

ABSTRACT

HANSEN, Carlton J. Proposed Guidelines for the Constructing of an Individualized Physical Education Program for the Handicapped Child. M.S. in Physical Education for the Handicapped, 1978. 130 p. (Dr. Lane A. Goodwin)

The problem was to determine if proposed Guidelines for the Constructing of an Individualized Physical Education Program (IPEP) for the handicapped child would be approved by a qualified panel of experts. A subproblem of the study was to determine if a proposed list of assessment instruments would also be approved by members of a qualified panel. Formative questionnaires were used to evaluate the proposed Guidelines and assessment instruments. Results from the questionnaire, were tabulated into mean scores representing the opinions of panel members regarding the Guidelines and assessment instruments. Based on the data collected concerning the Guidelines, the sections titled Introduction, Phases of the IPEP, Present Level of Performance, Annual or Long Term Goals, Annual or Long Term Objectives, Short Term Instructional Objectives, Related Services, Projected Dates of Initiation/Duration of Services and Additional Information were statistically significant within the limits of this study. No level of significance was found in the section titled Specifying Percentage of Time. Regarding assessment instruments, the sections titled Physical Fitness, Motor Ability, Fundamental Skills-Patterns, Perceptual Motor Abilities, Developmental Profiles-Tests and Additional Tests were found to be statistically significant within the limits of the study. Sections labeled Sport Skill Inventory and Dance Tests were not significant.

Proposed Guidelines for the Constructing
of an Individualized Physical Education Program
for the Handicapped Child

A Seminar Paper Presented
to
The Graduate Faculty
University of Wisconsin - La Crosse

In Partial Fulfillment
of the Requirements for the
Master of Science Degree

by
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July 1978

UNIVERSITY OF WISCONSIN - LA CROSSE
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I recommend acceptance of this seminar paper in partial fulfillment of this candidate's requirements for the degree: Master of Science in Physical Education for the Handicapped.

July 31, 1978
Date

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This seminar paper is approved for the School of Health, Physical Education and Recreation.

8-5-78
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ACKNOWLEDGEMENTS

At this late hour in the day it is not only an honor, but a relief, to thank the following people:

"Coach" Goodwin for doing "it" to me when "it" had to be done. Doc Kaufman for letting me do "it" later. To John (Mad Hungarian) Glowney for doing "it" on the court; to Jeff (the Doctor) Jones for doing "it" to someone else's teeth; to Mary (sure I'll type) Graumann for doing "it" (the paper) right the first time; to Art (cool man) Schultz for the energy used in trying to catch "it"; to my fellow graduate students, especially Mark (I'm in love) Kohnle for doing "it" all the time; to Francie (cookie lady) Marton for all her help in getting me to do "it"; and lastly, but not leastly, to Karen (the bullet) Jones for all her effort in getting "it" in the proper perspective.

All my love goes to Pam for making "it" (La Crosse) a bearable place and to my beautiful family for their support in times when "it" was getting the best of me. In closing, I would like to say TGIO, Thank God "It's" Over.

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CHAPTER I

INTRODUCTION

"The object of an individualized education is not merely to make an individual an intelligent participator in the life of his immediate group, but to bring various groups into such constant interaction that no individual could presume to live independent of others" (Grittner, 1976). This quotation reflects the intent of contemporary education for the handicapped child, mainly to provide for the child by placing him/her in a least restrictive environment and implementing an individualized program. This individualized program being characterized by specifically designed instruction that meets the needs of the handicapped child. Stein (1966) discusses the benefits of this type of planning by explaining that when the exceptional or handicapped child is given the opportunity to participate in systematic and progressive programs of planned, sequential activities, he/she can attain levels of proficiency at a rate commensurate with their normal peers.

Individualized programming has been in existence for a number of years, but like many educational strategies its popularity has run in cycles. However in recent years, with the passage of an enormous amount of legislation concerning the handicapped child, the individualized approach to educating

has once again gained popularity. In fact, in 1973 with the passage of the Vocational Rehabilitation Act, Congress required the writing of individualized rehabilitation programs for the handicapped individual. This requirement set the precedent for the present day Individualized Educational Program (IEP) mandated in P.L. 94-142 (U.S. Codes--Congressional and Administrative News, Vol. 1, 1973).

The passage of P.L. 94-142 has given the handicapped a new outlook regarding education. The law has also opened the door for physical educators to prove to the public the justification for their program. This opportunity has been provided by the inclusion of physical education as a part of the special educational services afforded the handicapped child.

This paper will deal with supplying the physical education teacher with information about P.L. 94-142 and introduce him/her to an Individualized Physical Education Program (IPEP) for the handicapped child. The final objective will be to provide the teacher with a model for writing an IPEP that would be included in the IEP of the handicapped child.

Statement of the Problem

The problem was to develop guidelines for the constructing of an Individualized Physical Education Program that can be included in the Individualized Educational Program of the handicapped child as mandated by Public Law 94-142.

Subproblem

To determine the types of assessment instruments needed for measurement and placement of handicapped children that will adhere to the regulations described in sections 121a.532 and 121a.552 of P.L. 94-142.

Need for the Study

In 1966, the Ad Hoc subcommittee for the handicapped held hearings to determine the exact status of the handicapped child. The results of these hearings were disturbing, revealing that only two-thirds of approximately 5.5 million handicapped children were being provided with appropriate education (U.S. Codes--Congressional and Administrative News, Vol. III, 1974). As a result, over the next few years Congress began passing legislation that reflected an increased effort to improve the situation of the handicapped child regarding appropriate education. This effort culminated on November 29, 1975 with Congress passing P.L. 94-142, the Education for All Handicapped Children's Act. This Act provided federal monies for initiating and developing an Individualized Educational Program for the handicapped child. Areas included in this program were special education, physical education and related services.

The inclusion of physical education in P.L. 94-142 is the basic reason behind writing this paper. Physical Education, as a field, now has the chance to prove itself as an integral part of the total education given the handicapped

child. This researcher feels that an IPEP, parallel to the IEP, would prove invaluable in asserting the importance of physical education in the development of the handicapped child. For this reason, it is hoped that the basic premise of this paper, guidelines for constructing IPEP's, will aid the physical educator in planning appropriate education for the handicapped child.

Purpose of the Study

The purpose of the study was to propose guidelines for the development and establishment of an Individualized Physical Education Program for the handicapped child that would best meet his/her needs and goals. These guidelines would be written within the mandates outlined in both Federal Law and laws within the State of Wisconsin.

Statement of the Hypothesis

Acceptable guidelines for the construction of an Individualized Physical Education Program, as a distinct part of the Individualized Educational Program mandated in P.L. 94-142, can be developed and subsequently approved for use by a qualified panel of experts in the field of exceptional education.

Assumptions

1. That an Individualized Physical Education Program is an integral part of the Individualized Educational Program for the handicapped child.

2. That the panel of experts are qualified to evaluate

the proposed Guidelines.

3. That the assessment instruments are appropriate for evaluating the performance levels of the various exceptional populations.

4. That the questionnaire reflects an accurate evaluation of the proposed Guidelines.

Delimitations

1. The study will be restricted to construction of guidelines applicable specifically to the State of Wisconsin.

2. The study will be limited according to the mandates in P.L. 94-142, concerning the IEP, special education, physical education, evaluation and placement procedures.

Limitations

1. The study is subject to the number of responses received from the panel of experts.

Definition of Terms

Special Education. Specifically designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction and instruction in hospitals and institutions (Federal Register, 1977).

Physical Education. The term means the development of the following:

1. physical and motor fitness
2. fundamental skills and patterns

3. skills in aquatics, dance, individual and group games

4. sport skills including intramural and lifetime sports

The term also includes special physical education, adapted physical education, movement education and motor development (Federal Register, 1977).

Individualized Educational Program. The term means a written statement for a handicapped child that includes present level status, annual goals, short term objectives, specific education needs and related services for the child. The statement must also include projected dates of initiation, intended duration and appropriate objective criteria and evaluation procedures for determining on at least an annual basis whether the STIO's are being achieved (Federal Register, 1977).

Individualized Physical Education Program. A written statement for the handicapped child which follows the procedures described in sections 121a.346 of P.L. 94-142, that includes all areas previously stated in the definition of physical education.

Handicapped Children. The term means those children evaluated in accordance with sections 121a.530-121a.534 of P.L. 94-142, as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, deaf blind, multi-handicapped or as having specific learning disabilities, who because of those impairments need special education (Federal Register, 1977).

Related Services. The term means transportation and such developmental, corrective and other supportive services as are required to assist a handicapped child to benefit from special education. The term includes such supportive services as physical and occupational therapy, recreation, psychological counseling, etc. (Federal Register, 1977).

Qualified Physical Education Teacher. A person that has met state educational agency approved or recognized certification, licensing, registration or other comparable requirements which apply to the area in which he/she is providing special education (Federal Register, 1977).

Multi-Disciplinary Team, (M-Team). The term refers to those members representing the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specifically designed instruction to meet the unique needs of handicapped children (Torres, 1977).

CHAPTER II
RELATED LITERATURE

The purpose of the study was to propose guidelines for the development and establishment of an Individualized Physioal Educational Program for the handicapped child that would best meet his/her needs and goals. This section concerning related literature is divided into four parts: 1. Public Law 94-142, 2. Individualized Instruction, 3. Physical Education, 4. Assessment and Evaluation.

Public Law 94-142

Public Law 94-142 was the culmination of over 20 years of lobbying for the rights of handicapped individuals. The law is based on the Supreme Court's decision in the case of Brown vs. the Board of Education of Topeka, Kansas in 1958. In the case, the Supreme Court established the principle that all children be guaranteed equal educational opportunity (U.S. Codes--Congressional and Administrative News, Vol. II, p. 1438, 1975).

The needs of the handicapped became a national concern in the late 1950's. The initial legislation regarding this movement was P.L. 85-926, which Congress passed in 1958. This law enabled the federal government to allocate grants to State Educational Agencies for the purpose of training teachers of the mentally retarded. In 1962, President

Kennedy created an advisory panel, consisting of researchers in education, to study the problem of mental retardation. The members of this panel later submitted plans for a proposed program of national action to combat mental retardation. The following year, 1963, Congress passed P.L. 88-164. This law aided both Congress and supporters of handicapped legislation by more clearly defining the parameters of the exceptional population (Burke, 1976).

Three years later in 1966, the Ad Hoc subcommittee for the handicapped held hearings to determine the exact status of the handicapped population. The results of these hearings showed that only one-third of approximately 5.5 million handicapped children were being provided an appropriate education. The remaining two-thirds were either excluded from school or not given education specific to their needs. Congress acting on the basis of these results instituted P.L. 89-750, the Elementary and Secondary Education Act of 1966. This law had a threefold purpose:

1. Title VI of this Act provided federal monies for education of the handicapped.
2. Establishment of a National Advisory Committee on handicapped education.
3. Creation within the Office of Education, the Bureau of Education for the Handicapped (BEH).

The creation of the BEH was done with the specific purpose of speeding federal participation in the solution of the educational problems of handicapped children (U.S. Codes--

Congressional and Administrative News, Vol. III, 1974).

In 1967, Congress amended P.L. 89-750 to now read that 15 percent of the funds generated by this bill would be spent on handicapped children. This money was to be used for programs designed to meet the special needs of educationally deprived children, including those programs applicable in physical education and recreation (Congress and the Nation, Vol. II, 1970).

In 1968, Congress passed P.L. 90-538, the Handicapped Childrens Early Education Assistance Act. This law authorized the U.S. Commissioner of Education to make contracts with public and private agencies for the purpose of developing experimental programs in the area of early childhood education for the handicapped (Congress and the Nation, Vol. II, 1970).

In 1970, Congress repealed Title VI of P.L. 89-750 with P.L. 91-230, the Education of the Handicapped Act. This law authorized the federal government to extend to states and other agencies grants to assist them in initiating, expanding and improving programs for the education of the handicapped (U.S. Codes--Congressional and Administrative News, Vol. II, 1975).

The following year marked the beginning of court cases concerning the educational rights of the handicapped. First in 1971, the Pennsylvania Association for Retarded Citizens filed suit against the state of Pennsylvania, charging educational discrimination. The second case went to court in 1972,

when Mills filed suit against the District of Columbia again charging educational discrimination. Both cases went to the Supreme Court and in each suit the Court ruled in favor of the defendant. In the case of the PARC, the judges decreed that the handicapped child is guaranteed the right to free publicly supported education. In the Mills case the judges stated that no one can deny the right to public education for the handicapped child unless he/she is provided:

1. adequate alternative educational services suited to the child's needs.
2. a constitutionally adequate prior hearing and periodic review of the child's status, progress and adequacy of any above mentioned alternative (U.S. Codes--Congressional and Administrative News, Vol. II, 1975).

Additional court cases, questioning the educational rights of the handicapped, followed in the states of Colorado--1972, Kentucky--1974, and Wisconsin--1974. These cases and numerous others all had an effect on the legislation being brought before Congress regarding the handicapped population (Melcher, 1976).

In 1973, Congress passed P.L. 93-112, the Rehabilitation Act. Section 504 of this Act authorized that there could be no discrimination of any person having a physical or mental impairment by any agency or program receiving federal funds (Update, Oct. 1977). This Act also provided for the writing of individualized rehabilitation programs, a precedent to present day IEP's mandated by P.L. 94-142, in addition to

laying the foundation of civil rights for the handicapped (U.S. Codes--Congressional and Administrative News, Vol. I, 1973).

Also during the year 1973, the Senate introduced legislation that would ensure that all the provisions of previously mentioned P.L. 93-380, the Elementary and Secondary Educational Amendments of 1973. This law laid the basis for comprehensive planning, delivery of additional assistance to the states and protection of handicapped childrens rights through due process procedures (Education of the Handicapped Today, June 1976). Part B of this Act, Section to States, greatly increased the federal monies now available to the states in order for them to meet new mandates. These mandates authorized the states to:

1. identify, locate, and evaluate all handicapped children
2. establish a policy of providing full educational opportunities for all handicapped children
3. establish a timetable for accomplishing this goal (U.S. Codes--Congressional and Administrative News, Vol. II, 1975).

The following year, 1974, hearings were held by the subcommittee for the handicapped for the purpose of examining the ideas and positions of those personnel--educational, parental and legislative, involving educating the handicapped. Testimony was heard from representatives of over 27 states, which resulted in the following recommendations:

1. Support for the thrust of legislation for the handicapped.

2. Recognition of a need for a final date in legislation, by which time all handicapped children are protected.

3. Support for federal assistance to assure that the rights of the handicapped are protected.

4. Awareness of a need for even more expansion of federal assistance in the area of education for the handicapped (U.S. Codes--Congressional and Administrative News, Vol. II, 1975).

Acting in accordance with the above recommendations, Congress passed the Education Amendments Act of 1974, as a new provision to P.L. 91-230. This new Act mandated the following:

1. Establishment of a goal for providing full educational opportunities to the handicapped.

2. Provides procedures for protection of the rights of the handicapped and their parents/guardians regarding:

- A. Identification
- B. Educational Placement
- C. Evaluation

3. Provides for least restrictive environment in education.

4. Testing and evaluation procedures be non-discriminatory.

5. Lack of funds available was no excuse not to provide appropriate services.

6. Provided for research in the area of physical education and recreation designed for the specific purposes relative to the needs and performances of the handicapped (U.S. Codes--Congressional and Administrative News, Vol. II, 1975).

The push for free and appropriate education for all children was now in full swing and Congress stated that the reasoning behind the passing of all the legislation concerning the handicapped was, "If the handicapped were not educated, taxpayers would spend billions of dollars over the lifetime of these individuals to maintain such persons as dependents. However, with education many individuals would be able to become productive citizens, contributing to society instead of being forced to remain burdens. Others would increase their independence, thus reducing their dependence on society" (U.S. Codes--Congressional and Administrative News, Vol. II, 1975).

In 1975, the House and Senate began discussion on final wording of a proposed bill that would be considered a mechanism around which the state and federal governments could operate concerning the education of handicapped individuals. The following is a comparison of the House and Senate positions on certain provisions relating to individualized instructions:

<u>House</u>	<u>Senate</u>
1. Advocated the formulation of an individualized educational program developed for	1. Advocated the position of individualized instructional planning designed for the

the purpose of instituting an educational plan.

2. The individual educational plan would be developed jointly by the Local Educational Agency and an appropriate teacher in consultation with the parent/guardian of the child and the child whenever appropriate.

3. The representative of the LEA need not be qualified to provide or supervise the provision of special services.

4. Provides that the IEP include objective evaluation procedures and schedules for determining on at least an annual basis, whether these objectives are being met.

(U.S. Codes--Congressional and Administrative News, Vol. II, 1975).

purpose of developing an individualized planning conference.

2. The individual educational plan would be a written statement developed by a representative of the Local Educational Agency, the teacher, parent/guardian and the child whenever appropriate.

3. The representative of the LEA needs to be qualified to provide and/or supervise the provisions of specifically designed instruction.

4. The Senate agrees with the House with the specification that such objective criteria and evaluation procedures be appropriate.

These and other positions were debated and compromised until on November 29, 1975 Congress passed P.L. 94-142, the Education for All Handicapped Childrens Act. The purpose of this Act was to assure that all handicapped children have available to them, within certain specified time limits, a free and appropriate education emphasizing special education, physical education, and those other services designed to meet their educational needs (Conference Summary of P.L. 94-142, 1976).

Individualized Instruction

Educators have persistently been confronted with two major problems: 1) to provide a teacher learning environment that will allow the learner a degree of independence with an outlet for creativity, 2) to compensate for the wide range of physiological, psychological and sociological differences that exist between individuals. Recent studies tend to indicate that individualized instruction shows promise as being a solution to these problems (Annarino, 1973). In fact, Young (1965) states that one of the fundamental findings of educational research, which is now becoming generally accepted, is that the great individual differences between pupils at certain ages justifies an individualization of instruction. Carmichael and Turney (1959) add that few would question that more effective individualized instruction is essential for the development of the well trained, creative and able citizen being demanded by society.

However, the idea of individualized instruction is not new. The basic concepts and tenets were first formulated and widely used in the old one room school houses of the early nineteenth century (Annarino, 1973). Ingram (1944) reports that during this period of time 1900-'10, attention was being given those children described as misfits. By 1911 special classes, marked by certain differences from the graded organization, were being advocated and accepted as a solution for taking care of these exceptional children. These differences are found in:

1. The attitude toward the child in the special class.
2. The terminology concerning the causes and conditions surrounding the exceptional child.
3. The attention to the physical and mental needs of the individual rather than subjects to be learned.
4. The use of an individualized method of instruction in contrast to mass teaching.
5. The specialized training given the teacher in addition to regular training.
6. The nature of the curriculum with respect to the handicaps of the children served.

As the move towards individualization of instruction gained strength, changes in curriculum could be seen in many schools. In 1929-'32, two educational plans were developed, the Dalton and the Winnetka, both of which were based on the strategy of individualization. Each plan involved individualized identification of objectives and pursuit of skills and

experiences said to be uniquely suited to the interests and needs of the individual. Both plans proved successful and were major factors in shifting the emphasis in individualization from learning in an isolated context to gearing the learning to the needs of the individual (Chastain, 1975). Dean (1975) reports that the Dalton and the Winnetka were not alone in the push towards individualized instruction. Such plans as the MoDade, the Batavia, the Detroit, and many others were evidence of the widespread interest in ways and means of providing individualized instruction for the exceptional as well as the normal child educated in the school.

Grave (1934) in her research on the success of the Woods School for Exceptional Children mentions that individualization of instruction aided in the physical and mental development of those children served by the school. Hill (1942) described a successful program instituted for the education of blind children that was based on individualized instruction. Ingram (1944) reports that these studies and others resulted from an increased feeling that exceptional, like normal children, should experience in their school lives physical well being, affection and a sense of belonging, in addition to having contact with reality and success. Experiences such as these are necessary for handicapped children so they can enjoy participation and satisfaction in life situations compatible with their individual potentials, all of which can be achieved through individualization.

Dean (1943) reports that this movement toward individualization seems to have reached its peak in the late 1930's and early 1940's, because after this period emphasis for the movement declined rapidly. Probably one of the foremost causes of the decline in the movement was the start of the activity movement. This philosophy showed little concern for specific units of work and advocated a broad curriculum, with so called integrated units of study. Grittner (1975) adds that as publicly financed compulsory education spread across the country, school organizations tended toward graded classes and lock step group instruction. The country school practices of individualization and peer teaching gradually gave way to the teacher dominated method of educating. This method turned out to be administratively manageable and economically feasible.

The teacher-dominated classroom method of education continued to be the dominating force behind the educational trends of the 1950's and it was not until 1961 that educators began to revert back to the older method of individualized instruction. Smith (1961) in his essay on contemporary practices in education, best summarizes the new emphasis in stating:

"We have made wonderful progress in our educational system as a whole, but for the most part our instruction has been geared to mass production patterns. The forward step we need to take in practical ways is that of making better curriculum for developing the unique characteristics and talents of each individual who attends our free public schools. The method for achieving

this goal is through individualizing instruction."

However the shift back to individualization was slow, largely due to the fact that many teachers were discouraged from examining and experimenting with an individualized approach because of the assumption of a needed one-to-one relationship (Lambdin and Locke, 1976). To counter this assumption, some educators began to revise the basic tenet of individualized instruction from learning in an isolated context, to gearing the learning to the needs of the individual (Chastain, 1975). Bush (1963) supported this revision in stating that accurate assessment of each individual's capacity, interests, and aspirations could only be achieved through the planning of appropriately differentiated programs. He further related that the individualization of these programs was essential if each person was to reap the benefits of a total education.

Klausmier (1976), in his analysis of the situation, stated that the chief deterrents to more effective instructional programming were inadequate evaluation instruments and procedures, along with complicated and time consuming record keeping systems. Chase (1976) spoke of an approach labelled Individually Guided Education (IGE), whose basic purpose was to reduce these and other inadequacies of the educational system. He defined the approach as a system of many interrelated components, that is also a strategy, incorporating many tactics for attaining educational objectives. Klausmier (1976) outlined the seven steps involved in the IGE approach as follows:

1. Set up multi-unit organizational and administrative arrangements.

2. Prepare instructional programming for the individual student.

3. Set up an evaluation of the decision making process by including the following:

- A. Formulate instructional objectives and set related criteria.

- B. Measure the objectives.

- C. Relate measurement to the criteria.

- D. Judge the results.

- E. Make decision based on data received.

4. Set up a curriculum for the individual.

5. Emphasize home-school-community relations.

6. Carry out research in the area of individualized instruction.

Individually Guided Education (IGE) enjoyed only a varied amount of success, but did serve to establish individualized instruction as the educating method of the 1970's (Dean, 1975).

In 1973, Congress passed P.L. 93-112, called the Rehabilitation Act. Sections a-c, requiring the writing of individually prescribed rehabilitation programs, reflected Congress' intent of providing specifically designed education for the exceptional, as well as their normal peers (U.S. Codes--Congressional and Administrative News, Vol. I, 1973). Congress continued in its support of the rights of the handicapped

with the passage of a number of bills regarding education for the handicapped. This effort culminated on November 29, 1975 with the signing into law of P.L. 94-142, the Education for All Handicapped Childrens Act (U.S. Codes--Congressional and Administrative News, Vol. II, 1976). The purpose of the Act was to assure that all handicapped children have available to them a free and appropriate public education, which emphasizes special education provided in conformity with an Individualized Educational Program (IEP) (Irvin, 1976).

The basic concern of the IEP approach is not with how well the child fares in comparison with his/her classmates, but with the effectiveness of particular instructional methods, strategies, environments, locations, and materials. In addition, the approach assumes that differences among children are normal, that school is not a contest and that the effectiveness of the teacher learning process is to be measured in terms of the child's progress toward pre-stated goals (American Education, 1976).

Physical Education

In establishing through P.L. 94-142 a commitment to assure all handicapped children an appropriate education, Congress clearly indicated that it was not just talking about the cognitive domain. Section 121a.14 of the new law declared that the term special education is extended to include instruction in physical education. However, handicapped children have historically received considerably less than a warm

welcome from public schools regarding special education and they have fared much the same regarding participation in physical education (Annual Report of the National Advisory Committee on the Handicapped, 1977).

In fact, physical education for the handicapped did not gain emphasis until the early 1950's. Mase (1953) outlined some of the values that adapted physical education (APE) could impart to individuals. He stated that through APE the individual can:

1. Be observed and referred, if and when the need for medical or other services are suspected.
2. Be guided in avoidance of situations which could aggravate an already disabling condition.
3. Improve neuromuscular skills, general strength and endurance.
4. Provide opportunities for improved psychological and social development.

Other values are mentioned by Davis (1954) who states that through an APE program a child can acquire two assets important in later life:

1. How to move with efficiency.
2. How to avoid or release tension.

She also believes that activities for the exceptional child should be individualized so that appreciation of the child's capabilities could be stressed, not only recognition of his/her limitations. Rouse (1960) supported this viewpoint by

his definition of APE as an individualized physical education program (IPEP) designed for ordinary children with extraordinary needs. He further went on to say that the term IPEP is descriptive because success or failure of the program is based upon the extent to which the individual's limitations and capacities are evaluated and the extent to which the child's life is enriched as a result of these experiences. His belief on the value of APE was that through such a program the child could attain all or a major part of the following goals:

1. Improved physical fitness
2. Social adjustment
3. Psychological adjustment
4. Acquisition of specific sport skills
5. Greater self confidence and increased security

The next step was to determine if the premise of these values held true and researchers began this process in the middle 1960's. Young (1965) told of the success of a physical education program in improving the physical fitness of elementary age exceptional children. The program was geared towards the individual needs of each child. Corder (1966) studied the effects of physical education on the intellectual, physical, and social development of educable mentally retarded boys. His results revealed significant improvement in the scores of each child in all three areas. Harick (1964), in his overview on the research data concerning the values of

APE stated that a well balanced, individualized physical education program can improve the physical growth, physical vigor, motor learning and social and emotional development of the handicapped child.

Assessment and Evaluation

"It is impossible to ascertain the progress of any program unless there is some method of evaluation. In order to assess a process as good or bad, it is necessary to apply some sort of evaluative technique to the product (Oberteuffer and Ulrich, 1962)." Baumgartener and Jacobson (1975) reveal that physical education has been concerned with the development of such evaluative techniques for many years. However, many many of the techniques developed were of a historical, not practical, value to the public school physical education teacher. The authors also state "that too often, physical education teachers administer tests without a definite purpose in mind. Such a procedure is a waste of time and energy of both the teacher and the student." The American Alliance for Health, Physical Education and Recreation (1977) reiterated this feeling in avowing that:

"Many physical educators, special educators and others who work with the disabled or handicapped persons use tests as a drunk uses a lamppost, for support rather than illumination. Too many educators fail to realize that a test in itself is not important, how it is used is all that really counts."

Klausmier (1976), in his review of educational practices, supported the basic premise of the above quotations. In his review he reported that evaluation of student learning and curricular programs are the weakest aspects of contemporary education.

However, the practice of using tests within narrow parameters was not without opposition. McCloy (1954) outlined six general ways in which broadened use of test results could aid the evaluation process. He suggested the results could be used for: 1) placement, 2) diagnosis, 3) evaluation of learning, 4) prediction, 5) program evaluation, and 6) motivation. Johnson and Nelson (1964) also advocated the utilization of test results for more than superficial means. They recommended the use of tests for:

1. Motivation of students
2. Assessment of student's performance
3. Aid students in the evaluation of their own progress
4. Aid the teacher in evaluating methods of instruction
5. Determine the needs of individuals within the program and the extent to which educational objectives have been accomplished.

Barrow and McGee (1964) added that the effective use of evaluation in physical education occurs in two ways: 1) when measurement procedures are applied directly to the product, 2) when special techniques are used to measure the process.

In order to carry out this effective evaluation Oberteuffer

and Ulrich (1962) recommended that the personnel involved be expert in measurement techniques and possess sufficient knowledge to interpret the results of the testing. Congress later passed legislation, P.L. 94-142, that mandated specific procedures that the personnel involved in assessment and evaluation would have to follow in assessing the handicapped child (American Education, 1976). Congress stated the reasons for the inclusion of specific procedures regarding evaluation were as follows:

1. Misuse of appropriate identification and classification data within the educational process, which resulted in poor programming.

2. Discriminating treatment of individuals as a result of the identification of a handicapping condition.

3. Misuse of evaluation techniques that resulted in erroneous classification of many children as handicapped. (U.S. Codes--Congressional and Administrative News, Vol. II, 1976).

Summary

In summary, P.L. 94-142 entitled the Education for All Handicapped Children's Act was passed by Congress on November 29, 1975. The purpose of the Act was to assure that all handicapped children have available to them, within certain specified time limits, a free and appropriate education emphasizing special education, physical education and those other services designed to meet their educational needs. In

addition, the law mandated that an educational program be written for the child emphasizing individualized instruction (Conference Summary on P.L. 94-142, 1976).

The concept of individualized instruction is not a new one. The basic tenets and concepts of the practice originated in the old one room school houses of the early nineteenth century (Annarino, 1973). Over the years individualized instruction gave way to the activity movement. This philosophy advocated a broad curriculum with more emphasis toward graded classes and lockstep group instruction. For a period of time this method proved to be administratively manageable and economically feasible (Dean, 1943; Grittner, 1975). However, contemporary educators re-evaluated the situation in the early 1960's and as a result individualized instruction regained recognition as a superior teaching practice.

Physical educators had been individualizing instruction for the normal child for many years, however it was not until the early 1950's that this practice was used with the handicapped or exceptional population. Research during these years supported the inclusion of a motor curriculum in the total educational program for the handicapped child (Mase, 1953; Davis, 1954; Rouse, 1960). A study by Corder (1966) reported the positive effects of a physical education program on the social, emotional and intellectual development of educable mentally retarded boys. Young (1965) reported the success of a physical education program that improved the physical

fitness of elementary school age exceptional children. However, much of the research carried out in physical education for the handicapped was subject to criticism due to the fact of a lack of valid assessment instruments available (Klausmier, 1976).

AAHPER (1977) revealed that many people involved in serving the handicapped use tests as a drunk uses a lamppost, for support rather than illumination. The passing of P.L. 94-142 attempted to change this practice by mandating specific procedures be followed regarding the assessment and evaluation of handicapped children (American Education, 1976).

CHAPTER III

METHODS

The purpose of the study was to propose Guidelines for the constructing of an Individualized Physical Education Program (IPEP) for the handicapped child. The subproblem of the study was to determine the types of assessment instruments needed for measurement and placement of the handicapped child. The methods section was divided into the following parts: 1) Development of the Guidelines, 2) Development of a Questionnaire Evaluating the Guidelines, 3) Development of Assessment Tools, 4) Development of a Questionnaire Evaluating the Tools, 5) Subject Selection, 6) Specific Procedures and 7) Statistical Treatment of Data.

Development of Guidelines

After a review of legislative literature regarding P.L. 94-142 and Wisconsin State Law 115, Subchapter IV, the researcher examined documents distributed by the Wisconsin Department of Public Instruction (DPI) concerning the IEP and also consulted various personnel in the field of exceptional education before proposing Guidelines for constructing an IPEP. The proposed Guidelines was presented in two sections (see Appendix A). Material contained in each section is as follows:

Introduction. The objective of this section was to acquaint the reader with the purpose for writing the proposed

Guidelines. The material contained in this area was obtained by the researcher from two sources: 1) literature on P.L. 94-142 and individualized education and 2) consultation with personnel in the field of exceptional education.

Phases of the IPEP. The purpose in writing this section was to present the reader with a condensed version of the steps involved in the development of IPEP's. The steps outlined by the researcher parallel those procedures recommended by the Wisconsin DPI concerning the writing of IEP's.

Present level of performance. This area is required under section 121a.346 of P.L. 94-142 to be included in the IEP of the handicapped child. Guidelines proposed in this area reflect the researchers intent to not only conform with federal mandates, but to provide the reader with information regarding the writing of statements depicting the present status of the handicapped child in various motor areas.

Annual or long term goals. This is a statement required under section 121a.346 of P.L. 94-142 to be included in the IEP of the handicapped child. Material presented in this section supplied the reader with recommendations as to what is needed when writing this statement. The researcher also further interpreted the definition of the annual goal, after consultation with educators in the field and a review of Wisconsin DPI guidelines related to this area.

Annual or long term objectives. The inclusion of this area in the Guidelines was the result of recommendations by

the Wisconsin DPI. The material dealt with in this section reflects the researchers intent to not only conform to state standards, but to provide the reader with information that further clarifies the previously mentioned annual or long term goals.

Short term instructional objectives (STIO). This area is required under section 121a.346 to be included in the IEP of a handicapped child. Material presented in this section supplied the reader with information regarding the blocks upon which the handicapped child builds toward the annual or long term objectives and eventual annual or long term goals. The researcher also provided suggestions for ensuring the child's success in this area.

Related Services. This area is required under section 121a.346 of P.L. 94-142 to be included in the IEP of the handicapped child. Information in this section supplied the reader with characteristics of related services, in addition to recommending procedures to follow if related services proved necessary for the child.

Specifying percentage of time. This area is generalized under section 121a.346 of P.L. 94-142 and specifically outlined in recommendations from the Wisconsin DPI. The material contained in this section provided the reader with an example illustrating the dissemination of time regarding the STIO's written for the child.

Projected dates of initiation/ending of services. This

area is required under section 121a.346 of P.L. 94-142. Information in this section supplied the reader with an outline illustrating time periods applicable for specifying the beginning/end of special educational services.

Additional information. The purpose in writing this section was to acquaint the reader with added information regarding the development of IFEP's. The material proposed in this section was obtained by the researcher from two sources: 1) guidelines from the Wisconsin DPI and 2) consultation with personnel in the field of exceptional education.

Development of a Questionnaire for the Guidelines

After completing the construction of the Guidelines it was necessary to devise a questionnaire that would evaluate the usefulness of the Guidelines. The questionnaire was then sent along with the Guidelines to assist the panel members in their evaluations.

The questionnaire was divided into eleven parts, ten evaluating the specific sections of the Guidelines and one evaluating the overall construction of the Guidelines. The questionnaire was designed using a Likert scale with the following score values: 5 points for strongly agree, 4 points for agree, 3 points for undecided, 2 points for disagree, and 1 point for strongly disagree. There were three questions asked for each of the eleven parts with additional space provided at the end of each question for comments (see Appendix B).

Development of Assessment Tools

The researcher reviewed literature concerning tests, developmental profiles, and sport skill inventories that purported to measure or evaluate an individual's performance in various component areas of physical education. The purpose of the review was to determine the types of assessment instruments applicable for use with the handicapped child in accordance with section 121a.532 of P.L. 94-142 which mandated states and local educational agencies to ensure at a minimum that:

A. Tests and other evaluation materials:

1. are provided and administered in the child's native tongue or other mode of communication, unless it is clearly not feasible to do so.

2. have been validated for the specific purpose for which they are used.

B. Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those designed to provide a single quotient.

1. are administered by trained personnel in conformance with instructions provided by their producer.

C. Tests are selected and administered so as to best ensure that when a test is administered to a child with impaired sensory, manual or speaking skills, the test results accurately reflect the child's aptitude or achievement rather than reflecting the child's disability.

D. No single procedure is used as sole criterion for determining an IEP.

E. The evaluation is made by a multidisciplinary team with at least one person having knowledge in the area of the disability.

F. The child is assessed in all areas relating to the suspecting disability (Federal Register, 1977).

The list of applicable assessment tools was divided into the following sections: 1) specific areas of measurement, 2) appropriate age groups, 3) category of child that could be assessed (see Appendix C).

Development of a Questionnaire for the Assessment Tools

After compiling a list of assessment tests, profiles and inventories, it was necessary to devise a questionnaire that would evaluate the usefulness of the recommended assessment instruments. A copy of the list of assessments and the questionnaire would then be distributed to members of an evaluation panel for review and subsequent evaluation.

The questionnaire was divided into nine parts, eight evaluating the categories of assessment and one evaluating the overview of the list. The questionnaire was designed using a categorical response scale with the following scale values: 2 points for yes, 1 point for undecided, and 0 points for no. There were three questions asked for each of the nine sections with additional space provided at the end of each question for comments (see Appendix D).

Subject Selection

A panel of 10 experts in the field of exceptional education were chosen as the evaluators of the Guidelines. The panel consisted of 2 members of the Wisconsin Department of Public Instruction, 1 adapted physical education teacher at the LEA level, 1 director of special education at the LEA level and 7 members of the National Consortium on Physical Education/Recreation for the Handicapped representing professional preparation in the field.

A panel of 10 individuals in the field of physical education were selected as the evaluators of the list of assessment instruments. The panel consisted of 3 certified teachers of physical education with minimal experience in teaching the handicapped, 3 certified physical education teachers with at least one year experience in teaching the handicapped, 2 certified physical education teachers conducting courses in adaptive physical education at the university level, 1 director of elementary physical education at the LEA level and 1 department head of physical education at the university level.

Specific Procedures

Guidelines. The researcher sent an introductory letter to each member of the panel that explained the purpose of the study (see Appendix E), the reason for their selection and their responsibilities as a panel member. The content of the letter then directed the members to review the enclosed copy of Guidelines for Constructing an IPEP and evaluate this

proposal using the one page questionnaire provided. Upon completion of the review and subsequent evaluation, the members were asked to return the Guidelines and the questionnaire to the researcher for analysis.

The results were then organized into a raw data table. The purpose for the table was twofold: 1) to obtain a frequency of response for each of the questions asked in sections one through ten of the Guidelines, 2) tabulate the results of section eleven and separate the questionnaires into the following areas:

1. Members that agreed with the Guidelines
2. Members who were undecided about the Guidelines
3. Members that disagreed with the Guidelines

The objective of the separation was to enable the researcher to document only those comments of panel members whose questionnaires reflected indecision or disagreement regarding the overview of the Guidelines. The researcher then reviewed the comments and made appropriate changes within the structure of the Guidelines. A revised copy was prepared, which reflected the recommendations of the panel of experts.

Assessment instruments. The researcher met with each member of the panel individually and explained the situations which led to the compiling of the list of assessment instruments. The panel members were then handed a copy of the assessment list and a one page questionnaire. It was asked that the individuals review the list of assessments and evaluate the

material using the questionnaire provided. Upon completion of the review and the subsequent evaluation, all material was returned to the researcher for analysis.

The results were organized into a raw data table. The purpose of the table was twofold: 1) to obtain a frequency of response for each of the questions asked in sections one through eight of the assessments, 2) tabulate the results of section nine and separate the questionnaires into the following areas:

1. Members who agreed with the assessment list
2. Members who were undecided about the list
3. Members who disagreed with the list

The objectives of the separation was to enable the researcher to document those comments of panel members whose questionnaires reflected indecision or disagreement regarding the overview of the assessment instruments.

Statistical Treatment of Data

Guidelines. Results from the questionnaire were first organized into a raw data table. One concern of this study was to determine if acceptable guidelines could be developed for constructing an IPEP for the handicapped child. To measure this hypothesis a mean score for each of the questions asked in the questionnaire was hand calculated by the researcher. The three scores in each section were then added together and divided by three, resulting in a mean score for each section of the Guidelines. The minimal score labeled as

significant was stated as 3.56.

Assessment instruments. Results from the questionnaire were first organized into a raw data table. One concern of this study was to determine if applicable assessment instruments for measuring the handicapped child were appropriate. To measure this hypothesis a mean score for each of the questions asked in the questionnaire was hand calculated by the researcher. The three scores in each section were then calculated, resulting in a mean score for each section of the Assessment instruments. The minimal level of significance was stated at 1.56.

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

The purpose of this chapter is to interpret and discuss all data collected within the limits of this study. The study was designed to evaluate proposed Guidelines for Constructing an Individualized Physical Education Program (IPEP) for the handicapped child. A second concern of the study was the evaluation of proposed Assessment Instruments applicable for use with the handicapped child.

A questionnaire was used to evaluate the proposed material presented in each of two areas, IPEP and Assessment. The questionnaire evaluating the IPEP (questionnaire A) was of the Likert Scale type with the following score values: 5-strongly agree, 4-agree, 3-undecided, 2-disagree and 1-strongly disagree. Mean scores were computed for questions within each section of the IPEP and for the total section. The level of significance utilized for acceptance or rejection of the hypothesis was 3.56.

The questionnaire evaluating the assessment instruments (questionnaire B) was of the categorical response type with the following score values: 2=yes, 1-undecided and 0=no. Means were computed for questions within each section of the Assessment list and for the total section. The level of

significance utilized for acceptance or rejection of the hypothesis was 1.56.

Subjects

A sample of eleven individuals were chosen as the evaluators of the proposed Guidelines based on their experience and expertise in the field of exceptional education. A sample of ten individuals were chosen as the evaluators of the proposed Assessment Instruments based on their experience and knowledge in the field of physical education.

Results

The raw data collected from the questionnaire evaluating the Guidelines indicated that the frequency of positive responses was greater than that for negative responses especially in sections one through four, six, seven, nine and ten. Section eleven revealed a slightly broader preference of response, while section eight (specifying percentage of time) showed a general disagreement regarding the content of proposed material concerning this area. These results are illustrated in Table 1 (see Appendix F).

The mean scores obtained for the questions asked within each section of the IPEP revealed that the results of guideline sections one through six, and nine through ten were highly significant, ranging in score from 4.00 to 4.63. Scores for sections seven and eleven were moderately significant, ranging in value from 3.72 to 4.00. Only the results

of section eight (specifying percentage of time) were not significant with all scores reported below the 3.56 level. These results are illustrated in Table 2 (see Appendix G).

The mean scores for each section of the IPEP showed that IPEP sections one, two, four, six, nine and ten were highly significant, ranging in score from 4.21 to 4.54. Sections three, five, seven and eleven reflected a moderate level of significance with scores ranging from 3.81 to 4.09. Only the results of section eight were not significant with all scores reported below the 3.56 level. The scores are reported in Table 3 (see Appendix H).

Selected comments made by the panel of evaluators concerning the proposed guidelines revealed that a majority of the comments indicated a need to slightly expand on the proposed material within certain sections. Other comments showed a basic agreement with the proposed material (see Appendix I).

The raw data collected from the questionnaire evaluating the assessment list indicated that the frequency of positive responses was greater than that for negative responses, especially in sections one through five, eight and nine. However, the results of sections six (sport skills inventory) and seven (dance tests) showed indecision and/or disagreement with the proposed material concerning these areas. The scores are reported in Table 5 (see Appendix J).

The mean scores obtained for the questions asked within

each section of the assessment list revealed that the results of assessment list sections four, five, eight, and nine were highly significant, ranging in score from 1.7 to 1.9. Scores for sections one (physical fitness) and three (fundamental skills-patterns) were moderately significant, ranging in score from 1.4 to 1.8. The scores for section two (motor ability) 1.5, 1.7, and 1.4 were on the borderline of significance. Only the results of sections six (sport skill inventories) were not significant with all scores reported falling below the 1.56 level. These results are shown in Table 6 (see Appendix K).

The mean scores for each section of the assessment list showed that assessment list sections five, six, nine and ten were highly significant, ranging in score from 1.73 to 1.80. Sections one (physical fitness), two (motor ability), and three (fundamental skills-patterns) reflected a low to moderate level of significance with scores ranging from 1.60 to 1.70. Only sections six (sport skill inventories) and seven (dance tests) were not significant with all scores reported falling below the 3.56 level. Scores are reported in Table 7 (see Appendix L).

Discussion

Table 1. The frequency of positive responses seems to indicate a general agreement among the evaluators on the material presented in the Introduction, Phases of the IPEP,

Present Level of Performance, Short Term Instructional Objectives, Projected Dates of Initiation/Duration of Services and Additional Information. The results for Annual or Long Term Goals, Annual or Long Term Objectives and Specifying Percentage of Time revealed a slightly broader variance in scores, indicated by the increased number of undecided responses. The data for the Overview of the guidelines showed that only two of the evaluators definitely disagreed with the proposed material. The basis for this opinion does not seem to be reflected in the raw data due to the lack of negative responses for other sections within the guidelines.

Table 2. The abundance of significant scores in the table reflects agreement with the proposed material. Again indecision on the part of the panel members was exhibited with regard to the Specifying of Percentage of Time. This indecision may be answered in terms of statistical principles. Because of the small size of the sample extreme scores have a misleading effect on the results. The researcher believes this to be the case concerning the data on Specifying Percentage of Time. In addition, the exactness of scores for the Overview may also be a reflection of the lack of size in the sample population.

Table 3. The majority of significant scores seems to illustrate agreement with the proposed material. The non-significance of the section Specifying Percentage of Time could be the result of the small size of the sample population.

In addition, the high level of significance for Projected Dates of Initiation/Duration of Services and nonsignificance of Specifying Percentage of Time appears to reveal a contradiction of results. Both sections contain similar material, yet one section was highly significant, while the other was not significant.

Table 4. The majority of evaluators failed to make comments regarding the proposed material. Of those recommendations made, most concerned an expansion of the material contained in the sections. Some recommendations advocated clarification between an individualized plan and an individualized program for the handicapped child. Some evaluators made comments regarding the application of the guidelines to their specific state, which contradicted the limitations of the study.

Table 5. The data seemed to reflect agreement by the panel members for the areas of Physical Fitness, Fundamental Skills-Patterns, Perceptual Motor Abilities, Developmental Profiles and Tests and Additional Tests. The results for Sport Skill Inventories, Motor Ability and Dance Tests indicate an increased number of undecided responses. This trend may be a reflection of an unfamiliarity on the part of the evaluators, regarding the types of tests presented.

Table 6. The majority of significant responses seems to reflect agreement with the proposed assessment instruments. However the size of the sample limits the reliability of the

means as a measurement of central tendency. This situation is shown in the results for Sport Skill Inventories. Two of the three questions asked were moderately significant, while the remaining score was not significant. The combination of the scores results in a mean that is below the level of significance needed for the total section.

Table 7. The number of significant scores would appear to illustrate agreement with the proposed material for a majority of the sections. Only Sport Skill Inventories and Dance Tests were not significant within the limits of the study. The reason for this result could be due to the size of the sample involved. This situation is especially true for the section Sport Skill Inventories (refer to Table 6).

CHAPTER V

CONCLUSIONS

Primary Purpose

The primary purpose of the study was to develop guidelines for the constructing of an Individualized Physical Education Program (IPEP) that can be included in the Individualized Educational Program (IEP) for the handicapped child as mandated by P.L. 94-142. A secondary purpose of the study was to compile a list of assessment instruments that are applicable for use with the handicapped child.

Summary

Based on the mean scores for each section of the proposed guidelines the general hypothesis was accepted within the limitations of the study. The scores showed significance in nine of the ten sections of the guidelines and for the overview of the total proposed material. A non-significant score was found to exist for one section of the guidelines. However, due to the size of the sample population the non-significance reported is subject to review.

Based on the mean scores for each section of the proposed list of assessment instruments the general hypothesis was accepted within the limits of the study. The scores revealed that there was a statistical significance for six of the eight sections of the assessment list. Non-significant

scores were found to exist for two of the sections. The reliability of these scores is subject to review due to the size of the sample involved.

Based on the comments made by the evaluators, appropriate changes were made in the proposed guidelines. These revisions are illustrated in Appendix M.

Conclusions

As a result of the findings of this study, and within the set limitations, the following conclusions were made:

1. Guidelines for constructing an IPEP as a distinct part of the IEP for the handicapped child can be developed and subsequently approved for use by a qualified panel of experts in the field of exceptional populations (see Appendix N).
2. A list of assessment instruments that adhere to the mandates of P.L. 94-142 can be compiled and subsequently approved for use by a qualified panel of experts.

Recommendations

Based on the findings of this study, it was recommended that:

1. Additional studies in the area of assessment and evaluation be carried out in order to validate additional tests, inventories and profiles that can be used for assessing the handicapped.

2. Additional studies of this nature be conducted using a larger sample of evaluators either on the state or national level.

3. Additional studies of this nature be carried out in order to compare the opinions of special educators, physical educators, adapted physical educators and related service personnel.

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APPENDIX A

Proposed Guidelines for Constructing an IPEP

The following proposed guidelines for the constructing of Individualized Physical Education Programs are based upon the review of related literature, mandates within P.L. 94-142 and other available information on guidelines for individualization.

Objectives

1. to acquaint the physical education teacher with certain rules and regulations contained in P.L. 94-142.
2. to acquaint the physical education teacher with an Individualized Physical Education Program (IPEP).
3. to provide the physical education teacher with a workable approach for writing an IPEP.

Introduction

An individualized physical education program is a written statement for a handicapped child that includes:

- A. statement of present level of performance
- B. statement of annual or long-term goals
- C. statement of long term and short-term instructional objectives (STIO)
- D. statement of specific related services and the extent to which the child will participate in regular physical education

E. projected dates of initiation and anticipated duration of services

The IPEP should be written for not only that child placed in specifically designed physical education for 100 percent of the time, but for that child who spends part of the time in special physical education and the rest of the time mainstreamed in regular physical education.

The IPEP should be developed by a certified physical education teacher who would be qualified as determined by P.L. 94-142, which implies competency in serving the disabled and the handicapped. Any further reference to the physical education teacher will infer that the teacher complies with the standards outlined in P.L. 94-142, concerning qualification.

In writing the IPEP the qualified physical education teacher should cooperatively plan the program with the following personnel:

1. special education teacher
2. supportive related services
3. parent/guardian of the child
4. child, whenever appropriate

The reasons behind cooperative planning can best be described by Young (1965) who pointed out that when programs are individualized many forces focus on the child and it is true that the educational team, classroom teachers and specialists together, realize a higher potential in the teacher learning process because they are a team working for the greatest

benefit of the child.

The purpose for the development of an IPEP is a direct result of the intent of Congress. During committee hearings on the rules and regulations of P.L. 94-142, committee members worried that although physical education is available and required by many school systems, for the handicapped child it is seen as a luxury. The members also believed that specifically designed physical education, meeting the unique needs of the handicapped child, would be beneficial to the physical and emotional development of that child (U.S. Codes--Congressional and Administrative News, Vol. II, 1976). As a result, a later House report directed the Commissioner of Education to take steps regarding the provision of physical education for all handicapped children (Conference Summary on P.L. 94-142, 1976). The intent of Congress was clear and was reflected by the inclusion of physical education in P.L. 94-142 as a distinct part of the special educational services afforded the handicapped child.

Component Areas of the IPEP

According to mandates within P.L. 94-142, the following areas should be included in the IPEP for the handicapped child:

1. Physical and Motor Fitness
2. Fundamental Motor Skills and Patterns
3. Aquatics
4. Dance

5. Individual and Group Games, including intramural and lifetime sports

Phases of the IPEP

Phase I. The qualified physical education teacher carries out specific diagnostic and screening tests to assess the child's level of functioning in various areas of development. The results of the tests are then examined for the purpose of determining if a specific physical education program is needed for the child in any of the component areas. The qualified physical education teacher should then be able to give the M-team appropriate recommendations concerning the child's capabilities in the motor area. The physical education teacher can supply this information directly as a member of the M-team or indirectly by providing the M-team leader with the necessary information regarding the motor area. In either case, the physical education teacher must be aware that any testing or evaluation of the handicapped child meet the following requirements:

1. any tests given the child must be administered with directions given in the child's native tongue, unless it is not feasible to do so.
2. any test given should be validated for the purpose that it is being used.
3. the person(s) administering any tests be trained in testing and measurement.

4. any tests used be tailored to assess the component areas of physical education.
5. the results of the testing reflect the handicapped child's abilities and not merely reflect his/her handicap or disability.
6. for any handicapped child not presently being served, the results from testing must be re-evaluated, after a period of thirty calendar days, if they are to be used in writing an IPEP for the child.

Phase II. The qualified physical education teacher, based on the results of testing, then makes recommendations to the M-team leader concerning the abilities of the child in the motor area. These recommendations provide the foundation on which the annual goals and long-term objectives are constructed for the handicapped child.

Phase III. All information regarding the handicapped child, including data relating to physical education, is then reviewed by members of the M-team. After considering this information and any additional data received, the M-team leader recommends the child for placement in an appropriate area of education, special education/physical education.

Phase IV. This next step begins the IPEP process. At this time there is no uniform format, at either the Federal level or within the State of Wisconsin, specific to the writing of the IPEP. However, there are certain items that should appear on the IPEP that parallel items mandated by either

Federal law or laws within the State of Wisconsin regarding the writing of an Individualized Educational Program (IEP). (The items needed for writing the IPEP will be described on the following pages and were previously listed in the introduction).

Present Level of Performance

This is a written statement for the handicapped child, developed by the qualified physical education teacher, that reflects the child's status in certain component areas of physical education. The information contained in the statement includes the results of previous testing carried out in Phase I and additional testing and observation used in determining the child's present level of performance in physical education. The tests administered in Phase I examined whether there was an educational need and as such measured the child against accepted developmental standards. The later testing, evaluating the child's level of functioning, takes into consideration not only those previously determined deficit areas, but those areas where the child exhibited skill and capability.

Example

In Phase I, Johnny was administered the Harvard Step Test to measure his cardio-vascular fitness/endurance. The results of the test placed Johnny in between the poor and very poor category for C/V fitness/endurance, designating a need for improvement in this area. Additional testing was carried out in Phase IV. At this time

Johnny was given the AAHPER 600 yard walk/run. Observation of Johnny during the test revealed adequate technique in the run, but inability to run continuously for more than one minute intervals. As a result Johnny again placed in the poor category for C/V fitness/endurance.

Recommendations

1. encourage maximal effort on the part of the child during testing.
2. any testing, if possible, should reflect some correlation with the child's curriculum.
3. encourage the use of the following sources of evaluation:
 - a. results from preliminary and present level assessments
 - b. mastery of Short Term Instructional Objectives (STIO) as a measure of achievement
 - c. additional pre- and post testing, if necessary
4. consideration should be made concerning the child's peer group, if the child is to be mainstreamed to any extent in regular physical education. This consideration can be achieved either through test results or motor checklist summaries.

Long Term or Annual Goals

Long term goals should be general statements of what the

qualified physical education teacher expects the child to learn in the physical education program. The goals should also take into consideration the child's physical growth, emotional maturation and rate of acquiring skill-capability. The goals should be stated concisely enough to account for individualization and broad enough to allow for unexpected success. If the goals reflect achievement for one year they are labeled annual goals. Any goals that require a longer period of time for achievement are labeled long term goals.

Example

Johnny will improve his cardio-vascular fitness/endurance.

Annual or Long Term Objectives

Annual objectives closely resemble the annual goals discussed in the previous section. The difference between the two is that the objectives are more specific in stating what the child is expected to learn in the individualized physical education program. Annual objectives are based on progress during the course of one year. The long term objectives replace the annual objectives only if the long term goals require longer than one year to accomplish. The annual or long term objectives should include the following:

1. a statement of the skill or behavior to be attained by the handicapped child.
2. a specific time period within which an evaluation can take place.

3. measureable and objective criteria which can reflect the success of the handicapped child.

Example

Johnny will improve his C/V fitness/endurance through a program involving the following activities:

- a. running
- b. swimming
- c. cycling - stationary and cross country

* For the purpose of this paper the example used to illustrate STIO's will be the run.

Short Term Instructional Objectives (STIO)

These objectives are more manageable tasks broken down into sequential components of graded difficulty. The STIO's represent the blocks upon which the handicapped child builds towards the annual or long term objectives and eventual annual or long term goals. The time period for completing each objective is variable, depending on the capability of the child. However, most STIO's are mastered within a relatively short period of time.

Example

1. Johnny will jog in place for 2 minutes.
2. Johnny will run in place for 2 minutes.
3. Johnny will run around a track for 2 minutes, rest for 1 minute and run for an additional 1 minute.
4. Johnny will run for 5 minutes, rest for 2 minutes and run for an additional 2 minutes.

5. Johnny will run for 10 minutes, rest for 3 minutes and run for an additional 3 minutes.
6. Johnny will run for 12 minutes and cover a distance of at least three-quarters of a mile.
7. Johnny will run for 12 minutes and cover a distance of at least one mile.
8. Johnny will run for 12 minutes and cover a distance of over one mile.

* In steps 3-7 Johnny will be allowed to run/walk. However, the walk interval will be restricted to a time period of not more than 30 seconds.

Recommendations

- A. plan initial tasks to ensure the success of the child.
- B. if a level (STIO) proves to be too difficult, reduce that level into smaller, more manageable units.
- C. quantify or qualify each objective with an easily manageable variable; i.e., time, distance, number of laps.

Related Services

The term as defined by Irvin (1976) means transportation and such developmental, corrective and other supportive services as may be required to assist the handicapped child to benefit from physical education. These services include the following areas:

1. psychological counseling
2. physical and occupational therapy
3. recreational therapy

The qualified physical education teacher, in cooperation with previously mentioned personnel, outlines the supportive services needed that will best meet the objectives and goals of the child. Included in the outline is a projected amount of time to be spent in related services.

* Related services are not necessary for each handicapped child. These services are required for only those children designated by the physical education teacher as needing supportive services to maximize the child's development.

Recommendations

1. related services are supportive and should not act as a substitute for specifically designed physical education.
2. encourage the help of the special education teacher and those personnel in related services when determining programming for the child in this area.
3. if the child is placed in a related service, the qualified physical education teacher must obtain from the individual providing the supportive services a written statement of what the program will involve, much the same as for the IPEP.

Specifying of Percentage of Time

This is a statement that further clarifies the percentage of time outlined in the M-team placement decision. Estimates on the amount of time spent on the STIO's are needed either on a daily, weekly, monthly, semester or yearly basis, depending on the needs of the child and the staff involved.

Example

The following is an example based on a school having 36 weeks in the school year or 180 days.

Steps:

1. multiply total number of days by total hrs./day
 180 days/year
x 6 hours/day
 1,080 total hours/year
2. multiply total number of hours by 60 minutes
 1,080 hours/year
x 60 minutes/hour
 64,800 total minutes/year
3. multiply percentage of time designated by the M-team that will be spent in physical education (8.25% or 1/12) by total number of minutes/year.
 $1/12 \times 64,800 = 5,400$ total minutes in physical education/year
4. divide total minutes in physical education/year by total number of days in school year.
 $5,400 \div 180 = 30$ minutes/day in physical education

5. subtract sufficient amount of time lost as a result of cancelled sessions or other miscellaneous events.

2 days/month = 60 minutes/month

60 x 9 = 540 minutes lost in physical education

5,400 total minutes in physical education

- 540 minutes of lost time

4,960 minutes of actual time in physical education/year

The next step would be to make an estimate on the amount of time that would be spent on each STIO. The estimate would be based on information about the child gathered through testing and observation. For the purpose of this paper the total time spent in physical education will be divided equally among the 3 STIO's.

6. estimation of time spent on each STIO

$4,960 \div 3 = 1,653$ total minutes spent on each STIO

A further breakdown of time would be required if estimates were needed on a daily, weekly, monthly, or semester basis. Again this estimate would be based on previous information and minutes would be calculated according to the specific time schedule required.

Projected Dates for Initiation and Duration of Services

This is a written statement that establishes a time when services for the handicapped child are to begin and end. Also included in this statement is a review date. This date

reflects that time when the child's progress in the program is evaluated. The progress of the child can be measured by using the previously mentioned methods of comparing pre- and post test data or evaluating the level of mastery the child has attained in his/her STIO's. The schedule for the review date can be any time period agreed upon by the developers of the IPEP within the restriction of the time schedule suggested by Federal mandates.

Additional Items to be Included in the IPEP

In addition to the items already discussed, the IPEP can include the following:

1. statement of the strategies/techniques to be used in teaching the child.
2. statement of the equipment/resources to be used in the program.
3. statement further clarifying the objective evaluation criteria to be used.

The items listed above serve to make the IPEP a more exact instrument in prescribing specifically designed physical education for the handicapped child. These items will be discussed separately and in brief on the following pages.

Strategies/Techniques

This is a written statement that contains recommendations relative to specific methods or approaches that will be employed in trying to get the handicapped child to achieve his/

her goals. This statement then serves to provide the parent/guardian with further information about the child's program and also act as a record for future assessment of the child regarding learning style and motivation. Finally the strategies/techniques employed should be flexible and subject to change allowing for unforeseeable events or situations.

Equipment/Resources

This is a written statement or more preferably a listing of specific equipment/resources to be used in the individualized program for the child. This list should include equipment already in the school's inventory and any recommended equipment that would better help the teacher meet the educational needs of the handicapped child. In addition to equipment, the qualified physical education teacher should mention any other resources that he/she will use in carrying out the program for the child. This list should consist of any specific books, films or other materials that the teacher would consider important in planning activities for the child's program. These lists would then begin to supply other individuals in the field of physical education with growing number of resources available for use with the handicapped population.

Objective Evaluation Criteria

This is a statement that, if necessary, further describes the methods by which the qualified physical education teacher will evaluate and measure the handicapped child's achievement. Three general approaches of evaluation are:

1. criterion-referenced measurement - this approach involves a structured system that evaluates each STIO before and after instruction.
2. milestone evaluation - this approach involves evaluating mastery of STIO's at regularly established time periods.
3. year-end evaluation - this approach involves a meeting held at the end of the school year to determine the child's achievement.

As stated previously, there is no available format for writing the IPEP either on the Federal level or within the State of Wisconsin. The preceding pages have attempted only to acquaint the physical education teacher with the items necessary for the development of an IPEP. The following pages will provide the physical education teacher with a model format that can be used when writing an IPEP for a handicapped child.

Individualized Physical Education Program

Name: _____ Areas of Disability: (check)

Age: _____ D.O.B. _____ Mentally Retarded__ Emot. Disturbed__

Referred by: _____ Orthoped. Handic.__ Speech Impaired__

_____ Visually Handic.__ Hard of Hearing__

Preliminary Testing: Other Health Impaired__ Deaf__

1. _____ 3. _____

2. _____ 4. _____

<u>Present Level</u>	<u>Annual or</u>	<u>Annual or</u>
<u>of Performance</u>	<u>Long Term Goals</u>	<u>Long Term Objectives</u>

Persons Responsible for Writing IPEP:

Name _____ Title(position) _____

Name _____ Title(position) _____

Other Personnel Providing Services: (copy of program attached)

Name _____ Title(position) _____

Name _____ Title(position) _____

Name _____ Title(position) _____

Date of Program Entry: _____ Date of Projected End of Services: _____

Date of Program Review: _____

Short Term	Estimated Time of Beginning/Ending	% of Time
<u>Instructional Objectives</u>		

Signature of Parent/Guardian:

_____ Date _____

_____ Date _____

Signature of IPEP Developer(s):

_____ Date _____

_____ Date _____

School: _____

Additional Comments: _____

<u>Person(s)</u> <u>Responsible</u>	<u>Techniques/</u> <u>Strategies</u>	<u>Equipment/</u> <u>Resources</u>	<u>Support</u> <u>Services</u>
--	---	---------------------------------------	-----------------------------------

APPENDIX B

External Evaluation of Proposed Guidelines for an IPEP

Please review the material that has been distributed to you on Guidelines for Constructing Individualized Physical Education Programs, taking into consideration content, format, and any other topic that you believe to be important. After finishing your review it is asked that you complete the following questionnaire, which is an evaluation of the material presented.

Directions - The following questions evaluate the material presented in each section of the Guidelines. Please answer all questions by circling the appropriate response on the Likert scale provided. The scale is valued at 5 for Strongly Agree to 1 for Strongly Disagree. Any additional comments can be recorded in the space below each question.

	SA	A	U	D	SD
1. <u>Introduction</u>					
<u>Content</u> - is it appropriate	5	4	3	2	1
<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
<u>Applicability</u> -	5	4	3	2	1
<hr/>					
2. <u>Phases of the IPEP</u>					
<u>Content</u> - is it appropriate	5	4	3	2	1
<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>					
3. <u>Present Level of Performance</u>					
<u>Content</u> - is it appropriate	5	4	3	2	1
<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>					

4.	<u>Annual or Long Term Goals</u>	SA	A	U	D	SD
	<u>Content</u> - is it appropriate	5	4	3	2	1
	<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
	<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>						
5.	<u>Annual or Long Term Objectives</u>					
	<u>Content</u> - is it appropriate	5	4	3	2	1
	<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
	<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>						
6.	<u>Short Term Instructional Objectives (STIO)</u>					
	<u>Content</u> - is it appropriate	5	4	3	2	1
	<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
	<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>						
7.	<u>Related Services</u>					
	<u>Content</u> - is it appropriate	5	4	3	2	1
	<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
	<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>						
8.	<u>Specifying Percentage of Time</u>					
	<u>Content</u> - is it appropriate	5	4	3	2	1
	<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
	<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>						
9.	<u>Projected Dates of Initiation/ Duration of Services</u>					
	<u>Content</u> - is it appropriate	5	4	3	2	1
	<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
	<u>Applicability</u> - is it necessary	5	4	3	2	1
<hr/>						

	SA	A	U	D	SD
10. <u>Additional Information</u>					
<u>Content</u> - is it appropriate	5	4	3	2	1
<u>Format</u> - is it presented in a logical manner	5	4	3	2	1
<u>Applicability</u> - is it necessary	5	4	3	2	1

Overview of Total Guidelines

<u>Content</u> - does material meet stated objectives	5	4	3	2	1
<u>Format</u> - is material presented logically	5	4	3	2	1
<u>Applicability</u> - can material be useful in the field	5	4	3	2	1

Additional Comments

Signature: _____

APPENDIX C

Proposed Assessment and Evaluation Instruments

The following is a proposed list of tests, developmental profiles and sport skill inventories recommended for use in the assessment and evaluation of handicapped children. The list is not all inclusive due to the limitations involved in the writing of the study. The categories of handicaps included are the result of mandates outlined in section 121a.5 of P.L. 94-142. This section defines handicapped children as those children evaluated in accordance with sections 121a.530-121a.534 as being:

- | | |
|------------------------------------|----------------------------|
| 1. Mentally Retarded | 6. Orthopedically Impaired |
| 2. Hard of Hearing | 7. Other Health Impaired |
| 3. Deaf | 8. Multi-Handicapped |
| 4. Visually Handicapped | 9. Learning Disabled |
| 5. Seriously Emotionally Disturbed | |

The list of assessments is separated into the following parts:

- A. component areas of physical education
- B. appropriate age levels
- C. type of handicapped child that could be assessed by the test

<u>Physical Fitness (general)</u>	<u>Age Level</u>	<u>Type of Handicap (refer to above)</u>
1. AAHPER Youth Fitness Test for Normal and Retarded	8-18	1-5,9
2. Hayden's Physical Fitness Test for Mentally Retarded	8-17	1-5,9
3. The Peabody Test of Physical Fitness	5-9	1-9*
4. Texas Physical Fitness Test	7-10	1-5,9
5. Physical Fitness Test Battery for the Mentally Retarded (Fait)	9-20	1-5,9

* denotes test sections are applicable with certain restrictions.

<u>Motor Ability (fitness)</u>	<u>Age Level</u>	<u>Type of Handicap</u>
1. Motor Development Activities for the Mentally Retarded (Bower)	5-up	1-9*
2. Oseretsky Tests of Motor Proficiency	4-16	1-9*
3. The Doman-Delacato Developmental Mobility Scale	3-8	6-8
4. Basic Motor Fitness Test (Hilsendager)	4-15	1-9*
5. Iowa-Brace Test	9-up	1-5
<u>Fundamental Skills-Patterns</u>		
1. Movement Pattern Checklist (Thompson)	5-11	1-9*
2. Meeting Street School Screening Test	5-8	1-9*
3. Peabody Developmental Motor Scales	0-7	1-9*
4. The Teaching Research Motor Development Scale for Moderately and Severely Retarded Children	3-18	1-9*
5. Six Category Gross Motor Test (Cratty)	4-11	1-5
<u>Perceptual Motor Abilities</u>		
1. Frostig's Developmental Test of Visual Perception	4-8	1-9*
2. Perceptual Motor Survey (Sullivan)	5-14	1-9*
3. The Purdue Perceptual Motor Survey	6-10	1-9*
4. The Perceptual Motor Attributes of Mentally Retarded Children and Youth (L.A. Spec. Ed.)	5-24	1-9*
5. A Perceptual Test Battery (Univ. of Chicago)	5-8	1-9*

* denotes test sections are applicable with certain restrictions

<u>Developmental Profiles-Tests</u>	<u>Age Level</u>	<u>Type of Handicap</u>
1. Denver Developmental Screening Inventory	2 wks - 6 yrs.	1-9*
2. Valett Developmental Survey	2-7	1-9*
3. Psychoeducational Inventory of Basic Learning Abilities (Valett)	2-7	1-9*
4. Developmental Activities Screening Inventory (Teaching Resources Corporation)	0-5	1-9*
5. Young Educable Mentally Retarded Performance Profile	7-up	1-9*
<u>Sport Skill Inventories</u>		
1. Archery - AAHPER Test	9-up	1-5,9,(6,8)*
2. Gymnastics-Johnson Gymnastics Rating Scale	9-up	1-5,9
3. Soccer-McDonald Test	9-up	1-5,9
4. Swimming-Hewitt Swimming Achievement Test	7-up	1-9*
5. Softball-AAHPER Test	9-up	1-5,9(6-8)*
<u>Dance Tests</u>		
1. Waglow's Social Dance Test	12-up	1,4-6,9*
2. Tempo Test (Lemon)	10-up	1,4-6,9*
3. Ashton's Practical Rhythm Test	12-up	1,4-6,9*
4. Rhythm Run Dance Test	12-up	1,4-6,9*
5. Fall and Recovery Test of Dance Ability	12-up	1,4-6,9*
<u>Additional Tests</u>		
1. Flexibility - The Modified Sit and Reach Test	6-up	1-5,9 (6-8)*

* denotes test sections are applicable with certain restrictions

<u>Additional Tests (cont.)</u>	<u>Age Level</u>	<u>Type of Handicap</u>
2. Strength (isotonic) - Spring Scale Strength Tests	12-up	1-9*
3. Strength (isometric) - Tensiometers and Dynamometers	10-up	1-9*
4. Agility - LSU Agility Test	10-up	1-3, 5,9
5. Power - Sargent's Jump	9-up	1-5,9

* denotes test sections are applicable with certain restrictions

APPENDIX D

External Evaluation of Proposed Assessment Instruments

Please review the material that has been distributed to you on Assessment and Evaluation Instruments, taking into consideration validity, applicability and any other topic you believe to be important. After finishing your review it is asked that you complete the following questionnaire, which is an evaluation of the material presented.

Directions. The following questions evaluate the material contained in each section of the Assessment and Evaluation list. Please answer all questions by circling the appropriate response on the categorical scale provided. The scale is valued at 2 pts. for Yes, 1 pt. for Undecided, and 0 pts. for No. Any additional comments can be recorded in the space below each section.

	<u>Yes</u>	<u>Undecided</u>	<u>No</u>
1. <u>Physical Fitness (general)</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require special knowledge for administration and interpretation?	2	1	0
<hr/>			
2. <u>Motor Ability (fitness)</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require a special knowledge for administration and interpretation?	2	1	0
<hr/>			
3. <u>Fundamental Skills-Patterns</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require a special knowledge for administration and interpretation?	2	1	0
<hr/>			

	<u>Yes</u>	<u>Undecided</u>	<u>No</u>
4. <u>Perceptual Motor Abilities</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require a special know- ledge for administration and interpretation?	2	1	0
<hr/>			
5. <u>Developmental Profiles-Tests</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require a special know- ledge for administration and interpretation?	2	1	0
<hr/>			
6. <u>Sport Skill Inventories</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require a special know- ledge for administration and interpretation?	2	1	0
<hr/>			
7. <u>Dance Tests</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require a special know- ledge for administration and interpretation?	2	1	0
<hr/>			
8. <u>Additional Tests</u>			
Are the tests valid?	2	1	0
Are the tests applicable for the handicapped?	2	1	0
Do the tests require a special know- ledge for administration and interpretation?	2	1	0
<hr/>			

9. Overview of Assessment and Evaluation List

Do the tests conform with the requirements of P.L. 94-142?	2	1	0
Can this material be useful in the field?	2	1	0
Should the administrators and interpreters of test results be qualified in Adapted Physical Education?	2	1	0

Additional Comments

Signature: _____

APPENDIX E

Carlton J. Hansen
c/o Dr. Lane A. Goodwin
115 Wittich Hall
University of Wisconsin
La Crosse, Wisconsin 54601

Name of Individual
Position of Individual
Organization Affiliation
Address
City, State Zip Code

Dear

Enclosed you will find a copy of proposed Guidelines for Constructing an Individualized Physical Education Program for the handicapped child. The Guidelines are a part of my seminar paper that is being presented in partial fulfillment of the requirements for a Master of Science Degree in Physical Education-Handicapped, here at the University of Wisconsin-La Crosse. The Guidelines are being developed under the direction of my graduate advisor, Dr. Lane A. Goodwin.

The reason that you have been contacted is in the hopes that you will act as a member of a panel of experts in the field of exceptional education, who will be reviewing and evaluating the Guidelines. The evaluation will consist of filling out the enclosed questionnaire. Upon completion of the evaluation, please return the questionnaire and the Guidelines back to me using the enclosed self-addressed stamped envelope. It is asked that you return the material on or before July 21, 1978.

Your help and consideration will be greatly appreciated.

Sincerely,

Lane A. Goodwin, Ph.D.

Carlton J. Hansen

APPENDIX F

Table 1

Raw Data Table Illustrating Frequency and Range

Sections of the Guidelines	Questions	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Introduction	A	6	4	1	0	0
	B	5	5	1	0	0
	C	4	6	1	0	0
2. Phases of the IPEP	A	6	4	0	0	1
	B	6	3	1	0	1
	C	6	4	0	0	1
3. Present Level of Performance	A	2	7	2	0	0
	B	2	7	2	0	0
	C	4	6	1	0	0
4. Annual or Long Term Goals	A	5	5	1	0	0
	B	6	2	2	0	1
	C	5	3	3	0	0
5. Annual or Long Term Objectives	A	3	3	3	2	0
	B	6	2	2	1	0
	C	6	2	2	1	0
6. Short Term Instructional Objectives	A	2	7	1	1	0
	B	4	6	0	1	0
	C	6	4	0	1	0
7. Related Services	A	4	3	3	0	1
	B	3	4	3	0	1
	C	5	3	2	0	1
8. Specifying Percentage of Time	A	2	5	2	1	1
	B	3	3	3	1	1
	C	2	3	4	1	1
9. Projected Dates of Initiation/Duration of Services	A	4	7	0	0	0
	B	6	4	1	0	0
	C	6	5	0	0	0
10. Additional Information	A	2	8	1	0	0
	B	3	8	0	0	0
	C	5	6	0	0	0
11. Overview of Total Guidelines	A	4	3	2	2	0
	B	4	3	2	2	0
	C	2	7	0	2	0

APPENDIX G

Table 2

Mean Scores for each Question Asked in Questionnaire A

Sections of the Guidelines	Questions		
	A	B	C
1. Introduction	4.40*	4.36*	4.27*
2. Phases of the IPEP	4.27*	4.18*	4.27*
3. Present Level of Performance	4.00*	4.00*	4.27*
4. Annual or Long Term Goals	4.36*	4.09*	4.18*
5. Annual or Long Term Objectives	3.63*	4.18*	4.27*
6. Short Term Instructional Objectives	4.00*	4.27*	4.40*
7. Related Services	3.81*	3.72*	4.00*
8. Specifying Percentage of Time	3.54	3.54	3.36
9. Projected Dates of Initiation/Duration of Services	4.40*	4.63*	4.63*
10. Additional Information	4.09*	4.27*	4.40*
11. Overview of Total Guidelines	3.81*	3.81*	3.81*

* denotes significance within the limits of the study

APPENDIX H

Table 3
Mean Scores for each Section of the Guidelines

Sections of the Guidelines	\bar{x}
1. Introduction	4.34*
2. Phases of the IPEP	4.24*
3. Present Level of Performance	4.09*
4. Annual or Long Term Goals	4.21*
5. Annual or Long Term Objectives	4.02*
6. Short Term Instructional Objectives	4.22*
7. Related Services	3.84*
8. Specifying Percentage of Time	3.48
9. Projected Dates of Initiation/ Duration of Services	4.54*
10. Additional Information	4.25*
11. Overview of Total Guidelines	3.81*

* denotes significance within the limits of the study

APPENDIX I

Table 4

Comments of the Evaluators of the GuidelinesIntroduction

Don't P.T.'s and O.T.'s qualify by law to write the IPEP.

W/mainstreamed s are you implying adapted physical education specialist does it all.

94-142 does not specify certification requirements for physical education teacher.

Include criteria and evaluation procedures for determining annually whether the STIO's are being achieved.

These are implications not fact. The qualification of the physical education teacher giving services to handicapped has not been clearly defined in the law or on the rules and regulations of the state of Wisconsin.

Include regular physical education teachers in the program planning of IPEP.

Phases of the IPEP

The specific physical education program should not be determined until after M-team testing.

According to P.L. 94-142 an M-Team has two functions:

1. identifying a child as handicapped
2. determining the special education, physical education and related services needs

Testing and evaluation requirement number six is no longer necessary.

Present Level of Educational Performance

Expand a little more.

Step test example very weak and hard to generalize from.

Clarify integration vs. mainstreaming the whole nation is confused.

Would suggest the consideration of denoting the child's average level of performance in academics and social development so that inter-relationships and effects of might be related to motor development.

Annual or Long Term Goals

Should be measurable.

Should the goals include criteria to meeting the need. How much?

If long term objective is stated properly this seems to be a step to eliminate or combine into one.

Annual or Long Term Objectives

Seems like example eliminates specific time periods.

Does not specify number three and does not include a level of achievement.

In addition, the annual or long term objectives should include the following:

2. method of measurement and objective criteria which can reflect the success of the child.
3. specified time period within which an evaluation can take place.
4. specific educational, supportive and related services needed to assist the child in meeting the objectives.
5. estimate of percentage of time to be spent in regular and special education.
6. anticipated number of interventions, methods, material to be employed.
7. schedule of evaluation of objectives upon attainment or at end of school year.
8. projected dates for initiation/duration of services.

Short Term Instructional Objectives

Do you feel STIO's should be written for semester, weekly, etc.

Related Services

Term as defined by Irvin is too limited in relation to total IEP.

Define term as used in final rules and regulations, not Irvin.

Should explain this list, is not all inclusive.

Include health services.

Specifying Percentage of Time

Minutes good for establishing curriculum for year, but in STIO's I would question. The law doesn't state that the time must be given in minutes.

I question the preciseness of the percentages.

System too complex to be applicable.

Question if necessary to go into such detail.

Very well done.

Projected Dates for Initiation and Duration of Services

There is a time limit for initiation.

Shorten example -- good idea like "I CAN" material.

Should coincide with regular reporting periods for normal children.

Additional Areas

This is weak, important areas are addressed here and should not be called additional areas.

The areas should also include:

4. dates of conference planning with the parents/child.
5. persons completing the IPEP.
6. persons responsible for delivery of educational services.

Overview of Guidelines

Probably should be a full model.

I would have liked to see your model format with a few examples. I enjoyed reviewing this.

There are some concerns relative to the accuracy of statement made in the report.

Very well done. I believe examples of specific educational objectives need to be improved.

I think this is a good concept, however I disagree with the sequence of events and the requirements for a great deal of the contents.

First editions of road maps are always a little hazy--this is well done, cut percentage of time or condense if possible.

It is not necessary to have parent or teacher sign each part of the IEP. The IPEP should be a part of the total IEP and parents and teachers need to sign only once. Very good paper.

You can see from my responses that I am highly impressed. However you realize that I have much knowledge of the laws but little knowledge regarding the specifics of adaptive physical education.

APPENDIX J

Table 5

Raw Data Table Illustrating Frequency and Range

Sections of the Assessment List	Questions	Yes	Undecided	No
1. Physical Fitness	A	9	0	1
	B	9	1	0
	C	6	2	2
2. Motor Ability (fitness)	A	6	3	1
	B	7	3	0
	C	7	3	0
3. Fundamental Skills Patterns	A	8	2	0
	B	8	2	0
	C	6	3	1
4. Perceptual Motor Abilities	A	8	1	1
	B	9	1	0
	C	8	2	0
5. Developmental Profiles-Tests	A	8	2	0
	B	7	3	0
	C	8	2	0
6. Sport Skill Inventories	A	4	5	1
	B	1	5	4
	C	3	4	3
7. Dance Tests	A	2	8	0
	B	2	8	0
	C	5	4	1
8. Additional Tests	A	8	2	0
	B	6	4	0
	C	8	0	2
9. Overview of Assessment List	A	8	2	0
	B	9	1	0
	C	8	2	0

APPENDIX K

Table 6

Mean Scores for each Question Asked in Questionnaire B

Sections of the Assessment List	Questions		
	A	B	C
1. Physical Fitness	1.80*	1.90*	1.40
2. Motor Ability (fitness)	1.50	1.70*	1.40
3. Fundamental Skills Patterns	1.80*	1.80*	1.50
4. Perceptual Motor Abilities	1.70*	1.90*	1.80*
5. Developmental Profiles- Tests	1.80*	1.70*	1.70*
6. Sport Skill Inventories	1.70*	1.70*	1.00
7. Dance Tests	1.20	1.20	1.40
8. Additional Tests	1.80*	1.60*	1.80*
9. Overview of Assessment List	1.80*	1.80*	1.80*

* denotes significance within the limits of the study

APPENDIX L

Table 7

Mean Scores for each Section of the Assessment List

Sections of the Assessment List	\bar{X}
1. Physical Fitness	1.70*
2. Motor Ability (fitness)	1.60*
3. Fundamental Skills-Patterns	1.70*
4. Perceptual Motor Abilities	1.80*
5. Developmental Profiles-Tests	1.73*
6. Sport Skill Inventories	1.46
7. Dance Tests	1.26
8. Additional Tests	1.73*
9. Overview of Assessment List	1.80*

* denotes significance within the limits of the study

APPENDIX M

Introduction

Physical education services, specifically designed if necessary, must be made available to every handicapped child receiving a public education. Each handicapped child must be afforded the opportunity to participate in the regular physical education program unless:

1. The child is enrolled in a separate facility; or
2. The child needs specifically designed physical education.

If specially designed physical education is prescribed the public agency responsible shall provide or make arrangements for the services.

An IPEP is a written statement for a handicapped child that includes:

- A. statement of present level of educational performance
- B. statement of annual or long term goals
- C. statement of long term and short term instructional objectives (STIO)
- D. statement of specific related services and the extent to which the child will participate in regular physical education
- E. projected dates of initiation and anticipated duration of services
- F. criteria and evaluation procedures for determining annually whether the STIO's are being achieved.

The IPEP should be developed by a certified physical

education teacher who would be qualified as determined by section 121a.12 of P.L. 94-142, which implies competency in serving the disabled and handicapped.

Phases of the IPEP

Phase III. All information regarding the child, including data relating to physical education, is then reviewed by the members of the Multi-disciplinary Team. After considering this information the M-team leader either identifies the child as handicapped or non-handicapped, and determines the special education and related services needed.

Phase IV. The next step begins the IPEP process. At this time there is no uniform format either at the federal level or within the State of Wisconsin, specific to the writing of the IPEP. However, there are certain areas that should be included in the IPEP that parallel areas mandated by either federal law or Chapter 115, in the State of Wisconsin, regarding the writing of an Individualized Educational Program (IEP). These areas will be discussed on the following pages and were previously listed in the introduction.

Present Level of Performance

This is a written statement for the handicapped child, developed by the qualified physical education teacher, that reflects the child's status in certain component areas of physical education. The information contained in the statement includes the results of tests carried out in Phase I and

additional testing and observation used to determine the child's present level of performance. In addition, information denoting the child's average level of performance in the social and academic areas should be included in the statement. This inclusion could lead to an observation of cause and effect relationships between physical education and the above areas.

Annual or Long Term Goals (ATG or LTG)

Example - ATG

Johnny will improve his C/V fitness-endurance 25 percent, in relation to previous test results.

LTG - Johnny will improve his C/V fitness endurance 100 percent, in relation to previous test results.

Annual or Long Term Objectives

The annual or long term objectives should include the following:

1. a statement of the skill or behavior to be attained by the handicapped child.
2. method of measurement and objective criteria which can reflect the success of the handicapped child.
3. specified time period within which an evaluation can take place.
4. estimate of the percentage of time student will spend in regular and special education.

Example

Johnny will improve his C/V fitness-endurance through a program involving the following activities:

- a. running
- b. swimming
- c. cycling - stationary and cross country

The schedule for evaluation will be on a monthly basis, assessing the number of minutes spent running, number of laps swam and number of miles cycled. The child will spend 40 percent of the time in APE and 60 percent of the time in regular physical education.

Short Term Instructional Objectives

No changes were made in this section.

Related Services

This term as defined by Congress means transportation and such developmental, corrective and supportive services as are required to assist a handicapped child to benefit from special education. These services include the following areas:

1. speech pathology
2. audiology
3. psychological services
4. physical and occupational therapy
5. recreational therapy
6. early identification and assessment of disabilities in children
7. counseling services
8. medical services for diagnostic or evaluation services

Specifying Percentage of Time

No changes were made in this area.

Projected Dates of Initiation and Duration of Services

The schedule for the review date should coincide with regular reporting periods for normal children.

Additional Areas to be Included in the IPEP

No changes were made in this section.

A copy of the final guidelines is contained in Appendix N.

APPENDIX N

Guidelines

The following guidelines for the constructing of an Individualized Physical Education Program for the handicapped child are based on the recommendations of a panel of experts in the field of exceptional education.

Objectives

1. to acquaint the physical education teacher with certain rules and regulations contained in P.L. 94-142.
2. to acquaint the physical education teacher with an Individualized Physical Education Program (IPEP).
3. to provide the physical education teacher with a workable approach for writing an IPEP.

Introduction

Physical education services, specifically designed if necessary, must be made available to every handicapped child receiving a public education. Each handicapped child must be afforded the opportunity to participate in the regular physical education program unless:

1. the child is enrolled in a separate facility; or
2. the child needs specifically designed physical education

If specifically designed physical education is prescribed the public agency responsible shall provide or make arrangements for the services.

An IPEP is a written statement for a handicapped child that includes:

- A. statement of present level of performance.
- B. statement of annual or long term goals.
- C. statement of long term and short term instructional objectives (STIO).
- D. statement of specific related services and the extent to which the child will participate in regular physical education.
- E. projected dates of initiation and anticipated duration of services.
- F. criteria and evaluation procedures for determining annually whether the STIO's are being achieved.

The IPEP should be written for not only that child placed in specifically designed physical education for 100 percent of the time, but for that child who spends part of the time in special physical education and the rest of the time mainstreamed in regular physical education.

The IPEP should be developed by a certified physical education teacher who would be qualified as determined by section 121a.12 of P.L. 94-142, which implies competency in serving the disabled and handicapped. Any further reference to the physical education teacher will infer that the teacher complies with the above qualification.

In writing the IPEP the qualified physical education teacher should cooperatively plan the program with the following personnel:

1. special education teacher
2. supportive related services
3. parent/guardian of the child
4. child, whenever appropriate
5. regular physical education teacher

The reasons behind cooperatively planning can best be described by Young (1965) who pointed out that when programs are individualized many forces focus on the child and it is true that the educational team, classroom teachers and specialists together, realize a higher potential in the teacher learning process because they are a team working for the greatest benefit of the child.

The purpose for the development of an IPEP is a direct result of the intent of Congress. During committee hearings on the rules and regulations of P.L. 94-142, committee members worried that although physical education is available and required by many school systems, for the handicapped child it is seen as a luxury. The members also believed that specifically designed physical education, meeting the unique needs of the handicapped child, would be beneficial to the physical and emotional development of the child (U.S. Codes--Congressional and Administrative News, Vol. II, 1976). As a result, a later House report directed the Commissioner of Education to take steps regarding the provision of physical education for all handicapped children (Conference Summary on P.L. 94-142). The intent of Congress was clear and was reflected by the

inclusion of physical education in P.L. 94-142 as a distinct part of the special educational services afforded the handicapped child.

Component Areas of the IEP and IPEP

According to mandates within P.L. 94-142, the following areas should be included in the IEP and subsequently in the IPEP for the handicapped child:

1. Physical and Motor Fitness
2. Fundamental Skills-Patterns
3. Aquatics
4. Dance
5. Individual and Group Games, including intramural and lifetime sports

Phases of the IEP and IPEP

Phase I. The qualified physical education teacher carries out specific diagnostic and screening tests to assess the child's level of functioning in various areas of development. The results of the tests are then examined for the purpose of determining if a specific physical education program is needed for the child in any of the component areas. The qualified physical education teacher should then be able to give the Multi-disciplinary Team (M-Team) appropriate recommendations concerning the child's capabilities in the motor and psycho-motor areas. The physical education teacher can supply this information directly as a member of the

M-Team, if one of the defined needs of the child is motor development, or indirectly by providing the M-Team leader with the necessary information regarding the motor area. In either case, the physical education teacher must be aware that any testing or evaluation of the handicapped child, who has been identified as needing adaptive physical education, meet the following requirements:

1. any tests given the child must be administered with the directions given in the child's native tongue.
2. any test given should be validated for the purpose that it is being used.
3. the person(s) administering any tests be trained in testing and measurement.
4. any test used be tailored to assess component areas of physical education.
5. the results of testing reflect the handicapped child's abilities and not merely reflect his/her handicap or disability.

Phase II. The qualified physical education teacher, based on the results of testing, then makes recommendations to the M-Team leader concerning the abilities of the child in the motor area. These recommendations provide the foundation on which the annual goals and long term objectives are constructed for the handicapped child in the area of physical education.

Phase III. All information regarding the child, including data relating to physical education, is then reviewed by

members of the M-Team. After considering this information the M-Team leader either identifies the child as handicapped or not handicapped, and determines the special education, physical education and related services needed, if the child is designated as handicapped.

Phase IV. The next step begins the IPEP process. At this time there is no uniform format either at the federal level or within the state of Wisconsin, specific to the writing of the IPEP. However there are certain areas that should be included in the IPEP that parallel areas mandated by federal law or Chapter 115, in the state of Wisconsin, regarding the writing of an IEP. These areas will be discussed on the following pages and were previously listed in the introduction.

Present Level of Educational Performance

This is a written statement for the handicapped child, developed by the qualified physical education teacher, that reflects the child's status in certain component areas of physical education. The information contained in the statement includes the results of tests carried out in Phase I and additional testing and observation used to determine the child's present level of performance. In addition, information denoting the child's average level of performance in the academic and social areas should be included in the statement. This inclusion could lead to an observation of cause and effect relationships between physical education and the academic-social areas.

Example

In Phase I, Johnny was administered the Harvard Step Test to measure his cardio-vascular fitness endurance. The results of the test placed Johnny in between the poor and very poor category for C/V fitness-endurance, designating a need for improvement in this area. Additional testing, was carried out in Phase IV. At this time Johnny was given the AAHPER 600 yard walk-run. Observation of Johnny during the test revealed adequate technique in the run, but inability to run continuously for more than one minute intervals. As a result Johnny again placed in the poor category for C/V fitness-endurance. In the academic areas, Johnny exhibits a degree of inattentiveness during class sessions. As a result, he is behind in many of his academic subjects. Socially Johnny is a loner, very seldom playing or conversing with other classmates.

Annual or Long Term Goals

Annual goals should be general statements of what the qualified physical education teacher expects the child to learn in the physical education program. The goals should take into consideration the child's physical growth, emotional maturation and rate of acquiring skill-capability. The goals should be stated concisely enough to account for individualization and broad enough to allow for unexpected success. If the

goals reflect achievement for one year they are labeled annual goals. Any goals that require a longer period of time for achievement are labeled long term goals.

Example

Annual Goal. Johnny will improve his C/V fitness-endurance 25 percent, in relation to previous test results.

Long Term Goal. Johnny will improve his C/V fitness-endurance 100 percent, in relation to previous test results.

Recommendations

1. encourage maximal effort on the part of the child during testing
2. any testing, if possible, should reflect some correlation with the child's curriculum
3. encourage the use of the following sources of evaluation
 - a. results from preliminary and present level assessments
 - b. mastery of STIO's as a measure of achievement
 - c. additional pre- and post testing, if necessary
4. consideration should be made concerning the child's peer group, if the child is to be mainstreamed to any extent in regular physical education. This consideration can be achieved either through test results or motor checklist summaries.

Annual or Long Term Objectives

Annual objectives closely resemble the annual goals discussed in the previous section. The difference between the two is that the objectives are more specific in stating what the child is expected to learn in the IPEP. Annual objectives are based on progress during the course of one year. The long term objectives replace the annual objectives only if the long term goals require longer than one year to accomplish. The annual or long term objectives should include the following:

1. statement of the skill or behavior to be attained by the child
2. method of measurement and objective criteria which can reflect the success of the handicapped child
3. specified time period within which an evaluation can take place
4. estimate of percentage of time student will spend in regular and special education

Example

Johnny will improve his C/V fitness-endurance through a program involving the following activities:

- a. running
- b. swimming
- c. cycling, both cross country and stationary

The schedule for evaluation will be on a monthly basis, assessing the number of minutes spent running, number of laps swam and the number of miles cycled. The child will spend 40

percent of the time in Adapted physical education and 60 percent of the time in regular physical education.

Short Term Instructional Objectives (STIO)

These objectives are more manageable tasks broken down into sequential components of graded difficulty. The STIO's represent the blocks upon which the handicapped child builds toward the annual or long term objectives and eventual annual or long term goals. The time period for completing each objective is variable, depending on the capability of the child. However, most STIO's are mastered within a relatively short period of time.

Example

1. Johnny will jog in place for 2 minutes
2. Johnny will run in place for 2 minutes
3. Johnny will run around a track for 2 minutes, rest for 1 minute and run for an additional 1 minute
4. Johnny will run for 5 minutes, rest for 2 minutes and run for an additional 2 minutes
5. Johnny will run for 10 minutes, rest for 3 minutes and run for an additional 3 minutes
6. Johnny will run for 12 minutes and cover a distance of at least three-quarters of a mile
7. Johnny will run for 12 minutes and cover a distance of at least one mile
8. Johnny will run for 12 minutes and cover a distance of over one mile

* In steps 3-7 Johnny will be allowed to run/walk. However, the walk interval will be restricted to a time period of not more than 30 seconds.

Recommendations

- A. plan initial tasks to ensure the success of the child
- B. if a level (STIO) proves to be too difficult, reduce that level into smaller, more manageable units.
- C. quantify or qualify each objective with an easily measureable variable; i.e., time, distance, number of laps

Related Services

This term as defined by Congress means transportation and such developmental, corrective and supportive services as are required to assist a handicapped child benefit from special education. These services include the following areas:

1. speech pathology
2. audiology
3. psychological services
4. physical and occupational therapy
5. recreational therapy
6. early identification and assessment of disabilities in children
7. counseling services
8. medical services for diagnostic or evaluation services

Specifying of Percentage of Time

This is a statement that further clarifies the percentage of time outlined in the M-Team placement decision. Estimates on the amount of time spent on the STIO's are needed either on a daily, weekly, monthly, semester or yearly basis, depending on the needs of the child and the staff involved.

Example

The following is an example based on a school having 36 weeks in the school year or 180 days.

Steps:

1. multiply total number of days by total hrs./day
 180 days/year
x 6 hours/day
 1,080 total hours/year
2. multiply total number of hours by 60 minutes
 1,080 hours/year
x 60 minutes/hour
 64,800 total minutes/year
3. multiply percentage of time designated by the M-Team that will be spent in physical education (8.25% or 1/12) by total number of minutes/year.
 $1/12 \times 64,800 = 5,400$ total minutes in physical education/year
4. divide total minutes in physical education/year by total number of days in school year.
 $5,400 \div 180 = 30$ minutes/day in physical education

5. subtract sufficient amount of time lost as a result of cancelled sessions or other miscellaneous events.

2 days/month = 60 minutes/month

$60 \times 9 = 540$ minutes lost in physical education

5,400 total minutes in physical education

- 540 minutes of lost time

4,960 minutes of actual time in physical education/yr.

The next step would be to make an estimate on the amount of time that would be spent on each STIO. The estimate would be based on information about the child gathered through testing and observation. For the purpose of this paper the total time spent in physical education will be divided equally among the 3 STIO's.

6. estimation of time spent on each STIO

$4,960 \div 3 = 1,653$ total minutes spent on each STIO

A further breakdown of time would be required if estimates were needed on a daily, weekly, monthly, or semester basis. Again this estimate would be based on previous information and minutes would be calculated according to the specific time schedule required.

Projected Dates for Initiation and Duration of Services

This is a written statement that establishes a time when services for the handicapped child are to begin and end. Also included in this statement is a review date. This date reflects that time when the child's progress in the program is evaluated. The progress of the child can be measured by using the

previously mentioned methods of comparing pre- and post test data or evaluating the level of mastery the child has attained in his/her STIO's. The schedule for the review date can be any time period agreed upon by the developers of the IPEP within the restriction of the time schedule suggested by Federal mandates.

Additional Items to be Included in the IPEP

In addition to the items already discussed, the IPEP can include the following:

1. statement of the strategies/techniques to be used in teaching the child
2. statement of the equipment/resources to be used in the program
3. statement further clarifying the objective evaluation criteria to be used

The items listed above serve to make the IPEP a more exact instrument in prescribing specifically designed physical education for the handicapped child. These items will be discussed separately and in brief on the following pages.

Strategies/Techniques

This is a written statement that contains recommendations relative to specific methods or approaches that will be employed in trying to get the handicapped child to achieve his/her goals. This statement then serves to provide the parent/guardian with further information about the child's program and also act as a record for future assessment of the child

regarding learning style and motivation. Finally the strategies/techniques employed should be flexible and subject to change allowing for unforeseeable events or situations.

Equipment/Resources

This is a written statement or more preferably a listing of specific equipment/resources to be used in the individualized program for the child. This list should include equipment already in the school's inventory and any recommended equipment that would better help the teacher meet the educational needs of the handicapped child. In addition to equipment, the qualified physical education teacher should mention any other resources that he/she will use in carrying out the program for the child. This list should consist of any specific books, films or other materials that the teacher would consider important in planning activities for the child's program. These lists would then begin to supply other individuals in the field of physical education with growing number of resources available for use with the handicapped population.

Objective Evaluation Criteria

This is a statement that, if necessary, further describes the methods by which the qualified physical education teacher will evaluate and measure the handicapped child's achievement. Three general approaches of evaluation are:

1. criterion-referenced measurement - this approach involves a structured system that evaluates each STIO

- before and after instruction.
2. milestone evaluation - this approach involves evaluating mastery of STIO's at regularly established time periods.
 3. year-end evaluation - this approach involves a meeting held at the end of the school year to determine the child's achievement.

As stated previously, there is no available format for writing the IPEP either on the Federal level or within the State of Wisconsin. The preceding pages have attempted only to acquaint the physical education teacher with the items necessary for the development of the IPEP. The following pages will provide the physical education teacher with a model format that can be used when writing an IPEP for a handicapped child.

Individualized Physical Education Program

Name: _____ Areas of Disability: (check)

Age: _____ D.O.B. _____ Ment. Retarded__ Emot. Disturbed__

Referred by: _____ Orthoped. Handic.__ Speech Impair.__

_____ Visually Handic.__ Hard of Hearing__

Preliminary Testing: Other Health Impaired__ Deaf__

1. _____ 3. _____

2. _____ 4. _____

<u>Present Level of Performance</u>	<u>Annual or Long Term Goals</u>	<u>Annual or Long Term Objectives</u>
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Persons Responsible for Writing IPEP:

Name _____ Title(position) _____

Name _____ Title(position) _____

Other Personnel Providing Services: (copy of program attached)

Name _____ Title(position) _____

Name _____ Title(position) _____

Name _____ Title(position) _____

Date of Program Entry: _____ Date of Projected End of Services: _____

Date of Program Review: _____

<u>Short Term</u>	<u>Estimated Time of</u>	<u>% of</u>
<u>Instructional Objectives</u>	<u>Beginning/Ending</u>	<u>Time</u>

Signature of Parent/Guardian:

_____ Date _____

_____ Date _____

Signature of IPEP Developer(s):

_____ Date _____

_____ Date _____

School: _____

Additional Comments: _____

<u>Person(s)</u> <u>Responsible</u>	<u>Techniques/</u> <u>Strategies</u>	<u>Equipment/</u> <u>Resources</u>	<u>Support</u> <u>Services</u>
--	---	---------------------------------------	-----------------------------------