
Adapted Physical Education

Physical Education Information Form

I. General Information (to be filled out by parent/guardian):

Student Name: _____ Date of Birth: _____
Parent/Guardian: _____ Telephone: _____

II. Medical Information (to be filled out by parent/guardian and/or doctor):

Part A: Nature of Disability (if your child does not have a disability, skip to B)

1). What type of disability(ies) does the child have:

2). Please describe in more detail the characteristics of the child's disability(ies):

3). Is there anything I should be aware of in physical education?

Part B: Specific Health Problems (if your child does not have health problems, skip to C)

Asthma _____ yes _____ no

1). If you answered yes, is there an inhaler at school _____ yes _____ no

2). If you answered yes, where is it located at school (e.g., office, classroom)

Bee Sting _____ yes _____ no

1). If you answered yes, is there a bee sting kit at school _____ yes _____ no

2). If you answered yes, where is it located at school (e.g., office, classroom)

Diabetes _____ yes _____ no

1). If you answered yes, does your child take insulin _____ yes _____ no

2). If you answered yes, where is it located at school (e.g., office, classroom)

Heart Problems

___ yes

___ no

1). If you answered yes, please explain in more detail

Other Health Problems (please explain):

Part C: Medications

1). Does your child take any medications

___ yes

___ no

If you answered yes, what is the name of the medication, and what is it used for

3). When is it administered?

4). Any effects on physical/motor performance? (please explain)

5). Any specific concerns regarding medications that I should be aware of in physical education including any activities that the child should not do?

III. Sport Background History (to be filled out by parent/guardian):

Has your child ever played a sport? If yes, what sport (s) and when?

What physical activities do they enjoy doing after school and on the weekends?

IV. P.E. Activities that May be Inappropriate (to be filled out by parent/guardian and/or doctor):

Some activities can be dangerous for children with disabilities. **For the safety of your child, please list any activity/activities that you have concerns with your child participating in.** Please comment on the activity/activities (i.e. note the types of modifications that might allow your child to participate safely in the activity/activities, note limitations, and/or note that they are not to participate at all).

Print Name: _____
Signature: _____

Date: _____
Relationship to child: _____

Print Name: _____
Signature: _____

Date: _____
Relationship to child: _____

