



**Howard County Public School System  
Physical Education/Activity Assessment Form**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**TO BE COMPLETED BY HEALTH CARE PROVIDER:**

Medical Diagnosis/Injury: \_\_\_\_\_

Duration of the condition: \_\_\_ Short term \_\_\_ Long term \_\_\_ Permanent

The condition is: \_\_\_ Progressive \_\_\_ Non Progressive

Student may return to unrestricted activity by \_\_\_\_\_. Next Exam is \_\_\_\_\_

Functional Capacity:

\_\_\_ Unrestricted (no restrictions on contact or intensity)

\_\_\_ Mild restriction (only avoid vigorous activities)

\_\_\_ Moderate restriction (limitation on sustained, strenuous activities)

\_\_\_ Severe restriction (limitations are severe)

\_\_\_ Restriction from outdoor physical education/activity (ie. Recess, class picnic, field day, etc)

Needs to use : \_\_\_ wheelchair \_\_\_ crutches \_\_\_ ace wrap \_\_\_ splint \_\_\_ other (ie, walker, scooter)

**INDICATE (R) FOR RESTRICTED OR (L) FOR LIMITED:**

Locomotor Skills such as run, walk, hop, skip, jump, gallop, leap, etc. \_\_\_\_\_

**Cardiovascular:**

\_\_\_ Aerobic activity

\_\_\_ Jump rope

\_\_\_ Bicycle

\_\_\_ Jog/run such as mile run

\_\_\_ Other \_\_\_\_\_

**Flexibility:**

\_\_\_ Upper body

\_\_\_ Lower body

\_\_\_ Back/Abdominal

\_\_\_ Other \_\_\_\_\_

**Muscular Strength/Endurance:**

\_\_\_ Curl ups

\_\_\_ use of resistance bands/equipment

\_\_\_ Pull ups/Chin ups/push ups

\_\_\_ Use of weights/weight machines

\_\_\_ Other \_\_\_\_\_

**INDICATE (R) FOR RESTRICTED OR (L) FOR LIMITED:  
INDICATE (R) FOR RESTRICTED OR (L) FOR LIMITED:**

**Dance Activities:**

- Aerobic  
 Other \_\_\_\_\_

**Tumbling/Gymnastics:**

- Balance beam  
 Climbing Rope  
 Climbing apparatus  
 Tumbling  
 Inverted activities

**Individualized Activities/Skills:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Archery                 | <input type="checkbox"/> Badminton                   | <input type="checkbox"/> Basketball Skills      | <input type="checkbox"/> Bouncing      |
| <input type="checkbox"/> Bowling                 | <input type="checkbox"/> Catching                    | <input type="checkbox"/> Cycling                | <input type="checkbox"/> Fencing       |
| <input type="checkbox"/> Field Hockey            | <input type="checkbox"/> Swimming                    | <input type="checkbox"/> Table Tennis           | <input type="checkbox"/> Frisbee       |
| <input type="checkbox"/> Golf                    | <input type="checkbox"/> Handball                    | <input type="checkbox"/> Horseshoes             | <input type="checkbox"/> Soccer Skills |
| <input type="checkbox"/> Softball Skills         | <input type="checkbox"/> Lacrosse Skills             | <input type="checkbox"/> Paddleball             | <input type="checkbox"/> Pickleball    |
| <input type="checkbox"/> Racquetball             | <input type="checkbox"/> Flag/touch football         | <input type="checkbox"/> Hockey                 | <input type="checkbox"/> Tennis Skills |
| <input type="checkbox"/> Volleyball              | <input type="checkbox"/> Track/field                 | <input type="checkbox"/> Kicking moving objects | <input type="checkbox"/> Throwing      |
| <input type="checkbox"/> Striking moving objects | <input type="checkbox"/> Striking stationary objects |   | <input type="checkbox"/> Other _____   |

**INDICATE (R) FOR RESTRICTED OR (L) FOR LIMITED:**

**Team Activities:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Basketball          | <input type="checkbox"/> Cricket             | <input type="checkbox"/> Fencing          | <input type="checkbox"/> Field hockey  |
| <input type="checkbox"/> Flag/touch football | <input type="checkbox"/> Floor/street hockey | <input type="checkbox"/> Ultimate Frisbee | <input type="checkbox"/> Lacrosse      |
| <input type="checkbox"/> Soccer              | <input type="checkbox"/> Softball            | <input type="checkbox"/> Speedball        | <input type="checkbox"/> Team handball |
| <input type="checkbox"/> Track/field         | <input type="checkbox"/> Volleyball          | <input type="checkbox"/> Wrestling        | <input type="checkbox"/> Other _____   |

COMMENTS (any additional information that will assist in modifications for physical education/activity for this student).  
May attach additional comments.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

C: PE teachers  
Health room staff

10920 Clarksville Pike • Ellicott City, MD 21042 • 410-313-6812