

**Lockport Township High School**

**Physical Education Student Modification Sheet**

This Modified Physical Education sheet is for students who, for medical reasons are, unable to participate in regular Physical Education classes. This form is also for students with disabilities that merit an adapted curriculum. The curriculum is modified and adapted so that each student can participate and benefit from daily exercise and activity at an individual level. Lockport Township High School has the most current equipment and first rate facilities to meet the needs of all students. The instructor will work with the doctor in an effort to design a program meeting the needs of the student.

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Grade \_\_\_\_\_ Counselor/CaseManager \_\_\_\_\_ Instructor \_\_\_\_\_

Date: \_\_\_\_\_ Dr. Name: \_\_\_\_\_ Dr. Contact #: \_\_\_\_\_

Diagnosis and Time Frame:

\_\_\_\_\_  
\_\_\_\_\_

Can the student walk? Yes or No                      Can the student jog? Yes or No                      Can the student run? Yes or No

Can the student use a treadmill? Yes or No

Can the student use a stationary bike? Yes or No                      Can the student use a hand crank wheel: Yes or No

Can the student perform upper body weight exercise? Yes or No                      Lower body exercises: Yes or No

Can the student perform resistance band exercises? Yes or No

Can the student perform flexibility training (stretching)? Yes or No

Can the student swim (chair lift is available)? Yes or No

Can the student perform Physical Therapy prescribed exercises? Yes or No

Can the student perform individual sports (no physical contact)? Yes or No

Can the student perform team or group activities? Yes or No

Any additional comments about the student's abilities or activities not mentioned that they can participate in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Doctor Signature \_\_\_\_\_

Parent Signature: \_\_\_\_\_

We will ensure the above recommendations are followed. If anything changes in the student's condition, please contact Todd Elkei at 815-588-8419.

This form can be emailed to [telkei@lths.org](mailto:telkei@lths.org) or faxed to 815-588-8159 attn.: Todd Elkei