



Recess/ Phy Ed Restrictions/Modification Elementary

Student _____ **Time Period:** _____

The following recommendations should be followed:

- No Indoor / Outdoor Recess
- Physical Education with NO restrictions
- No Physical Education
- Physical Education with restrictions in the following curriculum:

K-2

3-5

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| _____ Locomotor Skills (running, skipping, etc.) | _____ Soccer |
| _____ Low organized games (throwing, catching, dodging, running) | _____ Flag Football |
| _____ Ball skills (throwing, catching, kicking) | _____ Blacktop game (ball - 4 square) |
| _____ Rope Jumping | _____ Volleyball |
| _____ Rhythms (music activities - parachute etc.) | _____ Rope Jumping |
| _____ Small Apparatus (bean bags, hoops, etc.) | _____ Higher organized games (throwing, dodging, running, hitting etc) |
| _____ Low organized games (relays) | _____ Floor Hockey |
| _____ Gymnastics | _____ Gymnastics |
| _____ Rhythms (music activities- dance) | _____ Basketball |
| _____ Ball skills (bouncing & dribbling) | _____ Physical Fitness Testing |
| _____ Physical Fitness (strength, endurance etc) | _____ Track and Field |
| _____ Floor Hockey | _____ Softball |
| _____ Track and Field (dash, jumping, strength) | _____ Rhythms (music activities-dance) |
| _____ Softball/ t-ball | |

OTHER (Restrictions/modification not listed): _____

Physician Signature: _____ **Date** _____

