Kim Catalfamo (Joey—student/Kim's son)

2015 SHAPE Eastern APE TOY & 2014 NJAHPERD APE TOY

Health & Adapted PE 1st Cerebral Palsy of NJ

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Students with special needs may move differently from their peers in general PE:

- 1. May be uncoordinated or clumsy in their movements
- 2. May appear unstable when running
- 3. May trip and fall frequently
- 4. May refuse to participate, claiming illness or fatigue
- 5. May have difficulty catching, throwing and kicking a ball
- 6. May clown around during class to cover up for their poor skills
- 7. May have poor self-esteem due to being teased or looked down upon by his/her peers
- 8. May perform task one day and not another; repetitiveness is the key to success
- 9. May not be focused or maybe distracted during motor play.
- 10. May not have the social skills to interact or even be within the same active area as his/her peers
- 11. May not be able to handle the noise level, the constant startle of noises, or the constant motion of the room/activities
- 12. May have poor visual spatial processing, therefore, difficulty perceiving timing and predicting movement of objects in space (eg. judging trajectories for catching/throwing)
- 13. May have weak kinesthetic sense like in difficulty tracking movement of their body during a motor activity (such as jumping or hopping)
- 14. May have abnormal muscle tone, such as with students with cerebral palsy. Having low muscle tone creates instability and lack of distal control, which makes it more difficult to maintain postures. Having high muscle tone limits the patterns of movement, ex-toe walkers, scissored gait.

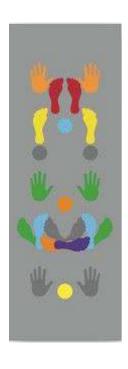


Students with special needs may move differently from their peers in general PE: (con't)

- 15. May have poor motor planning, hard-wired "how to move" patterns in our brains. Motor programs are modified depending on the demands of the environment and the task at hand. Difficulty previewing outcomes and selecting an appropriate motor strategy for a task/environment
- 16. May have to use a wheelchair motorized or manual plus limited mobility for walking in a gait trainer/walker/crutches.
- 17. May demonstrate ineffective verbal motor integration which is trouble translating verbal instructions/ input into desired motor responses, therefore, not able to respond to verbal coaching or instruction.
- 18. May demonstrate poor coordination of muscle groups which cannot determine which muscles to use or how to synchronize them.
- 19. May demonstrate motor memory weakness where he/she can't recall accurately and quickly the sequence of motor movements needed to complete a task. He/she has a delayed reaction time, may even be non-existent.
- 20. May have poor monitoring skills which makes it difficult evaluating how effectively muscle performance is proceeding doing the activities. He/she cannot self-correct in the moment and therefore, self-assessment activities will be a challenge.
- 21. May have orthopedic issues
- 22. May have speech delayed or communication processing issues
- 23. May have sensory issues: proprioceptive or vestibular.
- 24. Get to know the socialization level of the student. Part of the group, moves away from the group, will stay within the area of the game but still not participating, participating in the game but only when comfortable, resorts to undesirable behavior to avoid being part of the group activity, socializes more with adults and less with peers.
- 25. Get to know that triggers that tends to give a reaction, especially negative, to the student.
- 26. Try to acknowledge their emotions or what they are trying to communicate, even if off topic or inappropriate, and devise techniques to bring that behavior or reaction to a more positive outcome.
- 27. If working with health classes that include nutrition lesson and may contain food items, check with all food allergies.
- 28. Be aware of medical issues: seizures; feeding tubes; shunts; use of helmets in class; or other medical conditions (especially any medical condition that requires a doctor's clearance or restrictions for activities)
- 29. Take into account #27 and properly have in class a safety plan. For instance, a mouth guard; eye goggles; helmet; sitting on certain chairs; ability to use certain equipment; ability to participate in contact sports or activities.
- 30. May have a behavioral plan written and implemented by the classroom teacher.

Help with planning:

- 1. Activities need to be broken into steps initially and then practiced multiple times in sequence, repeating the sequence verbally to teacher or classmates.
- 2. Repeat simple movements prior to adding a new movement.
- 3. Use a variety of instructions, verbal, demonstration, written.
- 4. Use a variety of cues to change activity (whistle, bell, music etc.)



Use visuals:

- 1. Increases level of communication, allows for non-readers or limited readers to see what is written
- 2. Improves on-task behavior and level of independence
- 3. Reduces anxiety because student knows what to do when using task schedules or charts
- 4. Reducing anxiety will help reduce negative behaviors stemmed from it
- 5. Allows for independence when using a picture chart to let student let his/her needs known

Make sure to evaluate the task and the environment as you plan:

- 1. Is the activity over-stimulating
- 2. Is the area over-stimulating
- 3. Will the student know what's happening (schedule, task chart, picture board)
- 4. Will the student know what's expected of him/her
- 5. Is the environment free from distractions, triggers or mood changers?
- 6. Is the equipment appropriate for skill level?
- 7. Is the activity appropriate for success to be achieved?
- 8. Time wise, how long should the activity go for? Are breaks needed for that child if his/her tolerance level gives out before the activity time is over.

Modifications for Kickball / Wiffleball:

- Students in a wheelchair may roll the ball down the ramp.
- Students with limited movement ability may utilize an activation switch and electric ball launcher or catapult.
- Students with limited lower extremity movement may utilize a ball on a kicking tee.
- A beanbag may be placed on each cone for the base runner to knock off.
- Use a sound source device at bases or use beep baseball bases if available.
- Use a ball with constant sound source (recommend Beep Kickball)
- Allow a 3 second rule for fielders to wait to field the ball which allows time for the hitter to start running
- Make a rule that a wheelchair or a walker must be thrown out, not tagged out
- Attach a bucket to the arm of the wheelchair or the walker to allow the tossed throw to be caught in the bucket for student to be more successful OR toss can be made onto the tray for the catch
- For visually impaired students, a rope attached to cones/poles by each base will allow the student to touch the rope as they run and therefore be on the baseline to run correctly to each base







- Hit the ball with a wifflebat, fat bat, flat bat, mini bat, noodle, racket, foot, hand.
- Practice kicking straight along a line on the floor, to work on directionality, when pitching a kick ball, create a lane for them to throw down.
- Use Velcro balls & mits

Modifications for Football

- Students may benefit from directing pathway picture cards to show in the huddle for pass patterns
- Students with limited movement ability may utilize an activation switch and electric ball launcher or catapult to quarterback the throw
- Students with limited lower extremity movement may volley the football in attempt to punt/ placekick
- Use a ball with constant sound source (recommend Beep football)
- Allow a 3 second rule for defense to wait to go after the ball/runner which allows time for the student to start setting up for the run
- Attach a bucket to the arm of the wheelchair or the walker to allow the student to carry the football

Modifications for Volleyball:

- Use larger, lighter, softer, bright colored balls
- allow catching ball instead of volleying
- Allow student to self toss and set ball
- Lower the net
- Let kids sit on floor vs. stand
- Reduce the playing court
- Stand closer to net on serve
- Allow ball to bounce first
- Hold ball and have student hit it



Modifications for Basketball:

- Use various size balls (size, weight, texture, color, firmness)
- Allow travelling
- Allow two hand dribble
- Use larger/lower basket
- Slow the pace, especially when first learning
- If student uses wheelchair, allow him to hold ball on his lap while pushing wheelchair
- Use beeper ball, radio under basket for individual with visual impairment
- No penalty for 3 second zone
- No back court rule

Modifications for Bocce

- Students whom need releasing a throw independently may push the ball off his/her tray or use a dryer tube to push ball into and down the chute onto the playing field.
- Play half court games, increasing the distance as student is successful
- Adding the rotation of one side of court to the other side of court for game play,
- Play Bean Bag Bocce

Other Modifications

- Attaching balls to a rope line allows for students to hit the ball without it going far & away
- Using a soccer ball trainer allows for someone else to control the handle/line while the student foot dribbles the ball or shooting the ball without the ball getting too far away and can be pulled back for more attempts (remember that during the time a teacher/aide/student retrieves a ball the student who has distractibility or low attention span is gone, has left the activity.
- Using multiple heights of shooting goals in basketball to allow for various skill levels. Give a portable/mini goal that fits on a wheelchair tray w/mini ball
- Adjust the height of the net for all racket sports by lowering it for success; use beach balls or latex free balloons
- Provide additional sensory input to help them compensate such as bright colored balls, balls with bells for auditory cue
- Weightbearing activities help with body awareness, joint health maintaining positive calcium levels. Having students be in their walkers and standers allows for calcium building, respiratory help in keeping lungs clear, and digestive help in regulating the bowels.

 Use implements as extensions to hit or push an object (poles, pool noodles, sticks)





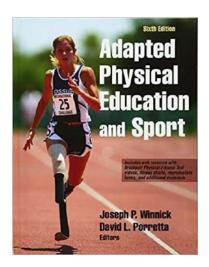
Team Collaboration with Therapists (PT, OT, SpT) & Classroom Teachers

- If not part of the IEP process then read the IEP to be familiar with all the students objectives/goals
- Let the therapist know about things that are challenging for your student, such as lesson activities, mobility issues, communication issues.
- Share information when you see an improvement or decline
- Carry over activities and concepts through the day, including life skill activities, mobility skills, and activities for rehab and conditioning.
- Ask for suggestions for how to adapt curriculum
- Discuss with the therapists about sharing equipment and or therapy devices and for training if training is needed.

Using your paraprofessionals:

- Site the objectives for the lessons and what you wish for them to help you with
- Let them know that you appreciate their assistance with set up and clean up of equipment
- If working with the teacher and student in the classroom on certain goals, ask the para to help you continue working on those goals in your class, especially behavioral plans.
- Ask the para for assistance with adaptable equipment, mobility equipment, transfers.
- Paraprofessionals will tend to the student's needs of toileting, equipment assistance, communication needs and personal one on one help within the lesson activities as needed and according to his/her independence level.
- Respect and show appreciation to the para's suggestions. If the para is overstepping his/her "educational duties" then speak with the para on a professional level.
- Remind the para that conversation is directed to school activities and not "adult" topics or inappropriate topics and that conversation and personal information of a student is confidential.
- Remind the para that all electronic device usage is under the same school policy for him/her as it is for the teachers and the students (no devices).
- Review all PE class rules, procedures, especially medical and emergency procedures and the duties that are the responsibility of the paraprofessional/educator.

Resources:







http://shop.aph.org

Mike Grinicola@PhysEdDepot

Capt'n Pete (twitter, FaceBook, TeachersPayTeachers)

Neilarey.com (fitness workouts)

Kim Catalfamo Lesson Activities

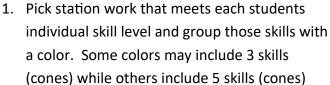
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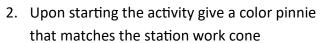
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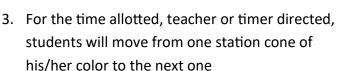
Station Work











All students are participating in their own way according to skill level or directed personal goals (for instance blue color activities are great skill work choices for the students in wheelchairs)

This idea can be transferred to skill work for sport skills, dance, yoga, and locomotor skills.

Use Picture Cards or videos on iPads or push button recordings on jellybean switches

Use the help of peers or paraeducators to assist students who need personal help to complete











