SACHEM H.S. EAST / NORTH CAMPUS
SECONDARY PHYSICAL EDUCATION ACTIVITY FORM

TO: Dr. _____ Date: _____

RE: _____
Name of Student Grade P.E. Teacher

All pupils registered in a school in New York State are required by the Education Law to attend courses of instruction in Physical Education. These courses will be adapted to meet individual pupil needs when possible. This means that a pupil who is unable to participate in the entire program may have his/her activities modified to meet his/her needs and/or improve his/her condition. The Physical Education classes are approximately 40 minutes in length and are held three times per week.

The following is a general list of activities included in the Physical Education program:

PLEASE CHECK THE ACTIVITIES IN WHICH THIS PUPIL ***MAY*** PARTICIPATE.

( ) Aerobics ( )Step ( ) Low-Impact
( ) Archery
( ) Badminton
( ) Basketball
( ) Cardio – Fitness
- ( ) Treadmill
- ( ) Stationary Bike
- ( ) Stair Master
- ( ) Elliptical

( ) Cricket
( ) Dance
( ) Football
( ) Golf
( ) Lacrosse
( ) Long Distance/Mile Run
- ( ) Walk Mile

( ) Physical Fitness

( ) Soccer
( ) Softball
( ) Swimming / Water Sports/Canoeing
( ) Table Tennis (Spec. Ed.)
( ) Tae Bo
( ) Team Handball
( ) Tennis

( ) Track and Field
( ) Volleyball
( ) Walking
( ) Weight Training Only
- ( ) lower body
- ( ) upper body

( ) Wellness/Stress Mgmt

( ) Project Adventure – (for those currently enrolled in Project Adventure) student may participate in activities that include: tag games, risk taking, climbing (upper/lower body strength activities). There is a canoeing unit involved for this course. This is a water activity. This is a full year course. You must be able to do all activities at all times.

( ) Sportsfolio – written program for those students who cannot participate in any physical activities for longer than 3 weeks.

Student's Diagnosis: _____

This is to certify that I have examined the above named student on _____ and recommend that he/she <u>should</u> participate only in the activities that are checked for a period of _____ weeks. When do you wish the patient to return to you for re-evaluation? _____ When may student return to full P.E.? _____
DATE DATE

Additional Remarks: _____

_____
Physician's Signature

_____
Address

Please return to **<u>School Nurse</u>**