**North Carolina Department of Public Instruction**

Exceptional Children Division

**Adapted Physical Education (APE)**

**Questions and Answers**

1. **What is Adapted Physical Education?**  
   Adapted Physical Education (also called specially designed instruction in physical education) is a direct educational service uniquely designed and documented in a student’s Individual Education Program (IEP) to meet his/her needs in physical education. Adapted Physical Education (APE) is not a related service. It is special education to ensure access to and progress through the Healthful Living Essential Standards.
2. **What is the goal of APE?**  
   The primary goal of APE is to provide individualized physical education in a setting that will promote progress through the Healthful Living Essential Standards for Physical Education and in motor and functional skill development, safety, and full participation. Additionally, the APE program in every LEA works to ensure students with disabilities can participate in athletics and physical and leisure activities at school and in their community.
3. **What is the difference between Adapted Physical Education, Physical Therapy (PT), and Occupational Therapy (OT)? They look the same.**  
   Adapted Physical Education, Physical Therapy and Occupational Therapy all work to support and improve how a student moves but they are not the same. They may work on the same skill but approach it with different expertise.

Physical Therapy is provided by a licensed PT or PT assistant and primarily works to improve gross motor skills,balance, mobility, strength and flexibility using a variety of therapeutic interventions. PT interventions can include: therapeutic exercise, functional training, manual therapies, mobility or gait training, balance and neuromuscular education or re-education. Physical therapists suggest, fit and instruct students and teachers how to use specific equipment including braces, walkers, standards and wheelchairs. Physical Therapists address problems with safety, campus and classroom accessibility, participation and equipment needs.

Occupational therapy is a student-centered continuum of services provided by a licensed occupational therapist or a licensed and supervised occupational therapy assistant. These services assist a student to engage in meaningful and/or necessary occupations that allow a student to participate in and benefit from special education. These occupations may include student role/interaction skills, learning academics and process skills, personal care, play and recreation, written communication, and community integration and work.

Adapted Physical Education is the Healthful Living Essential Standards/ PE curriculum taught and adapted by Adapted Physical Education Specialists and Physical Education teachers through modified games and sport activities to provide specialized instruction for the skills required for the PE curriculum. APE modifies the game and sport activities so that the student can experience appropriate challenges and subsequent success. Adapted Physical Educators work for student progress in physical education by improving manipulating objects (e.g., throwing, catching, striking, kicking, and rolling); participation (e.g., sequencing, following directions, communication, teamwork and cooperation); fitness (e.g., strength, flexibility and cardio-respiratory endurance) and motor skills (e.g., balance, walking, running, skipping, hopping, jumping and galloping).

**4. What is the policy in NC regarding APE?**

*NC Policies Governing Services for Students with Disabilities state (NC 1500-2.1) that:*

(a) Children with disabilities shall have equal access to the provision of physical education. Physical education includes the development of:

1. Physical and motor fitness;
2. Fundamental motor skills and patterns; and
3. Skills in individual and group games, sports, and activities (including intramural and life-time sports).

(b) If a child with a disability cannot participate in the regular physical education program, individualized instruction in physical education designed to meet the unique needs of the child shall be provided. Physical education may include:

1. Modified physical education,
2. Adapted/special physical education,
3. Movement education, and
4. Motor development.

(c) Modified physical education is appropriate for a child who can participate in the general physical education program with accommodations or modifications. These modifications can include changing rules, equipment, time limits, etc. It can also include supports such as a sign language interpreter.

(d) Adapted physical education (also called specially designed or special physical education) is instruction in physical education that is designed on an individual basis specifically to meet the needs of a child with a disability. (Authority: 20 U.S.C. 1401; 34 CFR 300.39(2)(3))

1. **How does a student receive APE?**

**As a part of the referral process, IEP teams must review and discuss referral concerns to determine whether a student should be evaluated in this area (Healthful Living/PE).**

*Evaluation-* As a part of comprehensive evaluation for eligibility for Special Education and Related Services, the need for APE is determined individually for each student by the IEP team. In order to understand a student’s need for APE, s/he should be provided the opportunity to participate in the general physical education program. Then information regarding performance and participation in PE can be collected and provided to the IEP team. The need for specially designed instruction for PE or APE is determined by the IEP Team based on student data and evaluation. These data should provide the IEP team information about student strengths and needs associated with participating in and progressing through NC Healthful Living Essential Standard-Physical Education, (<http://www.ncpublicschools.org/docs/acre/standards/new-standards/healthful-living/khs.pdf>).

Best practice dictates that an adapted physical education specialist should conduct the evaluation to assess for strengths and needs in PE. In the case that the local education agency (LEA) does not have an adapted physical education specialist, the general education physical education teacher collaborates with a special education teacher, occupational therapist and/or physical therapist to provide the IEP team with the student data and information required to determine what is needed for the student to access and fully participate in the PE curriculum.

A listing of frequently used assessments can be found on the NC DPI APE webpage: <http://ec.ncpublicschools.gov/instructional-resources/adapted-physical-education> Additional resources are available from the North Carolina Adapted Physical Education Advisory Council ([www.nc-ape.com](http://www.nc-ape.com)).

*IEP Development-* If the IEP team determines APE is necessary, a specially designed physical education program is developed and provided by general PE teachers (consulting with special education teachers and related service providers as needed) and/or adapted physical educators. The IEP team must discuss and establish student goal(s) in the area of physical education, identify required supports and service delivery (location, frequency and duration), as well as how student progress in this curricular area will be monitored.

1. **Can APE be the only service provided in an IEP?**

Yes, APE can be the only service provided in an IEP. This is a rare occurrence.

1. **Who can provide APE?**

Currently, NC DPI recommends that anyone leading a PE or APE class hold a current NC license in Physical Education and consult with special education teachers and related service providers. Every LEA should hire the most qualified teacher to conduct PE classes in order to ensure all students progress successfully through the Healthful Living/PE curriculum. This is even more critical in PE classes, as teachers must address safety and health considerations in addition to academic concerns.

1. **How and where is APE provided to students?**

The IEP team determines the location, frequency and duration based on student strength and need, like any other special education service. Students with disabilities must be included to the maximum extent possible in the general physical education program with non-disabled peers. The location for APE needs to be determined individually for each service (e.g. Math, APE, Reading, etc.). Services are provided on a continuum with a range including, but not limited to: consultation, instruction within a general education physical education (PE) class, instruction in a special education PE class or instruction in a small group or one-on-one instruction.

1. **Is it possible to be placed in APE and later moved into a regular classroom or vice versa?**

Yes, just as with any other domain, ongoing assessments and re-evaluations will continue to reviewed, at least annually, to determine placement.

1. **What do we do if we do not have an APE Specialist? Do we still have to provide APE? How do we do that?**

Yes, APE must be provided if the IEP team determines the need. It is recommended that an adapted physical education specialist be included in the IEP team to assist in developing student goals in this area. If an adapted physical education specialist is not available, the general education physical educator should collaborate with the special education teacher, occupational therapist, physical therapist, behavior specialist and/or other appropriate IEP team member to develop student goals. Student goal(s) must be developed, monitored and reported on by personnel who are knowledgeable in NC Healthful Living/PE Essential Standards. It is strongly recommended that the general education PE teacher be involved throughout an APE referral and IEP development. Collaboration between EC and PE staff takes place throughout referral, evaluation, goal development, service delivery and progress monitoring of the student’s performance.

1. **What does it mean when I check yes to the question: “Does this student require specially designed instruction in PE or APE?” on the DEC 4? When do we include APE on the IEP?**

APE is included in the IEP, when the student’s disability impedes the student’s learning to the extent that they require specially designed instruction in physical education.

If *yes* is checked, it means that the student is to be provided specially designed instruction to address the individualized needs in order for that student to participate in physical education. The team has to determine how the disability affects the student’s participation in physical education and how the disability impedes the student’s learning to the extent that s/he requires specially designed instruction. Further, it means that the IEP team must describe present level of academic and functional performance (including baseline data for the student), develop goals; determine service location, frequency and duration; and how the student’s progress will be monitored.

1. **Are we required to provide APE to students placed at home? How do we do that?**

When an IEP team determines that a student must receive services in a homebound status and the previous IEP documented APE services, the APE specialist or PE teacher works with the IEP team to determine what PE should be provided to the student while s/he is homebound. This should be individualized and based on the health status and motor abilities of the student. Often students on homebound status have many health issues and cannot participate in PE for medical reasons.

1. **If all the students in a public separate school or self-contained class receive the same PE, does it have to be documented on the IEP?**

Yes. The IEP must document the special education and related services, supplemental aids and services to be provided to the student or on the behalf of the student. The fact that those services may also be considered “best practices” or “part of the district’s regular education program” does not preclude those services from meeting the definition of special education or related services and being included in the student’s IEP. If a student is not following the general curriculum for his/her grade in general education PE classes; that would indicate they are receiving special education in PE.

The IEP must document the special education and related services, supplemental aids and services to be provided to the child or on the behalf of the child, and a statement of the program modifications and supports for school personnel to enable the child advance appropriately toward attaining annual goals, to be involved and make progress in the general curriculum, to participate in extracurricular and other nonacademic activities, and to participate with other children with and without disabilities in those activities. The fact that those services may also be considered “best practices” or “part of the district’s regular education program” does not preclude those services from meeting the definition of special education or related services and being included in the child’s IEP.

1. **How do IEP teams determine need for APE during the preschool to kindergarten transition (the student has not participated in a PE class)?**

As a part of comprehensive evaluation for eligibility for Special Education and Related Services, the need for APE is determined individually for each student by the IEP team. The data for preschoolers should come from activities where the child participates, both in and out of school, and from formal assessments. If physical education is an area of concern identified in the referral, the IEP team would need to collect data in this area. When transitioning from preschool to kindergarten, there are many areas requiring determinations when the student has not yet participated in class, school routines and other aspects of the school day. Teams must use available data to develop an IEP that addresses all areas of concern for the student. It may be that some IEPs will require adjustments once the student is regularly participating in the preschool program.

1. **What is the procedure to add or remove APE to/from an IEP?**

The NC Policies Governing Services for Children with Disabilities do not directly address adding or removing services from an IEP. However, the Office for Special Education Programs (OSEP) states that the re-evaluation procedure is the process required to determine a student's eligibility and the nature and extent of the special education and related services that a child needs, which includes APE. Thus, the re-evaluation process would be required to either add or remove APE from an IEP. As part of this process, the IEP Team would first review existing data and determine what, if any, additional data are required to determine the student's need for specially designed instruction in APE, including present levels of performance. Included in the present level is an explanation of how the disability affects the student's performance in the general education curriculum.

If the IEP team is adding APE to the student's IEP, the IEP must include a measurable annual goal(s) that enables the student to be involved in and make progress in the general education curriculum and meet the student's needs that result from the student's disability. APE must be listed in the service area on the IEP, along with the frequency, duration, and location of APE services.

If the IEP team is removing APE from the IEP, that is, the data indicates that the student no longer needs specially designed instruction in APE, the IEP team would eliminate the APE goal and APE as a service area.

In either case, prior written notice must be provided to the parent informing the parent of the decision and the basis for the decision.