

Frontier Central School District – Physical Education Modification Form

STUDENT NAME: _____

Date of program modification From: _____ TO: _____

Diagnosis _____

All students registered in NYS schools are required by Education Law to attend physical education courses. These courses are required to be adapted to meet individual student needs. This means that a student who is unable to participate in the entire program should have his/her activities modified to meet the individual needs. The following is a general list of activities in the Physical Education Program. Please mark the activities that this student may participate.

Physical Education ONLY	Allowed	Not Allowed	Comments
Archery			
Badminton			
Broom Ball			
Golf			
Team Handball			
Swim			
Ping Pong			
Weight Room			
Tennis			
Fitness Walking			
Lacrosse			
Basketball			
Volleyball			
Ultimate Frisbee			
Soccer			
Hockey			
Cross Country Ski			
Softball			
Racquet Ball			
Wall Ball			
Speedball			
Mat Ball			
Football/Forwards			
Co-Op games			
INTERSCHOLASTIC	Allowed	Not Allowed	Comments
Football			
Basketball			
Golf			
Cross Country			
Track			
Soccer			
Bowling			
Hockey			
Wrestling			
Swimming			
Softball			
Baseball			
Lacrosse			
Tennis			
Volleyball			
Cheerleading			

Medical Provider

Signature _____ Date: _____

Print Name and Address _____ revised 4/16