LEVITTOWN PUBLIC SCHOOLS
HEALTH SERVICES

ADAPTIVE PHYSICAL EDUCATION
ELEMENTARY GRADE SCHOOL

To: Dr._____

From: _____
School Nurse

Re: _____ _____ _____
Name of Pupil Grade School

Diagnosis:_____
_____

Remediable: Yes _____ No_____

All pupils registered in the schools of New York State are required by the Education Law to attend courses of instruction in physical education. These courses are required to be adapted to meet individual pupil needs. This means that a pupil who is unable to participate in the entire program should have his activities modified to meet and/or improve his condition. The physical education classes are approximately _____ minutes in length and are held ____ times a week.

THIS CHILD MAY PARTICIPATE IN ALL PHYSICAL EDUCATION CLASS ACTIVITIES AND IN COMPETITIVE SPORTS. Yes_____ No_____

l. If activity is limited, please check what he *may not* do, in the following list:

__Hard running relay
__Marching (no running)
__Story Plays (some running and jumping)
__Rhythms
__Tumbling & stunts
__Dodge Ball
__Square Dancing (involves some running & jumping)
__Softball & kickball
__Football
__Soccer
__Learning skills (basketball, volleyball, soccer, football)
__Standing games (walking-marching)
__Vigorous activity (running-jumping)
__Setting up exercises
__Dancing and musical games
__Apparatus (rings, ropes & balance beam)
__Recreational games
__Basketball
__Volleyball
__Calisthenics
__Wrestling (weight requirement)
__Other

2. Duration of restrictions: ____weeks ____months _____school year

3. Does this child require a rest period during school hours? ____Yes ____No

4. Do you wish patient to return to you for re-evaluation? ____Yes ____No _____Date

_____ _____
DATE M.D.

HS 33-98 PLEASE AFFIX PHYSICIAN'S STAMP