Adapted Physical Education
YOUR SCHOOL County Public Schools

Dear Parents:

My name is YOUR NAME and I will be the adapted physical education specialist working with your child this year. I am an itinerant teacher and travel throughout the county to different schools and am looking forward to getting to know your child as well as working with you to help improve your child’s motor skills and physical fitness.

Our tentative adapted physical education yearly plan is attached. If you have any questions about the activities or amount of services I will be providing, please let me know. Also, please complete the form below with any additional information, questions, or concerns which may be important regarding your child’s APE program. This information will alert me to any medical/health problems your child may have and make me aware of activities that may need extra modification during APE. I will also use the information to develop the APE program to support activities that may be enjoyed at home! Please return only the bottom of this sheet as soon as possible.

Again, I look forward to working with you and your child this year! Please contact me if you have any questions regarding the APE program or if you would like to observe our class.

Sincerely,

YOUR NAME, CAPE
YOUR EMAIL

Adapted Physical Education
Student Information Form

Student Name: ______________________  Parent email: ______________________

Comments on medical/health concerns…

Special activities or motor/fitness areas you participate in at home and/or would like me to work on…

Signature: ________________________  Date: ________________________