

SACHEM MIDDLE SCHOOLS
PHYSICAL EDUCATION ACTIVITY FORM

TO: Dr. _____ Date: _____

RE: _____
Name of Student Grade

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 Middle School Physical Education program:

PLEASE CHECK THE ACTIVITIES IN WHICH THIS PUPIL MAY PARTICIPATE.

- | | | |
|---|---|---|
| <input type="checkbox"/> Adventure games | <input type="checkbox"/> Dance | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> European Handball | <input type="checkbox"/> Table Tennis (Spec. Ed.) |
| <input type="checkbox"/> Step <input type="checkbox"/> Low-Impact <input type="checkbox"/> Tae Bo | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Team Handball |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Flag/touch Football | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cardio – Fitness | <input type="checkbox"/> Lacrosse – non-contact | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Elliptical | <input type="checkbox"/> Long Distance/Mile Run | <input type="checkbox"/> Weight Training Only |
| <input type="checkbox"/> Glider | <input type="checkbox"/> Walk Mile | <input type="checkbox"/> lower body |
| <input type="checkbox"/> Rowing machine | <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> upper body |
| <input type="checkbox"/> Stair Master | <input type="checkbox"/> Pickle Ball | <input type="checkbox"/> Wellness/Stress Mgmt |
| <input type="checkbox"/> Stationary Bike | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling – Grade 6 only |
| <input type="checkbox"/> Treadmill | | |

Student's Diagnosis: _____

This is to certify that I have examined the above named student on _____ and recommend that he/she should 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 **School Nurse**