



El Dorado Union High School District
OAK RIDGE HIGH SCHOOL

A California Distinguished School
No Child Left Behind~Blue Ribbon School

1120 Harvard Way, El Dorado Hills, California 95762
(916) 933-6980 or (530) 677-4402 Fax (916) 933-6987

CONTRACT FOR MODIFICATIONS

Date: _____

The Oak Ridge 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 attached)
2. Written assignments may be assigned by the Life Fitness instructor for class hour(s) credit in lieu of activity that cannot be modified. (see attached)
3. When a doctor fully excludes a student for five (5) weeks, or 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, medical drop, adaptive physical education, or home and hospital instruction.
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 : _____

ORHS Nurse : _____

Date Issued : _____ (Begin 25 hours)

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

"A Place of Teaching and Learning"



El Dorado Union High School District
OAK RIDGE HIGH SCHOOL

A California Distinguished School
No Child Left Behind ~ Blue Ribbon School

1120 Harvard Way, El Dorado Hills, California 95762
(916) 933-6980 or (530) 677-4402 Fax (916) 933-6987

PHYSICAL EDUCATION DEPARTMENT
RESTRICTIVE ACTIVITIES CHECKLIST – CONTRACT FOR 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 or 5 weeks 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.

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 (Life Fitness 1 only)

- 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.