



Dear Parent/Guardian,

All students enrolled in Austin Independent School District are mandated to take a required amount of physical education depending on their grade level. Students in 3<sup>rd</sup>-12<sup>th</sup> grade are also required to be physically assessed using FITNESSGRAM. Students must be classified as Non-Restricted (no physical limitations), Restricted (some physical limitations), or Adapted (cognitive and/or physical limitations) before entering a Physical Education Class (Policy: EHAA Legal). If a student is classified as Restricted or Adapted with physical limitations, a member of the healing arts must provide specific documentation regarding the student's physical limitations. Accommodations and/or modifications regarding the student's physical limitations will be made based on the student's individual needs and the Restricted Physical Activity Report that is attached from a licensed member of the healing arts. The "general" physical education teacher or the adapted physical education teacher will ensure the teaching of the Texas Essential Knowledge and Skills for Physical Education based on the student's physical activity limitations.

**The Restricted program excludes the more vigorous activities. The Restricted program has two types of classifications:**

- a. Permanent—A member of the healing arts licensed to practice in Texas shall provide written documentation to the school as to the nature of the impairment and the expectations for physical activity for the student. The student shall continue to learn the concepts of the lessons but shall not actively participate in the skill demonstration.
- b. Temporary—Students may be restricted from physical activity of the physical education class. A member of the healing arts licensed to practice in Texas shall provide written documentation to the school as to the nature of the temporary impairment and the expected amount of time for recovery. During recovery time, the student shall continue to learn the concepts of the lessons but shall not actively participate in the skill demonstration.

**The Adapted Physical Education program may have restrictions as well. Specific activities may be prescribed or prohibited for students as directed by a member of the healing arts licensed to practice in Texas.**

Please have your child's physician complete the attached Medical Report and return as soon as possible to his/her physical education teacher or to the ARD committee. This will ensure that your child's physical education instruction will be based on his/her individual needs. A copy of this document will also be provided to the school nurse. All health information is protected under the Health Insurance Portability and Accountability Act (HIPAA).

Sincerely,

Michele Rusnak  
Physical Education Coordinator  
Austin Independent School District  
[mrusnak@austinisd.org](mailto:mrusnak@austinisd.org)

## Austin ISD Restricted Physical Activity Report for Physical Education

Dear Physician,

All students in the State of Texas are required to take a designated amount of physical education at each grade level. Students in 3<sup>rd</sup> – 12<sup>th</sup> grade must also be assessed on their physical fitness using the state approved FITNESSGRAM assessment. A student who is unable to participate in the general or adapted physical education program, due to a specific physical condition, will have his/her program modified based on the results of this document.

Student Name \_\_\_\_\_ School \_\_\_\_\_

### FINDINGS AND RECOMMENDATIONS TO THE SCHOOL

I have examined \_\_\_\_\_ on (date) \_\_\_\_\_ and found the following physical condition(s) that may limit his/her participation in a physical education or an adapted physical education class:

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The condition(s) listed above is (circle):                  permanent          or          temporary

If classified as temporary:  
the student will require a restricted program until \_\_\_\_\_ 20 \_\_\_\_\_

# Austin ISD Restricted Physical Activity Report for Physical Education

## ACTIVITY GUIDE

Please check the appropriate activity levels for the physical limitations.

I. MOVEMENTS	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Balancing					
Bending					
Catching					
Climbing					
Dribbling					
Hanging					
Jumping & landing					
Kicking/punting					
Locomotor Skills (walking, jogging, skipping, etc.)					
Lifting					
Pulling					
Pushing					
Rolling					
Running					
Striking					
Stretching					
Throwing					
Twisting					
Volleying					

II. CONDITIONING	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Aerobic Endurance					
Muscular Strengthening					
Upper Body					
Lower Body					
Flexibility					
Upper Body					
Lower Body					

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\* Very little activity

\*\* Half as much as the unlimited program

III. FITNESSGRAM (State Assessment)	OMIT	MODIFY	UNLIMITED	REMARKS
Curl-ups				
Push-ups				
Trunk Lift				
Back Saver Sit & Reach				
Mile Run/PACER				

\* Very little activity

\*\* Half as much as the unlimited program

IV. Active Environment	OMIT	MODIFY	UNLIMITED	REMARKS
Individual Activity				
Partner Activity				
Small Group Activity				
Large Group Activity				

Additional Comments:

Printed name of Physician \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Physician's Fax # \_\_\_\_\_

Printed name of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Cc  
Adapted Physical Educator  
School Nurse  
Place copy in Sp. Ed./504 folder were applicable