



# Physical Education Restriction Form Modifications/Adaptations

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

Form #022-F01E  
October 2023

Clear Form

Date Submitted: \_\_\_\_\_

### STEP 1: Parent/Guardian- please complete the student information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

PE Teacher: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Injury: \_\_\_\_\_  Chronic Condition: \_\_\_\_\_

### STEP 2: Parent/Guardian- please clarify the student's medical condition:

**Temporary:** Less than 2 weeks -*Parent/Guardian- please fill out this form for a temporary condition only. Documentation from a health care provider is preferred and may be attached. (If the condition extends beyond the 2-week timeframe please have the health care provider complete the form.)*

**Extended** (2 weeks to 2 months): **Health Care Provider** documentation and signature required. *(If the condition will last beyond 2 months, complete the form, but see directions at the bottom of this page.)*

### STEP 3: Parent/Guardian and/or Health Care Provider- Please indicate the student's limitations:

**Non-Modified-** No restrictions need to be placed on the student relative to type or intensity of activity.

**Modified-** The student's condition is such that the intensity and type of activity need to be altered. **Complete Step 4.**

YES  NO  Student should **only** be performing UPPER body activities.

YES  NO  Student should **only** be performing LOWER body activities.

YES  NO  Student should **only** be completing activities from a sitting position (no weight bearing).

YES  NO  Student should **only** be using their RIGHT  LEFT  arm/hand for activity.

YES  NO  Student should **only** be using their RIGHT  LEFT  leg/foot for activity.

Specific Activities Recommended: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Health Care Provider-* For extended restriction please indicate the date of return to full participation: \_\_\_\_\_

*\*\*If the student's condition is expected to last beyond a two-month time period, please have the school-based team, parents and physical educator discuss the need for a potential 504 or IEP to be put in place to support the child's needs.*

<b>STEP 4: Health Care Provider:</b> Please check YES or NO for activities below. If you select NO, please complete Step 5.			<b>STEP 5: Health Care Provider:</b> Please check YES or NO for the <u>MODIFIED</u> activities only if you selected NO for the non-modified activity.		
<b>Y</b>	<b>N</b>	<b>Non-Modified Activities</b>	<b>Y</b>	<b>N</b>	<b>Modified Activities</b>
Y	N	Walking	Y	N	Reduced time
Y	N	Jumping (jumping rope and other activities)	Y	N	Reduced time
Y	N	Muscular Endurance & Strength Activities (curl-ups, sit-ups, planks, push-ups, chin-ups, arm hang, etc.)	Y	N	Physical assistance, limited time, floor chin-ups with modified bar
Y	N	Flexibility Activities (stretching, yoga, Pilates, etc.)	Y	N	(please indicate a specific body area to be stretched if necessary)
Y	N	Cardio Activities (Treadmill, Elliptical, Rower, Exercise Bike, Stair climber, running/jogging, etc.)	Y	N	Reduced time, speed
Y	N	Weight Training	Y	N	Stretch bands, light weights, machines only
Y	N	Archery	Y	N	Wii Archery, suction cup archery, clothespin launchers
Y	N	Bowling	Y	N	Lighter ball, with a ramp
Y	N	Parachute Play	Y	N	Sitting position, without the use of balls
Y	N	Dance	Y	N	Reduced time, seated
Y	N	Gymnastics (rolling, bending, routines, etc.) & Dance	Y	N	Reduced time, <b>Specify unsafe activities:</b>
Y	N	Throwing & Catching Skills	Y	N	Soft balls, balloons, scarfs, reduced distance, from a sitting position
Y	N	Racket Games-(tennis, badminton, pickleball, tennis, ping pong, etc.)	Y	N	Larger ball, lighter racket, stationary or a sitting position, foam rackets, against a wall
Y	N	Striking Games-(wiffle ball, baseball, softball, hockey, golf, putt putt, etc.)	Y	N	With a tee, foam/lighter racket, foam/soft ball, small group, stationary, on a scooter
Y	N	Lacrosse Skills-(scoop, cradle, throw/catch, etc.)	Y	N	Shorter stick, larger net, softer balls, small group, stationary
Y	N	Basketball Skills-(dribble, pass, shoot, etc.)	Y	N	Larger ball, stationary or a sitting position
Y	N	Football Skills-(football-place kicks, drop kicks, punts, etc.)	Y	N	Soft ball, small group, stationary
Y	N	Soccer Skills-(dribbling, trapping, kicking, punting, etc.)	Y	N	Soft ball, stationary, modified rules
Y	N	Volleyball Skills-(bump, set, serve, etc.)	Y	N	Modified rules, from a sitting position, soft ball or beach ball
Y	N	Non-Contact Group Games- (ultimate frisbee, handball, flag football, etc.)	Y	N	Foam Frisbee, Frisbee goal, modified rules, no flags (no touch), softer & lighter balls, seated position

**Other Comments:**

**Please return this form to the HEALTH ROOM. Copies to: Classroom Teacher, PE Teacher & Student File**

*If there is any additional medical documentation provided to the school by the parents, please copy and provide to the PE Teacher with this form.*