



NA Physical Education Department

RETURN TO PHYSICAL EDUCATION "CAN DO" FORM

Student's Name: _____

Date: _____

Physicians, please check the appropriate boxes, sign, and date the form below.

RETURN TO PHYSICAL EDUCATION STATEMENT

- May return to physical education
- May return to physical education after (#) _____ of weeks
- May return to physical education with modified activities (please check safe activities below)
- No strenuous activities

ACTIVITIES RECOMMENDED IN PHYSICAL EDUCATION

- No restriction of activity
- Stationary Biking, Lower Body OK
- Stationary Biking, Upper Body OK
- Weight Training, Lower Body OK
- Weight Training, Upper Body OK
- Jogging/Walking in student's Target Heart Rate Zone OK
- Prescribed Physical Therapy exercises OK
- Swimming OK (11-12th grade only)

OTHER RESTRICTIONS:

COMMENTS:

PHYSICIAN INFORMATION

Physician's Signature: _____

Physician's Name: _____

Address: _____

Phone Number: _____

* Please refer to the back of the page for an overview of the NAIHS physical education curriculum.

North Allegheny Intermediate High School

Physical Education Units of Instruction

1. Fitness Assessment & Goal Setting

Each student will complete pre and post tests for each of the following Fitnessgram assessments;

S.M.A.R.T. Goal Setting

PACER Test of Aerobic Endurance

Max Curl-Ups

Max Push-Ups

Max Pull-Ups

Sit and Reach

Body Fat Percentage (This is not a required assessment)

2. Aerobic Fitness

- aerobic base building, interval training, threshold training, trail running, non-traditional aerobic games

3. Biking

- spinning, fitness biking, and mountain biking

4. Muscular Fitness

- postural strength exercises, mobile gym (body weight, med-ball, stability ball, dumbbell, and suspension training), circuit training, and yoga

5. Adventure Education

- cooperative activities, low ropes, orienteering, adventure racing

6. Choice Units

- self-defense, dance, Pickle ball, team sports, and fitness pursuits

The representation below is an example of the unit rotation for the course. Actual rotations will vary by teacher.

Month	Sept.	September	October	November	December	January		February	March	April	May	June
# of Lessons	4	10	10	10	10	5	5	10	10	10	10	4
Unit	Fitness Assessments	Adventure Education	Biking	Aerobic Fitness	Muscular Fitness	Choice 1	Choice 2	Adventure Education	Biking	Aerobic Fitness	Muscular Fitness	Fitness Assessments
Continuing Focus	Fitness & Nutrition Concepts Health & Safety Concepts											