (stabilization of paper during cutting and paper activities)

(continues)

TABLE 2-7 District 19 Motor Team Screening Form (*Continued*)**Self-Care Skills**

- Difficulty with fasteners (buttons, zippers, snaps, shoe tying, lacing) (Circle.)
- Wears clothes backwards or inside out, appears messy
- Difficulty putting clothes on or taking them off
- Difficulty with the eating process (opening packages, feeding self, spilling, using utensils) (Circle.)
- Oral-motor problems (drools, difficulty chewing, swallowing, difficulty drinking from straws) (Circle.)
- Needs assistance with toileting (wiping, flushing, replacing underwear/clothes) (Circle.)

Academic (Check those areas presenting problems.)

- Distractibility
- Following directions
- Hyperactivity
- Memory deficit
- Difficulty naming body parts
- Slow work
- Restlessness
- Organizing work
- Finishing tasks
- Attention deficit

Tactile Sensation

- Seems to withdraw from touch
- Craves touch
- Tends to wear coat when not needed: will not allow shirtsleeves pulled up
- Has trouble keeping hands to self, will poke or push other children
- Apt to touch everything he or she sees ("learns through fingers")
- Dislikes being hugged or cuddled
- Avoids certain textures of foods
- Dislikes arts-and-crafts activities involving different textures (clay, finger paints)
- Complains of numbness, tingling, and other abnormal sensations

Auditory Perception

- Appears overly sensitive to sounds
- Talks excessively
- Likes to make loud noises
- Has difficulty making self understood

TABLE 2-7 District 19 Motor Team Screening Form (*Continued*)

<ul style="list-style-type: none"> • Appears to have difficulty understanding teacher/paraprofessional/peers • Tends to repeat directions to self <p>Visual Perception</p> <ul style="list-style-type: none"> • Difficulty discriminating colors and shapes doing puzzles • Letter and/or number reversals after first grade • Difficulty with eye-tracking (following objects with eyes, eyes and head move together) • Difficulty copying designs, numbers, or letters • Has and wears/doesn't wear glasses • Difficulty transcribing from blackboard or book to paper • Difficulty with eye-hand or eye-foot coordination (catching, striking, kicking) <p>Emotional</p> <ul style="list-style-type: none"> • Does not accept changes in routine easily • Becomes easily frustrated • Acts out behaviorally, difficulty getting along with others • Tends to be impulsive, heedless, accident prone • Easier to handle in large group, small group, or individually (Circle.) • Marked mood variations, outbursts, or tantrums • Marked out-of-seat behavior • Noncompliant • Unstable home situation • Notable self-stimulatory behaviors <p>Additional Concerns:</p> <p>_____</p> <p>_____</p> <p>Assigned to: _____</p> <p>Date received: _____ Evaluation date: _____</p>
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2. *To develop an IEP as part of the total multidisciplinary team, to specifically address the child's motor needs.* Members of the motor team develop an IEP that addresses the needs of the child.
3. *To implement an intervention program that facilitates learning.* Once the IEP is approved by the entire IEP/multidisciplinary team, the members of the motor team implement the intervention program. Like the assessment, the intervention program is cooperative. Each member of the team addresses the child's motor needs. Instead of limiting focus to one component of motor development, all professionals

on the team share responsibility for implementing the program or designate one service provider to represent the team.

- 4. *To manage and supervise motor programs.* Each member of the motor team assumes a specific responsibility for the management and supervision of the program according to his or her expertise. If a team leader has been designated, each member of the motor team will communicate directly with that person regarding the student's progress.^{4, 5}
- 5. *To document service delivery.* Careful documentation of services delivered is a vital part of the process. Each member of the team must be accountable not only to the child served but also to each other. This is often done by using a service provider log. (See **Table 2-8**, a sample of a motor team service provider log.) This type of log is vital for communication among professional members of the motor team. The log may also serve as crucial documentation of the services provided during the annual review of the child's progress.
- 6. *To cooperatively provide or create resources that help other professionals meet the motor needs of students with disabilities.* Members of the motor development team have specialized knowledge that should be shared with educators who are in daily contact with the learners. In some school districts or special service cooperatives, the members of the motor team have created motor development handbooks for use by teachers in early childhood classrooms, self-contained special education classrooms, or general physical education.

TABLE 2-8 Motor Team Service Provider Log

For this student, one of the program recommendations, based on a comprehensive motor assessment, was an exercise program to strengthen abdominal muscles and extensor, adductor, and abductor hip muscles.		
Date	Service Provider	Child's Performance
11/12	C. Candler, OTR	Performed 15 abdominal curls while seated on a therapy ball, feet flat on floor
11/14	H. Unger, PT	Performed 10 long-sitting, hip abduction exercises, using a medium TheraBand for resistance
11/15	B. Huettig, CAPE	Swam 100 yards using a "lifeguard" front crawl with head out of the water
11/19	C. Candler, OTR	Performed 17 abdominal curls while seated on a therapy ball, feet flat on floor
11/20	B. Huettig, CAPE	Swam 125 yards using a "lifeguard" front crawl with head out of the water

7. *To conduct cooperative in-service motor development training for other school personnel, parents, and volunteers.* Professionals on the motor development team share functions yet retain professional integrity and expertise. Each has a unique contribution to students and professionals who provide direct or related instructional services to students with disabilities. The traditional emphasis by each professional who may function as a member of a motor team is illustrated in **Figure 2-1**. It is important to note that this model is not restrictive. The intent of the motor team is to share professional competency, judgment, and expertise.

This type of model for the delivery of services to children with motor deficits is particularly important in school districts and cooperatives

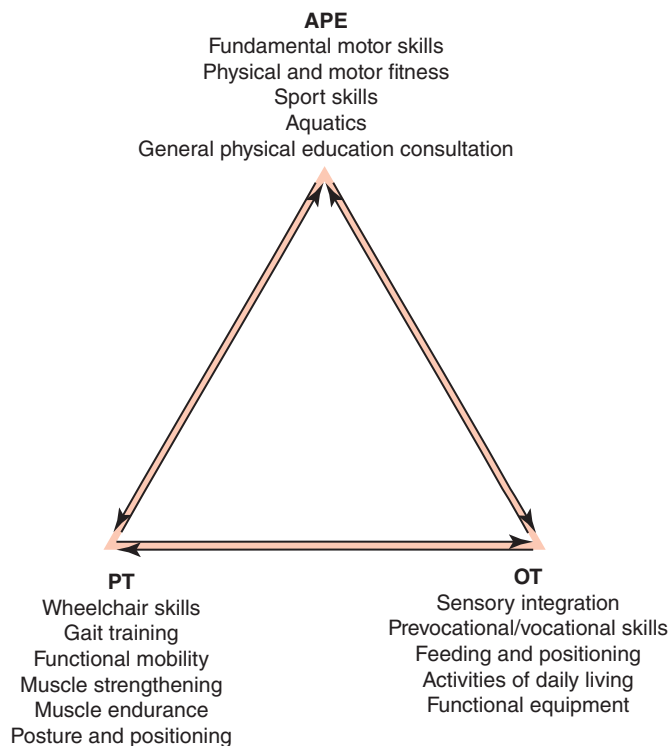


Figure 2-1 Motor Team



unable to locate sufficient numbers of certified, trained professional staff. For example, if a school district is unable to hire and retain a licensed physical therapist as part of the staff, it may be necessary for other professionals to implement the program designed by a contracted therapist. In school districts with limited APE teachers, it is vital that the general physical educator who provides direct service be provided information necessary to deliver appropriate educational services. Physical education services *must* be provided to students with disabilities enrolled in public education. Though federal law makes it infinitely clear that “lack of money” or “lack of personnel” is not an adequate reason for failure to provide the services, in reality the quality of those services will depend on the availability, training, and knowledge of the service providers.

Public Education

Federal education policy typically reflects congressional priorities and interests; those priorities and interests may or may not reflect the priorities of the people. More and more often, policies regarding the education of children with and without disabilities have been mandated by the federal courts and challenged within the state and federal judicial system. The U.S. Department of Education is challenged with the responsibility of interpreting federal legislation and helping the states implement such policies. Within the Department of Education are several subagencies responsible for setting the agenda and providing direction for each state. The Office of Special Education and

Rehabilitative Services (OSERS) has the primary responsibility for setting the agenda and providing direction regarding the delivery of educational services for students with disabilities.

THE STATE AND LOCAL EDUCATION AGENCY

A state education agency is responsible for implementing federal policy at the state level and interpreting federal legislation to meet the needs of learners in the state. The state education agency or department of public instruction within each state has specific guidelines and policies that must be followed by each local education agency. Historically, it has been important in the nation's educational system for the state education agency and the local education agency to be "empowered" to decide how to educate their children. While this guarantee of "rights" continues to be significant, it is important to note that there are states and local education agencies that do not honor or recognize the rights and the needs of children with disabilities and their families or hold them as priorities. When this is the case, it is the responsibility of the courts to interpret laws.

Typically, the state education agency is responsible for decisions regarding the instructional standards and the strategies that will be used to evaluate whether students served within the local education agency are meeting those standards. A local education agency or education cooperative, a cluster of small school districts without sufficient resources to provide education for their children independently, is responsible for implementing state policy and interpreting that policy to meet the needs of learners within the district or cooperative. It is the responsibility of the school to contribute to the fullest possible development of each student entrusted to its care. This is a basic tenet of our democratic structure. The notion of "home rule" is critical in the education of children within the United States. Since the founding of this country, citizens in individual communities have long held the belief that it is their responsibility and their right to educate their children. In most school districts, the responsibility for educating the district's children is placed in the hands of the members of a school board. In most communities, individuals who serve on this school board are elected officials, responsible to the voters for their performance. The school board is responsible for implementing state

policy and interpreting that policy to meet the needs of learners within the particular school district.

The primary administrator within the school district is usually called the superintendent of schools or the chief executive officer. The responsibilities of the superintendent or chief executive officer include the assurance of a quality education for all children. This individual, particularly in a large district, often has associate superintendents who help with quality control and assist with decisions regarding student services, budget, personnel, and facilities and equipment. Within that structure, historically, an individual has been designated as the director of special education. That person is responsible for implementing school board policy as it relates to students who are in need of special education services in order to be successful learners and, ultimately, productive and capable citizens.

SITE-BASED MANAGEMENT

Site-based management is a strategy to increase school effectiveness by allowing the major players (e.g., the principal, teachers, parents, students, and community members) more control over policies and procedures that affect their school. The potential beauty of site-based management is that the very people responsible for the quality of learning are held directly accountable for that learning and are given greater decision-making authority in that process. However, the site-based management process is only as good as the building leader(s).

If the school has a visionary principal, virtually any management style will be effective in bringing about significant learning outcomes for children with and without disabilities.

The physical educator and the adapted physical educator can and must ask to be a part of the school-based team. Far too often, excellent physical educators do their jobs quietly and without fanfare in the gymnasium without recognition. In this day of limited budgets and increased emphasis on the “academic subjects,” the physical educator/adapted physical educator must be vocal, visible, and strident regarding the needs of children with and without disabilities. (See [Table 2-9](#).)

TABLE 2-9 Unique Contributions of the Physical Educator in a Site-Based System

The adapted physical educator or general physical educator is uniquely trained to do the following:

- Develop school-based wellness programs for teachers, staff, students, and their parents
- Help develop a before- or after-school program to keep children in a safe and nurturing environment while parents work
- Assume leadership of a committee designed to develop positive relationships between community members and the school

SCHOOL–FAMILY PARTNERSHIPS

Epstein¹ has developed a model for the development of school/family/community partnerships to best serve the children within any given community. She has identified the following six types of involvement of families and community members within the schools:

Type 1: Parenting. Help all families establish home environments to support children as students.

Type 2: Communicating. Design effective forms of school-to-home communications about school programs and children's progress.

Type 3: Volunteering. Recruit and organize parent help and support.

Type 4: Learning at home. Provide information and ideas to families about how to help students at home with homework and other curriculum-related activities, decisions, and planning.

Type 5: Decision making. Include parents in school decisions, developing parent leaders and representatives.

Type 6: Collaborating with the community. Identify and integrate resources and services from the community to strengthen school programs, family practices, and student learning and development.

The following are suggestions for the adapted physical educator and general physical educator for increasing participation in each of the six types of involvement:

Type 1: Parenting

- Provide parents and members of the learner's extended family with information that will help them develop reasonable expectations regarding the motor development of their child with a developmental delay or disability.
- Provide parents and members of the learner's extended family with information regarding developmentally appropriate play (e.g., the child needs to learn to engage in cooperative play before he or she can engage in competitive experiences with success).
- Model appropriate play and motor intervention strategies for parents (e.g., toss a ball in a horizontal path when a student is learning to catch, so that the child is not overwhelmed by trying to track an object moving through horizontal and vertical planes).
- Share information with parents about strategies for making inexpensive equipment for the student to play with in the home (e.g., an old mattress or an old tire covered with a secured piece of carpeting makes a wonderful trampoline).
- Share information about community resources and opportunities for students with disabilities to participate in play; games; and leisure, recreation, and sport activities.
- Provide family support and information regarding securing health services for the student.
- Serve as an advocate for the parent and family.

Type 2: Communicating

- Use your computer to generate a physical education and/or APE newsletter or ask for a column or space in the school newspaper.
- Develop an APE website for the school and/or district to communicate with parents and community members.
- Send home brief notes to communicate with the student's family, such as the computer-generated certificate shown in **Figure 2-2**.
- Call a parent to praise the student's progress. Far too often, teachers communicate with parents only when there is a problem.
- Be an active participant in regularly scheduled parent-teacher conferences. Communicate to parents a willingness to meet at other times as well.
- Write positive comments on student report cards.

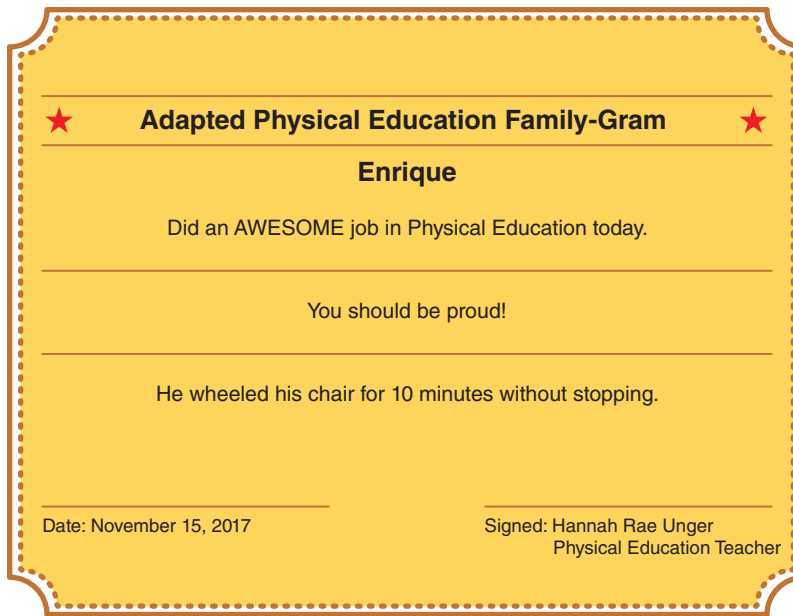


Figure 2-2 A Customized Certificate is an Excellent Way to Communicate with a Student's Family

Type 3: Volunteering

Encourage parents to serve as the following:

- An assistant in classes
- A director or an assistant in before- and after-school recreation, intra-mural, or sports programs
- An assistant coach
- A director or an assistant on school play day
- The editor or publisher of the newsletter
- A parent-to-parent trainer
- A raffle organizer to raise money for equipment
- An assistant playground supervisor
- A clerical assistant to generate certificates, progress charts, etc.

Type 4: Learning at Home

- Provide information to parents regarding curriculum and activities required at each grade level.
- Provide information to parents with strategies for helping the learner develop the motor skills necessary to participate in play; games; and leisure, recreation, and sport activities; include information regarding the development and maintenance of physical fitness.
- Demonstrate age-appropriate activities that parents can use with groups of children at a park or in an open area within their apartment or project complex.
- Provide a calendar for parents to help them follow unit themes and special activities.

Type 5: Decision Making

- Invite parent participation as a member of the site-based school committee.
- Invite parent participation in a subcommittee of the parent-teacher association/organization (PTA/PTO) that addresses the physical education/APE program.
- In districts where there is a special education advisory committee, ensure that a parent with a commitment to physical education/APE is on that committee.

Type 6: Collaborating with the Community

- As the physical educator or adapted physical educator, ask to serve on boards or committees of community recreation and/or sports organizations.
- Develop a collaborative physical education or recreation program to meet the needs of learners within the community, using shared facilities, shared equipment, and, if possible, shared personnel.
- Recruit community personnel to help develop and build playgrounds for the schools. Particularly in large, urban districts, playgrounds are often nonexistent or antiquated.
- Invite the parents and other relatives of children into the school to teach games, sports, and dances of their country of origin (see **Table 2-10**).

TABLE 2-10 The School as Part of the Extended Family

Following are strategies for enhancing the family–school partnership:

- Find out what the parents really want from the school. What “outcomes” do they expect after their children receive educational services?
- Encourage many different types of parental involvement in the school, based on the comfort level of the parents.¹
- Make communications with parents positive. Unfortunately, all too often, parents are contacted by the school only when their child is in trouble.
- Create parent-involvement opportunities that are sensitive to parents’ work schedules, time constraints, needs for child care, etc.¹
- Find and develop a small room, designated for the parents, that has child development information, computer/Internet access, access to a printer, etc.

SUMMARY

The provision of quality APE services for learners with disabilities requires a carefully designed referral, assessment, and instructional program. These programs reflect “quality services” when there is a cooperative effort between professionals and parents in order to meet the unique needs of the learner.

The physical education teacher and APE teacher must work together as advocates for a quality program for children with and without disabilities. Clearly, that communication is the most critical in the provision of services.

The quality APE program requires excellent communication among all involved. Adapted physical educators and general physical educators serving learners with disabilities may have a vital role as a member of a motor team made up of professionals with a particular commitment to developing skills to encourage lifelong physical activity.

REVIEW QUESTIONS

1. Explain the relationship between litigation and legislation that has an impact on the education of learners with disabilities.
2. Briefly explain how computer technology can be used to enhance physical education for learners with disabilities.
3. Explain the responsibilities of the motor development team in the provision of educational and related services for learners with disabilities.

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