**Instructions**

In accordance with the Texas Education Agency, ALL students should participate in the statewide *FITNESSGRAM*. This form has been designed for ALL students to be included in the Texas wide fitness testing; specifically students that are identified under IDEA (2004).

If the student is excluded from the statewide fitness testing, a medical excuse must be provided to the ARD/IEP committee; although, these exceptions are extremely rare (1% or less). ALL students should be included to participate in a minimum of at least one component of the *FITNESSGRAM* – (Body Mass Index) and if they can participate in the other fitness items with accommodations (i.e., test in a quiet area, use of poly spots, use of a partner, picture cards) it is strongly encouraged.

This form is designed to provide a condensed form of fitness components from multiple *alternative* assessments. Each *alternative* assessment is aligned with fitness items related to the *FITNESSGRAM*. If you do not have the test that is listed, a website address is provided to download the test to help guide you with specific item instructions. Lastly, if all of the test items are too difficult, it is recommended to develop authentic assessments (i.e., rubrics for sitting, standing, holding head up, lifting and holding small objects) to meet the needs of all the students for fitness testing.

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| **Student Name:**       | **School Year**:  | **Grade** **Level**:  |
| **Campus:**        | **Date of Birth:**       |

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| **FITNESSGRAM**® **Test Items**Checked boxes are items that will be scored and submitted to TEA (Accommodations if needed) | **Scores** | **BROCKPORT/Individual Modified Test Items**Checked boxes are items that will be scored as alternatives to the FITNESSGRAM | **Scores** |
| **Aerobic Functioning** – select 1 option*[ ]* ***PACER***(Progressive Aerobic Cardiovascular Endurance Run)*[ ]* ***One-Mile Run*** *[ ]* ***Walk Test*** Accommodations:        |                | **Aerobic Functioning -** select 1 option*[ ]* ***TAMT*** (Target Aerobic Movement Test)- 15 min. of physical activity of choice to measure students minimal target heart rate.[ ] ***Other:***      Reason:        |            |
| **Body Composition** – select 1 option***[ ]  BMI*** *(Body Mass Index)-* Measure body weight/height*[ ]* ***Skin Fold Test***  | Ht.      Wt.     lb   | **Body Composition**      |       |
| **Musculoskeletal Functioning** - select both [ ]  ***Curl Up***Accommodations:       | Curl up:     | **Musculoskeletal Functioning -** select 1 option[ ] ***Modified Curl-up***- Hands on thighs and provide a target[ ] ***Other:***      Reason:       |            |
| *[ ]* ***Trunk Lift***Accommodations:       | Trunk Lift: |
| **Upper body strength** – select 1 option*[ ]* ***Push Up****[ ]* ***Modified Pull-Up****[ ]* ***Flexed Arm Hang*** *–* Students hang their chin above a bar as long as possibleAccommodations:       |                 | **Upper body strength** – select 1 option[ ] ***Isometric Push Up***- Student is timed in raised push-up position[ ] ***Extended Arm Hang***- Overhand grip timed full extended position on pull-up bar.[ ] ***Dumbbell Press***- 15 lb as many as possible up to 50 times[ ] ***Seated Push-up***- Student extends arms and remains static  for up to 20 sec.[ ]  ***Reverse Curl***- 1 lb. dumbbell held for 2 sec. and controlled  movement[ ] ***Other:***      Reason:       |                                |
| **Flexibility/Range of Motion** - select 1 option*[ ]* ***Back-Saver Sit & Reach*** [ ] ***Shoulder Stretch*** Accommodations:       |     Lf: Rt:  | **Flexibility/Range of Motion**[ ] ***Modified Apley Test***- arm flexibility individualize[ ] ***Modified Thomas Test***- Table/Lying leg stretch[ ] ***TST*** (Target Stretch Test)- 8 individual joint ROM  assessment to measure[ ] ***Other:***      Reason:        | Lf: Rt:                |

Comments:

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| **Student Name:**       | **School Year**:  | **Grade Level**:  |
| **Campus:**        | **Date of Birth:**       |

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| **2APEAS-II**®**: Elementary****(Adapted Physical Education Assessment Scale)**Checked boxes are items that will be scored as alternatives to the FITNESSGRAM® | **Scores** | **2APEAS-II**®**: Secondary****(Adapted Physical Education Assessment Scale)**Checked boxes are items that will be scored as alternatives to the FITNESSGRAM® | **Scores** |
| [ ] **Flexibility**[ ] **Agility Run**[ ] **Bent Knee Curl-up**[ ] **Push-up Position**[ ] **Push-ups**[ ] **Endurance: PACER**\*Note: Tests and score sheets can be purchased athttp://aapar-apeas.org/ |                                | [ ] **Flexibility**[ ] **Agility Run**[ ] **Bent Knee Curl-up**[ ] **Push-up Position**[ ] **Push-ups**[ ] **Standing Long Jump**[ ] **Jumping Form**[ ] **Endurance: PACER**\*Note: Tests and score sheets can be purchased athttp://aapar-apeas.org/ |                                          |
| **3Project MOBILITEE****(Project Movement Opportunities for Building Independence and Leisure Interests through Training Educators and Exceptional Learners)**Checked boxes are items that will be scored as alternatives to the FITNESSGRAM® | **Scores** | **4Project TRANSITION**Checked boxes are items that will be scored as alternatives to the FITNESSGRAM® | **Scores** |
| [ ] **20 Foot Dash**[ ] **30 Yard Dash**[ ] **Wheelchair (Power) Push**[ ] **Push-ups** [ ] **Wheelchair Push-ups**[ ] **Agility Run**[ ] **5 Minute Walk/Run**[ ] **Posture Screening**\*Note: Score sheets (pgs. 21-34) are located athttp://www.twu.edu/inspire/assessment.asp |  | [ ] **Cardiorespiratory Endurance**[ ] **Abdominal Strength/Endurance**[ ] **Upper Body Strength/Endurance**[ ] **Flexibility**\*Note: Score sheets are located athttp://www.twu.edu/inspire/assessment.asp |  |

Comments:

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| **Campus:**        | **Date of Birth:**       |

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| **5CLAS****(CTAPE and LaMAP Assessment Supplement)**Checked boxes are items that will be scored as alternatives to the FITNESSGRAM® | **Scores** | **6Special Olympics-MATP****(Motor Activities Training Program)**Checked boxes are items that will be scored as alternatives to the FITNESSGRAM® | **Scores** |
| **Mobility Skills-Ambulatory**[ ] **Runs**[ ] **Walks independently**[ ] **Walks independently with gait deviation**[ ] **Walks with assistive device (circle)** **Prosthesis / walker / gait trainer / cane**[ ] **Takes steps (circle)** with / without **support**[ ] **Stands (circle)** with / without **support**[ ] **Ascends stairs (circle)** with / without **support**[ ] **Descends stairs (circle)** with / without **support**[ ] **Ascends stairs (circle)** non-alternating / alternating **steps**[ ] **Descends stair (circle)** non-alternating / alternating **steps** **Manual Wheelchair**[ ] **Posture in chair (circle)**Poor / good & with support / without support[ ] **Transfers (circle)** dependently / independently[ ] **Independent mover**[ ] **Uses wheelchair for mobility in (circle)**School / home / community[ ] **Maneuvers wheelchair around (circle)**1 / 2 / 3 or more obstacles[ ] **Propels wheelchair forward \_\_\_\_\_\_ feet**[ ] **Propels wheelchair forward one rotation**[ ] **Propels wheelchair with assistance**[ ] **Places hands on wheels of wheelchair**[ ] **Dependent on others for moving** **Power Wheelchair**[ ] **Posture in chair (circle)**Poor / good & with support / without support[ ] **Transfers (circle)** dependently / independently[ ] **Independent mover**[ ] **Uses wheelchair for mobility in (circle)**School / home / community[ ] **Maneuvers wheelchair around (circle)** 1 / 2 / 3 or more obstacles[ ] **Propels wheelchair (circle)** forward / backward[ ] **Propels wheelchair forward \_\_\_\_\_\_ feet**[ ] **Attempts to propel wheelchair** \*Note: Score sheets are located athttp://www.twu.edu/inspire/assessment.asp |  | **Mobility Skills** [ ] **Attempts to lift head off mat**[ ] **Lift head off mat**[ ] **Rolls over to back**[ ] **Performs two log rolls** **Manual Wheelchair**[ ] **Places hands on wheels**[ ] **Pushes wheelchair with assistance**[ ] **Pushes wheelchair forward one rotation**[ ] **Pushes wheelchair forward less than one meter**[ ] **Pushes wheelchair forward three meters or more****Power Wheelchair** [ ] **Attempts to touch controls of power wheelchair**[ ] **Touches controls of power wheelchair**[ ] **Pushes controls of power wheelchair**[ ] **Propels wheelchair a few feet without direction**[ ] **Propels wheelchair forward three feet**\*Note: Scores sheets are located at http://info.specialolympics.org/Special+Olympics+Public+Website/English/Coach/Coaching\_Guides/MATP/Evaluation+of+Athletes/Motor+Skills+Assessment+Form.htm  |  |

Comments:

\*This form has been modified and used with permission from Katy ISD.

Editors: Belanger, J., Zamzow, L., Holt, G., & Silliman-French, L. (2012).