

EL DORADO UNION HIGH SCHOOL DISTRICT
Physical Education Modification Recommendation

Dear Doctor,

Start Date for Modifications: _____

In compliance with State Education Code, Section 51222, the El Dorado Union High School District (EDUHSD) provides courses in physical education for all students enrolled in the secondary schools in this district. Modifications to the Physical Education Program will be made for students who have physical limitations. Modified Physical Education is designed to accommodate students who have short-term injuries, recent surgery, or chronic conditions such as asthma, scoliosis, etc. A student requiring a modified program for more than six (6) weeks may earn a Pass/Fail grade in the course if agreed upon by teacher and parent (EDUHSD AR 5121). Alternative assignments such as utilizing Apex or book work may be assigned. Unless the student has suffered a catastrophic illness or injury in which no modification(s) can be made, the student will remain in the Physical Education program.

Please provide the information listed below which will help staff plan an appropriate program for the following student:

STUDENT NAME	SCHOOL	GRADE
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For Physician Use Only

Diagnosis: Please include type and extent of injury/illness/chronic condition and make recommendations pertaining to each type (i.e. asthma, sprain, fracture, postural deviation, cardiac/vision/hearing...)

My patient, _____ CAN perform the functions checked below.

Please check the appropriate item or items recommended for the student:

<u>Cardiovascular Endurance</u> <input type="checkbox"/> Walking (\leq 15 min/mile) <input type="checkbox"/> Jogging <input type="checkbox"/> Sprinting	<u>Muscular Strength</u> <input type="checkbox"/> Upper Body Strength Training <input type="checkbox"/> Lower Body Strength Training <input type="checkbox"/> CORE/Abs Strength Training <input type="checkbox"/> Weight training ___Arms ___Legs ___Both
<u>Activity</u> <input type="checkbox"/> Moderate activities requiring no running <input type="checkbox"/> Moderate activities requiring some running <input type="checkbox"/> Swimming	<u>Flexibility</u> <input type="checkbox"/> Upper Body Static <input type="checkbox"/> Lower Body Static <input type="checkbox"/> Upper Body Dynamic <input type="checkbox"/> Lower Body Dynamic

Please list, in detail, any physical therapy that has been prescribed for the student: _____

Is there any reason student can't dress in gym clothes? _____

End date- The student can return to full participation without restriction on this date: _____

Physician's Signature: _____ Date: _____

For School Use:

Principal's Signature: _____ Date: _____

I. Parent/Guardian Acknowledgment

I, the undersigned parent or guardian of the above-named student, hereby acknowledge that the school will develop a modified physical education program for my child in accordance with the recommendations provided by my child's physician identified above. I understand that these modifications are intended to accommodate my child's specific health needs as outlined by the physician.

I further acknowledge that only the Superintendent or designee has the authority to excuse my child from physical education classes on a temporary or permanent basis. A request for a temporary or permanent exemption must be submitted in writing to your school site administration and will be subject to review by the District under the criteria set forth in EDUHSD Board Policy 6142.7.

If return to full participation is expected to be more than six weeks the teacher recommends a Pass/Fail grade, I agree that my child will receive a Pass/Fail grade rather than a letter grade. Yes ☐ Parent Initials _____

II. Parent/Guardian Authorization and Consent

By signing this form, I authorize the El Dorado Union High School District to receive from, or send to, my child's physician any information related to this injury which prevents participating in physical education.

By signing this form, I consent to the implementation of a modified physical education program for my child as recommended by my child's physician.

Signature of Parent or Guardian: _____ Date: _____

☐ El Dorado H.S., 561 Canal Street, Placerville, CA 95667

☐ Independence H.S., 385 Pleasant Valley Rd., Diamond Springs, CA 95619

☐ Oak Ridge High School, 1120 Harvard Way, El Dorado Hills, CA 95762

☐ Ponderosa H.S., 3661 Ponderosa Rd., Shingle Springs, CA 95682

☐ Union Mine H.S., 6530 Koki Lane, El Dorado, CA 95623

☐ Pacific Crest Academy, 6540 Koki Lane, El Dorado, CA 95623

RETURN THIS FORM TO THE NURSE or ADMINISTRATOR