Adaptive Physical Education

Adapted Physical Education - APE

Adapted physical education is a diverse program of developmental activities, exercises, games, rhythms, and sports designed to meet the unique physical education needs of individuals. Specific assessment procedures should be conducted to include information from the areas of physical and motor fitness, fundamental motor skills, and skills for individual and group games. Physical education includes special physical education, adapted physical education, movement education, and motor development.

Physical education, as defined in Article 7, is the development of:

Physical and Motor fitness
Physical fitness—strength, cardiovascular endurance, flexibility
Motor fitness—balance, coordination, power, speed

Fundamental motor skills
Throwing, catching, running, jumping, striking, kicking, etc.
Skills needed in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports)

Program Guidelines & Considerations
A. In order for Adapted Physical Education (APE) to be a consideration, a student must currently be placed in special education.
B. APE is NOT based on disability or program placement. Placement in APE must be determined by an evaluation and case conference decision.
C. Identification of child’s needs.
D. Individualized Education Plan developed in accordance with Least Restrictive Environment.
E. Develop skills that meet local physical education curricula.
F. Develop motor skills necessary for participation in lifelong leisure, physical and social activity.
G. Develop recreational motor skills for independent functioning in the community.
H. Teach students how to apply skills to a variety of activities.
I. Provide opportunities for lifelong fitness and recreational opportunities in the community.

Adapted Physical Education Continuum
Full Inclusion in Regular PE
Regular PE w/ Consultation
Regular PE w/ Assistance
Part time Regular PE / Part time APE
APE Class: Group
APE Class: Individual
Autism Spectrum Disorder

Autism Spectrum Disorder - ASD

Student Supports
* Provide direct services to students diagnosed with ASD, which may include teaching social skills, observing, conducting a functional behavior assessment and collecting data with the teacher of record.
* Consult and provide training for instructional assistants, classroom teachers or special area teachers in strategies and methods to assist the student in achieving his/her educational goals and objectives.
* Assist staff in adapting general education classroom material / methods as appropriate to meet the needs of the student.

Personnel Supports
* Provide in-service training for general and special education teachers, paraprofessionals, guidance counselors, and other staff working with students on the spectrum.
* Provide “student specific” autism training as needed. Problem solve solutions with staff on ways to improve educational performance of students with ASD.
* Provide all staff members with a current resource list of materials and information related to ASD available for loan through the school district.

Family Supports
* Provide information (e.g. autism waiver, parent support groups, resource materials etc.) to family members of students with ASD.
* Attend all initial placement case conferences and all other case conferences when requested by parents or staff.
* Provide workshops/ in-services for family members on topics and issues related to raising children with ASD.

Diagnosis of ASD
Referral: A referral for autism can be completed by the child study team or by the student’s parent(s). Written consent is obtained from the parent prior to the assessment.
Assessment: The multidisciplinary team including the autism consultant will review the student’s educational history, medical diagnosis, and other relevant information, conduct observations and assessments to help the case conference committee determine educational eligibility for ASD.
Diagnosis: Collectively, the case conference committee members review the eligibility criteria for autism spectrum disorder as defined in Article 7.
Behavior Consultant

Services Provided
* Short-Term Intervention
* Teacher Consultation
* Behavior Intervention Plans
* Inservice and Training
* Case Conference Support
* Student Observations
* Support Groups
* Functional Behavioral Assessments

Referrals for services will be requested through the child study team and made by the school psychologist. Referrals will be submitted to the appropriate Director of Special Education.

Short-Term Intervention
The consultant may meet individually with a student that has a current Functional Behavior Assessment and Plan. Meetings will occur at the student’s school for approximately 2 to 4 sessions. This time may be extended if it is deemed necessary by the consultant and referral sources within the building. This service is for the purpose of providing extra support for the student and gathering additional information to be used in behavior management plans. It is not meant to be therapy or a substitute for therapy.

Teacher Consultation
The consultant can meet with a teacher for the purpose of helping the teacher deal with a particular student in the classroom who is having behavioral difficulties. The consultant can offer support and assistance if attempted interventions are not successful. The number of contacts will be determined on an individual basis.

Behavior Intervention Plans
The consultant can provide support and assist special education teachers in the interpretation of a behavioral assessment and development of a Functional Behavior Intervention Plan. (It will continue to be the responsibility of the teacher of record to write the behavioral plan.)

Inservice and Training
The consultant will provide inservice and training for school staff. Topics will focus on issues related to misbehavior in the classroom: Classroom management, goals of misbehavior, strategies for intervention, etc.

Case Conference Support
The consultant can be available to attend case conferences for students receiving direct short-term interventions or have a current Functional Behavioral Plan.

Student Observations
The consultant can be available for observations of students in a variety of settings. The consultant will then meet with the teacher or related service personnel to discuss the observation and offer suggestions for difficult behavior management.

Support Groups
The consultant will conduct weekly support groups for student in ED (Emotional Disability) classrooms. Groups will provide extra support services to help these students deal with particular concerns: Social skills, self-management, peer or adult relationships, etc. (as related to their IEP goals). Support groups are not meant to be therapy or a substitute for therapy. (These classrooms are part of the Cooperative Services and are located in Northwest Allen County Schools.)
Visually Impaired

Visually Impaired - VI

To Qualify for Services
For students to qualify for services, they must have at least one of the following:
* An inability to use vision as a primary mode of learning.
* A reduced visual acuity for field that requires modifications or specialized materials for the student to benefit from the educational program.
* Partial sightedness or blindness.
(Student assessments are conducted throughout the year.)

Types of Assessment
Assessments are used to observe students’ efficiency in the school setting. There are 2 kinds of assessments.

**Functional Vision** - The efficient use of vision in the school setting. Students are evaluated for visual fields and preferred eye use; visual and perceptual skills; reading, writing, and copying skills; and adaptability to classroom setting.

**Functional Literacy** - The ability to learn in the classroom setting. Students are evaluated for ability to decode words and comprehend text (regular print, large print, and Braille); and comprehend aurally.

Services in the Program
Resources are provided by the school districts, special education cooperative, and the State of Indiana.

**Resources**
* Braille
* Large Print Material
* Books on Tape ® (as available)

**Services**
* Teacher-student-parent consultation.
* Direct instruction for needs related to vision
* Materials or suggestions to enhance instruction of visual concepts.
* Modification of classroom learning environment.
(Students in private schools only receive consultation services.)
Occupational Therapy

Occupational Therapy - OT

Who are Occupational Therapists?
Occupational therapy practitioners are skilled professionals whose education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological effects of illness and injury. The occupational therapist enters the field with a bachelor, masters, or doctoral degree. Practitioners must complete supervised clinical internships in a variety of health care settings, and pass a national examination. The state of Indiana also regulates occupational therapy practice.

What is Occupational Therapy in an Educational Setting?
The profession of occupational therapy is concerned with a person’s ability to participate in daily life activities or “occupations.” In the schools, occupational therapists use their expertise to help children access learning and school related activities and to fulfill their role as students. Occupational therapists (OT’s) support academic and non-academic outcomes including social skills, math, reading, writing, recess, self-help skills, pre-vocational and vocational participation and more, for children and students with disabilities, 3 to 21 years of age. OT’s play a critical role in training parents and other staff members, and caregivers regarding educating students with diverse learning needs.

Children and School Based Occupational Therapy
About one-third of occupational therapy practitioners work in school systems, pediatric hospitals, and health care facilities helping millions of children. Within the school system a student must be enrolled in special education to receive occupational therapy. School-based occupational therapy assessment and intervention focuses on certain areas:
- Activities of daily living (caring for self-needs such as eating, dressing and toilet habits)
- Education (achieving in the learning environment)
- Play (interacting with safe and appropriate toys, games, equipment and activities)
- Social participation (developing appropriate relationships and engaging in behavior that does not interfere with learning or social relationships)
- Work (developing interests and skills necessary for transition to the community life after graduation)

School-Based Occupational Therapy at Smith-Green Community Schools
The occupational therapy practitioner may:
- Observe a student in an activity and provide strategies to facilitate the student’s full participation;
- Reduce barriers that limit the student’s participation within the school environment;
- Utilize assistive technology to support student success;
- Support the needs of the students with adaptive techniques and/or equipment;
- Help identify short term and long term goals for post-school outcomes;
- Help plan relevant instructional activities for ongoing implementation in the classroom or a program to be carried over at home;
- Provide assistive techniques and equipment to promote greater ease with completing the motor tasks required in a students daily routine;
- Provide sensory techniques and equipment to promote processing, fine motor and self-help skills;
- Help students to improve their performance in a variety of learning environments (e.g. playgrounds, classrooms, lunchrooms, bathrooms);
- Assist parents in supporting their children’s learning and participation in school;
- Contribute ideas to educators and other school support staff to plan and develop activities and environments that include all students;
- Train para educators to support child success and promote safety within the school environment;
- Provide administrators with training for students, staff and parents, as well as to recommend equipment for schools and to modify existing buildings and curriculum to allow access for all;
- Test/assess the student’s fine motor, sensory, self-care skills, etc. skills as needed;
- Assess and provide intervention to address the environment, the task and the child;
- Bring a vision of what the student can do that encompasses the “whole” student.
Physical Therapy

Physical Therapy -PT

Physical Therapy is a related service under the umbrella of Special Education. A student must be enrolled in Special Education to receive physical therapy. Physical Therapy assists students to acquire the functional skills needed to access educational materials and move about the school environment to achieve his/her special education goals in the least restrictive environment. Students who exhibit neuromuscular limitations, joint limitations or sensory-motor limitations which affect their physical functioning in the educational setting should be considered for physical therapy services.

With understanding and consideration of the student’s medical diagnosis the physical therapist assesses positioning, mobility, reflexes, range of motion, strength and gross motor skills of the student and develops an intervention program. The assessment process is initiated with parent permission and as a result of a case conference decision; a screening or evaluation may be requested. A screening is a quick assessment observing the student in his/her natural environment and how he/she physically performs throughout the day. An evaluation is more comprehensive and looks at specific areas of need; a medical script from the student’s Indiana licensed physician is required for physical therapy evaluation and intervention.

The results of the physical therapy assessment are shared at a case conference. The goals, amount of service and location of physical therapy intervention is determined at the case conference meeting.

Services are provided through direct therapy and/or therapist directed/teacher implemented classroom programming. Services are designed to increase a student’s stability, balance, coordination, mobility, endurance, motor activities and independence needed to be successful in the classroom and special areas as established in his/her Individualized Education Plan (IEP). The physical therapist works with the student, physical education teacher, adapted physical education teacher, general education/learning center/special education teachers, teacher assistants, bus drivers and parents in order to provide the interventions needed for the educational environment.

Therapy may be done in the classroom, PE class, playground, or in a one on one setting during school hours. Written and verbal communication between the therapist, parents and school personnel is provided and enhances the success of the intervention.

The goal of physical therapy intervention for the physically challenged student is to be the most successful he/she can be in his/her educational program.
**Vocational/Transition Services**

For students to receive services they must be in high school and:

Enrolled in a moderate or severe disabilities program;

**OR**

Enrolled in a mild, learning, or emotionally disabled program and on a non-diploma track

**Vocational Services** available:
Prevocational training in the classroom
~ Sorting  
~ Packaging  
~ Collating  
~ Counting  

In-school jobs with job coach
~ Filling Vending machines  
~ Shredding Paper  
~ Recycling  
~ Assisting in Cafeteria  
~ Working in C.A.R.E. Shop Activities (Homestead HS)  
~ Assisting in Library  
~ Assisting with Attendance  

Community job with job coach
~ Non-paid position  
~ Paid position  

Community job without job coach
~ Non-paid position  
~ Paid position  

**Transition Services** Available:
Consult with parents, students and teachers regarding adult services.  
Attend IEP conferences  
Consult with teachers regarding transition or vocational concerns or goals.