

Third Edition

# Strategies for Inclusion

Physical Education for Everyone



Lauren J. Lieberman • Cathy Houston-Wilson



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Lauren J. Lieberman, PhD  
Cathy Houston-Wilson, PhD

The College at Brockport, State University of New York



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Website: [www.HumanKinetics.com](http://www.HumanKinetics.com)

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We would like to dedicate this book to Dr. Joseph P. Winnick, professor emeritus from The College at Brockport, who pioneered the discipline of adapted physical education and served as a mentor to us and countless other individuals. His influence has had a ripple effect on those he taught who have gone on to teach others, and this pattern repeats year after year. We also dedicate this book to all the children and teachers in our lives who have shared their triumphs over the years. These lived experiences have helped us shape our vision for inclusive practice.

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# Preface

Since 1975, children with disabilities in the United States have been included in general physical education classes. Unfortunately, the transition from segregated classrooms to supportive, inclusive environments has been a struggle for students with disabilities and those responsible for their education. Teachers of physical education have been forced to navigate the maze of legislation and its accompanying mountains of paperwork and rely on best intentions instead of best information when it comes to integrating students.

The purpose of this book is to empower you with the information and tools necessary for the successful inclusion of children with disabilities in your programs. In this third edition, we again worked diligently to create a resource filled with practical applications and easily implemented planning and assessment strategies that can be used by physical education teachers; coaches; paraeducators; adapted physical educators; special education teachers; recreation directors; therapeutic recreation specialists; parents; and graduate and undergraduate students in physical education, recreation, and special education.

The book is divided into two parts. The first part provides background information on inclusive education and guidelines for successfully including children with disabilities in traditional physical education settings. The second part of the book contains 38 teachable units that include assessment tools for curriculum planning. The units are also included in the accompany web resource at [www.HumanKinetics.com/StrategiesForInclusion](http://www.HumanKinetics.com/StrategiesForInclusion); they can be printed for use in the classroom, or you can view them on a mobile device.

The first chapter, *Inclusion in Physical Education*, provides an overview of legislative mandates that directly affect physical education. Armed with this knowledge, you can advocate for receiving the support you need to successfully educate children with disabilities. Various placements are discussed so you can see the options available in educating children with disabilities. Depending on a child's unique needs and the unit of instruction, he or she can move from one placement option to another. This chapter also discusses current research on inclusive physical education and its effectiveness and the roles and responsibilities of general physical educators.

The second chapter, *Assessment: The Cornerstone of Effective Instruction*, addresses various types of assessments. The chapter highlights the purposes of assessment and the use of assessment data to drive instruction. This chapter also includes sample rubrics and a sample alternative assessment that can be used with children with severe disabilities.

Chapter 3, *The Placement Process in Physical Education*, reviews the step-by-step process necessary to ensure appropriate placement. The steps covered in this chapter are based on legal requirements. Each step is described clearly, and some sample forms are provided. In addition, suggested forms for school districts to use are provided to ensure the system supports the process. This chapter also provides a validated inclusion rating scale for physical education to help you determine the most inclusive environment possible.

Chapter 4, Individualized Education Plans, thoroughly addresses this necessary component in the education of children with disabilities. Individualized education plans (IEPs) help ensure that children with disabilities are making progress toward intended goals. The chapter provides steps for developing and implementing physical education IEPs and discusses several ways you can ensure that IEP objectives are implemented in general physical education classes.

Chapter 5, Managing Student Behavior, helps you set up your environment to maximize success and minimize disruptions. The chapter discusses using positive behavioral support and functional behavioral assessments to remediate challenging behaviors. The chapter also provides tips to ensure the best behavior possible from your students.

Chapter 6, Universal Design for Learning, highlights a proactive approach to adaptations. First, we discuss the Universal Design for Learning philosophy that drives modifications in general physical education. Then we provide specific guidelines for adaptation. Four major variables—rules, equipment, environment, and instruction—can easily be adjusted to successfully include children of all ability levels. Examples are provided to help you understand your options. The chapter ends with examples of how to infuse Paralympic sports into the curriculum.

Chapter 7, Support Personnel, includes comprehensive guidelines on how to train, work with, and motivate a variety of support staff in general physical education. This invaluable network of individuals includes peer tutors, paraeducators, senior citizens, and college students. Specific training techniques are provided for peer tutors and paraeducators.

Chapter 8, Transition Planning, provides information about preparing students with disabilities for their transition from school to the community. It focuses on using a functional approach to transition planning in community-based settings and discusses the importance of helping students build necessary skills.

The second part of this book introduces specific strategies for inclusion. Here you will learn how to apply the information provided in part I. Part II includes step-by-step guidelines for implementing an inclusive curriculum. Chapter 9 contains 10 basic skills units; chapter 10 has 11 sport skills units; chapter 11 has 12 recreation and leisure units; and chapter 12 has 5 health and fitness units. Potential adaptations and modifications for equipment, rules, environment, and instruction are provided for each unit. The adaptations can be recorded to keep track of what works for each child. In addition, each unit has at least one assessment rubric that breaks down a specific skill.

This book includes three helpful appendixes. Appendix A, Disabilities in Kid Terms, provides definitions of many disabilities in terms that children can easily understand. Appendix B, Special Education Terminology, provides definitions of special education terminology as well as any implications for PE teachers. Appendix C, Brockport Aquatic Skills Checklist, provides an aquatic skills assessment to help you evaluate the swimming abilities of children.

We hope this book will empower you to advocate for yourself and your students with disabilities, and we hope you receive the necessary support to help you lead all children in developing healthy and active lifestyles. It is also our hope that you will instill in all your students the notions that anything is possible and that hopes and goals can be achieved through understanding, cooperation, and creativity.

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## PART I

# Understanding Inclusion

More than 95 percent of children with disabilities in the United States are educated in public schools (National Center for Education Statistics, 2016). This change from segregated placements to more inclusive environments is a result of the Education for All Handicapped Children Act of 1975, which was reauthorized as the Individuals With Disabilities Education Improvement Act of 2004 (IDEIA). The legislation requires that children with disabilities receive physical education and, if necessary, that such education be adapted to meet their unique needs. The law also requires that children with disabilities be educated in the environment in which they will be most successful (the least restrictive environment). In physical education, the most successful environment could be a totally inclusive class, a modified class, a segregated class, or something in-between. The most important thing to remember is that children with disabilities can receive adapted physical education in any environment, because adapted physical education is a *service* rather than a *placement*.

Inclusion, which is the process of educating children with and without disabilities together, has become the norm for most school districts across the United States. Even if a district has not embraced the concept of total inclusion, many children with disabilities are included in general physical education classes. Thus, physical education teachers are faced with the challenge of providing appropriate education to students with a variety of abilities. Unfortunately, many teachers lack the professional preparation to successfully include children with disabilities in physical education (Block, 2016; Lieberman, Houston-Wilson, & Kozub, 2002). They might have the best intentions, but they have limited knowledge about how to adapt the curriculum. Most undergraduate programs offer only one class in adapted physical

education, and this is seldom adequate preparation for adapting the whole curriculum for children with disabilities. In addition, most school districts do not offer in-service training to assist teachers and paraeducators in successfully including all children (Davis, Kotecki, Harvey, & Oliver, 2007; Hodge, Lieberman, & Murata, 2012). The challenge faced by physical educators is compounded by the fact that children with disabilities are often behind their typically developing peers in fitness levels (Murphy & Carbone, 2008) and motor skills (Haibach, Wagner, & Lieberman, 2014).

The solution to these problems—and the purpose of the first part of this book—is to educate and empower physical education teachers by introducing the variables that can be adapted to ensure appropriate inclusion in physical education. It is only when teachers are willing to plan and analyze the curricula, instructions, rules, equipment, and environments that children with disabilities will have a chance at full participation in general physical education. Surveys of children with disabilities indicate that these children want to be included. The following lists show how children feel when they are excluded versus when they are included (Falvey, Givner, & Kimm, 1995):

Excluded		Included	
• Angry	• Worthless	• Proud	• Appreciated
• Resentful	• Invisible	• Secure	• Reinforced
• Hurt	• Substandard	• Special	• Loved
• Frustrated	• Unwanted	• Comfortable	• Grateful
• Lonely	• Untrusted	• Recognized	• Normal
• Different	• Unaccepted	• Confident	• Open
• Confused	• Closed	• Happy	• Positive
• Isolated	• Ashamed	• Excited	• Nurtured
• Inferior		• Trusted	• Important
		• Cared about	• Responsible
		• Liked	• Grown-up
		• Accepted	

Inclusion is worth the time and energy it requires, because all students should experience the feelings that result from being included. The strategies presented in this book will help pre-service teachers, teachers, administrators, and support staff in this critical area excel in the art of inclusion.

# Inclusion in Physical Education

## Chapter Objectives

After reading this chapter, you will

- ▶ know the historical and legislative mandates that affect the education of students with disabilities;
- ▶ understand physical education placement options available to students with disabilities;
- ▶ be familiar with research on the effectiveness of including students with disabilities in physical education;
- ▶ know the roles and responsibilities of general physical education teachers and adapted physical education teachers in the education of students with disabilities; and
- ▶ understand the terminology used in special education to better understand the needs of students with disabilities.

Isabel is a 5-year-old girl with cerebral palsy, a condition that affects the central nervous system and movement. Isabel attended an inclusive preschool where she made great gains, especially in her motor skills. She can now walk slowly without a walker and faster with a walker. At the start of kindergarten, Isabel was assigned a teacher's aide named Ms. Adams.

Preparing for kindergarten was a little scary for Isabel, but once she met Ms. Adams, she was more comfortable. Isabel's mother made sure Ms. Adams and the teachers knew about Isabel's disability—as well as her abilities—during her individualized education plan (IEP) meeting. The IEP team decided that Isabel would be included in the general physical education (GPE) class because her skills are adequate for the intended curriculum and she would benefit from being included with same-age peers.

The GPE teacher, Mrs. Bishop, attended the meeting. She did not have much experience teaching children with physical disabilities, but she was willing to do her best to accommodate Isabel. Mrs. Bishop was assured by the team that she would receive support from an adapted physical education (APE) consultant.

The APE consultant showed Mrs. Bishop how to modify and adapt activities to include Isabel in the GPE class. As the school year progressed, Mrs. Bishop began to think of her own strategies, and she also solicited advice from Isabel and the other students. The children were supportive and were enthusiastic about helping Isabel succeed in physical education. Mrs. Bishop modified some equipment, the pace of some games, and the instructional grouping, and Isabel did well. Mrs. Bishop reflected on the experience and concluded that all good teaching is adapted.

As illustrated in the opening scenario, schools are responsible for planning for the inclusion of students with disabilities. The scenario also demonstrates the need for and value of including physical education (PE) teachers in preliminary discussions. For example, when Mrs. Bishop described her limited experience working with students with physical disabilities, the district provided an APE consultant. Unfortunately, scenarios like this are not the norm. Physical educators often don't know until the first day of school that they will have students with unique needs in their classes; they are often left out of the placement planning for students with disabilities and do not receive students' IEPs. This lack of information and communication is frustrating, but it is important that these teachers continue to work to involve themselves in the process. Only through persistence will they become fully valued members of the team. Similarly, teachers who involve themselves in the planning and implementation process will be more able to secure the necessary resources and supports to make inclusion a successful experience for themselves and for their students with disabilities.

## Legislative Mandates: A Historical Perspective

Educating students with disabilities was not always required. In fact, before much attention was paid to the subject, several parent activist groups filed suit on behalf of their children with disabilities who were being denied education. Two specific landmark lawsuits filed in 1972 in the United States (*Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* and *Mills v. Board of Education of the District of Columbia*) set the stage for the passage of several laws that ensured the right to schooling opportunities for all students with disabilities. It was determined that excluding children with disabilities from public education violated the 5th (due process) and the 14th (equal protection under the law) constitutional amendments.

As a result of these watershed lawsuits, two legislative mandates were passed. The first law, Public Law 93-112, is known as the Rehabilitation Act of 1973. One component of the Rehabilitation Act is Section 504, which stipulates that no person with a disability shall be discriminated against or denied opportunity equal to that afforded to nondisabled individuals in any programs or activities that receive federal funding. This stipulation has been especially significant because all public schools receive some form of federal support; as a result, students with disabilities are guaranteed equal protection under the law. This law also stipulates that students with disabilities should be provided with physical education and opportunities in sport-related programs comparable to those available to their nondisabled peers. As a result of



Including a student with a disability in physical education benefits everyone.



this law, some students with disabilities are provided with 504 plans, which identify their unique needs and provide strategies to support and assist these students (e.g., accommodations, modifications) in successfully accessing the curriculum. The other law, Public Law 94-142, is known as the Education for All Handicapped Children Act. It paved the way for full access to education for all students with disabilities. This law has undergone a series of reauthorizations and is currently known as the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 (Public Law 108-446). All components of the Education for All Handicapped Children Act have been retained, and other mandates have been added over the years. The mandates of IDEIA are summarized here.

First, this legislation guarantees that special education is provided to qualified students. **Special education** is specially designed instruction that meets the unique needs of the learners with disabilities and is provided at no cost to parents. Instruction can take place in various environments such as schools, homes, and hospitals. This law also established that instruction in physical education *must* be provided and, if necessary, it can be adapted for students with disabilities. The law defines physical education as the development of (a) physical and motor fitness; (b) fundamental motor skills and patterns; and (c) skills in aquatics, dance, sports, and individual and group games. Physical education is the only curricular area specifically identified in the law. As a result, physical education is considered a direct service. **Direct services** *must* be provided to all students with disabilities, whereas **related services** are provided to students as needed to allow them to benefit from educational experiences (e.g., occupational therapy, speech therapy, physical therapy). Although physical therapy (the development of gross motor coordination and function) and occupational therapy (the development of fine motor coordination and function) can supplement a PE program, these services cannot take the place of physical education (Silliman-French, Candler, French, & Hamilton, 2007).

The second mandate of IDEIA stipulates that special education services must be provided by qualified personnel. Although federal legislation does not define the term *qualified personnel*, states define it in their regulations governing physical education. New York, for example, defines it as anyone certified to teach physical education. Some states allow classroom teachers to provide adapted physical education, and others, such as California, require APE certification. Regardless of state definitions, however, anyone who provides physical education to students with disabilities should be aware of appropriate adaptations and modifications to ensure successful PE experiences (Winnick, 2017).

The third requirement of the law is that students with disabilities must be provided with **individualized education plans** that identify specific educational needs and determine appropriate resources for addressing those needs. Typically, an IEP team is assembled to determine an appropriate plan when the district is first notified that a student with disabilities will be attending the school. IEP teams usually include parents; general education teachers (including the GPE teacher if the student will be participating in regular physical education); special education teachers; special education providers, including adapted physical educators; a school psychologist; a school district representative; others, at the request of the parents or the school district; and, when appropriate, the child (Winnick, 2017). During IEP deliberations, participants make **placement** decisions, determine modifications, and formulate adaptation strategies; they also finalize goals and objectives based on the standard goals and objectives specific to each curricular area and on the results of student assessments. Chapter 4 provides more information about the IEP process.

For a student to qualify for special education services, the child must have a disability that falls into one of the 14 categories of disability identified in table 1.1.

Currently, any student between the ages of 3 and 21 who meets the criteria for one or more of the specified disabilities must be provided with a free, appropriate public education in the **least restrictive environment (LRE)**. The LRE is the environment in which the child learns best. To the extent possible, students with disabilities should

**TABLE 1.1 Categories of Disability**

<b>Disability</b>	<b>Definition</b>
Autism	Developmental disability that significantly affects verbal and nonverbal communication and social interaction (generally evident before age 3) and adversely affects a child's educational performance.
Deafblindness	Simultaneous hearing and visual impairments that cause such severe communication and other developmental and educational needs that the child cannot be accommodated in special education programs for children with deafness <i>or</i> blindness.
Deafness	Hearing impairment so severe that a child cannot process linguistic information through hearing (with or without amplification), which adversely affects a child's educational performance.
Developmental disorder or delay	From ages 3 through 9 the term (as defined by each state) means a delay in one or more of the following areas: physical development, cognitive development, communication, social or emotional development, or adaptive (behavioral) development.
Emotional disturbance or behavior disorder	Condition exhibiting one or more of the following characteristics over a long period and to a marked degree that adversely affects a child's educational performance: <ul style="list-style-type: none"> <li>• An inability to learn that cannot be explained by intellectual, sensory, or health factors</li> <li>• An inability to build or maintain satisfactory interpersonal relationships with peers and teachers</li> <li>• Inappropriate types of behavior or feelings under normal circumstances</li> <li>• A general pervasive mood of unhappiness or depression</li> <li>• A tendency to develop physical symptoms or fears associated with personal or school problems</li> </ul>
Hearing impairment	Impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of deafness.
Intellectual disability	Significantly less-than-average general intellectual functioning that exists concurrently with deficits in adaptive behavior, is manifested during the developmental period, and adversely affects a child's educational performance.
Multiple disabilities	Simultaneous impairments (e.g., intellectual disability-blindness, intellectual disability-orthopedic impairment) that cause severe educational needs that cannot be accommodated in a special education program for only one of the impairments. Does not include deafblindness.
Orthopedic impairment	A severe orthopedic impairment that adversely affects a child's educational performance. Includes impairments caused by congenital anomaly, disease, and other causes.
Other health impairment	Limited strength, vitality, or alertness that adversely affects a child's educational performance. Can be due to chronic or acute health problems (such as asthma, attention-deficit disorder or attention-deficit/hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome).
Specific learning disability	Disorder in one or more of the basic psychological processes involved in understanding or using language (spoken or written) that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; intellectual disability; emotional disturbance; or environmental, cultural, or economic disadvantages.
Speech or language impairment	Communication disorder such as stuttering, impaired articulation, language impairment, or voice impairment that adversely affects a child's educational performance.
Traumatic brain injury	Acquired injury to the brain caused by an external physical force that results in total or partial functional disability or psychosocial impairment (or both) that adversely affects a child's educational performance.
Visual impairment	Impairment in vision that, even with correction, adversely affects a child's educational performance. Includes both partial sight and blindness.

Based on IDEIA 2004.

be educated with their typically developing peers unless it is not beneficial to do so. Students with disabilities should be removed from the general education class only when the student needs additional one-to-one services, the placement has a negative effect on the other students in the class, the inability to perform physically is deemed significant enough to warrant alternative placements, or the student is not receiving educational benefit from general education placement (Block, 2016). In summary, students with disabilities should be separated from typically developing peers for physical education if there is a probability of harm to students with disabilities or their peers (e.g., disability is exacerbated by involvement in regular physical education, behaviors harm self or others).

The Rehabilitation Act and IDEIA affect how PE services are provided to students with disabilities. The sidebar Physical Education Requirements in IDEIA can be used to support inclusion or placement recommendations when these are being discussed with administrators or colleagues who are not familiar with the laws.

## Physical Education Requirements in IDEIA

**34 C.F.R. 300.39(b)(2).** IDEIA defines *physical education* as the development of

- physical and motor skills;
- fundamental motor skills and patterns; and
- skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).

**20 U.S.C. 1401(29) Special Education.** The term *special education* refers to specially designed instruction that meets the unique needs of a child with a disability. This includes

- instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and
- instruction in physical education.

**34 CFR 300.108 Physical Education.** The state must ensure that public agencies comply with the following:

- a. **General.** Physical education services (specially designed, if necessary) must be made available to every child with a disability who receives a free appropriate public education (FAPE) unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.
- b. **Regular physical education.** Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children unless
  1. the child is enrolled full time in a separate facility; or
  2. the child needs specially designed physical education, as prescribed in the child's IEP.
- c. **Special physical education.** If specially designed physical education is prescribed in a child's IEP, the public agency responsible for the education of that child must provide the services directly or arrange for those services to be provided through other public or private programs.
- d. **Education in separate facilities.** The public agency responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services in compliance with this section.

See more at [www.wrightslaw.com/info/pe.index.htm](http://www.wrightslaw.com/info/pe.index.htm) (Wright & Wright, 2010).

## Placement Options in Physical Education

The model of providing services to students with disabilities in the typical environment rather than removing them from the general class is known as **inclusion**. When students with disabilities are provided with specialized instruction in physical education to meet their unique needs, they are receiving *adapted physical education*. Adapted physical education is a *service* rather than a *placement*. While every effort should be made to educate students with disabilities in general physical education by providing the necessary supports to ensure success, there will be instances in which the regular class placement is not in the best interest of the learner and perhaps not in the best interest of his or her peers (i.e., when a student is extremely disruptive or distracting). The law provides for a continuum of placement options for students with disabilities; these options range from a totally inclusive environment to a self-contained environment. Students can move from option to option based on their unique needs within a given curricular area.

The following is an example of a continuum of placement options in physical education. These options provide a basis for making educated decisions about the most appropriate learning environments for students with disabilities in physical education. With the exception of full inclusion with no adaptations or support, specific information regarding the placement must be included in the IEP. In the list, A is most inclusive and E is the least inclusive.

### A. Inclusion Options

- Full inclusion with no adaptations or support (no IEP needed)
- Full inclusion with curriculum adaptations and modifications
- Full inclusion with trained peer tutors
- Full inclusion with paraeducators
- Full inclusion with specialists
- Modified physical education (small class) with able-bodied peers

### B. Part-Time Self-Contained and Part-Time Integrated Placement Options

- Split placement without additional support
- Split placement with additional support

### C. Community-Based Placement Options

- Part-time community-based and part-time school-based placement
- Full-time community-based placement

### D. Full-Time Self-Contained Placement Options Within a Regular School District

- Self-contained placement with no additional support
- Reverse integration (typically developing peers attend class with peer with a disability)
- Paraeducator one-to-one support

### E. Other Placement Options

- Day school for specific disabilities
- Residential school for specific disabilities
- Home schooling
- Institution
- Hospital

Regardless of the placement option chosen, teachers must understand their unique roles and responsibilities when teaching students with disabilities in their PE classes. See chapter 3 for more information on placement.

## Roles and Responsibilities of General Physical Education Teachers

GPE teachers assume multiple roles. They prepare and implement units of instruction and lesson plans in line with state and national standards. They ensure the safety of all participants by minimizing foreseeable risks, checking on the integrity of equipment, and maintaining a safe and secure physical environment. They assess student performance and modify or enhance the curriculum based on students' needs while managing an array of student behaviors to ensure successful and positive learning environments. GPE teachers also engage in public relations to promote their programs. In addition, many GPE teachers coach sports and are involved in other school-related functions.

One of the most important responsibilities of the GPE teacher is engaging in professional development. Keeping current in the field and adhering to best practices in teaching strengthens the profession and assists GPE teachers in accessing information on how to best meet the needs of all their students, especially those with unique PE needs. Professional development training is by far the best way for teachers to gain the knowledge and experience needed to accommodate students with disabilities. Mastering the skills needed to accommodate students with disabilities, such as adapting activities, working with paraeducators and special education teachers, understanding how to read and write IEPs and 504 plans, and collaborating with other professionals who are experts in the motor domain (e.g., physical and occupational therapists) requires a commitment to continued professional development (Choi, French, & Silliman-French, 2013; Grenier, 2011; Silliman-French et al., 2007).

School districts are responsible for providing ongoing educational support and training for their employees, and physical educators can request in-service training in adapted physical education. Physical educators can also take advantage of various books and resources geared toward teaching students with disabilities in physical education. In addition, specially trained PE teachers, known as *adapted physical educators*, are available to consult with school districts and, if necessary, provide hands-on assistance. During meetings and deliberations on services that will be provided to the child, the GPE teacher can request professional support—specifically, the support of an APE specialist. APE specialists have extensive training in working with students with disabilities and can greatly assist the GPE teacher in providing the best possible experience to students in need of adapted physical education.



The least restrictive placement for this student is with a peer tutor who provides physical assistance.

## Roles and Responsibilities of Adapted Physical Education Specialists

All APE specialists have training not only in general physical education but also in specific disability populations, communication methodologies, assessment methods, and the legal requirements of educating students with disabilities. An APE specialist typically has a master's degree in adapted physical education or had an undergraduate concentration in the field. Many take the Adapted Physical Education National Standards (APENS) test to become Certified Adapted Physical Education Teachers