LIVINGSTON PUBLIC SCHOOLS Physical Education Department

Developmental Physical Education Program 2006-2007



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Acknowledgements

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General Resources

Developmental Physical Education Resource Guide

Creating an Adapted Physical Education program and an Inclusive Physical Education program starts with establishing an effective Developmental program.

Developmental Physical Education programs are designed to provide teachers, students, parents, and school districts with the opportunity to assess and teach students with disabilities, without having to be boxed in by the formal IEP process, or at times severe limitations of the general physical education setting.

By creating a weekly supplemental period in a self contained environment, the process of understanding student needs, and preparing all parties for a comprehensive and successful inclusionary environment is greatly bolstered.

Combining traditional curriculums with fundamentally age and developmentally appropriate skill units is the key component of creating a successful physical education program.

PREFACE

Navigating the complexities of implementing an inclusive physical education program often presents significant challenges for students, teachers, and administrators. A successful Developmental Physical Education Program offers a meaningful alternative to the traditional approach of attempting to include students with disabilities. Inclusive Physical Education models traditionally present several constraints that unfairly burden physical education teachers. The primary constraint is often seen in the lack of preparation time provided to help teachers understand the strengths and weaknesses of their students, and understand what skills are appropriate for the student to learn.

Realistically class sizes are not going to get smaller, and the overall number of students with disabilities will continue to grow in home based schools. Simple economics is often the reason behind this, not necessarily a preference for adopting an inclusive model. Historically districts could employ one Adapted Physical Education Specialist who would service the entire district special needs population, or would travel and team teach to ensure that students with disabilities received personal attention. Unfortunately, today there are simply too many students, in too many buildings, for that model to remain effective.

Too often regular physical education teachers are asked to modify activities that are not a realistic or reasonable match for the student with disabilities needs. In addition, little to no extra setup or lead in time is provided to help understand what those needs are, and how to best meet them in the inclusive physical education setting. Regular physical education teachers are asked to adhere to the basic curriculum when working with students with special needs. Not only is the practice unfair to the student and teacher, but it might squarely place the district in conflict with the nature of the student's needs, which could eventually present legal problems.

Inclusion does not mean: Teaching all children the same thing at the same time in the same way.

The goal is for <u>all teachers to be given a chance to gain support time and training when working with working with students with</u> <u>disabilities.</u> Very simply, that goal is in direct alignment with the language of Federal Public Law 105-17 (IDEA).

Introduction and History of Services

The Physical Education Department of the Livingston Public Schools adheres to a policy of providing quality physical education programs for all students and is especially committed to those individuals with disabilities. The foundation of this policy is built upon the ideology of inclusion, the recommendation of national health organizations and the current New Jersey Educational Codes, and Core Content Curriculum Standards. Services created and implemented across an instructional continuum and are not limited to a singular methodology.

Regardless of the individual's unique needs, quality physical education services will be constructed following the guidelines of both New Jersey State and United States of America Federal Law. In addition, in order to provide the most meaningful instructional and support services possible for our students, families, and staff the district has adopted a policy retaining an Adapted Physical Education Specialist* as a lead teacher, coordinator, and consultant.

The Physical Education Department of the Livingston Public Schools has long provided and will continue to provide a wide array of services for individuals with disabilities. The Health and Physical Education department is committed to developing and maintaining current practices and methodologies that promote student independence and maximum involvement in lifetime leisure and wellness activities.

Instructional services are based upon the results of referral screening, and may include formal gross motor, fitness, body mass index, and behavioral assessments.

District Instructional programs include the following:

PRE-K Physical Education (PRIDE)

Developmental Physical Education (Grade 1-3)

Individualized Physical Education (IEP & K-12)

Inclusionary Physical Education (K-12)

*Adapted Physical Education Specialist – National Certification and/or Masters in Adapted Physical Education

New Jersey Core Content Curriculum Standards for Comprehensive (Physical Education)

- Standard 2.5 (Motor Skill Development) All students will utilize safe, efficient, and effective movement to develop and maintain a healthy, active lifestyle
- Standard 2.6 (Fitness)

All students will apply health-related and skill related fitness concepts and skills to develop and maintain a healthy, active lifestyle

Descriptive statement:

This standard enables students to understand how to move and why it is necessary. When individuals learn to move safely, effectively, and efficiently, and feel comfortable and confident in the performance of motor skills, they are more likely to participate in health-enhancing forms of physical activity throughout life. In order to meet this standard students must participate in a wide range of developmentally appropriate games, sports, dance, and lifetime recreational activities that will help students develop and maintain a healthy and active lifestyle

Overview and Description of the Program Services

Each year the physical education department performs an informal screening of each child's gross motor skills, fitness ability, body mass index (BMI) and ability to follow simple commands. During that period if a child is identified as having a potential or possible delay, then he/she is given a formal assessment

Based upon formal assessment results and additional information a recommendation may be made to enroll a child into a Developmental Physical Education Program. The purpose of this program is to offer each student an opportunity to gain additional personalized instructional and skill gain experiences. The Developmental Program serves as a supplemental period to the existing physical education program. Simply put, it serves as a third physical education session. The child will be removed from another class activity that is least intrusive to his/her educational needs.

Our goal is to work with each child until he/she has mastered or shown significant meaningful gain in the vital gross motor / fitness / behavioral components tied to his/her grade level. Throughout the program parents will receive progress reports that will update how each child is improving. In addition, during the month of March each child will be re-assessed to determine which components of the program are no longer areas of emphasis, and if the child has achieved the appropriate level of performance.

Our experiences have consistently shown that the Developmental Physical Education Programs has yielded extremely positive and meaningful results. Children who receive this service have shown marked improvement in their ability to perform physical tasks, as well as their ability to participate in daily activities, but have also dramatically improved their self-image and confidence. Students, teachers and parents often view this program favorably and as a desired program to take part in.

The context and content of this program follows and adheres to the Regular Physical Education curriculum units of study and district goals

K-5 Elementary Physical Education Units of Study

Basic Movement Manipulative Skills Gymnastics, Stunts, and Apparatus Rhythmic activities and Dance Physical Fitness

Program Outline & Content

As the numbers of students with disabilities grows, the time needed to prepare each student and class for an successful and meaningful program becomes a major hurdle. An effective inclusive program is possible in most cases, but providing a working support system where a student(s) and teacher can prepare for the complex inclusive environment is vital. In addition, certain students simply need more individual attention and at times might require separate goals. By providing an additional period, that is self-contained and limited in numbers can greatly enhance the overall quality of your physical education program.

Finally, meeting the legal reasonability's of an IEP can be both helpful and potentially difficult to navigate. Each physical education teacher must become an active player in what and how each student learns. Establishing a Developmental Physical Education program (i.e., supplemental period), where additional time and space are provided, will help to ensure that a physical education teacher has the knowledge and awareness of the student's unique needs. This will also help to ensure that the inclusionary physical education period will be much more in-line with all students educational needs.

Screening for Developmental Physical Education begins in the Spring of each year by the Physical Education teacher and if available the Adapted Physical Education teacher/specialist. This process begins with requesting referrals from the general teaching staff, nurses, child study team, and other service providers to the student. A final review of the list collected from the previous Spring is complied with referrals and requests in the Fall in order that newly enrolled students and developmental maturation can be accounted for.

All preliminary lists are due to the Supervisor of Physical Education and/or Adapted Physical Education specialist, and building principal by June 1st.

During the month of September a <u>final review</u> and <u>determination</u> of the developmental roster and schedule is determined through a variety of related and appropriate professional activities. All final rosters are due to the Adapted Physical Education Specialist, the Principal, and the District Supervisor by October 15th. The Developmental Physical Education period is then delivered once a week.

This program is for grade 1-3. Students in 4th&5th grade who still require additional support should be evaluated for a formal Adapted Physical Education program.

Time Allocation and Yearly Instructional Time Model for Developmental Physical Education

The following is designed to assist the physical education teacher determine how many skills should be taught during the instruction program period. Understanding each student's "rate of learning", even if it is initially a ballpark determination will greatly help to maximize not only meaningful gain, but also skill mastery. The fact that students with disabilities learn at a slower rate than non-disabled students means that time not spent on essential skills is often time lost. Since time is constant, what a "non-disabled" student can learn in one period/hour, will certainly be greater than what a child learning at $\frac{1}{2}$ or $\frac{1}{4}$ rate can learn. Therefore, defining the essential skill goals and identifying a realistic time for skill development will ensure the most meaningful gain.

Many factors affect what can be taught in any program (teacher/student ratios, equipment, facilities, student's motivation, learning style, and complexity of activity, etc.) but a critical factor is consistently overlooked in curriculum and program development is "time" itself.

* Reference: Instructional Time (The overlooked factor in PE curriculum development) By: Luke Kelly, JOPERD - August 1989

Step 1: Total Lessons in a year = 31 (Based on starting date of October 1^{st,} @ 1 period per week) (-) 10% sick/assembly/snow/other

> = 28 lessons (x) 40 minutes = 1120 minutes (/) 60 minutes Correlated Total = 19 hours of instruction (-) 10% (off task time) Adjusted Total = 17 total hours of instruction

Step 2: High level – (Defined as a child who approximately learns at ³/₄ the regular learning rate)

.75 (x) 17 total hours = Total number skills recommended to be taught during program year = 13

Moderate level - (Defined as a child who approximately learns at ¹/₂ the regular learning rate) .50 (x) 17 total hours = Total number skills recommended to be taught during the program year = 9 Low level - (Defined as a child who approximately learns at ¹/₄ the regular learning rate)

.25 (x) 17 total hours = Total number skills recommended to be taught during the program year = 5

Referral and Screening Process

• Step I - Screening letter to parents

During this stage a letter is sent to the parents of all children highlighting the purpose of the program (September -1^{st} week of school year)

• Step II – Completion / collection of referral forms

During this stage the regular physical & general education form, as well BMI and Behavioral forms are completed (September)

• Step III – Completion of screening program

During this stage the students are evaluated using the assessment tools and parents are notified of screening results (October)

• Step IV – Creation of class roster and student information form

During this stage the child/children are scheduled for the Developmental Physical Education supplemental period, and all assessment/screening information is documented. (October)

Parent Consent Form

This form is to be sent to the parents for signature and enrollment in the DPE program. Parental consent and permission is required before any student may be scheduled for services.

Dear Parent(s):

Each year the physical education department performs an informal screening of each child's gross motor skills, fitness ability, body mass index (BMI) and ability to follow simple commands. During that period if a child is identified as having a potential or possible delay, then he/she is given a formal assessment.

Based upon that information a recommendation may be made to enroll the child into a Developmental Physical Education Program. The purpose of this program is to offer each student an opportunity to gain additional personalized instructional and skill gain experiences. The Developmental Program serves as a supplemental period to the existing physical education program. Simply put, it serves as an additional physical education session, during which time the child will be removed from another class activity that is least intrusive to his/her needs. Our goal is to work with each child until he/she has mastered or shown significant meaningful gain in the vital gross motor / fitness / behavioral components tied to his/her grade level. Throughout the program parents will receive progress reports that will update how each child is improving. In addition, during the month of March each child will be re-assessed to determine which components of the program are no longer areas of emphasis, and if the child has achieved the appropriate level of performance.

Our experiences have consistently shown that the results yielded from a Developmental Physical Education Program are extremely positive and meaningful. Children who have received this additional service have shown marked improvement in their ability to perform physical tasks, but have also dramatically improved their self-image and confidence. Students often view this program favorably and as a desired program to take part in.

Please complete the form below and ask your child to return it to the physical education teacher.

I give my child ______ (student name) permission to be enrolled in the Developmental Physical Education program

Name	Date

General Education Referral Form

This form is designed as a basic and preliminary assessment tool to better help determine if child needs to receive a supplemental gross motor / physical education period. Please mark the statement(s) that best reflect your observations. This form should be returned to the physical education teacher.

Child's Name Date:	Date:				
Grade/Class: School	:				
1. Weak recognition and/or confusion of body parts when participating in activities	YES	NO			
2. Displays a low ability to move safely on, off, over, through playground equipment	YES	NO			
3. Displays poor creative movement patterns while moving alone in exploratory play	YES	NO			
4. Displays a lack of safe play and awareness of playground equipment	YES	NO			
5. Does not share responses and engage in exploratory tasks with others	YES	_NO			
6. The child is unsafe when asked to sit, or walk along side others	YES	_NO			
7. The child is adversely effected by other health related issues (Body Mass, visual, hearing, orthopedic, sensory, or behavioral)	YES	_NO			

* Note: If you answered yes to 4 or more, then a request for Developmental Physical Education Program screening and evaluation is recommended.

Regular Physical Education Referral Form

This form may be used as an additional basic checklist and preliminary assessment tool to help physical education teachers determine if a child may need to receive developmental physical education.

Child's Name:	Date:
Grade/Class:	School:

- 1. Does the child have significant difficulties (as compared to other children) in activities that require strength (throwing or kicking for distance, push-ups or curl ups)? Yes____ No____
- 2. Does the child seem to be excessively fatigued (as compared to other children), and does this affect the child's attention or participation? Yes ____ No ____
- 3. Does the child have trouble keeping up with peers in physical activities (tires easily, moves very slowly, is not able to participate in physical tasks efficiently or completely)? Yes ____ No ____
- 4. Does the child display a significant lack of willingness or interest in participating in physical activities (prefers to play alone, tries to get out of physical activities)? Yes ____ No ____
- 5. Does the child have significantly more trouble than peers when performing activities that require motor-planning (starting a movement, carrying out physical tasks in sequence)? Yes ____ No ____
- 6. Does the child have significant difficulty in ball skills compared to peers (cannot catch, throw, strike or kick with pattern expected of age or does not perform skills smoothly as compared to similar age peers)? Yes ____ No ____
- 7. Does the child display general clumsiness or awkwardness that is significantly greater than peers (lacks coordination and smoothness of movement, looks "different" when moving)? Yes ____ No ____
- * Note: If you answered yes to 4 or more, then a request for Developmental Physical Education Program screening and evaluation is recommended.
- Adapt ed from Dole, R.L. (2004). Collaborating successfully with your school's physical therapist. TEACHING Exceptional Children, 36(5), 28-35.

Behavioral Referral Form

This form may be used as an additional basic checklist and preliminary assessment tool to help physical education teachers determine if a child may need to receive developmental physical education.

Child's Name: _____ *Date:* _____

Grade/Class:

Completed by: _____

____DISTRACTIBILITY – The child displays limited ability to concentrate on any particular object or person in the environment, or a lack of ability to block out irrelevant stimuli due to the distractions caused by external stimuli. Yes___ NO___

__PERSEVERATION – Inability of the child to change focus and/or cease performance of the same act (rocking, dribbling, falling) upon signal. Yes____No____

____ IMPULSIVITY – The child displays random movement which appears to reflect little thinking concerning consequences. Yes____ No _____

____HYPERACTIVITY – The child displays a manifestation of excessive motor activity which is not demanded by the situation or the task involved and is disruptive to the group. Yes____No____

_DISASSOCIATION – Inability of the child to integrate the learning of new skills into meaningful wholes. Yes____ No____

____FORCE CONTROL MISAPPLICATION – Inability of the child to generate the correct amount of force to execute a motor task. The child does not regulate the force control needed to maintain, accelerate and/or diminish a motor response. Yes ____ No___

* Note: If you answered yes to 4 or more, then a request for Developmental Physical Education Program screening and evaluation is recommended.

BODY MASS INDEX (BMI) SCREENING FORM

Date:		
Student name:		
Grade/Class:		
Date of Birth://		
Age:		
Height (in.):		
Weight (lbs.):		
BMI VALUE:		
BMI-FOR-AGE % - RANK:		ASSESSMENT:
Nurse:	Date:	

Please refer to CDC Table for Calculated BMI Values, and Growth Charts for BMI-FOR-AGE % RANK & ASSESSMENT

Criteria for Enrollment

The purpose of this process is to help ensure that only the student's with the greatest need receive this additional service. In order to achieve that goal, please be sure to follow the strict guidelines for enrollment.

I – TGMD2 (Test of Gross Motor Development 1999)

This test is both a criterion and norm-referenced test designed for assessment of children between the ages of 3-10.

II- FITNESS ASSESSMENT

This assessment is determined by using modified components of the Presidential Challenge Fitness Test. A child who scores on or below 20% on 3 of 5 components is described as High Level, 15% is described as Moderate level, and 10% is described as Low level

III- BODY MASS INDEX ASSESSMENT

This component of the assessment process is taken directly from information provided by the Department of Health and Human Services for Disease Control and Prevention (CDC). Children with a BMI-for-age at or greater than the 95th% are to recommended to the program.

IV – BEHAVIORAL ASSESSMENT

This aspect of the referral and assessment process involves teacher observation and assessment of a student's behavior in class. Utilizing the Behavioral Checklist Form, a child must exhibit 3 of the 6 behaviors listed to be considered a potential candidate for the program.

* After the referrals and screening assessments are completed, a child must demonstrate deficiency or need in 2 OF THE 4 criteria listed above must in order to qualify for the Developmental Physical Education Program. <u>One of the two criteria</u> <u>areas identified, must either be the TGMD2 of Fitness Test. A child who does not have deficiency or need in either of the</u> <u>required areas may not be considered for the program.</u>

Assessments Tools Overview

The foundation of the Developmental Physical Education Program assessment is based the following four tools. In order to ensure that the validly of the Developmental Physical Education Program screening process is as reliable as possible, The Test of Gross Motor Development 2nd edition is used as the primary assessment tool.

I – TGMD2 (Test of Gross Motor Development 2nd edition 1999)

This test is both a criterion and norm-referenced test designed for assessment of children between the ages of 3-10.

II- FITNESS ASSESSMENT – *MODFIED PRESIDENTS CHALLEGE

This assessment process is determined by using a modified version of the Presidents Challenge Fitness Test..

III- BODY MASS INDEX ASSESSMENT

This component of the assessment process is derived directly from the National BMI health chart.

IV – BEHAVIORAL ASSESSMENT

This aspect of the assessment process involves teacher observation and assessment of the student's behavior in the class.

Evaluation Intake Form

This form is completed by the physical education teacher and utilized by the department to record student information.

Student Information			
Name:G	Frade:Class:	Age:Scl	100l:
<u>Referral Information</u> Phys EdNurseCSTDoctorParen	tTeacherOther		
Evaluation Results			
TGMD2 score/date		Behavioral Comments:	
Fitness score/date		-	
BMI score/date		-	
<u>Current Education Status / Present Level of</u>	<u>Performance (check off)</u>		
High Level Moderate Level	Low Level		
Psychomotor			
Behavioral			
		Physica	
		_	ecialist:
		Date :	

Assessment Tools and Forms

TGMD2 Screening Procedures

- 1. Evaluate any child that is referred and recommended using the TGMD2
- 2. Determine baseline of the student's learning rate using the TGMD2

Objective:

Determine the classification of student and area(s) identified of need (I.e. Loco motor and/or Object control)

3. Substitute the classification of the student used by the TGMD2 scoring chart (page 15 of the TGMD2 test booklet) into key terms

Classification of TGMD2		Key terms for Developmental Physical Education Program
Below Average	=	High Level
Poor	=	Moderate Level
Very Poor	=	Low Level

4. Determine what skills should be taught based upon the results of the screening from TGMD2 (Loco Motor skills and / or Object control skills)

Strategies for Determining Priority of Skills Selection

Once the student has been identified as a candidate for the Developmental Physical Education Program, then determining what should be taught is the nest step. By following the skill selection sequence below, a student will only work toward goals and skills that are consider essential to maximizing his/her time in the inclusive physical education program.

I – TEACH TO THE WEAKNESSES AS SCORED BY EITHER THE TGMD2 OR FITNESS TEST

Example: If a child scores poorly on the loco motor component of the TGMD2 then those skills should be addressed first. However, if a child scores poorly on the Fitness Test, then those set of skills should be set as the initial and primary goals

II- USE THE REGULAR PHYSICAL EDUCATION SKILL CHART (i.e. Skill level benchmarks / goals for each grade level)

Example: After a child has achieved mastery of the TGMD2 of Fitness Test skill weaknesses, then the secondary set of skills addressed should come from the grade level skill chart (I.e., regular physical education curriculum)

III – DETERMINE A UNIQUE SET OF SKILL(S) BASED UPON STUDENT'S ABILITY AND INTEREST.

Example: If a particular child has specific and unique gross motor, fitness, or processing areas of that supersede the TGMD2, Fitness Test, or Grade level chart skills, then a substitute set of appropriate skills should be created that are appropriate for the nature of the child's skill base and not contraindicated to the nature of his/her disability..

Developmental Roster and Schedule Form

This form is to be sent to the district supervisor, building principal and adapted physical education specialist after completion of all screenings, approvals, and scheduling per program recommendations and outline.

PE Teacher:	Name(S)	Grade	Reason for placement
			(TGMD2, Fitness, BMI, Behavioral)
School:			
	1.		
School Year:	2.		
School I cui.	3.		
	4.		
Developmental Day/Time:	5.		
	6.		
	7.		
	8.		

Screening Procedures for Fitness Domain

1. Evaluate the student(s) that is referred using the President's Challenge (Normative Data)

Test items include but are not limited to:

- Curls Ups
- V-Sit & Reach
- Flexed Arm Hang
- Standing Long Jump
- 200 Y ard Run
- 2. Determine the students fitness level using the scoring sheets



Screening Procedures for Fitness Domain

Screening and assessment of children's health related physical fitness will be measured using certain modified items and national standards from The President's Challenge program. As in current practice within traditional physical education curriculum, the 200 yard run will also be used as a measure of cardio respiratory endurance for younger children. Students scoring at or below the 20th% percentile in 3 of 5 fitness tests may be referred into the Developmental Program.

PHYSICAL FITNESS TESTING & INSTRUCTIONS:

Published yearly, program information and instructions may be found in The President's Challenge Physical Activity and Fitness Awards booklet (or on the website <u>www.presidentschallenge.org</u>).

CURL-UP

Objective: To measure abdominal strength/endurance by maximum number of curl-ups performed in one minute.
Testing: Have student lie with knees flexed. Partner holds feet/ankles. Arms are crossed with hands placed on opposite shoulders and elbows held close to chest. Keeping this arm position, student raises the trunk curling up to touch elbows to thighs and then lowers the back to the mat so that shoulder blades touch, for one curl-up.
Scoring: To start, use the signal "Ready? Go!" and begin timing for one minute.
"Bouncing" off the floor is not permitted. The curl-up should be counted only if performed correctly.
FLEXED-ARM HANG
Objective: To measure upper body strength/endurance by maintaining a flexed-arm hang position as long as possible.
Testing: Using either an overhand/underhand grip, student assumes flexed-arm hang position. Students may be lifted to this position. Student holds this position as long as possible.
Scoring: Chest should be held close to the bar with legs hanging straight. Timing is stopped when student's chin touches or falls below the bar.

STANDING LONG JUMP

Objective: To measure explosive leg strength and efficiency of control of body mass in space. Testing: Have student place toes at the takeoff line. Both feet must leave the ground simultaneously. Preliminary rocking forward and backward and swinging of arms are permitted. Scoring: Record best of three trials measured from takeoff line to nearest point on mat coming in contact with any part of the body.

V-SIT REACH

Objective: To measure flexibility of lower back and hamstrings. Set-Up: A straight line two feet long is marked on the floor as the baseline. A measuring line is drawn perpendicular to the midpoint of the baseline extending two feet on each side and marked off in half-inches. The point where the baseline and measuring line intersect is the "0" point.

Testing: Have student remove sneakers and sit on floor with measuring line between legs and soles of feet placed touching baseline, heels 8-12 inches apart. Student places hands together, palms down on measuring line. With legs held flat, student slowly reaches forward as far as possible, keeping fingers on baseline and feet flexed. Scoring: Legs must remain straight with soles of feet perpendicular to the floor (feet flexed). Students should be encouraged to reach slowly rather than "bounce" while stretching. After three practice tries, the student holds the fourth reach for three seconds while that distance is recorded.

200 YARD RUN

Objective: To measure heart/lung endurance by fastest time to cover a measured distance. Set-Up: Mark a start/finish line on a flat black-top surface. Place one cone 49 yards away (allowing for a three foot turn radius). Place the other cone three feet inside the start/finish line. Testing: To start, use the signal "Ready? Go!" and begin timing on movement. Students must round thefar cone twice and should be encouraged to run fast through the finish line. Using a staggered start, two students may be tested at once. Scoring: Record time to nearest tenth of a second.

200 YARD RUN

	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
%	Age	e 6	Age	7	Age	8	Age	9	%
99	45.0	43.7	40.0	41.9	35.8	39.1	36.1	37.9	99
96	45.0	45.4	40.6	42.2	37.4	39.8	37.0	39.0	96
90	46.0	47.7	41.7	44.0	39.0	41.5	38.8	40.0	90
80	48.4	49.6	43.6	45.6	40.3	42.2	39.6	40.7	80
75	49.1	49.8	43.9	46.2	40.7	42.6	39.7	41.4	75
70	49.4	50.8	45.0	46.7	41.0	43.0	40.1	41.7	70
65	49.5	51.2	45.1	47.3	41.7	43.7	40.6	42.2	65
60	49.7	52.1	46.0	47.9	42.0	44.5	40.9	42.6	60
50	50.2	53.5	47.5	48.8	43.2	45.5	41.9	43.4	50
40	51.3	55.6	48.6	50.3	44.4	46.5	43.4	44.1	40
35	51.9	56.2	48.9	51.5	45.3	46.7	44.4	44.3	35
30	53.6	56.4	49.5	52.3	45.8	47.0	45.2	44.8	30
25	56.4	57.0	49.6	53.2	46.5	47.9	45.9	46.0	25
20	57.1	57.3	51.1	53.8	47.8	48.8	47.2	46.5	20
10	59.2	60.6	53.1	55.3	49.9	51.0	49.2	49.0	10
4	60.3	67.5	59.5	57.5	53.8	52.2	53.9	50.8	4
1	61.6	74.5	70.9	72.0	55.5	53.9	55.6	53.2	1
No.									
Tested	34	49	76	84	106	106	110	111	

TGMD2 Scoring Charts

The icons are active links that when clicked upon will bring up the TGMD2 scoring charts. Please print these charts after activating. In order for best viewing, please minimize and rotate to desired position.

Complete TGMD-2 kits and additional materials can be purchased directly from:

PRO-ED 8700 Shoal Creek Boulevard, Austin, Texas 78757-6897

1-800-897-3202 Fax 1-800-397-7633 www.proedinc.com

#9260 TGMD-2 Complete Kit #9261 TGMD-2 Examiners Manual #9262 TGMD-2 Profile/Examiner Record Form(50)





Tgmd3.pdf



BODY MASS INDEX (BMI) Screening Procedures & Charts

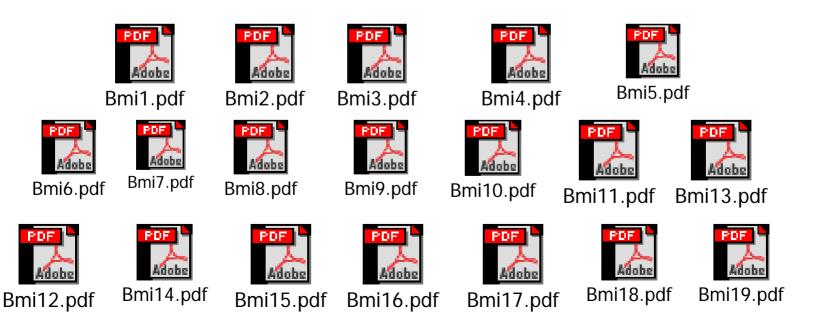
Objective : To estimate body composition

Testing: Determine total body weight (lbs.) and height (inches)

A student must score 30% or above the age appropriate recommendation to be recommended for the Developmental Program.

Use the BMI chart or the following formula to calculate BMI: Weight(lbs.) / Height (inches)2 x 703 = BMI

The icons are active links that when clicked upon will bring up the BMI scoring charts. Please print these charts after activating(Select "yes" when opening". In order for best viewing, please minimize and rotate to desired position.



Progress Report



Please allow me to take this opportunity to provide you with some examples of skill activities that your child has been working on, as well as his/her progress.

Please feel free to contact me at _____ Or via phone at school if you have specific questions.

Sincerely,

Date:

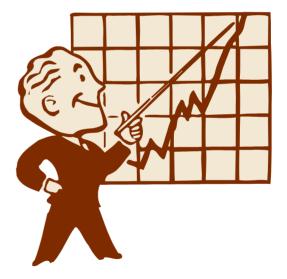
Developmental Physical Education – Notice of Program Completion Form

This form is to be sent home when a student no longer requires services. A copy for the record file must be maintained and sent to the district Adapted Physical Education specialist and principal.

Dear Parent:

has be re-evaluated by The physical education instructor and much improvement been noted. Therefore, your child no longer requires the services from the Developmental Physical Education Program.

Thank you for your cooperation.



Physical Education Teacher

Date

Introduction and History of Services

The Physical Education Department of the Livingston Public Schools adheres to a policy of providing quality physical education programs for all students and is especially committed to those individuals with disabilities. The foundation of this policy is built upon the ideology of inclusion, the recommendation of national health organizations and the current New Jersey Educational Codes, and Core Content Curriculum Standards. Services created and implemented across an instructional continuum and are not limited to a singular methodology.

Regardless of the individual's unique needs, quality physical education services will be constructed following the guidelines of both New Jersey State and United States of America Federal Law. In addition, in order to provide the most meaningful instructional and support services possible for our students, families, and staff the district has adopted a policy retaining an Adapted Physical Education Specialist* as a lead teacher, coordinator, and consultant.

The Physical Education Department of the Livingston Public Schools has long provided and will continue to provide a wide array of services for individuals with disabilities. The Health and Physical Education department is committed to developing and maintaining current practices and methodologies that promote student independence and maximum involvement in lifetime leisure and wellness activities.

Overview and Description of the Program Services

The PRIDE Physical Education Program is built upon the policy of introducing students to developmentally, age appropriate, and meaningful gross motor skills. In addition, various instructional strategies such as guided discover, movement exploration, student centered learning, teacher centered instruction and natural play are embedded in the units of study.

During early childhood, discovering and exploring movement provides a child with profound learning experiences. Young children are delighted with their emerging capabilities and seek out opportunities to play and practice. They run, jump, throw, climb, balance, explore, and pretend among others. It is during early childhood that the foundation is being laid for body management abilities needed in childhood games and recreational activities. In addition, to contributing to the development of skillful movement, it has been suggested that early and appropriate movement experiences help to create neural networks in developing the brain (Hannaford, 1995; Gabbard, 1998).

Becoming skillful is a gradual process. Preschool children need movement opportunities and challenges that will foster gradual improvement toward emerging skill development.

The PRIDE Physical Education Program is also grounded in a comprehensive movement vocabulary framework. In order to be able to "speak fluently" with their bodies, children must first learn single words (solo actions and concepts) and then phrases (movement combinations and sequences) before they can speak in conversational language (games and sports).

Finally, the PRIDE Physical Education Program prepares all children for a successful transition into the regular physical education inclusive environment. Understanding where is a student is headed is a critical component to preparing him/her for success. The PRIDE Physical Education Program follows the Achievement Based Curriculum Model (ABC Model) as it framework, because it adheres to top-down instructional goal setting process. Very simply, students are instructed from his/her authentic present level of performance, but work towards real-world recreational / educational opportunities and expectations.

General Resources

New Jersey Department of Education – Frequently Asked Questions

www.nj.gov/njded/aps/cccs/chpe/faq.htm

Can students with a medical condition be exempted from health and physical education?

NO. The law requires that the medical inspector determine the child's fitness for participation in such courses. However, the law was originally written in 1917 and amended in 1967, before the enactment of the Americans with Disabilities Act, Section 504 and the Individuals with Disabilities Education Act (IDEA). All students must have access to curriculum and instruction based on the core standards.

If a student has a medical condition that limits his/her ability to participate in the regular physical education program, what must the school do?

N.J.A.C 6A:14-4.1(F) states that physical education services, specially designed if necessary, shall be made available to every student with a disability ages 5-21, including those in separate facilities. Individual student needs should be addressed through the student's Individualized Education Plan or 504Plan. The child's program should be modified to reflect activities that the child can participate in.

General Resources

Websites

Readings

WWW.AAASP.ORG WWW.HUMANKINETICS.COM WWW.SPECIALOLYMPICS.ORG WWW.IDEALLIVES.COM WWW.SPECIALYOGA.COM WWW.SPECIALYOGA.COM WWW.PALAESTRA.COM WWW.PALAESTRA.COM WWW.NCPAD.ORG WWW.PECENTRAL.COM WWW.DSUSA.ORG Block, M.E.(1999).Did we jump on the wrong bandwagon? Problems with inclusion in physical education. Palaestra, 15(3), 30-36

- Goodwin, D. (2001). The meaning of help in P.E: Perceptions of students with disabilities. Adapted Physical Activity Quarterly, 18, 289-303.
- Mock, D. R., & Kauffman, J. M. (2002). Preparing teachers for full inclusion: Is it possible? The Teacher Educator, 37(3), 202-215
- Lieberman, L., James, A., & Ludwa, N. (2004). The impact of Inclusion in General Physical Education for all students. JOPERD, May/June Volume 75, #5

General Resources

The following is a position statement developed by a sub-committee of the Adapted Physical Activity Council of AAALF (2004)

Almost three decades ago, The Education for All Handicapped Children Act (1975), was signed into law. This federal law was reauthorized in 1997 as Part B of PL105-17, The Individuals with Disabilities Education Act (IDEA). This landmark piece of legislation provides free and appropriate education, including physical education, to all children with disabilities birth through 21 years of age. Provision of services for children with disabilities in the least restrictive environment (LRE) is a critical component of the IDEA reauthorization. PL 105-17 includes increased emphasis on participation of children with disabilities in the general curriculum, the involvement of regular education teachers in developing, reviewing and revising the Individualized Education Program (IEP) document, and enhanced parent participation in eligibility and placement decisions.

A strong preference within IDEA is that children with disabilities are educated in neighborhood schools and general education classrooms (including physical education) whenever appropriate. Consequently, the general physical education class should be considered as the first placement option. Appropriate placement within the general physical education class will require consideration of environment, equipment, equipment modifications, and support personnel involvement.

Inclusion is not about getting students with disabilities out of separate adapted physical education classes; any more than it is about getting students with disabilities into general physical education. Rather, it is about students being members of a learning community where they have the choice of the most appropriate instructional setting, equal access, dignity, and the opportunity to participate in meaningful physical activity.

Least Restrictive Environment (LRE) means that to the maximum extent possible, each child with a disability must be educated with children who are not disabled unless the nature or severity of the disability is such that education in the general environment with the use of supplementary aids and services cannot be achieved.

Language regarding LRE is found in the IDEA amendments of 1997, Section 1412(a)(5)(A), and Section 300.550(b)(1)(2) of Title 34 of the Code of Federal Regulations.

TERMS

Autism:

Definition: Classic autism is defined as a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3.

Characteristics:

- Impairment in social interaction
- Impairment of verbal and nonverbal communication
- Restricted, repetitive, and stereotypical patterns of behavior, interests, and activities
- Impaired imitation
- Lack of awareness of the existence of feelings of others
- Absence of imaginative activity

- Use a consistent behavior modification program
- Teach in a less stimulating area
- Use an established routine with repetitive transition strategies
- Use a predictable routine
- Be consistent in use of terms, equipment, and class organization
- Use vigorous aerobic exercise to reduce self-stimulating behavior

TERMS

Attention Deficit Hyperactivity Disorder

Definition: A condition that describes students who display hyperactive behaviors, have difficulty attending to the task at hand, and tend to be impulsive.

Characteristics:

- Inattention, poor listening skills, and restlessness
- Impulsive
- Hyperactivity
- Onset before age 7
- Inappropriate excessive motor activity

- Highly structured environment
- Reduce teaching space
- Control extraneous stimuli
- Larger number of activities, shorter time on each
- Positive behavior modification program
- Use brief instructions

TERMS

Behavior Disorders:

Definition: A condition of disruptive or inappropriate behaviors that interferes with a student's learning, relationships with others, or personal satisfaction to such a degree that intervention is required.

Characteristics:

- Poor coordination
- Refusal to practice
- Loss of emotional control
- Hostility
- Noncooperative Behavior
- Disorientation in space and time
- Destructive

- Remove distracting objects
- Impose limits on use of equipment and facilities
- Use games of social interaction
- Expect aggressiveness and monitor it closely
- Use activities that provide immediate feedback

TERMS

Cerebral Palsy:

Definition: A disorder of movement and posture caused by a defect in the developing brain.

Characteristics:

- Primitive reflexes are still evident
- Slow to develop postural reflexes
- May have the following:
- Mental retardation
- Convulsions
- Speech problems
- Oculomotor defects
- Hearing and vision loss

- Work on muscle stretching
- Develop range of motion
- Develop postural alignments
- Use ramp climbing
- Work on gait training

TERMS

Visual Impairment:

Definition: An overall term that includes all levels of vision loss, from partially sighted to complete blindness.

Characteristics:

- Physical fitness is below those of sighted peers
- Balance development is impaired
- Fundamental motor patterns and skills are delayed
- Physical growth and maturation may be impaired
- Wide variation in residual vision

- Use other sensory modalities for providing information
- Use games for social development
- Use a beeper, constant sound source, etc.
- Place students where they can best hear instructions
- Use contrasts between figure and background
- Increase or decrease the grade to indicate play boundaries
- Begin new game in slower motion

TERMS

Hearing Impairments:

Definition: An overall term that includes all levels of hearing loss, both deaf and hard of hearing.

Characteristics:

- Balance may be affected
- Information processing time is longer
- Physical fitness may be lower
- May be a delay in social/emotional development
- Speech can range from intelligible to none

- Make sure the student can see your lips when you talk
- Use visual demonstrations
- Coordinate your communication method with the rest of the IEP team
- Learn basic signs and use them
- Use captioned videotapes
- Stand still when giving instructions

TERMS

Learning Disabilities

Definition: A disability in which the individual possesses average intelligence but is substantially delayed in academic achievement.

Characteristics:

- •Poor spatial orientation
- •Clumsiness
- •Figure-background problems
- •Rhythmic problems
- •Problems with body awareness
- •Difficulty with motor proficiency

- •Work on body/space problems with action songs, games, mirrors, and tactile activities
- •Work on balance and upper/lower body coordination for motor proficiency
- •Work on obstacle courses for spatial orientation
- •Use brightly colored objects for contrast
- •Give opportunity for rhythmical problems

TERMS

Mental Retardation:

Definition: The American Association on Mental Retardation (AAMR, 1992) defines a person as mentally retarded when the following three criteria

are met: cognitive level (IQ below 70-75), significant limitations exist in two or more adaptive skill areas; and the condition is present from childhood (age 18 or less).

Characteristics:

- Cognitive learning area where students differ most
- Learn at slower rate
- Achieve less academically

Social/emotional:

- Exhibit same range but more frequently exhibit inappropriate responses to social/emotional situations.
- Do not fully comprehend what is expected of them in social situations

Physical/motor:

- Delayed development of physical skills
- Usually overweight because of less activity levels

Teaching Strategies for individuals with mild retardation:

- Put individual in less demanding sport position
- Over teach the cognitive information
- Emphasize fitness activities

Teaching Strategies for individuals with severe retardation:

- Emphasize range of motion exercises
- Have individual propel himself as much as possible
- Concentrate on postural righting activities
- Use resistance training with headbands
- Concentrate on vestibular activities

Developmental Physical Education Program 2005-2006 Amendments

Document Area	Current Structure	Changes
Screening Process	Assessment during class time only	Both during regular class time and pullout based upon scheduling need/availability
Due Dates	October $15 - 1^{st}$ set of scores March $15 - 2^{nd}$ set of scores	April 15 – 2 nd set of scores
Forms	Existing Document	Fitness Evaluation Form
TGMD2 Components	Existing Document	Loco-motor Subtest Skill #3 hop Removal of 1 st descriptor Skill #4 Leap Removal of skill in 1 st grade Component #4 – rephrased as "Controlled landing into run" Object Control Subtest Skill #1 Striking 1 st grade – Hand only for Fall screening Bat only for Spring screening Skill #2 Dribble – Playground ball and 8 dribbles Skill #5 Overhand Throw Component #1 – Rephrased as "Preparatory position"
Criteria for Enrollment	89 or below for male & female	100 or below for FEMALE 89 or below for BOYS