

ADAPTED PHYSICAL EDUCATION ENVIRONMENTS

Inclusion - the currently popular synonym for mainstreaming

Full Mainstreaming - disabled students function as full-time members of a regular school routine. They go to all classes with able-bodied students and participate in regular physical education classes.

Mainstreaming for Physical Education Only - disabled students are not members of academic classes, but participate in physical education with able-bodied students. This is a common situation for mentally retarded and/or learning disabled students.

Partial Mainstreaming - students take part in selected physical education experiences but do not attend classes on a full-time basis, because they can be successful only in some offerings. Their developmental needs are usually met in special classes.

Special Developmental Classes - disabled students are in segregated, special education classes.

Reverse Mainstreaming - able-bodied students are brought into special physical education classes to promote peer relationships and assist with instruction

There is significant evidence that physical education for disabled students is neglected and many are inappropriately placed. The NC Department of Public Instruction reports that 87 percent of disabled students are receiving physical education in regular classes. Defacto integration of disabled students into regular physical education classes violates IDEA, but it most often occurs through by administrative decree. In fact, in some schools and in some states, the IDEA's physical education requirement is totally ignored.

Recall that figures report that 94 percent of American disabled students received special education in regular school environments (Full or Partial Mainstreaming).

Residential programming is required when (1) more than 6 hours of instruction is necessary to meet the child's educational needs, (2) the severity of the child's language deficiency precludes meaningful benefit from pre-group learning and interaction with children without disabilities in the mainstream setting, and (3) social emotional adjustment are poor in the mainstream setting.

The Cascade System of Placement

Regular Class Placement

Regular Class Placement with Support Service Assistance

Regular Class with Supplementary/Resource Room Assistance

least
restrictive
↑
move soon
as possible

Part-Time Special Class Placement

Full-Time Special Class

↑

Part-Time Individual Class Placement

move only if
necessary
↑
most
restrictive

Full-Time Individualized Class

Special Schools

Hospitals and Treatment Centers

SEGREGATED DELIVERY MODEL DISADVANTAGES

1. Exposure to able-bodied students is absent or minimal.
2. Severely disabled students tend to learn "handicapped," dependent skills, attitudes, and values.
3. Teachers tend to strive for the resolution of disability-related problems in expense of developing functional community-based skills.
4. Most comparisons are made in relation to degree of disability rather than to the criteria of able-bodied performance. The focus is on limitations rather than on capabilities.
5. Lack of exposure to severely disabled students limits the probability that the skills, attitudes, and values of able-bodied students will become more constructive, tolerant, and appropriate.

Certainly, it is possible that interaction may not take place even if severely disabled students are in the presence of able-bodied students. However, unless severely disabled students and able-bodied students occupy the same space, interaction is impossible.

Early studies on the social benefits of mainstreaming disabled students indicated that under certain conditions the disabled person could be adversely affected. To ensure that social benefits occur, the social environment must be conducive to the social capabilities of the teacher, the able-bodied student(s) and the disabled student(s). Everyone involved must be supportive of the socialization process. It has been shown that under proper conditions, disabled students benefit most from direct competition and interaction with the non-disabled.

Mainstreaming programs have been found effective at age levels from preschool to high school with disabilities ranging from mild to severe. However, these successes were primarily in academic areas. Research describing the benefits of inclusion in physical education settings is less clear. The available research points out that the benefits of mainstreaming in physical education currently are, at best, mixed.

THE SPECIALIST

Adapted physical education specialists work primarily in five roles:

1. Direct Service Delivery - most teachers with master's degrees in adapted physical education work full-time in public or residential schools providing direct services to severely disabled students who cannot be placed in full-time physical education.
2. Consulting and Resource Services - other teachers with master's degrees in adapted physical education work in consultation and resource roles in which they can assist regular physical educators with disabled students
3. Preservice Training - most persons with doctoral degrees in adapted physical education teach in colleges and universities where they teach students before their full-time employment
4. In-Service Training - almost all persons with expertise in adapted physical education are involved in workshops and concentrated learning experiences directed toward teachers who are already employed
5. Administration - some adapted physical education specialists work in administrative roles, implementing assessment and placement procedures for school districts or residential facilities, and supervising others in direct service delivery. Others direct sports organizations for disabled athletes or agency sponsored sport and recreation programs.

THE REGULAR PHYSICAL EDUCATION TEACHER

The regular physical educator teaches both able-bodied and disabled students in the mainstream setting, adapting pedagogy, equipment, and environment as needed. Educators may also be assigned one or two classes of separate, adapted physical education for students with severe psychomotor problems. Occasionally, they work individually with such students. Regular physical educators are often involved in Special Olympics, cerebral palsy sports, wheelchair sports, and other special events for disabled persons.

If the school system does not have an adapted physical education specialist, regular physical educators perform all of the tasks normally expected of the adapted physical education specialist. To fulfill these responsibilities, they may ask their principals to bring in an adapted physical education consultant or to fund their participation in in-service training. When a school district has 30 to 40 students with severe psychomotor problems that may band together to ask their administration to employ a full-time adapted physical education specialist.

USE OF RELATED SERVICES

Before a related service such as physical therapy, occupational therapy, or recreational therapy can be implemented, it should be determined whether the limitations of that particular child are such that direct services (physical education) cannot effectively deal with the child's educational problem. A related service should be provided when a child cannot make the expected progress in skill development in physical education without the benefit of that related service. For example, if it is decided that a disabled child does not have the range of motion in a joint to perform a skill, then a physical therapist may be called upon to provide a related service. The physical therapist designs and provides a program for the development of the specific flexibility and range of motion needed. The child then can benefit from instruction and can acquire that skill after the range of motion problem has been addressed.

It is important to remember that the development of physical education skills is the responsibility of the physical educator. The development of physical prerequisites (of a pathological nature) to a skill is the responsibility of the related service provider. The greater emphasis on the physical education and the relegation of medical services to related services (once part of the adapted physical education medical model) upgrades the quality of instruction for the disabled child.

Remember that under no circumstances should the related service replace direct services such as physical education. That is to say that physical education is to be supported by a service such as physical therapy, but in no circumstance is physical therapy to be substituted for physical education.

PROCEDURES FOR PROVIDING SERVICES

- STEP 1 - REFERRAL - Teachers have a right and an obligation to refer students who are not learning. Parents may also refer a child.
- STEP 2 - COMMITTEE REVIEW OF REFERRAL - A committee reviews the referral and other information available about the student. There are several options available to the committee. They may decide that the student should be formally tested to verify whether the student does have special needs. The committee could also decide that the student's needs are within normal range and no special education should be provided. Even if this is the committee's finding they can recommend other means of helping the student and/or the teacher.
- STEP 3 - ASSESSMENT - It is necessary to have parental permission before assessing the student to determine his or her eligibility as a disabled learner. Without parental permission, individual diagnostic tests cannot be administered unless the school wishes to legally challenge the parents' decision.
- Care should be taken to ensure that valid information is obtained. The assessment procedures should be sufficiently comprehensive to diagnose and appraise a student's disability. No matter who makes the initial referral, information about the student's motor and physical fitness should be obtained.
- STEP 4 - REVIEW OF ASSESSMENT DATA - The committee reviews the data gathered to determine whether the student is eligible as a disabled student under IDEA. Some school systems provide special education for students with problems even if ineligible under IDEA. School systems are not reimbursed for services provided for ineligible students, but are partially reimbursed for those who technically qualify for services. (Some states reimburse for adapted physical education.)
- STEP 5 - DEVELOPMENT OF THE IEP - The IEP is the core of the entire process for providing special educational services. There are two main parts of the IEP requirement: (1) The IEP committee and their meetings, at which parents and school personnel jointly make decisions about a disabled child's education program. It is important to remember that some decision regarding physical education is required by law. (2) The IEP document itself, which is a written record of the decisions reached at the meetings, the services that are provided, and the progress the student is making.
- STEP 6 - IMPLEMENTING THE IEP - It is important to know that changes in the educational program or the educational placement of children are not permissible without parent participation and documentation of the appropriateness of the change.

THE IEP COMMITTEE

By legal definition, the IEP team must include the following:

1. A representative of the public agency, other than the child's teacher, who is qualified to provide or supervised the child's special education
2. The child's teacher
3. One or both of the child's parents
4. The child, whenever appropriate
5. Other individuals at the discretion of the parents or agency

It is the responsibility of the school to formally notify the parents of the meeting and to schedule the meeting at a place and time that is convenient for them.

The law does not stipulate that a physical educator be a part of the IEP committee. However, if adapted physical education is appropriate for the student, a physical educator should be on the team.

The IEP committee has the responsibility of developing an appropriate educational program for each student. They must meet at least once a year and more often if necessary. Because physical education is defined as a part of special education under PL 94-142 and IDEA, the committee must decide the type of physical education program appropriate.

CONTENT OF THE IEP

According to PL 94-142 and IDEA, the IEP must include:

1. A statement of the child's present level of performance
2. A statement of annual goals, including short-term objectives
3. A statement of the specific special education services and related services to be provided
4. The extent to which the child will be able to participate in regular educational programs
5. The projected date for initiation of services and anticipated duration of services
6. If the child is at least 16 years old, the IEP must include a plan (goals and actions) to transition the student out of the school environment appropriate adult-life services or activities
7. Appropriate objective criteria and evaluation procedures and schedules for determining whether instructional objectives are being achieved, at least on an annual basis

PURPOSES OF THE IEP

The IEP:

1. Is a communication tool between the parents and school personnel - they jointly decide the educational needs of the child and the education & related services to be provided - helps resolve potential differences between parents and school officials
2. Identifies in writing the resources necessary to the child's education
3. Is a management tool that is used to ensure each disabled child is provided special education and related services as appropriate
4. Is a compliance tool, or a monitoring device that local and federal officials can use to determine whether a student is receiving the educational program agreed to
5. Is an evaluation instrument that helps determine the child's progress toward meeting the stated educational goals and the appropriateness of the program in meeting the child's needs

The court cases and resulting legislation of the 1970s required educators of disabled students to be accountable for the services they provide. Accountability means being responsible for assuring that the education programs ultimately lead to independent functioning in the community. The IEP is the instrument that is intended to assure that the school system is held accountable for the educational services provided. The inclusion of the parents and the child (whenever appropriate) is also an attempt to hold the school system accountable for services.

Many teachers believe that the IEP makes them accountable if the child does not achieve the stated objectives in the stated amount of time. It does not; it holds the school accountable for good faith efforts to meet the student's needs, not whether the student makes progress.

VALUE OF THE IEP

Below are statements identifying the value that IEPs have for various constituencies.

DISABLED STUDENTS - IEPs are personal and fair. The disabled student is not entirely like others nor entirely different. The IEP acknowledges special needs and confirms that no part of the physical education will be neglected.

PARENTS - It ensures the parents have a voice in planning services and instructional content.

SOCIETY - The IEP is a useful document to ensure to the greatest extent possible that education contributes to the self-sufficiency of the student and therefore less dependent on society's resources.

TEACHERS - It provides accessible and current data: it is a tool that links supportive expertise. The IEP is the basis for day-to-day lesson planning. (It is not substitute for lesson plans or curriculum.) It keeps student and teacher on target because the predicted outcome is in clear view to both. The IEP also promises support for redesigning the instructional plan.