



El Dorado Union High School District
EL DORADO HIGH SCHOOL

561 Canal Street, Placerville, CA. 95667
 Phone (530) 622-3634 Fax (530) 622-1802

CONTRACT FOR MODIFICATIONS

Date: _____

The El Dorado High School Physical Education Department's goal is to provide an appropriate and meaningful Life Fitness education for all students, including those with need for modification. In order to provide an appropriate learning opportunity for _____, the following modifications will be made:

1. Modified physical activity will be assigned by the Life Fitness instructor in compliance with the Restrictive Activities Check List (**see back**)
2. Written assignments may be assigned by the Life Fitness instructor for class hour(s) credit in lieu of activity that cannot be modified, up to 10 total hours per semester.
3. When a doctor fully excludes a student for twenty-five (25) hours of class instruction, the student may be recommended by the Counseling Office for alternative placement. This alternative placement shall commence on the date of issuance of this contract. Examples of alternative placement are: medical waiver or medical drop.
4. A letter grade will be assigned by the instructor and will be contiguous with Life Fitness grade prior to modification.

Pre-modification percentage/grade: _____ Date: _____

Student Signature : _____

Parent Signature : _____

Instructor Signature : _____

Counselor Signature : _____

EDHS Nurse : _____

Date Issued : _____ (Begin 25 hours)

Date Returned: _____ (Must be returned within two weeks of being issued.)

“A DOCTOR’S NOTE MUST BE ATTACHED TO THIS FORM”



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PHYSICAL EDUCATION DEPARTMENT
RESTRICTIVE ACTIVITIES CHECKLIST – CONTRACT FOR PE MODIFICATIONS

My patient, _____ **CAN** perform the functions checked below:

Students must be able to perform at least one activity from each of the components of physical fitness. Exclusion from activity for greater than 25 class hours in a semester, may result in an alternate class placement.

Health Related Physical Fitness Components:

Student must be able to perform at least one activity from each of the components of physical fitness, **please check ALL that apply.**

1. Cardiovascular Endurance

- Walking (≤ 15min/mile)
- Jogging
- Sprinting

2. Muscular Strength/Endurance

- Upper Body Strength Training
- Lower Body Strength Training
- CORE/Abs Strength Training

3. Flexibility

- Upper Body Static
- Upper Body Dynamic
- Lower Body Static
- Lower Body Dynamic

4. Swimming

- Use of kickboard or leg buoy
- NO modification needed

Diagnosis: _____

Comments to support ACTIVE modification:

Absolutely NO physical participation.

These restrictions should continue until: _____

Signature of physician: _____ Date: _____

Please print name of physician: _____

Please print address of physician: _____

Phone Number: _____

Please attach the physician's business card or stamp.