



Adapted Physical Education and Sport

SIXTH EDITION

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Dr. David P. Beaver

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David Beaver, founder of *Palaestra* in 1990 and editor in chief for a quarter century, passed away suddenly Sunday, July 20, 2014, leaving tremendous professional and personal legacies based on unselfish, dedicated, committed, and continual contributions of excellence. For more than 40 years he enabled many others to meet physical, recreational, and sport needs of diverse populations of individuals with various disabilities. In addition to being a founding member of United States Association of Blind Athletes (USABA) and instrumental to much of its success, he was a pioneer in further developing organizations, associations, and educational programs nationally and internationally for individuals with disabilities. He was an early member of the initial U.S. Olympic Committee on Programs for the Handicapped, forerunner of its permanent Paralympic Sports Committee, and chef de mission for the 1984 U.S. Paralympic team. To this outstanding innovator, editor, administrator, advisor, teacher, counselor, mentor, advocate, author, coach, and friend with highest standards, this edition is respectfully and lovingly dedicated.



Dr. Rainer Martens

This edition is also dedicated to Rainer Martens, founder and president of Human Kinetics (HK), the publisher of this book. His creation of a company devoted to the dissemination of high-quality content in the physical activity field has been a tremendous asset to our shared goal of helping all people enjoy physically active and healthy lives. In particular HK has been a leading producer of resources such as *Adapted Physical Activity Quarterly*, textbooks, lesson plans, professional references, and assessments specific to individuals with special needs and those who work in adapted and inclusive settings. In 2005 Rainer sold HK to its employees, ensuring its continued dedication to promoting physical activity for all.

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Preface

It is with a great deal of satisfaction and confidence that the preface for the sixth edition of *Adapted Physical Education and Sport* is being written. A primary goal has been to prepare a book that would benefit individuals with unique physical education and sport needs by providing clear and concise information for teachers, coaches, and others who offer high-quality services. In this sixth edition, the book has been conceptualized, developed, and updated to meet today's trends and practices in adapted physical education and sport.

This book is comprehensive, relevant, and user friendly. It is both a resource and a text for adapted physical education and sport. As a resource, this book aids teachers, administrators, and other professionals as they plan and provide services. As a text, it can be used to prepare students majoring in physical education, coaching, recreational sport management, special education, and related disciplines. Although the book can serve many purposes, its primary thrust is its emphasis on providing quality services to people with unique physical education needs, differences, and abilities.

This preface identifies and explains major influences on the content and organization of the book, briefly summarizes new and continuing features, provides an overview of the parts of the book, and closes with some comments about the value of adapted physical education and sport in the lives of young people today.

Legislation: A Major Influence on This Book

This book helps schools and agencies to develop and implement physical education and sport programs for students with disabilities consistent with federal legislation, as well as students with other unique needs. Many factors shape the emphasis, approach, content, and organization of a book. This book is influenced by original and current versions of landmark laws: the Individuals with Disabilities Education Act (IDEA) and the Individuals with Disabilities Education Improvement Act (IDEIA). The current version of the law continues to

be referred to by many as IDEA; this sixth edition also still refers to the current law as IDEA. These laws were originally signed in 1975 as PL 94-142, the Education for All Handicapped Children Act. The second important piece of legislation is section 504 of the Rehabilitation Act (originally passed in 1973 as PL 93-112).

One of the major purposes of IDEA is to ensure that all children with disabilities have available to them a free and appropriate public education that emphasizes special education and related services to meet their unique needs. IDEA makes it clear that the special education to be made available includes physical education, which in turn may be specified as adapted physical education. As communicated in this book, regulations associated with IDEA define physical education as the development of physical and motor fitness; fundamental motor skills and patterns; and skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports). In this book, adapted physical education is defined in a manner consistent with key provisions of the IDEA definition and reflects the scope of physical education for this book. The identification of unique needs, which is part of the IDEA definition of special education, is also emphasized. Numerous ways of adapting physical education to meet individual needs are presented. One of the most important ways associated with federal legislation is the requirement of individualized education programs designed to meet the unique needs of children. Detailed information is presented about components and strategies for developing individualized education programs (IEPs) and 504 plans in chapter 5, and on individualized family service plans (IFSPs) in chapter 21.

In IDEA, the disabilities of children aged 3 to 21 are identified and defined. Information related to physical education is presented in this book in regard to each of the specific disabilities identified in the law. IDEA also defines infants and toddlers (birth to age 2) with disabilities. One entire chapter on physical education services related to infants and toddlers is presented.

Both IDEA and section 504 require that education be provided in the most normal, integrated setting appropriate. In regard to physical education, this book encourages education in integrated environments to the extent appropriate. The book prepares readers for working in inclusive environments, with extensive discussions about inclusion in several chapters. However, it recognizes that education in the least restrictive environment is the law of the land and also prepares readers to provide services in other settings. In regard to sport, this book provides an orientation to sport that enables and encourages participation in a variety of settings and responds to the requirement of equal opportunity for participation in extracurricular experiences.

This book responds to legislative requirements in many ways. These include compatibility with the definition of special education, the requirement of identifying unique educational needs of students within the context of a broad program of physical education, the requirement for individualized education programs, education in the most integrated setting appropriate, and equal opportunity for curricular and extracurricular experiences. Because of the orientation of this book, educators can be most confident that they are implementing programs that respond to the educational needs expressed through legislation.

New Features in This Edition

Over time, many changes affecting adapted physical education and sport have occurred. All chapters in this edition have been updated or revised to incorporate these changes. For example, the inclusion movement continues to expand and thrive, and more and more involvement of students with disabilities is occurring in general physical education and sport settings. Following an introduction to inclusion with emphasis on the functions of teachers for successful inclusion, several chapters focus on practices and applications relevant to inclusion in both physical education and sport.

Although changes occur in many areas of the field, the changes and advances in adapted sport are particularly noteworthy. Advances in school and interscholastic programs, sport organizations, national governing bodies, and international opportunities are significant. Chapter 3 on adapted sport has been further developed to communicate and reflect on progress in the field. The chapter continues to be guided by a unique and contemporary orientation to sport adapted for persons

with unique needs. It presents and employs a sport framework for individuals with disabilities as a model for the development and implementation of sport programs.

Although this edition updates every chapter, examples of selected topics are noted here. For example, considerable attention is given in several chapters to the revised edition of the Brockport Physical Fitness Test. This criterion-referenced health-related test of physical fitness, applicable for many youngsters with disabilities, has been adopted by the Presidential Youth Fitness Program. Advances and applications pertaining to behavior management are covered in various chapters as appropriate. The emphasis on behavior management enhances positive behavioral support practices advocated by and consistent with IDEA. The use of technology, particularly the use of apps, for administration and teaching relevant to adapted physical education is addressed in several chapters. Topics associated with apps include, but are not limited to, behavior management, fitness development, communication, pictures, schedules, social interaction, physical education activities, and other applications relevant to individuals with specific disabilities. Other particularly noteworthy advances related to adapted sport pertain to advances in wheelchair sport performance. This edition continues to address ways of enhancing performance and encourages the development of and provides information for participation in school-based programs. Finally, this edition gives increased attention to the topic of obesity. This is an obvious response to a national concern that is particularly relevant to youngsters with disabilities.

This edition includes continuing chapters written by authors new to the book: Pam Arnhold, Lauren Cavanaugh, Ron Davis, Vicky Goosey-Tolfrey, So-Yeun Kim, and Barry Mason. Chapter 3, focusing on adapted sport, was written by Ron Davis. The chapter on intellectual disabilities was written by Lauren Cavanaugh. Lauriece L. Zittel collaborated with So-Yeun Kim to develop and advance the chapter on early childhood adapted physical education. The critical chapter on aquatics now combines the efforts of Pam Arnhold with Monica Lepore. Finally, Vicky Goosey-Tolfrey and Barry Mason have combined efforts to write the chapter on enhancing wheelchair sport performance. They join our distinguished group of contributors from previous editions.

The sixth edition of the book moves from the single editorship of Joseph P. Winnick to coeditorship, adding David L. Porretta.

Continuing Features

In this and previous editions, many of the chapters focus on physical education and sport rather than solely on the disabilities themselves. The latter approach traditionally has been associated with a medical model for the structuring of knowledge rather than a more educationally oriented model. On the other hand, relevant information regarding disabilities is presented in the text so that relationships between disabilities and implications for physical education and sport may be drawn and understood.

This edition retains a focus on physical education for people from birth to age 21. No attempt has been made to address the entire age span of people with disabilities, although much information in the book is relevant to older individuals. Although this book focuses on the areas of physical education and sport, it also includes information relevant to allied areas such as recreation and therapeutic recreation.

A feature that has been continued in this edition is the presentation of resources with each chapter. The presentation of written, video, and online resources in the text, web resource, and instructor guide will be of much interest and helpful to both students and instructors.

This sixth edition continues two elements that enhance readers' understanding: chapter-opening vignettes and application examples within chapters. The opening vignettes present scenarios that introduce one or more chapter concepts. Application examples provide the opportunity to explore real-life situations and see how the text concepts can be applied to situations to solve the issues at hand.

Ancillary materials have again been developed to accompany this book. An instructor guide provides objectives, suggestions for learning and enrichment activities, and resources. Because it is so important for college students to be aware of people with disabilities and to teach and interact with them in a positive manner, the instructor guide includes additional ideas to provide these opportunities. The guide also includes some ideas for an introductory course related to adapted physical education and sport, as well as a sample course syllabus. Ancillary materials include a presentation package (PowerPoint slides) and an electronic bank of test questions that may be used to develop quizzes, exams, or study questions. A web resource for students has been added to this edition. It includes access to video clips of adapted physical educators and

students demonstrating 26 of the fitness tests from *The Brockport Physical Fitness Test Manual*.

Parts of the Book

The book has four parts. Part I, Foundational Topics in Adapted Physical Education and Sport, encompasses chapters 1 through 7. This part introduces the reader to the area of adapted physical education and sport; discusses program organization and management; addresses measurement, assessment, and program evaluation; prepares readers for development of individualized education programs; introduces the reader to behavior management; and discusses instruction strategies related to the field.

Part II, Individuals With Unique Needs, includes 11 chapters. This section covers all the disabilities specifically defined in IDEA, plus one chapter that covers students with temporary disabilities and special conditions. These chapters provide an understanding of disabilities, how they relate to physical education and sport, and educational implications associated with each disability covered. As appropriate, particular attention is given in each chapter to inclusion and sport programs.

The third part of the book, Developmental Considerations, includes four chapters. Chapters 19 through 22 cover motor development, perceptual-motor development, adapted physical education for infants and toddlers, and children in early childhood programs.

Part IV, Activities for Individuals With Unique Needs, includes chapters 23 through 29. These chapters present physical education and sport activities for both school and out-of-school settings. A key aspect of this part is the presentation of specific activity modifications and variations for the populations involved in adapted physical education and sport. This part concludes with a chapter on wheelchair sport performance. Part IV serves as an excellent resource for teachers, coaches, and other service providers long after they have left colleges and universities and are involved in providing quality programs for young people.

The appendixes consist of the latest definitions regarding infants, toddlers, and children with disabilities in IDEA; a list of organizations (and contact information) associated with adapted physical education and sport; information related to the Brockport Physical Fitness Test; and a scale to rate or evaluate adapted physical education programs. Each of these complements information presented in the body of the text. Finally, also closely associated with this book is an online video description

of the Brockport Physical Fitness Test, including a description of each of the test items.

Closing

It is evident that more and more individuals with disabilities throughout the world are participating in physical education and sport activities. With greater participation, the value of physical activity has been more clearly recognized and accepted. More than ever before, young people with disabilities, parents, medical professionals, educators, and others are recognizing the tremendous value of physical education and sport today. The reality

that people with disabilities are really people with exceptional abilities and individual differences is continually being recognized. This recognition and acceptance extends throughout the world, as clearly demonstrated at international symposia related to adapted physical education and sport, international sport competitions, and literature developed and translated in several languages.

As the field of adapted physical education and sport has advanced, so has its knowledge base. Top authorities who are experts in their fields have been assembled to write chapters in this book, thus further enhancing adapted physical education and sport.

The Editors

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Accessing the Web Resource

Adapted Physical Education and Sport, Sixth Edition, comes with access to a web resource. This online content is available to you for free upon purchase of a new print book or an e-book. The web resource offers videos of the Brockport Physical Fitness test, easy access to a list of all the resources (by chapter) listed at the end of each chapter, and the rating scale for adapted physical education (appendix D). To access the online content, simply register with the Human Kinetics website.

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Part I

Foundational Topics in Adapted Physical Education and Sport

Part I, consisting of seven chapters, introduces adapted physical education and sport and presents topics that serve as a foundation for the book. Chapter 1 defines adapted physical education and sport and offers a brief orientation concerning its history, legal basis, and professional resources. Programmatic planning, inclusion, and qualities of service providers are also introduced. In chapter 2, the focus shifts to program organization and management. Topics include programmatic and curricular planning and guidelines for the organization and implementation of adapted physical education programs. Chapter 3 emphasizes information pertaining to adapted sport. Following a brief introduction, the chapter covers the status of and issues associated with adapted sport, from local school and community programs to Paralympic Games. Preparing physical educators to enhance the involvement of people with disabilities in sport is stressed in the chapter. Vital to the development of adapted physical education programs are several concepts related to measurement and evaluation. Chapter 4 discusses measurement, assessment, and evaluation and recommends specific strategies in regard to adapted physical education. Chapter 5 contains a detailed presentation of individualized education programs developed for students with unique needs, including section 504 accommodation plans. Chapter 6 emphasizes basic concepts and approaches related to methods of managing behavior. Chapter 7 presents instructional strategies related to adapted physical education.


The information in part I relates to planning, assessing, prescribing, teaching, and evaluating. It includes information related to overall program planning (chapters 1 and 2), student assessment and program evaluation (chapter 4), individualized education programs (chapter 5), instructional strategies (chapter 7), and program organization and management (chapter 2). A chapter on behavior management is included in the foundational area preceding chapter 7 because of both its importance in shaping appropriate social behavior and its influence in facilitating skill acquisition.

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Introduction to Adapted Physical Education and Sport

Joseph P. Winnick

Adapted physical education and sport relate to the unique needs and abilities of individuals. Attention to these differences with regard to physical education and physical activity and their value may be traced back several centuries. After introducing the reader to the field of adapted physical education and sport, this chapter draws attention to the contemporary status of the field. It does so by presenting the meaning of adapted physical education and sport, briefly reviewing its recent history and current orientation, discussing its constitutional and legislative basis, and introducing the professional basis for this field of study.



People who pursue a career of teaching physical education and coaching sports typically enjoy physical activity and are active participants in physical education and athletics. Often, however, they do not become knowledgeable about adapted physical education and sport until they prepare for their careers. With increased awareness, they realize that people with unique needs might exhibit abilities ranging from very low to extremely high. As they gain experience, students begin to appreciate that people with a variety of unique needs are involved in adapted physical education and sport. They learn that those with unique needs include people with and without disabilities.

If physical education and sport opportunities are offered in educational institutions and other societal entities, they must be made available to all students, including those with disabilities. It is neither desirable nor permissible to discriminate on the basis of disability in regard to these opportunities. Provisions should be made to offer equivalent as well as identical services so that equal opportunity for equal benefits may be pursued. Adapted physical education and sport has evolved as a field to meet the unique physical education and sport needs of participants. This chapter introduces the reader to adapted physical education and sport.

Meaning of Adapted Physical Education

Because people use different terms to mean the same thing (and different definitions to mean the same term), it is important to clarify the definition of adapted physical education. **Adapted physical education** is an individualized program including physical and motor fitness, fundamental motor skills and patterns, skills in aquatics and dance, and individual and group games and sports designed to meet the unique needs of individuals. Typically, the word *adapt* means “to adjust” or “to fit.” In this book, the meaning of *adapt* is consistent with these definitions and includes modifications to meet the needs of students. It encompasses traditional components associated with adapted physical education, including those designed to correct, habilitate, or remediate. Adapted physical education is viewed as a subdiscipline of physical education that provides safe, personally satisfying, and successful experiences for students of varying abilities.

Adapted physical education is generally designed to meet **long-term unique needs** (more than 30 days). Those with long-term unique needs

include people with disabilities as specified in the Individuals with Disabilities Education Act (IDEA). (The Individuals with Disabilities Education Act [IDEA] may also be cited as the Individuals with Disabilities Education Improvement Act [IDEIA]. In this text, it is referred to as IDEA.) According to IDEA, a **child with a disability** means a child with intellectual disability, hearing impairment including deafness, speech or language impairment, visual impairment including blindness, serious emotional disturbance, orthopedic impairment, autism, traumatic brain injury, learning disability, deafblindness, or multiple disabilities or other health impairments that require special education and related services (Office of Special Education and Rehabilitative Services [OSE/RS], 2006). The term *child with a disability* for a child aged three to nine years may, at the discretion of the state and the local educational agency, include a child experiencing developmental delays as defined by the state and as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development. This child, by reason thereof, needs special education and related services (OSE/RS, 2006).

Adapted physical education might also include **infants and toddlers** (children under three years of age) who need early intervention services because (1) they are experiencing developmental delays in cognitive development, physical development, communication development, social or emotional development, or adaptive development or (2) they have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. At the discretion of the state, adapted physical education might also include at-risk infants and toddlers (IDEA, 2004). The term **at-risk infant or toddler** means a child under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided (IDEA, 2004).

Adapted physical education may include individuals with disabilities as encompassed within section 504 of the Rehabilitation Act of 1973 and its amendments. Section 504 defines a person with a disability as anyone who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Although every child who is a student with a disability under IDEA is also protected under section 504, all children covered under 504 are not necessarily students with a disability under

IDEA. Students with disabilities who do not need or require services under IDEA are, nonetheless, entitled to accommodations and services that are necessary to enable them to benefit from all programs and activities available to students without disabilities.

Adapted physical education may include students who are not identified by a school district as having a disability under federal legislation but who have unique needs that call for a specially designed program. This group might include students restricted because of injuries or other medical conditions; those with low fitness (including exceptional leanness or obesity), inadequate motor development, or low skill; or those with poor functional posture. These students might require individually designed programming to meet unique goals and objectives.

According to IDEA, students aged 3 to 21 with disabilities must have an **individualized education program** (IEP) developed by a planning committee. In developing an IEP, physical education must be considered, and the IEP might include specially designed instruction in physical education. Individualized education programs should also consider needs in extracurricular activities, including participation in sport. Athletes with disabilities are encouraged to include goals related to sport in an IEP. IDEA also requires the development of an **individualized family service plan** (IFSP) for infants and toddlers with disabilities (OSE/RS, 2006). Although physical education services are not mandated for this age group, they may be offered as part of an IFSP. In accordance with section 504 of the Rehabilitation Act of 1973 and its amendments,

it is recommended that an accommodation plan be developed by a school-based assessment team to provide services and needed accommodations for students with disabilities. Although not covered by federal law, an **individualized physical education program** (IPEP) should also be developed by a planning committee for those who have a unique need but who have not been identified by the school as having a disability. Each school should have policies and procedures to guide the development of all individualized programs. More specific information on the development of programs and plans is presented in chapters 4 and 5 (ages 3-21) and chapter 21 (ages 0-2).

Consistent with the least restrictive environment (LRE) concept associated with IDEA, adapted physical education may take place in classes that range from **integrated** (i.e., general education environments) to **segregated** (i.e., including only students receiving adapted physical education). Although adapted physical education is a *program* rather than a *placement*, it should be understood that a program is directly influenced by placement (the setting in which it is implemented). Whenever appropriate, students receiving an adapted physical education program should be included in general physical education environments with appropriate support service if needed. Although an adapted physical education program is individualized, it can be implemented in a group setting and should be geared to each student's needs, limitations, and abilities.

Adapted physical education should emphasize an **active** program of physical activity (figure 1.1) rather than a **sedentary** alternative program. The



FIGURE 1.1 Students with disabilities and physical activities: (a) wheelchair user in extracurricular track event, (b) students with visual disabilities scaling a climbing wall.

Photo a courtesy of Joseph Winnick and photo b courtesy of Camp Abilities, Emily Gilbert.

program should be planned to attain the benefits of physical activity through meeting the needs of students who might otherwise be relegated to passive experiences associated with physical education. In establishing adapted physical education programs, educators work with parents, students, teachers, administrators, and professionals in various disciplines. Adapted physical education may employ developmental (bottom-up), community-based, functional (top-down), or other orientations and might employ a variety of teaching styles. Adapted physical education takes place in schools and other agencies responsible for education. Although adapted physical education is educational, it draws on related services (more on related services in chapter 2 and later in this chapter), especially medical services, to help meet instructional objectives and goals.

In this text, adapted physical education and sport are viewed as part of the emerging area of study known as **adapted physical activity**, a term that encompasses the comprehensive and interdisciplinary study of physical activity for the education, wellness, sport participation, and leisure of individuals with unique needs. Adapted physical activity encompasses the total life span, whereas **adapted physical education** focuses only on the ages 0 to 21. Although adapted physical education may exceed the minimal time required by policies or law, it should not be supplanted by related services, intramurals, sport days, athletics, or other experiences that are not primarily instructional.

Adapted Sport

Adapted sport refers to sport modified or created to meet the unique needs of individuals. Based on this definition, for example, basketball is a general sport and wheelchair basketball is an adapted sport. Goalball (a game created for people with visual impairments in which players attempt to roll a ball that emits a sound across their opponents' goal) is an adapted sport because it was created to meet unique needs of participants with disabilities. Individuals with disabilities may participate in general sport or adapted sport conducted in unified, segregated, individualized, and parallel settings. Chapter 3 provides a framework for sport opportunities for individuals with disabilities.

Adapted sport encompasses disability sport (e.g., Deaf sport), which typically focuses on segregated participation in general or adapted sport. Although

disability sport terminology has been used to encompass sport related to individuals with a disability, *adapted sport* terminology is preferred for the following reasons. It is consistent with the terms *adapted physical education* and *adapted physical activity*; it focuses on the modification of sport rather than on disability; it encourages participation in the most normal and integrated environment; it is consistent with normalization theory; it promotes the creation of sport opportunities; and it provides an opportunity for the pursuit of excellence in sport throughout a full spectrum of settings for participation. This orientation to adapted sport is consistent with the sport integration continuum and the adapted interscholastic model for sport presented in chapter 3. It is believed that these models will lead to more participation in sport by individuals with disabilities as well as to more creative offerings and grouping patterns related to sport at every level of participation. Adapted sport terminology supports the development of excellence in sport while promoting growth in sport participation within many settings.

Adapted sport programs are conducted in diverse environments and organizational patterns for a variety of purposes. Educational programs are generally conducted in schools and may include intramural, extramural, and interscholastic activities. Intramural activities are conducted within schools, involve only pupils enrolled in the given school, and are organized to serve the entire school population. Extramural sport activities involve participation of students from two or more schools, and they are sometimes conducted as play days or sport days at the end of instructional or intramural sessions. Interscholastic sports involve competition between representatives from two or more schools and offer enriched opportunities for more highly skilled students. Adapted sport activity might also be conducted for leisure or recreational purposes within formal, open, or unstructured programs; as a part of the lifestyle of individuals or groups; or for wellness, medical, or therapeutic reasons. For example, sport or adapted sport might be used as part of recreational therapy, corrective therapy, sport therapy, or wellness programs. In general, involvement in sport or adapted sport has several purposes. In this book, the focus is on adapted sport in educational settings and in regional, national, and international competition under the governance of formalized organizations promoting sport for individuals with disabilities.

Planning: Purposes, Aims, Goals, and Objectives

An important step in providing a good adapted physical education program is planning. A plan provides the direction of the program and includes identifying its purpose, aims, goals, and objectives. The purpose of a program should be consistent with the mission of its organization and with the general physical education or sport program available for students without disabilities. In this book, it is assumed that the purpose of adapted physical education is to promote **self-actualization**, which in turn promotes optimal personal development and contributes to the whole of society. This purpose is consistent with the humanistic philosophy as interpreted by Sherrill (2004), who says that humanism is a philosophy that pertains to helping people become fully human, thereby actualizing their potential for making the world the best possible place for all forms of life.

There is no universal model or paradigm related to purposes, aims, goals, or objectives in adapted physical education. The framework presented in figure 1.2 is offered as a skeletal reference for physical education programs and is consistent with federal legislation and the orientation used in this book. Figure 1.2 encompasses the statement of purpose as well as the aims, goals, and content areas of a program. This framework assumes that the adapted physical education program is part of the total school physical education program. In essence, the program strives to develop participants to their maximum.

In this orientation, the physical education and sport program aims to produce physically educated people who live active and healthy lifestyles that enhance their progress toward self-actualization. The Society of Health and Physical Educators has developed five standards to reflect what the physically educated person should be able to know and do (see the SHAPE America's National Standards sidebar).

The development of a physically educated person is accomplished through experiences associated with goals and objectives related to psychomotor, cognitive, and affective domains of learning. In this paradigm, program goals are accomplished by education of and development through the psychomotor domain. In figure 1.2, education *of* the psychomotor domain is represented by solid lines connecting content and program goals. Development *through* the psychomotor domain is represented by dotted lines among cognitive, affective, and psychomotor development areas.

Program goals are developed through content areas in the physical education program. Content areas related to psychomotor development may be grouped in many ways. Figure 1.2 shows five content goal areas: physical fitness, motor development, rhythm and dance, aquatics, and games and sports. These content areas are consistent with the definition of physical education associated with IDEA. Each of these content areas includes developmental areas of sport skills. For example, aerobic capacity might be a developmental area under physical fitness, and basketball is a sport within the content area of group games and sports.

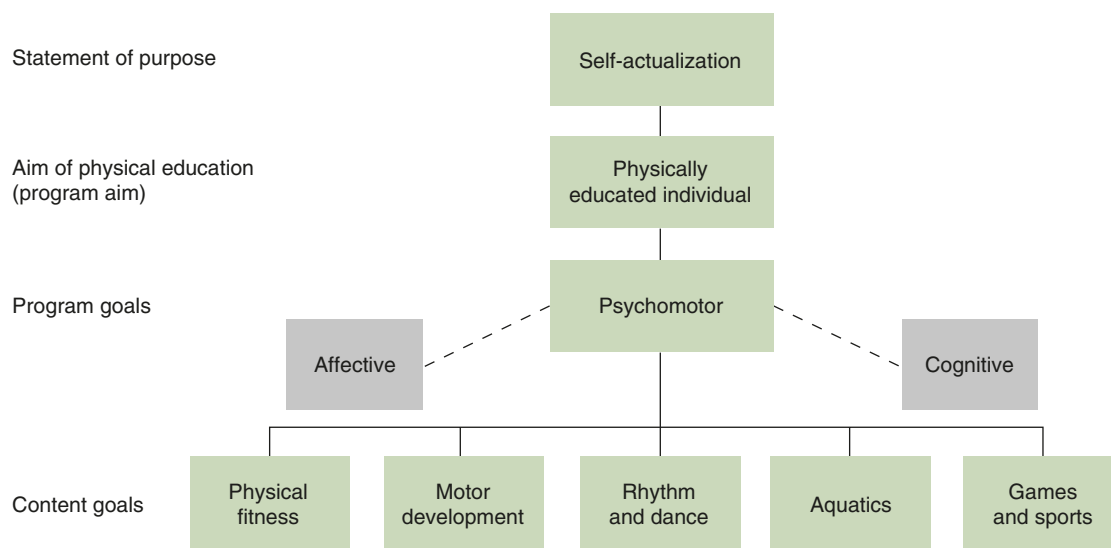


FIGURE 1.2 Aims and goals for an adapted physical education program.

SHAPE America's National Standards

The physically educated person does the following:

Standard 1—The physically literate individual demonstrates competency in a variety of motor skills and movement patterns.

Standard 2—The physically literate individual applies knowledge of concepts, principles, strategies and tactics related to movement and performance.

Standard 3—The physically literate individual demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.

Standard 4—The physically literate individual exhibits responsible personal and social behavior that respects self and others.

Standard 5—The physically literate individual recognizes the value of physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.

Reprinted from SHAPE America, 2014, *National standards & grade-level outcomes for K-12 physical education* (Champaign, IL: Human Kinetics).

The content goals shown in figure 1.2, as well as goals in affective and cognitive domains, may serve as annual goals for individualized programs. Specific skills and developmental areas associated with these goals may be used to represent short-term objectives. For example, an annual goal for a student might be to improve physical fitness. A corresponding short-term objective might be to improve health-related flexibility by obtaining a score of 20 centimeters on a sit-and-reach test. Objectives can be expressed on several levels to reflect the specificity desired. The emphasis given to the three developmental areas in a program should be on the student's needs. An adapted physical education program is established to meet objectives unique for each student.

In general, the purpose, aims, and program goals are the same for general and adapted physical education. Differences between these programs exist mainly in the content goals, specific objectives, and performance standards and benchmarks. For example, goalball may be a content goal for individuals who are blind, and an objective might relate to throwing and blocking. Teachers may select test items and standards that assess functional as well as physiological health, which relate to health-related physical fitness. Other differences might include the time spent on instructional units or objectives and the scope of the curriculum mastered.

Service Providers

People who provide direct services are the key to ensuring quality experiences related to adapted physical education and sport. These providers include teachers, coaches, therapists, paraeducators, and volunteers. In regard to teachers, it must

be emphasized that adapted physical education and sport is provided not only by educators who specialize in this field but by general physical educators as well. If services were provided only by specialists in adapted physical education, relatively few students would be getting services because there are too few specialists in adapted physical education.

To meet the needs of children in adapted physical education and sport, teachers of physical education must assume responsibility for all children they teach. Each teacher must be willing to contribute to the development of each student. This requires a philosophy that looks toward human service and beyond win-loss records as the ultimate contribution within one's professional life. Success for *all* students in physical education requires an instructor who has appropriate professional knowledge, skills, and values, as well as a caring and helping attitude. A good teacher or coach of children recognizes the development of positive self-esteem as important and displays an attitude of acceptance, empathy, friendship, and warmth while ensuring a secure and controlled learning environment. The good teacher or coach of adapted physical education and sport selects and uses teaching approaches and styles beneficial to students, provides individualized and personalized instructions and opportunities, and creates a positive environment in which students can succeed. The good teacher or coach uses a praising and encouraging approach and creates a positive educational environment in which all students are accepted and supported.

People studying to become teachers often have little or no experience working with students who have unique physical education needs. It is

important to take advantage of every opportunity to interact with individuals with disabilities, to describe the value of physical activity to them, and to listen to their stories about their experiences in adapted physical education and sport. Being involved in disability awareness activities and having an opportunity to function as if one has a disability provide important insights and values to prospective teachers.

Brief History of Adapted Physical Education

Although significant progress concerning educational services for individuals with disabilities has been relatively recent, the use of physical activity or exercise for medical treatment and therapy is not new. Therapeutic exercise can be traced to 3000 BC in China. It is known that the ancient Greeks and Romans also recognized the medical and therapeutic value of exercise. However, the idea of physical education or physical activity to meet the unique educational needs of individuals with disabilities is a recent phenomenon. Efforts to serve these populations through physical education and sport were given significant attention during the 20th century, although efforts began in the United States in the 19th century.

Beginning of Adapted Physical Activity

In 1838, physical activity began receiving special attention at the Perkins School for students with visual disabilities in Boston. According to Charles E. Buell (1983), a noted physical educator with a visual impairment, this special attention resulted from the fact that Samuel Gridley Howe, the school director, advocated the health benefits of physical activity. For the first eight years, physical education consisted of compulsory recreation in the open air. In 1840, when the school was moved to South Boston, boys participated in gymnastic exercises and swimming. This was the first physical education program in the United States for students who were blind, and, by Buell's account, it was far ahead of the physical education in public schools.

Medical Orientation

Although physical education was provided in the early 1800s to people with visual impairments, as well as people with other disabilities, medically

oriented gymnastics and drills began in the latter part of the century as the forerunner of modern adapted physical education in the United States. Sherrill (2004) states that physical education before 1900 was medically oriented and preventive, developmental, or corrective in nature. Its purpose was to prevent illness and promote the health and vigor of the mind and body. Strongly influencing this orientation was a system of medical gymnastics developed in Sweden by Per Henrik Ling and introduced to the United States in 1884.

Shift to Sport and the Whole Person

From the end of the 19th century into the 1930s, programs began to shift from medically oriented physical training to sport-centered physical education, and concern for the whole child emerged. Compulsory physical education in public schools increased dramatically, and training of physical education teachers (rather than medical training) developed for the promotion of physical education (Sherrill, 2004). This transition resulted in broad mandatory programs consisting of games, sports, rhythmic activities, and calisthenics that meet the needs of the whole person. Students unable to participate in general activities were provided corrective or remedial physical education. According to Sherrill, physical education programs between the 1930s and the 1950s consisted of general or corrective classes for students who today would be described as normal. Sherrill (2004) has succinctly described adapted physical education during this time in the United States:

Assignment to physical education was based upon a thorough medical examination by a physician who determined whether a student should participate in the regular [general] or corrective program. Corrective classes were composed of limited, restricted, or modified activities related to health, posture, or fitness problems. In many schools, students were excused from physical education. In others, the physical educator typically taught several sections of regular [general] physical education and one section of corrective physical education each day. Leaders in corrective physical education continued to have strong backgrounds in medicine and physical therapy. People preparing to be physical education teachers generally completed one university course in corrective physical education. (p. 18)

Emerging Comprehensive Subdiscipline

During the 1950s, more and more students described as handicapped were being served in public schools, and the outlook toward them was becoming increasingly humanistic. With a greater diversity in pupils came a greater diversity in programs to meet their needs. In 1952, the American Association for Health, Physical Education and Recreation (AAHPER), now known as the Society of Health and Physical Educators (SHAPE), formed a committee to define the subdiscipline and give direction and guidance to professionals. This committee defined adapted physical education as “a diversified program of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the rigorous activities of the regular [general] physical education program” (Committee on Adapted Physical Education, 1952). The definition retained the evolving diversity of physical education and specifically included students with disabilities. *Adapted physical education* still serves today as the comprehensive term for this subdiscipline, although it is not limited to people with classified disabilities.

Recent and Current Status

With the impetus provided by a more humanistic, more informed, and less discriminatory society, major advances continued in the 1960s. Many of these advances were associated with the Joseph P. Kennedy family. In 1965, the Joseph P. Kennedy, Jr. Foundation awarded a grant to the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) to launch the Project on Recreation and Fitness for the Mentally Retarded. The project grew to encompass all special populations, and its name was changed in 1968 to the Unit on Programs for the Handicapped. As director of the unit, Dr. Julian U. Stein dramatically influenced adapted physical education at every level throughout the United States.

In 1968, the Kennedy Foundation exhibited further concern for individuals with intellectual disabilities by establishing the Special Olympics. This program grew rapidly, with competition held at local, state, national, and international levels in an ever-increasing range of sports. During the mid-1960s, concern for people with emotional or learning disabilities had a significant effect on adapted physical education in the United States.

The importance of physical activity for the well-being of those with emotional problems was explicitly recognized by the National Institute of Mental Health (NIMH) of the U.S. Department of Health and Human Services (DHHS) when it funded the Buttonwood Farms Project. The project, conducted at Buttonwood Farms, Pennsylvania, included a physical recreation component. This project was valuable for recognizing the importance of physical activity in the lives of individuals with disabilities, bringing the problems of seriously disturbed youths to the attention of educators, and developing curricular materials to prepare professionals in physical education and recreation for work with this population.

During the same era, adapted physical education gained much attention with the use of perceptual-motor activities as a modality for academic and intellectual development, particularly for students with learning disabilities. The contention that movement experiences serve as a basis for intellectual abilities has lost support in recent years. However, the use of movement experiences, including active games, for the development and reinforcement of academic abilities appears to be regaining popularity and research-based support.

Current direction and emphasis in adapted physical education are heavily associated with the right to a free and appropriate education. Because of litigation and the passage of various federal laws and regulations in the United States, progress has occurred in both adapted physical education and sport. This legal impetus has improved programs in many schools and agencies, extended mandated physical education for individuals aged 3 to 21, stimulated activity programs for infants and toddlers, and resulted in dramatic increases in participation in sport programs for individuals with disabilities. Legislation has also resulted in funds for professional preparation, research, and other special projects relevant to the provision of full educational opportunity for individuals with unique needs. Finally, the impact of federal legislation and a strong belief in the right to and value of an education in the general educational environment have resulted in a significant movement toward inclusion regarding the education of children with disabilities in the United States. Dramatic advocacy and progress have increased relative to the offering of adapted sport opportunities in secondary schools (Frogley & Beaver, 2002; Vaughn, 2007; Winnick, 2007). The elements of modern direction and emphasis mentioned here

are covered in detail in several parts of this book as well as by AAHPERD (2013).

Recent and Current Leaders

As fields of study emerge, evolve, and mature, people always appear who have provided leadership and achieved excellence in the field. These individuals serve as role models for contributions to philosophy, theoretical foundations, research, programs, teaching, and other services to the field. In regard to adapted physical education, the periodical *Palaestra* has identified 10 people who made significant contributions to adapted physical education in the late 20th century throughout distinguished careers. Their class of 1991 leaders included David M. Auxter, Slippery Rock University in Pennsylvania; Lawrence Rarick, University of California at Berkeley; Julian U. Stein, AAHPERD and George Mason University; Thomas M. Vodola, Township of Ocean School District in New Jersey; and Janet Wessel, Michigan State University. In 2001, *Palaestra* selected the following nationally and internationally recognized people as leaders in the field of adapted physical education (“Leadership in disability sport,” 2000): David Beaver, Western Illinois University; Gudrun Doll-Teppe, Free University of Berlin; John Dunn, Oregon State University; Claudine Sherrill, Texas Woman’s University; and Joseph P. Winnick, State University of New York, College at Brockport. In the 2011 group, *Palaestra* selected the following persons for adapted physical education leadership awards (“Leadership in disability sport,” 2011): Louis Bowers, University of South Florida; Walter F. Ersing, The Ohio State University; Ronald French, Texas Woman’s University; Susan Grosse, F.J. Gaenslen Orthopedic School; and Janet A. Seaman, University of California, Los Angeles, and Texas Woman’s University.

The Julian U. Stein Lifetime Achievement Award provided by SHAPE continues to be given to recognize sustained lifetime leadership (25 years or more) in the field of adapted physical education. Holders of this award include Julian U. Stein (2005), Claudine Sherrill (2006), Joseph Winnick (2007), David Auxter (2008), Jan Seaman (2009), Janet Wessel (2011), Ron French (2012), Joseph Huber (2013), and David Beaver (2014). Although these leaders have been recognized, it is important to realize that they constitute a tiny percentage of the people making significant contributions at many levels every day in the field of adapted physical education.

Inclusion Movement

Inclusion means educating students with disabilities in a general educational setting. The movement toward inclusion was encouraged by and is compatible with the LRE provisions associated with IDEA. Education in the LRE requires, to the maximum extent appropriate, that children with disabilities be educated with children without disabilities. However, according to LRE provisions in IDEA, a continuum of alternative environments (including segregated environments) may be used for the education of a student if those are the most appropriate environments. A recommended continuum is presented in figure 2.1. The inclusion movement has also been given impetus by many who believe that separate education is not an equal education and that the setting of a program provided for a child significantly influences that program. In the United States today, all but a small percentage of students with disabilities attend schools with peers without disabilities. This is the reality of inclusion and is why appropriately prepared educators are required. Although this book prepares teachers to serve children in all settings, it gives special emphasis to the skills and knowledge needed to optimally educate children with disabilities in general educational environments.

Litigation

Much has been written about the impact of litigation on the guarantee of full educational opportunity in the United States. The most prominent of cases, which has served as an important precedent for civil litigation, was *Brown v. Board of Education of Topeka* (1954). This case established that the doctrine of separate but equal in public education resulted in segregation that violated the constitutional rights of black students. Two landmark cases also had a heavy impact on the provision of free, appropriate public education for all children with disabilities. The first was the class action suit of *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* (1972). Equal protection and due process clauses associated with the Fifth and Fourteenth Amendments served as the constitutional basis for the court’s rulings and agreements. The following were among the rulings or agreements in the case:

- Labeling a child as mentally retarded [intellectually disabled] or denying public education or placement in a regular [general]

setting without due process or hearing violates the rights of the individual.

- All mentally retarded [intellectually disabled] children are capable of benefiting from a program of education and training.
- Mental age may not be used to postpone or in any way deny access to a free public program of education and training.
- Having undertaken to provide a free, appropriate education to all its children, a state may not deny mentally retarded [intellectually disabled] children the same.

A second important case was *Mills v. Board of Education of the District of Columbia* (1972). This action, brought on behalf of seven children, sought to restrain the District of Columbia from excluding children from public schools or denying them publicly supported education. The district court held that, by failing to provide the seven children with handicapping conditions and the class they represented with publicly supported specialized education, the district violated controlling statutes, its own regulations, and due process. The District of Columbia was required to provide a publicly supported education, appropriate equitable funding, and procedural due process rights to the seven children.

From 1972 to 1975, 46 right-to-education cases related to people with disabilities were tried in 28 states. They provided the foundation for much of the legislation to be discussed in the next section.

Laws Important to Adapted Physical Education and Sport

Laws have had a tremendous influence on education programs for students with disabilities. Since 1969, colleges and universities in many states have received federal funds for professional preparation, research, and other projects to promote programs for individuals with disabilities. Although the amount of money has been relatively small, physical educators have gained a great deal from that support. The government agency most responsible for administering federally funded programs related to adapted physical education is the Office of Special Education and Rehabilitative Services (OSE/RS) within the U.S. Department of Education.

Four laws or parts of laws and their amendments have had significant impact on adapted physical education and adapted sport: IDEA, section 504 of the Rehabilitation Act of 1973, the Olympic and Amateur Sports Act, and the Americans with Disabilities Act. In December of 2015, PL 114-95, Every Student Succeeds Act (ESSA) (2015), was signed into law. It also enhances and supports a fair, equal, and significant high-quality education for individuals with disabilities. Although not specifically designed relative to individuals with disabilities, this legislation enhances funding for the success of all students, including those in well-rounded experiences such as health and physical education through state departments of education. Table 1.1 shows a time line marking important

TABLE 1.1 Legislative Time Line: 1973-2008

Law	Date	Importance
PL 93-112, Rehabilitation Act of 1973	1973	Section 504 of this act was designed to prevent discrimination against and provide equal opportunity for individuals with disabilities in programs or activities receiving federal financial assistance.
PL 94-142, Education for All Handicapped Children Act of 1975 PL 101-476, Individuals with Disabilities Education Act of 1990 (IDEA) PL 108-446, Individuals with Disabilities Education Improvement Act of 2004 (IDEIA)	1975	These acts and their amendments are designed to ensure that all children with disabilities have available a free appropriate public education that emphasizes special education (including physical education) and related services designed to meet their unique needs.
PL 95-606, Amateur Sports Act of 1978 PL 105-277, Ted Stevens Olympic and Amateur Sports Act of 1998	1978	These acts coordinate national efforts concerning amateur activity, including activity associated with the Olympic Games. As a result of this legislation, USOC took over the role and responsibilities of the United States Paralympic Committee.
PL 101-336, Americans with Disabilities Act (ADA)	1990	This act extended civil rights protection for individuals with disabilities to all areas of American life.

milestones along with brief statements describing the importance of laws directly related to persons with disabilities.

Individuals with Disabilities Education Act

A continuing major impetus related to the provision of educational services for students with disabilities is PL 108-446, the Individuals with Disabilities Education Improvement Act of 2004. Definitions associated with this law, which is cited herein as IDEA, can be found in appendix A. This act expanded on the previous Education for All Handicapped Children Act and amendments. However, IDEA reflects the composite and the most recent version and amendments of these laws (table 1.1). This act was designed to ensure that all children with disabilities have access to a free appropriate public education that emphasizes **special education** and **related services** designed to meet their unique needs and prepare them for employment and independent living (see the Highlights of the Individuals with Disabilities Education Act sidebar).

In this legislation, the term *special education* is defined to mean specially designed instruction at no cost to parents or guardians to meet the unique needs of a child with disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, in other settings, and in physical education (OSE/RS, 2006). IDEA specifies that the term *related services* means transportation and such developmental, corrective, and other supportive services as are required to help a child with a disability benefit from special education, including speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation (including therapeutic recreation), early identification and assessment of disabilities in children, counseling services (including rehabilitation counseling), orientation and mobility services, and medical services for diagnostic and evaluation purposes. Related services also include school health services, social work services in school, and parent counseling and training (OSE/RS, 2006). The act also ensures that the rights of children with disabilities and their parents or guardians are protected and helps states and localities provide education for all individuals with disabilities. In addition, IDEA has established a policy to develop and implement a program of early intervention services for infants and toddlers and their families.

Definition and Requirements of Physical Education in IDEA

Regulations associated with IDEA (OSE/RS, 2006, p. 18) define physical education as the “development of (a) physical and motor fitness, (b) fundamental motor skills and patterns, and (c) skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).” This term includes special physical education, adapted physical education, movement education, and motor development. IDEA requires that special education, including physical education, be made available to children with disabilities and that it include physical education specially designed, if necessary, to meet their unique needs. This federal legislation, together with state requirements for physical education, significantly affects physical education in schools. Readers should notice that the definition of adapted physical education used in this book closely parallels the definition of physical education in IDEA.

Free Appropriate Public Education Under IDEA

The term *free appropriate public education* means that special education and related services (1) are provided at public expense, under public supervision and direction, and without charge; (2) meet the standards of the state’s educational agency; (3) include preschool, elementary, or secondary school education in the state involved; and (4) are provided in conformity with an IEP (OSE/RS, 2006).

Least Restrictive Environment

IDEA requires that education be conducted in the LRE. Education in the LRE means that students with disabilities are educated with students without disabilities and that special classes, separate schooling, or other removal of children with disabilities from the general physical education environment occurs only when the nature or severity of disability of a child is such that education in general classes with the use of supplementary aids and services cannot be achieved in a satisfactory way (OSE/RS, 2006).

Relevant to education in the most appropriate setting is a continuum of instructional placements (see figure 2.1), which range from a situation in which children with disabilities are integrated into general education to a very restrictive setting (out-of-school segregated placement). See also the application example.

Highlights of the Individuals with Disabilities Education Act

IDEA and its rules and regulations stipulate the following:

- A right to a free and appropriate education
- That physical education be made available to children with disabilities
- Equal opportunity for nonacademic and extracurricular activities
- An individualized program designed to meet the needs of children with disabilities
- Programs conducted within the LRE
- Nondiscriminatory testing and objective criteria for placement
- Due process
- Related services to assist in special education

Focus on Student Needs and Opportunities

IDEA implicitly, if not explicitly, encourages educators to focus on the educational needs of the student instead of on clinical or diagnostic labels. For example, as the IEP is developed, concern focuses on present functioning level, objectives, annual goals, and so on. The associated rules and regulations also indicate that children with disabilities must be provided with an equal opportunity for participation in nonacademic and extracurricular services and activities, including athletics and recreational activities.

Section 504 of the Rehabilitation Act

The right of equal opportunity also emerges from another legislative milestone that has affected adapted physical education and sport. Section 504 of the Rehabilitation Act provides that no otherwise qualified person with a disability, solely by reason of that disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance (Workforce Investment Act of 1998).

An important intent of section 504 is to ensure that individuals with a disability receive intended benefits of all educational programs and extracurricular activities. Two conditions are prerequisite to the delivery of services that guarantee benefits to those individuals: Programs must be *equally effective* as those provided to students without disabilities, and they must be conducted in the *most normal and integrated settings* possible. To be equally effective, a program must offer students with disabilities **equal opportunity** to attain the same results, gain the same benefits, or reach the same levels of achievement as peers without disabilities.

To illustrate the intent of section 504, consider a student who is totally blind and enrolled in a course in which all other students in the class are sighted. A written test given at the end of the semester would not provide the student who is blind with an equal opportunity to demonstrate knowledge of the material; thus, this approach would not be equally effective. By contrast, on a test administered orally or in Braille, the student who is blind would have an equal opportunity to attain the same results or benefits as the other students. In giving an oral exam, the instructor would be giving equivalent, as opposed to identical, services. (Merely identical services, in fact, would be considered discriminatory and not in accord with section 504.) It is neither necessary nor possible to guarantee equal results; what is important is the equal opportunity to attain those results. For example, a recipient of federal funds offering basketball to the general student population must provide wheelchair basketball for students using wheelchairs, if a need exists.

A program is not equally effective if it results in indiscriminate isolation or separation of individuals with disabilities. To the maximum degree possible, individuals with disabilities should participate in the LRE, as represented by a continuum of alternative instructional placements (see chapter 2).

Compliance with section 504 requires program accessibility. Its rules and regulations prohibit exclusion of individuals with disabilities from federally assisted programs because of architectural or other environmental barriers. Common barriers to accessibility include facilities, finances, and transportation. Money available for athletics within a school district cannot be spent in a way that discriminates on the basis of disability. If a school district lacks sufficient funds, then it need not offer programs; however, it cannot fund programs in a discriminatory manner.

In accordance with section 504, children with disabilities who do not require special education

Application Example

Determining Student Placement**SETTING**

Individualized program planning committee meeting

STUDENT

A 10-year-old male with an intellectual disability, inadequate physical fitness (as evidenced by failing to meet adapted fitness zone standards on the Brockport Physical Fitness Test), and below-average motor development (at or below one standard deviation below the mean on a standardized motor development test)

ISSUE

What is the appropriate setting for instruction?

APPLICATION

On the basis of the information available and after meeting with the parents and other members of the program planning committee, the following plan was determined:

- The student will receive an adapted physical education program.
- The program will be conducted in an integrated setting with support services whenever the student's peer group receives physical education.
- The student will receive an additional class of physical education each week with two other students who also require adapted physical education.

or related services (not classified under IDEA) are still entitled to accommodations and services in the general school setting that are necessary to enable them to benefit from all programs and activities available to students without disabilities. Every student with a disability under IDEA is also protected under section 504, but all students covered under section 504 are not necessarily students with a disability under IDEA.

Section 504 obligates school districts to identify, evaluate, and extend to every qualified student with a disability (as defined by this act) residing in the district a free and appropriate public education, including modifications, accommodations, and specialized instructions or related aids as deemed necessary to meet their educational needs as adequately as the needs of students without disabilities are being met. School districts across the United States are now developing section 504 accommodation plans to provide programmatic assistance to students so that they have full access to all activities. For example, a 504 plan related to physical education might seek specialized instruction or equipment, auxiliary aids or services, or program modifications. A sample 504 plan is presented in chapter 5.

The U.S. Government Accountability Office (2010) identified several factors that limit oppor-

tunities for a student with disabilities to participate in physical education and athletics. In response to this report, in 2011 the U.S. Department of Education provided suggestions for improving opportunities and in 2013, in its "Dear Colleague Letter," identified and provided guidance on how school districts could improve opportunities for students with disabilities to participate more fully in physical education and extracurricular activities. In response to this letter, *Journal of Physical Education, Recreation and Dance* (AAHPERD, 2013) published a feature edition providing assistance to general physical educators, adapted physical educators, and school district administrators on how to enhance interscholastic athletics and community sport programming for students with disabilities.

The Rehabilitation Act is complaint-oriented legislation. Violations of section 504 may be filed with the U.S. Office for Civil Rights (OCR), and parents may request under section 504 an impartial hearing to challenge a school district's decision regarding their children.

Olympic and Amateur Sports Act

The Amateur Sports Act (ASA) of 1978 (PL 95-606), amended by PL 105-277, the Ted Stevens Olympic

and Amateur Sports Act of 1998, has contributed significantly to the provision of amateur athletic activity in the United States, including competition for athletes with disabilities. This legislation led to the establishment of the United States Olympic Committee (USOC) and gives it exclusive jurisdiction over matters pertaining to U.S. participation and organization of the Olympic Games, the Paralympic Games, and the Pan American Games, including representation of the United States in the Games. The USOC encourages and provides assistance to amateur athletic programs and competition for amateur athletes with disabilities, including, where feasible, the expansion of opportunities for meaningful participation in programs of athletic competition for athletes without disabilities. Additional information about the Paralympics is presented in chapter 3.

Americans with Disabilities Act

In 1990, PL 101-336, the ADA, was passed. Whereas section 504 focused on educational rights, this legislation extended civil rights protection for individuals with disabilities to all areas of life. Provisions include employment, public accommodation and services, public transportation, and telecommunications. In relation to adapted physical education and sport, this legislation requires that community recreational facilities, including health and fitness facilities, be accessible and, where appropriate, that reasonable accommodations be made for individuals with disabilities. Physical educators must develop and offer programs for individuals with disabilities that give them the ability to participate in physical activity and sport experiences within the community.

Every Student Succeeds Act

In December of 2015, PL 114-95, the Every Student Succeeds Act (ESSA) (2015), was passed by Congress and signed into law by President Barack Obama. This legislation replaced the Elementary and Secondary Education Act (ESEA) (1965) and the No Child Left Behind (NCLB) Act (2001) as federal legislation that provides a framework for elementary and secondary education in the United States. ESSA is particularly significant because health and physical education is included as part of the definition of a “well-rounded education”; the definition of “core academic subject” associated with ESEA did not include health and physical education. This enables school districts to access funding for health and physical education through their state departments of education as a part of this

legislation. Particularly appealing is that funding in connection with Title IV of this act is funding for the Safe and Healthy Students opportunity, including health, physical education, and physical activity. Specifically, after 2016, funding associated with ESSA will replace Physical Education Program (PEP) grant funding. This legislation is designed to encourage the development of 21st century community learning centers, school and community partnerships, and funds for after-school programs, including nutrition education and physical activity. Health and physical education also can now be supported as a part of professional development. The act requires states to implement a set of high-quality assessments of student progress toward those standards that measure the overall performance of students in each public school and the performance of their poor, minority, disabled, and English learner subgroups.

The potential benefit of ESSA relative to health and physical education is immeasurable. This is particularly true relative to in-school and out-of-school physical education and physical activity programs. In order to gain these benefits, professionals associated with adapted physical education and sport will need to conceptualize programs, serve as program advocates, and develop relevant needs assessment information for school districts to support projects submitted to states designed to benefit children and youth with disabilities.

History of Adapted Sport

Deaf athletes were among the first Americans with disabilities to become involved in organized sport at special schools. As reported by Gannon (1981), in the 1870s the Ohio School for the Deaf became the first school for the Deaf to offer baseball, and the state school in Illinois introduced American football in 1885. Football became a major sport in many schools for the Deaf around the turn of the century, and basketball was introduced at the Wisconsin School for the Deaf in 1906. Teams from schools for the Deaf have continued to compete against each other and against athletes in general schools.

Beyond interschool programs, formal international competition was established in 1924, when competitors from nine nations gathered in Paris for the first International Silent Games (now known as the Deaflympics). In 1945, the American Athletic Association of the Deaf (AAAD) was established to provide, sanction, and promote competitive sport opportunities for Americans with hearing impairments.

The earliest formal, recorded athletic competition in the United States for people with visual disabilities was a telegraphic track meet between the Overbrook and Baltimore schools for the blind in 1907. In a telegraphic meet, local results are mailed to a central committee, which makes comparisons to determine winners. From this beginning, athletes with visual disabilities continue to compete against each other and against their sighted peers.

Since the 1900s, wars have provided impetus for competitive sport opportunities. Sir Ludwig Guttmann of Stoke Mandeville, England, is credited with introducing competitive sport as an integral part of the rehabilitation of veterans with disabilities. In the late 1940s, Stoke Mandeville Hospital sponsored the first recognized games for wheelchair athletes. In 1949, the University of Illinois organized the first national wheelchair basketball tournament, which resulted in the formation of the National Wheelchair Basketball Association (NWBA). To expand sport opportunities, Ben Lipton founded the National Wheelchair Athletic Association (NWAA) in the mid-1950s. This organization has sponsored competitive sport at state, regional, and national levels for participants with spinal cord conditions and other conditions requiring wheelchair use. Another advancement was the creation of the National Handicapped Sports and Recreation Association (NHSRA). This organization—known today as Disabled Sports USA (DS/USA)—was formed by a small group of Vietnam veterans in the late 1960s. It has been dedicated to providing year-round sport and recreational opportunities for people with orthopedic, spinal cord, neuromuscular, and visual disabilities.

Special Olympics—created by the Joseph P. Kennedy, Jr. Foundation to provide and promote athletic competition for individuals with intellectual disabilities—held its first international games at Soldier Field in Chicago in 1968. (A symbol for Special Olympics is shown in figure 1.3.) Special Olympics has served as the model sport organization for individuals with disabilities through its leadership in direct service, research, training, advocacy, education, and organizational leadership.

During the last 30 years, other national multisport and unisport programs have been formed. These have expanded available sport offerings to an increasing number of individuals with disabilities. The latest opportunities have been organized for athletes with visual impairments, cerebral palsy, closed head injury, stroke, dwarfism, and other conditions.

The evolution of sport organizations within the United States has led to greater involvement in international competition. In fact, many American sport organizations have international counterparts (see chapter 3). Especially notable in this regard is the International Paralympic Committee (IPC), discussed in chapter 3. American organizations that participate in international games are also listed in chapter 3. These organizations are multisport programs—that is, several sports are included as a part of these programs. In addition to multisport organizations, several organizations are centered on single sports, such as the NWBA. An important movement is under way today in which sport programs traditionally offering programs for athletes without disabilities are organizing opportunities and competition for athletes with disabilities. This approach reduces the need for sport organizations organized primarily for types of disability. Some of these programs are associated with international competition. Unisport organizations provide excellent opportunities for athletes with disabilities, and several of these organizations are identified in other chapters of this book.

In the past few years, much of the impetus for sport for athletes with disabilities has been provided by out-of-school sport organizations. Although developing at a slower rate, other opportunities have begun to surface throughout the United States in connection with public school programs. An important milestone came in 1992 when Minnesota became the first state to welcome athletes with disabilities into its state school association. This made Minnesota the first state in the nation to sanction interschool sport for junior and senior high school students with disabilities. More recently, a Georgia-based nonprofit organization titled the American Association of Adapted Sports Programs (AAASP) has been developed to build interscholastic sport leagues for students with physical disabilities or visual impairments. This group has developed a model for other programs throughout the country to imitate. The AAASP helps states and schools provide equitable school-based sport opportunities for students and has demonstrated that it is possible to add adapted sport programs for existing school district extracurricular offerings without creating an undue administrative burden. More detailed information on these programs is presented by AAHPERD (2013) and in chapter 3.

A few states now organize statewide competition for athletes with disabilities. Some of these are combined with community-based sport programs, and



FIGURE 1.3 This symbol of the Special Olympics was a gift of the former Union of Soviet Socialist Republics on the occasion of the 1979 International Special Olympic Games, hosted by the State University of New York, College at Brockport. The artist is Zurab Tsereteli.

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others are provided independently of other organized sport programs. Finally, sport programs in rehabilitation settings for members of communities are emerging in major cities in the United States. More detailed information on these programs is presented in chapter 3.

Periodicals

The increased knowledge base and greater attention to adapted physical education and sport in recent years have been accompanied by the founding and development of several periodicals devoted to the subject. Among the most relevant of these are *Adapted Physical Activity Quarterly*, *Palaestra*, and *Sports 'N Spokes*. Other periodicals that publish directly relevant information from

time to time include *Journal of Physical Education, Recreation and Dance*; *Strategies*; *Research Quarterly for Exercise and Sport*; and *The Physical Educator*.

Organizations

The Society of Health and Physical Educators is an important national organization that makes significant contributions to programs for special populations. The Society of Health and Physical Educators (formerly AAHPERD) has many members whose primary professional concern lies in adapted physical education and sport. Over the years, its many publications, conferences, and conventions have given much attention to adapted physical education and sport—not only on the national level

but also within the state, district, and local affiliates of the organization. Its professional conferences and conventions are among the best sources of information on adapted physical education and sport, and it is expected that the organization will continue to provide key professional services and leadership in the future.

The National Consortium for Physical Education for Individuals with Disabilities (NCPEID, or the Consortium) was established to promote, stimulate, and encourage professional preparation and research. The organization was started informally in the late 1960s by a small group of college and university directors of federally funded professional preparation or research projects seeking to share information. Its members have extensive backgrounds and interests in adapted physical education and therapeutic recreation. They have provided leadership and input on national issues and concerns, including the development of IDEA and its rules and regulations; federal funding for professional preparation, research, demonstration projects, and other special projects; and monitoring of legislation. The Consortium holds an annual meeting and maintains an active website.

The International Federation for Adapted Physical Activity (IFAPA), which originated in Quebec, has expanded to a worldwide organization with an international charter. Its primary service has been to sponsor a biennial international adapted physical activity symposium. In alternating years, symposia organized by IFAPA are also held in other regions throughout the world. The North American Federation of Adapted Physical Activity (NAFAPA) is the North American affiliate of IFAPA. The organization primarily solicits memberships from allied health therapists, therapeutic recreators, and adapted physical educators. With its international dimensions, IFAPA can disseminate valuable knowledge throughout the world.

As mentioned earlier, the OSE/RS, part of the U.S. Department of Education, is responsible for monitoring educational services for individuals with disabilities and for providing grants to colleges and universities to fund professional preparation, research, and other special projects.

As also mentioned previously, a private organization that has made a monumental contribution to both adapted physical education and sport is Special Olympics, Inc., founded by Eunice Kennedy Shriver. Although its leadership in providing sport opportunities for individuals with intellectual disabilities is well known, this organization has provided much more to adapted physical education

and sport. Specifically, Special Olympics has played a key role in the attention to physical education in federal legislation and the provision of federal funding for professional preparation, research, and other projects in federal legislation through its advocacy activities. The organization has provided a worldwide model for the provision of sport opportunities, and its work is acknowledged in several sections of this book. In appendix B, many other organizations that promote, advocate, and organize physical education and sport opportunity are listed.

Summary

Over the past few years, increased attention has been given to adapted physical education and sport. This chapter presented a brief history of this field. Information regarding program direction was presented, and the importance and characteristics of those providing services in this field were recognized. The chapter stressed the importance of litigation, legislation, and the inclusion movement on programs affecting individuals with disabilities. Finally, periodicals and organizations significant to adapted physical education and sport were identified and described.

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Written Resources

American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD). (2013). Feature edition of helping general physical educators and adapted physical educators address the Office of Civil Rights Dear Colleague guidance letter. *Journal of Physical Education, Recreation and Dance*, 84 (8).

This feature provides general physical educators, adapted physical educators, and school district administrators assistance relative to the Office of Civil Rights Dear Colleague Guidance letter by covering six topics: historical and legal background; what parents need to know and do to ensure extracurricular interscholastic sport opportunities; best practices for practitioners and programs; leading adapted sport groups; extracurricular outdoor pursuits; and professional preparation relative to extracurricular athletic programs.

Block, M.E. (1995). American with Disabilities Act: Its impact on youth sports. *Journal of Education, Recreation and Dance*, 66 (1), 28-32.

This article summarizes major parts of the act and answers questions on how the act affects youth sports.

U.S. Department of Education, Office for Civil Rights. (2013). *Dear colleague letter*. Washington, DC: Author.

This Dear Colleague Letter is a response to the 2010 United States Governmental Accountability Office (GAO) report investigating physical education and extracurricular athletic opportunities in schools. It identifies and provides guidance for four areas in which school districts can improve opportunities for students with disabilities to participate more fully in physical education and extracurricular athletics.

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2011). *Creating equal opportunities for children and youth with disabilities to participate in physical education and extracurricular athletics*. Washington, DC: Author.

This document disseminates information on improving opportunities for children and youth to access physical education and athletics. It advances suggestions for improving opportunities based on research and professional opinion for children and youth with disabilities to participate in physical education and athletic activity by addressing common barriers to increased access and participation.

U.S. Government Accountability Office. (2010). Students with disabilities: More Information could improve opportunities in physical education and athletics. No. GAO-10-519 at 1, 31. Retrieved from www.gao.gov/assets/310/305770.pdf.

In response to a request by the U.S. Congress in 2008, this report summarizes an investigation of how physical education and extracurricular athletic opportunities for students with disabilities are provided in schools. This GAO report identifies several factors that limit opportunities for a student with disabilities to participate in physical education and athletics.

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This chapter provides a full position paper related to section 504 of the Rehabilitation Act of 1973.

Online Resources

American Association of Adapted Sports Programs (AAASP): <http://adaptedsports.org>.

AAASP provides an organizational structure and leadership to enable and facilitate statewide competition in school-based adapted sports.

Human Kinetics: www.humankinetics.com.

This is the home of *Adapted Physical Activity Quarterly*, published by Human Kinetics, P.O. Box 5076, Champaign, IL 61825-5076.

Minnesota Adapted Athletics Association (MAAA): www.mnadaptedathletics.org.

This organization provides leadership and organizes interscholastic athletic opportunities for students with disabilities in the state of Minnesota.

National Center on Health, Physical Activity and Disability (NCHPAD): www.nchpad.org.

NCHPAD provides information and resources to enable people with disabilities to become as physically active as possible.

Paralyzed Veterans of America: www.pva.org.

This is the website of *Sports 'N Spokes*, published by the Paralyzed Veterans of America, 2111 East Highland Ave., Ste. 180, Phoenix, AZ 85016-4702.

PE Central: www.pecentral.org.

PE Central exists to assist teachers and other adults in helping children become physically active and healthy for a lifetime. It provides up-to-date information on developmentally appropriate programs for school-aged children.

p.e.links4u: www.pelinks4u.org.

P.E.links4u provides resources and suggestions for promoting active, health-enhancing lifestyles and quality success-oriented programs in health and physical education.

Sagamore journals: journals@sagamorepub.com and www.palaestra.com.


This is the home of *Palaestra*, published by Sagamore Publishing and Applied Health Sciences, 1807 N. Federal Dr., Champaign, IL 61822.

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Program Organization and Management

Joseph P. Winnick

Adrian, an elementary student with cerebral palsy, could definitely benefit from an individualized program to meet his physical education needs. Unfortunately for Adrian, there is a great deal of confusion at his school. Is he eligible for adapted physical education? In what setting should his program be implemented? What should he be taught? How much time should he receive in physical education? Should he receive physical therapy? In Adrian's school, these issues are not unusual—the same questions arise every time a student with a unique need enrolls. Should Adrian's school have written guidelines to improve the educational process for Adrian and other students? The answer is yes.



The information in this chapter will help schools organize and manage programs and write guidelines reflecting policies and procedures for implementing adapted physical education programs. The guidelines can be a part of the overall plan for physical education or part of a separate document. In either case, guidelines should reflect current laws, rules and regulations, policies, procedures, and best practices.

Program and Curriculum Planning

An important early step for organizing and managing programs and developing guidelines is to identify the purpose, aims, goals, standards, and objectives for physical education. As part of this step, the similarities and differences between general and adapted physical education should be addressed. This provides a good beginning framework for a program. There is no universal model for this framework, so educational entities must establish or adopt their own. A sample framework for adapted physical education is presented in the first chapter of this book and is outlined in figure 1.2. This framework can be adapted for use for a school plan. It also serves as the structure for this book.

Administrative Areas Related to Program Organization and Management

Personnel who administer school programs must develop procedures for organizing and implementing an adapted physical education program. These administrators must ensure that the resources at their disposal adequately meet the needs of the students they serve. They should have procedures in place to identify students who should receive adapted physical education programs, and they should have a plan for selecting settings most appropriate for instruction. Because of the current emphasis on inclusion, understanding and promoting inclusion is an important consideration in implementing programs. Administrators must ensure that appropriate class sizes and groupings are provided, schedules are developed to meet student needs, mandated time requirements are met, sport opportunities are provided, and programs are appropriately funded and conducted in accessible facilities. In the next few pages these areas are addressed in more detail.

Identifying Students for Adapted Physical Education

In identifying students for an adapted physical education program, it is important at the outset to determine who is eligible. In some instances, the decision is obvious, and an elaborate system of identification is not necessary. In other instances, determination of a unique need can be made only after assessment data are analyzed and compared with the criteria established to determine a unique need.

An adapted physical education program is for students with unique needs who require a specially designed program exceeding 30 consecutive calendar days. In selecting candidates for such a program, procedures, criteria, and standards for determining unique needs are important (see chapters 4 and 5). The inability to attain health-related, criterion-referenced physical fitness standards appropriate for the individual is an example of a criterion for establishing a unique need. A unique need is exhibited because individual students are expected to meet standards appropriate for them.

Many procedures are used to identify students who require adapted physical education in a school. These procedures are associated with **Child Find**, a program that tries to determine which children in a school have unique needs, as referred to in the Individuals with Disabilities Education Act (IDEA). The procedures might include screening

- all new school entrants,
- students with disabilities,
- all students annually,
- referrals, or
- students requesting exemption from physical education.

An important Child Find activity is the screening of all new entrants to the school. For transfer students, records should be checked to determine if unique needs in physical education have been previously identified. In the absence of such information, the school, as part of its procedures, might decide to administer a screening test, particularly if a unique physical education need is suspected.

A second Child Find source is a list of enrolled students identified as having a disability in accordance with IDEA. Every student who has been so identified and whose disability is frequently associated with unique physical education needs should be routinely screened. Many children with dis-

abilities have participated in preschool programs, and records from these programs might indicate children with unique physical education needs.

A third activity is the annual screening of all students enrolled in school. Such a screening might involve informal observation as well as formal testing. Conditions that might be detected through informal screening and possibly warrant in-depth evaluation include disabling conditions, obesity, clumsiness, aversion to physical activity, and postural deviations.

Many students are referred to adapted physical education. School guidelines should permit referrals from

- parents or guardians;
- professional staff members in the school district;
- physicians;
- judicial officers;
- representatives of agencies with responsibility for student welfare, health, or education; and
- students themselves (if they are at least 18 years of age or are emancipated minors).

Referrals for adapted physical education should be received by a specifically designated person in each school.

Medical excuses or requests for exemption from physical education should lead to referrals for adapted physical education. When an excuse or request is made, immediate discussion with the

family physician might be necessary to determine how long adaptation might be required. For a period shorter than 30 consecutive days, required adjustments can be determined by the general physical education teacher by following established local policies and procedures. If the period is longer than 30 consecutive days, the procedure for identifying students for adapted physical education for a school district should be followed. Typically, these procedures involve a planning committee.

Instructional Placements for Physical Education

Students who are referred or are otherwise identified as possibly requiring a specially designed program should undergo a thorough assessment to determine if a unique need exists. Suggested procedures for assessment appear in chapters 4 and 5. Once it is established that students have unique physical education needs and require an adapted physical education program, they must be placed in appropriate instructional settings. It must be emphasized that adapted physical education may be implemented in a variety of settings. In accordance with IDEA, children with disabilities must be educated with students who are not disabled and in the least restrictive environment (LRE) to the maximum extent appropriate. To comply with the LRE requirement, various authors have proposed options on a continuum of instructional arrangements. Typical options on a continuum of instructional arrangements appear in figure 2.1.

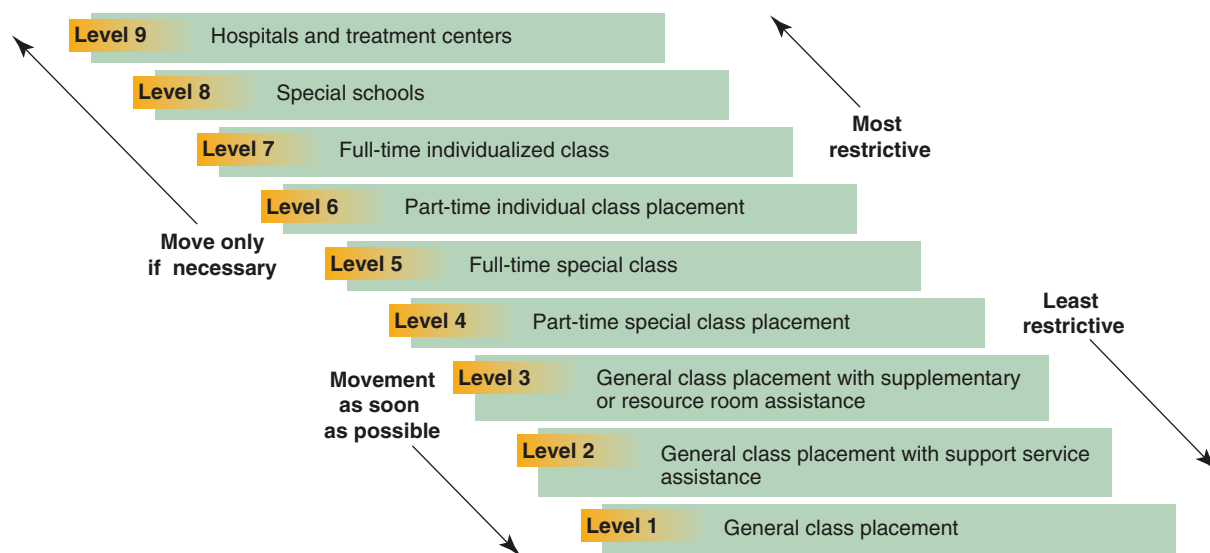


FIGURE 2.1 A continuum of alternative instructional placements in physical education.

The number of options available is less important than the idea that students will be educated in the general setting (to the extent appropriate and possible) and in the environment most conducive to their advancement. The continuum presented in figure 2.1 clearly depicts more possibilities than integrated or segregated placement alone and thus is consistent with IDEA.

The three levels at the base of the continuum provide placement in a general educational environment, and it is within these levels that the continuum is consistent with education in inclusive environments. Level 1 placement is for students without unique needs or those whose short-term needs are met in the general physical education program. This placement is also appropriate for students with unique needs requiring an adapted education program that can be appropriately implemented in the general physical education setting.

Level 2 is for students whose adapted physical education programs can be met in a general class environment with support services. For example, some students might function well in a general class if consultation is available to teachers and parents. In another instance, general class placement might be warranted if a paraprofessional or an adapted physical education teacher can work with the student with unique needs.

Level 3 is a general class placement with supplementary or resource room assistance. Supplementary services can be provided each day or several times a week as a part of or in addition to the time scheduled for physical education. Where indicated, the student might spend a portion of physical education time supervised in a resource room.

Students who require part-time special class placement represent level 4. Their needs might be met at times in an integrated class and at other times in a segregated physical education class. The choice of setting is determined by the nature of the student needs.

Level 5, full-time placement in a special class, is appropriate for those whose unique needs cannot be appropriately met in the general physical education setting. Levels 6 and 7 are appropriate when part-time or full-time individual class placement is necessary.

Levels 8 and 9 reflect instructional placement in which needs must be met outside the general school. In level 8, instruction might take place in special schools; in level 9, instruction might occur in hospitals, in treatment centers, or even at a student's home. Students in levels 8 and 9 might be placed outside the school district. In such cases, the

local school system is still responsible for ensuring that appropriate education is provided.

The response-to-intervention (RTI) framework for providing instructional services may encompass several different components in the continuum. As intensity of assessment and intervention duration and the need for individualized programs increase, services move from general class settings toward special education settings. Procedures associated with RTI are covered in chapter 7.

Inclusion

Within the past decade, more and more students with disabilities have been educated in general educational environments. **Inclusion** has been one of the most powerful educational movements over the last 25 years. The movement is not specifically advocated as a part of IDEA, but it is consistent with the requirement in the act that students with disabilities be educated alongside students without disabilities to the maximum extent appropriate. A key foundation of inclusion is the belief that a separate education may not be equal.

Although inclusion has been and continues to be a powerful force, its definitions and interpretations are varied. As defined in chapter 1, inclusion means educating students with disabilities in general educational settings alongside students without disabilities. However, proponents of inclusion believe that more than integration comes into play. Craft (1996, p. 57) states that "inclusion is a set of attitudes that together provide a welcoming and supportive educational environment, one that is respectful and appreciative of individual differences, and one in which all students participate regardless of gender, race, motor ability, or challenging condition (disability)."

Total inclusion differs from the LRE approach in that the LRE approach advocates education in the most integrated and appropriate environment. Thus, some acceptable placements are not in a general education environment. Inclusion is consistent with LRE in that both approaches recognize the importance of support services for successful implementation in general education settings. Placing students in integrated settings without needed support services is sometimes referred to as *dumping* (i.e., combining students with and without unique educational needs but not providing appropriate support services for the students who need them).

Advocates of the inclusion movement point to many benefits for students. They believe that inclusion is advantageous for several reasons:

- It provides students with a more stimulating and motivating environment.
- It provides increased opportunities for students with disabilities to develop social skills and age-appropriate play skills.
- It promotes the development of friendships among students with and without disabilities.
- It provides skilled role models, which fosters the development of skills in all developmental domains.

Those less supportive of the inclusion movement name the following possible problems in inclusive education:

- Students with disabilities might receive less attention and time on task than their classmates do.
- Some teachers are not adequately prepared for successful inclusion and do not possess the interest and motivation to teach in inclusive settings.
- Students without disabilities will be held back in their educational development.
- Inclusion is too expensive if it means providing support services and decreasing class sizes.
- School districts use the inclusion movement as a way of saving money by combining students with and without disabilities but not providing support services for successful educational experiences for all students.

Although these views are held by some, education in the most normal integrated setting possible is a legal right in the United States and must be supported.

This section of the chapter focuses on inclusion for physical education instruction, but integration and inclusion have relevance for sport also. Schools have a responsibility to provide both curricular and extracurricular experiences in the most integrated settings possible. This is enhanced in this book by the use of the term *adapted sport* when referring to sport opportunities for individuals with disabilities. A need exists to examine and provide opportunities in sport that include individuals both with and without disabilities in general or inclusionary settings. Adapted sport terminology enhances creativity and participation in both segregated and unified sport settings. Chapter 3 presents a model for sport that includes a comprehensive view of sport opportunities for individuals with disabilities. Of course, advocacy toward inclusionary sport must

not impede the aim for excellence that is characteristic of many segregated sport opportunities. Athletes with disabilities should be encouraged to develop themselves optimally to participate at the highest level of athletic excellence, even though the setting might be segregated.

Functions of Teachers of Adapted Physical Education

This section discusses key functions performed by teachers and others that contribute to successful teaching of adapted physical education. These functions include identifying unique needs, determining appropriate instructional settings and supplementary or support services, selecting strategies for individualizing instruction, adapting activities, preparing students without disabilities for inclusion, and preparing support personnel.

IDENTIFY UNIQUE NEEDS

The first step is to identify the unique needs of the student. Once this is accomplished, the program content and objectives can be most appropriately selected. The identification of unique needs is basic to adapted physical education. In the absence of unique needs, the physical education that is appropriate is general physical education.

The identification of unique needs is a foundational basis of an individualized education program (IEP) in adapted physical education. Clearly, schools will have in place procedures for determining unique or special needs and selecting goals and objectives for meeting these if they exist. The determination of unique needs is heavily based on screening and other assessment functions. It is important for physical educators to be involved in determining unique needs of students in the field of physical education. Sample guidelines for the determination of a unique need are presented in chapter 4. Several chapters in this book include information to help identify, clarify, and meet unique needs.

One recently developed framework for addressing possible early learning deficits and learners at risk is the RTI system. In this system, instruction or intervention to meet students' needs ranges in intensity and is provided in settings ranging from general education to special education. This framework has been applied to physical education by Stephens, Silliman-French, Kinnison, and French (2010). In this system, unique needs for IEPs are developed if needed after opportunities are provided in general settings to meet student needs. Chapter 7 provides additional information related to the RTI framework.

DETERMINE APPROPRIATE INSTRUCTIONAL SETTINGS AND SUPPORT SERVICES

Once unique needs are recognized, settings for instruction and supplementary or support services are identified. Possible settings are presented in figure 2.1. Settings for instruction depend on the support or supplementary services required. Support services might include ways to promote individualized attention through team teaching, peer tutoring, teaching assistants, paraprofessionals, or volunteers. In addition to support services, there might be a need to identify and provide section 504 accommodations for students with disabilities to promote interaction. Examples include interpreters, facilities, equipment or supply modifications, and even rule modifications. Examples of supplementary services include physical, occupational, or recreation therapy; orientation and mobility training; and extended services in physical education.

INDIVIDUALIZE INSTRUCTION

The ability to individualize instruction is an important skill for teachers implementing programs. Individualization occurs when teachers make modifications in their objectives, methods of assessment, content, instructional materials, teaching styles, and instructional strategies and methods. Chapter 7 includes a detailed discussion of instructional strategies to meet individual differences. Strategies for individualization will vary and build on the curricular content and objectives appropriate for each student. Inclusionary curricular options modified from the suggestions of Craft (1996) include the following: the *same curriculum content* with objectives the same or different from those for other students in the class, a *multilevel curriculum* in which specific skills or activity levels are varied to meet specific objectives but in which the content areas are the same for all students, a *modified curriculum* in which activities are adapted to meet the same or different goals or objectives, and a *different curriculum* in which the activities pursued are different in order to meet the same or different goals or objectives.

Two instructional approaches that enhance tailoring instruction to meet individual needs are differentiated instruction and universal design for learning. Differentiated instructional approaches involve teaching techniques and lesson adaptations to teach students with differences. Adjustments, variations, and modifications in curriculum and teaching methodology are made to maximize learning. In essence, these comprise adapted physical education, the focus of this book.

Universal design for learning also enhances individualization because the instructional needs of all students are designed from the start with all learners in mind. Instead of adapting repeatedly to meet unique needs, ways of meeting needs are created from the start. For example, curb cuts for bicyclists or other curb users may be constructed initially to enable wheelchair users to access a sidewalk. In physical education, sound targets or signals may be combined with visual targets to enhance participation of persons who are blind, or visual targets or signals may be combined with sound targets or signals for Deaf persons. The principles of universal design include application to activities, instructional methods, equipment and supplies, architectural considerations, and assessment. Ways of enhancing individualization through differentiated instruction and universal design are covered in various chapters in this book. Examples for cycling for individuals with visual disabilities are presented in figure 2.2.

ADAPT ACTIVITIES

Another critical function is to adapt activities. Adapting activities increases the likelihood that students with varying abilities will have the same opportunity to participate and gain equal benefits from participation (see the application example). Of course, not all adaptations are equal, or lead to the same results, or are good. For example, allowing a student using a wheelchair to play in a traditional basketball game involving nine students without disabilities might jeopardize the education and safety of the players and is probably not a good modification strategy. Permitting a double dribble in a basketball game by a student with low cognitive functioning might be considered a good strategy by some teachers and students but be viewed as unfair by others. With this in mind, it is useful to evaluate adaptations using established criteria. For the purpose of this book, the following criteria are suggested for determining good adaptations in settings including students receiving adapted physical education. A good adaptation does the following:

- Promotes interaction and interplay—good adaptations enhance coaction, cooperation, competition, and reciprocity to the extent appropriate.
- Meets the needs of all students in the class—good adaptations meet the needs of all students and do not jeopardize the education of any student in class.



a



b



c

FIGURE 2.2 Examples of individualizing and differentiating cycling activities for kids with visual disabilities: (a) tandem cycling, (b) cooperative cycling, (c) group (conference bike) cycling.

Photos courtesy of Camp Abilities, Emily Gilbert.

- Improves or maintains self-esteem—good adaptations improve or maintain the self-esteem of all students. Adaptations should not embarrass or inappropriately draw attention to students.
- Provides physical activity—good adaptations promote physical activity for all classmates as much as possible (e.g., elimination-type activities would be contraindicated).
- Provides a safe experience for all—good adaptations sustain a safe environment for all participants.

Modifications to guide the adaptation of physical activities have been directly or indirectly categorized in many ways. Lieberman and Houston-Wilson (2009) suggest four modification areas for adapting activities: equipment, rules, environment, and instruction. Each modification area involves a change or variation so that students with unique needs might be better able to participate in skills or games. As an example, table 2.1 provides some ways in which the activities associated with softball can be modified using the four categories. The modifications may be applied to most or all physical activities and to one or more individuals participating in the activity. This book provides

adaptations for physical education and sport based on these modification areas and others.

Although adapting physical activities via the four modification areas is a useful approach, adaptations can be enhanced in other ways as well. The sidebar *Techniques for Integrating Students With and Without Disabilities Into Physical Education Activities* presents seven helpful techniques to promote the integration of students with and without disabilities into physical education activities. These techniques may also be evaluated using the criteria for good adaptations presented earlier. The first suggested technique is to permit the sharing, substitution, or interchange of duties in an activity. This technique is patterned after the idea of a pinch hitter or a courtesy runner in softball. In an inclusive setting, for example, a runner without disabilities might run to first base after a nonambulatory student strikes a softball from a tee, or a runner who is blind might run bases with a sighted partner.

A second helpful technique is to select activities in which contact can be made and maintained with an opponent, partner, small group, or object. Children with auditory or visual impairments might engage successfully in such activities as tug of war, chain tag, square dancing, and wrestling because continual contact is made with partners,

Application Example

How to Modify a Task to Include a Student With Intellectual Disabilities

SETTING

Seventh-grade physical education class

STUDENT

A 13-year-old student with intellectual disabilities and limitations in motor coordination

UNIT

Basketball

TASK

Dribble the ball around five cones in a weaving manner, return, give the ball to the next person in line, and then sit at the end of the line.

APPLICATION

The physical educator might include the following task modifications:

- Permit the use of either the same or alternating hands.
- Permit the skipping of alternating cones or increase the distance between cones.
- Use a different ball size.
- Dribble for a shorter distance around fewer cones.
- Dribble at varying speeds.

TABLE 2.1 Modifications of Softball Activities

Category	Modifications
Equipment	Beep balls, auditory balls, bright balls, Nerf balls, Wiffle balls, large balls, buzzers on bases, large bases, tee, large plastic bats, light bats
Rules	Hit off a tee, five-strike rule, no strikeout, three swings and no strikes, running with a partner
Environment	Shorter distance between bases, increased number of players in a game, reduced number of bases, batting cages, smaller field, partner activities
Instruction	Physical assistance, peer tutors, teaching in Braille, task analysis, sign language, hand signals, verbal cues, demonstration, auditory cues, one-on-one instruction

Data from Lieberman and Houston-Wilson 2009.

team members, or opponents. Children with visual impairments might use a rail to guide their approach while bowling.

A third helpful technique is to modify activities in such a way that all participants assume an impairment or disability. If not overused, this strategy can be useful in educating all children. Students without disabilities might simulate lower limb impairments during an activity by hopping on one foot; they could also close their eyes or be blindfolded while playing Marco Polo in a pool.

The next technique is a procedure generally recommended in general physical education—that is, to modify or avoid elimination-type games or activities. In dodgeball, for example, rather than being eliminated from play when hit by a thrown ball, children might become throwers standing behind their opponents' end line or simply have a point charged against them. In a game of Jump the Shot, the winner could be the one who makes contact with the shot the least number of times rather than the last person remaining in the activity.

Inclusion is sometimes promoted when play areas are reduced for students with limited movement capabilities. For example, a student with a below-the-knee amputation and a prosthesis might successfully play tennis, badminton, or volleyball in a court that is narrower than normal. Years ago, American football players with vision impairments played on fields 10 yards (9 meters) wide. Reducing the size of play areas might be advisable to decrease activity intensity for children exhibiting cardiopathic disorders, severe forms of diabetes, or other conditions affected by exercise intensity.

The next technique is to emphasize abilities rather than disabilities. For example, Deaf children or those who have vision impairments might be more successfully included in activities if auditory or visual cues or goals were used. Instead of run-

ning to a line, students with impaired vision might be asked to run toward a bell, horn, whistle, drum, or clapping sound. Students with impaired vision might also shoot baskets, perform archery, or play shuffleboard if an auditory goal locator is placed near the target. Students with severe movement restrictions using wheelchairs might play a game in which the winner is the one who most closely predicts her time in negotiating 100 yards (91 meters), thus involving cognitive abilities.

A final recommended technique, and perhaps the most helpful, involves modifying activities by giving handicaps. This strategy is based on competition in games such as bowling or golf where handicaps are given to even the playing field. In a running relay, for example, a child with a lower limb impairment is given a distance handicap and runs a shorter distance or is given a head start. In a basketball shooting contest, a student with less ability might participate by standing closer to the basket using a smaller ball or shooting at a larger rim. When playing Wiffle ball, students with eye-hand coordination deficits might be permitted to use a much larger plastic bat. In tennis, a player using a wheelchair might be permitted to strike the ball after it has bounced twice. In these instances, the idea is to see who can participate or win under the conditions determined at the outset.

PREPARE GENERAL PHYSICAL EDUCATION STUDENTS FOR INCLUSION

A fifth key function for successful inclusion is preparing general physical education students for an inclusionary physical education experience. It is commonly accepted that positive experiences and disability awareness contribute to overall peer acceptance and healthy attitudes toward people with disabilities and their involvement in physical education and sport activities. Block (2007) has

Techniques for Integrating Students With and Without Disabilities Into Physical Education Activities

- Permit the sharing, substitution, or interchange of duties in activities.
- Select activities in which contact is made and maintained with an opponent, partner, small group, or object.
- Modify some activities in a way that allows students without disabilities to assume disability.
- Modify or avoid elimination-type games and activities.
- Reduce play areas if movement capabilities are limited.
- Modify activities to use abilities rather than disabilities.
- Modify activities by giving handicaps.

suggested several disability awareness activities for students without disabilities:

- Invite guest speakers with disabilities who have had successful experiences in physical education and sport.
- Role-play activities.
- Discuss current attitudes held by students regarding people with disabilities.
- Discuss role models who are successful in physical education and sport.
- Teach general information about specific disabilities and how they are acquired.
- Provide general education on how students can help people with unique physical education needs to learn and participate successfully in activities.
- Encourage students to provide support and help students with disabilities feel accepted in an inclusive environment.

A positive example set by the teacher is certainly a key factor for successful inclusion and acceptance by general physical education students. The teacher should clearly convey that students with disabilities are individuals who belong in an inclusive society unless their unique educational needs cannot be met in that setting—and that they should not be regarded as intruders dumped into a general classroom.

PREPARE SUPPORT PERSONNEL

A sixth function of teachers implementing adapted physical education is to prepare support personnel. Successful teaching frequently depends on the provision of appropriate support services. Support services might be quite varied and might involve teaching assistants, paraprofessionals, related service professionals, adapted physical educators, volunteers, students, and others. To optimize the use of support personnel, the teacher needs to be confident that the personnel are prepared to provide their unique contributions. The nature of

the preparation will vary according to the role that support personnel provide and the background of each contributor. Readers are referred to the writings of Block (2007) and Lieberman (2007) for detailed information regarding the preparation of support personnel.

Class Size and Type

Class size is an important variable to consider when placing students in instructional settings. Unfortunately, class sizes for physical education are often excessive. If quality instruction is expected, class sizes should not exceed 30 students in general settings. When students with unique needs in physical education are included in the general education environment, the number of students in the class must be adjusted according to the nature of the disability, and supplementary aides and services should be available. Special or separated classes should not exceed 12 students, and this number should be reduced to 6 or fewer students when extraordinary needs are exhibited. In some rare instances, individualized instruction is warranted. The number of students in classes should be adjusted based on the number of professionals, paraprofessionals, and aides available to provide assistance. Chronological age affects placement as well. Age differences within a class should never exceed three years unless students are 16 or older. School officials should know and comply with their state laws and regulations governing class size and composition. Each school district should specify policies regarding class sizes and support services and apply them equitably to physical education classes and other areas of the school curriculum.

Scheduling

One must consider scheduling when making decisions regarding the setting for instruction. There are many approaches to scheduling that can accommodate various instructional arrangements. One effective method is to schedule supplementary and

resource services for adapted physical education at the same time as general physical education. A large school might have four physical education teachers assigned to four general settings during a single period, along with a fifth teacher assigned to provide adapted physical education services. Other instructional arrangements might provide extra class time or alternative class periods to supplement participation in general physical education classes. In one scheduling technique used in elementary schools, a child placed in a special academic class joins an appropriate general physical education class. This arrangement meets the student's need to be integrated in physical education while receiving special support in academic areas. Tiers associated with the RTI framework suggest different scheduling arrangements. Schools in which students are permitted to elect courses or units often have fewer scheduling problems because students may choose activities that fit their schedule and that they can participate in with little or no adjustment needed.

Time Requirements

Time requirements for adapted physical education must be clearly specified in school plans. The frequency and duration of the required instructional program should at least equal that for students receiving general physical education. If state time requirements for general physical education instruction are specified for various grade levels, and if adapted physical education students are placed in ungraded programs, the school's guidelines should express equivalent time requirements, using chronological age as the common reference point. A district plan should communicate state and federal requirements for physical education.

Physical education should be required of all students and should be adapted to meet unique needs. In cases of temporary disability, it is important to ascertain how long the student will require an adapted physical education program, and a standard should be set to distinguish temporary and long-term conditions. For this book, a short-term condition (e.g., a sprained ankle) ends within 30 consecutive calendar days and can be accommodated by the general physical education teacher. To the extent possible and reasonable, participation in physical activity rather than alternative sedentary experiences should be required.

School districts also need to deal with the issue of permitting participation in athletic activities, such as a soccer game or practice, as a substitute

for active time in physical education class. Although coordination of instruction and sport participation (general or adapted) is necessary, substitution should not be made unless it is approved in the student's IEP and the practice fits in with the overall physical education plan of the school district. In most cases, the substitution of athletics for physical education is not recommended and should not be permitted.

School districts must also clarify and coordinate instructional time requirements with related services. For instance, time spent in physical therapy must not supplant time in the physical education program. If appropriate guidelines are developed, few, if any, students should be exempt from physical education.

Sport Programs

An adapted physical education plan should include general guidelines on sport participation and its relation to the physical education program. In view of the details involved in implementing a comprehensive extracurricular sport program, a specific operating code should also be developed. It is recommended that the extracurricular sport program be established on the assumption that the sport program and the adapted physical education program are interrelated and interdependent. Extracurricular programs, including interscholastic programs, should build on the basic instructional program in adapted physical education and should be educational. Students with disabilities should have equal opportunity to attain the same benefits from extracurricular activities as their peers without disabilities.

A sport program should emphasize the well-being of the participants in the context of games and sports. It is also important to ensure participation to the extent possible and reasonable. Health examinations before participation and periodically throughout the season, if necessary, promote safe participation. Athletes with disabilities should receive, at minimum, the same medical safeguards as other athletes.

For an interscholastic program with several schools participating, it is important to have a written statement of the principal educational goals as agreed to by the board of education, the administration, and other relevant individuals or groups. The statement should reflect a concern for student welfare, an interest in the educational aspects of athletic competition, and a commitment to the development of skills that yield health and leisure benefits both during and after the school years.

Over the past few years, increased attention has been given to providing sport opportunities for individuals with disabilities. In response to the intent of section 504 of the Rehabilitation Act of 1973 and IDEA, educational and extracurricular opportunities must be provided in the least restrictive (most normal and integrated) setting possible. Chapter 3 presents a framework for sport to guide decisions on sport participation and stimulate the provision of innovative opportunities. By their very nature, interscholastic activities involve experiences of individuals and teams in different schools. Thus, there is a need for planning, coordination, and implementation at local, regional, county, and state levels. Additional information is presented in chapters 1 and 3 in this book.

Facilities

The facilities available for conducting programs in adapted physical education and sport might significantly affect program quality. The school athletic facilities should be operated in a way that makes them readily accessible to students with disabilities; in fact, section 504 rules and regulations prohibit exclusion of individuals with disabilities from federally assisted programs because of architectural, program, or other environmental barriers. Provision of access may dictate structural changes in existing facilities. All new facilities should be constructed to ensure accessibility and usability.

In planning facilities in which to conduct adapted physical education and sport programs, attention must be given to indoor and outdoor areas, including teaching stations, lockers, and restrooms. Indoor facilities should have adequate activity space clear of hazards or impediments. The environment must have proper lighting, acoustics, and ventilation. Ceiling clearance should permit appropriate play. Floors should have a finish that enables all kinds of ambulation. When necessary, protective padding should be placed on walls. There should be plenty of space for wheelchairs to pass and turn.

As is true of indoor areas, outdoor areas should be accessible and properly surfaced. Facilities should be available and marked for activities, including special sports. Walkways leading to and from outdoor facilities should be smooth, firm, free of cracks, and at least 48 inches (122-centimeter) wide. Doorways leading to the facilities should have at least a 36-inch (91-centimeter) clearance and be lightweight enough to be opened without undue effort; when possible, doorways should be automatically activated. Water fountains with

both hand and foot controls should be located conveniently for use by individuals with disabilities. Colorful signs and tactual orientation maps of facilities should be posted to assist individuals with visual disabilities.

Participants in both adapted physical education and sport need adequate space for dressing, showering, and drying. Space must be sufficient for peak-use periods. The design of locker rooms should facilitate ambulation and the maintenance of safe and clean conditions. Adequate ventilation, lighting, and heating are necessary. The shower room should be readily accessible and provide enough showerheads to accommodate everyone. The facilities should be equipped with grab rails. Locker rooms should include adequate benches, mirrors, and toilets. People with disabilities frequently prefer horizontal lockers and locks that are easy to manipulate. Planning must ensure that lockers are not obstructed by benches and other obstacles. All facilities must be in operable condition. Well-designed restrooms should have adequate space for manipulation of wheelchairs, easily activated foot or hand flush mechanisms, grab rails, and toilets and urinals at heights that meet the needs of the entire school population.

Swimming pools are among the most important facilities. Pool design must provide for safe and quick entry and exit (refer to chapter 25 for additional information). Water depth and temperature should be adjustable to meet learning, recreational, therapeutic, and competitive needs. Careful coordination of pool use is usually necessary to accommodate varying needs. Dressing, showering, and toilet facilities must be close by, with easy access to the pool.

Students in adapted physical education and sport programs must have equal opportunity to use integrated facilities. Too often, segregated classes in physical education for students with disabilities are conducted in boiler rooms or hallways. Administrators need to offer classes so that students with disabilities have the opportunity to attain the same benefits from school facilities as students without disabilities. Failure to do so is discriminating and demeaning to both students and school personnel.

Budget

An equitable education for a student with unique needs is more costly than that for a student without unique needs. To supplement local and state funds, the federal government has several programs that provide money for the education of people with unique needs. Funds associated with IDEA are

specifically earmarked. To facilitate the receipt of federal funds for physical education, physical educators must be sure that they are involved in IEP development.

Funds associated with IDEA are available to help provide for the excess costs of special education (i.e., costs that exceed student expenditure in general education). These funds flow through state education departments (which are permitted to keep a certain percentage) and on to local education agencies. This flow-through money can be used to help cover excess costs already assumed by states. Because adapted physical education involves students both with and without disabilities, it is less discriminatory for schools to fund teachers in physical education, whether general or adapted, from the same local funding source than to rely on federal money. This is justifiable because states are responsible for the education of all their students.

In addition to meeting needs identified in IEPs, funding must support the preparation of teachers to provide quality services in adapted physical education and sport. For example, funds are needed for in-service education, workshops, clinics, local meetings, professional conferences and conventions, program visitations, and so on. Schools also need funds to maintain up-to-date libraries and reference materials.

Interscholastic teams made up of students with disabilities must receive equitable equipment, supplies, travel expenses, officials, and so on. Although the funding level for curricular and extracurricular activities in a local community is not externally dictated, available funds cannot be used in a discriminatory fashion (e.g., available to males but not females, or available to students without disabilities but not to students with disabilities).

Human Resources

A quality program in adapted physical education and sport depends to a great extent on the availability of quality human resources and the ability of involved personnel to perform effectively within a group. People are needed to coordinate and administer services, fulfill technical and advocacy functions, and provide instruction. Many of these functions are carried out in important committees. To provide high-quality services for adapted physical education and sport, the teacher must work with various school and IEP committees. In doing so, it is helpful to understand roles and responsibilities and to realize that the concern for students with unique needs is shared by many. This section identifies key

personnel and discusses their primary roles and responsibilities. Many perform their responsibilities by serving on committees identified in chapter 5.

Director of Physical Education and Athletics

Although not a universal practice, it is desirable for all aspects of physical education and sport programs to be under the direction of an administrator certified in physical education. Such centralization enhances coordination and efficiency in regard to personnel, facilities, equipment, budgeting, professional development, and curriculum. The director of physical education and athletics should oversee all aspects of the program, including the work of the coordinator of adapted physical education if that position exists.

Because adapted physical education and sport is often in the developmental stage and not a well-advocated part of the total program, the physical education director needs to demonstrate genuine concern and commitment to this part of the program. A positive attitude serves as a model for others. With the assistance of other administrative personnel, the director can help the program in adapted physical education and sport by ensuring adequate funding, employing qualified teachers, and providing support services. The director must also be knowledgeable about adapted physical education and sport to work effectively with individuals and groups outside the department. The director must work with other directors, coordinators, school principals, superintendents, and school boards and must have positive professional relationships with medical personnel. Other important relationships are those with parents, teachers, students with disabilities, and advocacy groups. For this reason, the director of physical education and sport must stay informed about all students who are identified as having unique needs.

Adapted Physical Educator or Coordinator

To provide a quality comprehensive school program in adapted physical education and sport, schools are advised to employ a qualified teacher of adapted physical education to provide direct teaching responsibilities and program coordination and leadership. In a small school, this might be a part-time position; in larger schools, a full-time adapted physical education teacher or coordinator might be needed. Although most states do

not require a special endorsement, credential, or certification to teach adapted physical education, it is best to select someone who has considerable professional experience. If possible, the teacher or coordinator should have completed a recognized specialization or concentration in adapted physical education and, where applicable, should meet the state competency requirements for certification. If a school cannot employ a person who has preparation in adapted physical education, the teacher's or coordinator's duties should be entrusted to someone who demonstrates genuine interest in the field.

The role and functions of the teacher or coordinator depend on the size of the school, the number and types of students with disabilities within the

school population, and the number and types of students involved in adapted physical education and sport. Generally, however, the teacher or coordinator needs to assume a leadership role in various functions associated with adapted physical education and sport. The specific functions often differ more in degree than in kind from those performed by general physical educators. Table 2.2 identifies typical functions associated with adapted education and sport and indicates who is responsible for those functions. Functions may overlap or be shared; specific lines of demarcation should be drawn to suit local conditions.

A function that adapted physical educators are increasingly called on to do is to serve as a consultant

TABLE 2.2 Primary Responsibility for Functions Relevant to Adapted Physical Education and Sport

Function	RESPONSIBILITY	
	General physical educator	Adapted physical educator or coordinator
MEASUREMENT, ASSESSMENT, AND EVALUATION		
Student screening	X	X
In-depth testing		X
Student assessment and evaluation		X
Adapted physical education or sport program evaluation		X
TEACHING OR COACHING		
Implementation of instructional programs for students with short-term unique needs	X	
Implementation of instructional programs to meet long-term unique needs in integrated environments	X	X
Implementation of instructional and sport programs with guidance of adapted physical educator	X	
Implementation of adapted sport programs		X
MANAGEMENT AND LEADERSHIP		
Consultation		X
In-service education		X
Advocacy and interpretation		X
Recruitment and preparation of aides and volunteers		X
Chair adapted physical education committee		X
Liaison with health professionals	X	X
Referral and placement	X	X
Organization of adapted sport program		X

Characteristics of a Good Consultant

- Establishes a positive rapport in the consulting environment.
- Is prepared in the field of consultation.
- Has a passion for the consulting role.
- Encourages others to provide information and share ownership of results.
- Works as an equal rather than as an authority.
- Asks for feedback during the consultancy (helping) process.
- Establishes trust.
- Employs empathetic listening.
- Plans programs jointly.
- Accepts constructive criticism.

or resource person for a school or school district. It would be ideal if every school district employed one or more people with a background and interest to serve not only as a teacher but also as a resource person. Colleges and universities preparing adapted physical education specialists are increasingly placing more attention on preparing students for the consulting role. Consultants are expected to serve as resource people or helpers to general physical educators and anyone else who affects the quality of services in physical education and sport. They should be able to assess needs, plan and implement programs, and evaluate educational experiences. Consultants might provide information on many topics, including information on disabilities and implications for teaching physical education; ways of adapting methods, activities, and assessment practices and procedures for students with unique needs; strategies for controlling student behavior; information regarding recent legislation affecting students receiving special education; and information on developing individualized education and 504 plans for students with disabilities. Some characteristics of a good consultant are presented in the Characteristics of a Good Consultant sidebar.

General Physical Educator

Although adapted physical educators are sometimes employed by a school, the general physical educator plays a vital role in implementing quality programs in adapted physical education and sport. Table 2.2 presents several functions that are shared by or are the primary responsibility of general physical educators. For example, general physical educators play an important role in screening. They might also implement instructional programs in integrated environments and help implement sport programs. One of the most important tasks is referral of students to appropriate committees. In the area of management or leadership, general

physical educators generally play a secondary role. With the present-day trend of including more and more students with disabilities in general classes, it is often the responsibility of general physical educators to implement and oversee such programs.

Nurse

The school nurse is an allied health professional with an important part in the successful development and implementation of adapted physical education and sport programs. The nurse must be knowledgeable about the adapted physical education and sport program and, ideally, should serve on the committee on adapted physical education. By helping to convey information required for individual education planning, the nurse can be a valuable resource. If time permits, the school nurse can assist the physical education staff in testing students, particularly in the case of postural screening. The nurse can also keep medical records, communicate with physicians, and help parents and students understand the importance of exercise and physical activity.

Physicians

Physicians have an important relationship with the adapted physical education and sport program. The physician's role is so important that it is often addressed in federal, state, or local laws, rules, and regulations. In some instances, states look to a designated school physician for the final decision on participation in athletic opportunities. School physicians also provide and interpret medical information on which school programs are based. Using this information, the IEP planning groups plan appropriate programs. The responsibility for interpreting the adapted physical education and sport program for family physicians and other medical personnel also lies with the school physician.