

የሰውነት ማጎልመሻ ትምህርት ለአጭር ጊዜ ህመም ወይም የአካል ጉዳት የመታገድ-የመገደብ ሪፖርት



የስርአተ ትምህርት እና የትምህርት ፕሮግራሞች ጽ/ቤት
 ቅድመ - መግለጫናት እስከ አሥራ-ሁለተኛ (PreK-12) የጤና እና የአካል ማጎልመሻ ትምህርት የ MCPS ቅጽ 345-22
 የሞንትጎመሪ ካውንቲ ፕብሊክ ስኩልስ ሜይ 2019
 MONTGOMERY COUNTY PUBLIC SCHOOLS ከባለ 2 ገጾች 1ኛ
 Rockville, Maryland 20850

መረጃዎች

ይህ ቅጽ መሞላት ያለበት ፈቃድ ያለው (ያላት) የጤና ተንከባካቢ/የትምህርት ቤት ማህበረሰብ የጤና ባለሙያ ነርስ (SCHN) አማካይነት በሰውነት ማጎልመሻ ትምህርት ክፍል የሚሳተፍ/የምትሳተፍ ተማሪ የአካል እንቅስቃሴ መገደብ አስፈላጊ መሆኑ ሲታመንበት ነው። ፈቃድ ያለው (ያላት) የጤና ተንከባካቢ (SCHN) መገደብ ያለበትን እንቅስቃሴ ሁኔታ እና ለምን ያክል ጊዜ እንደሚሆን ለመግለጽ ይህንን ቅጽ ይጠቀማል/ትጠቀማለች።

ክፍል I: - በወላጅ/ሞግዚት የሚሞላ(እባክዎ ሁሉንም መረጃ ታይፕ ያድርጉ ወይም ይጻፉ

የተማሪ ስም (የመጨረሻ፣ የመጀመሪያ፣ መካከለኛ) _____ ቀን ____/____/____
 ትምህርት ቤት _____ ክፍል _____ የተማሪ መታወቂያ (MCPS ID) _____
 ኃላፊነት ያለው የጤና ተንከባካቢ ስም _____ ስልክ _____ - _____ - _____

በዚህ ቅጽ ይዘት ፕላን ለማድረግ ከዚህ በላይ ስሙ/ሚ የተጠቀሰው ፈቃድ ያለው (ያላት) የጤና ተንከባካቢ (SCHN) ስለ ልጄ የአካል ማጎልመሻ ትምህርት ፕሮግራም ይፋ የማይደረግ መረጃ በጥንቃቄ ለማግኘት/ለመጠየቅ እንዲችሉ ለሞንትጎመሪ ካውንቲ ፕብሊክ ስኩልስ (MCPS) ፈቃድ ሰጥቻለሁ።

በኤሌክትሮኒክስ ሞልቼና ፈርሜ ያቀረብኩት ይህ ቅጽ በግሌ በአካል ቀርቤ እንደመፈረም የሚቆጠር እኩል ዋጋ ያለው ማረጋገጫ መሆኑን ይገባኛል።

ፊርማ፣ ወላጅ/አሳዳጊ _____ ቀን ____/____/____

ክፍል II: - ፈቃድ ባለው/ባላት የጤና ተንከባካቢ/(SCHN) የሚሞላ

Medical diagnosis _____

Duration of the condition: Short Term
 The condition is: Progressive Nonprogressive
 Date student may return to unrestricted activity ____/____/____
 Date student will be reexamined ____/____/____

Functional Capacity (please check one and complete form on other side)

- Unrestricted (no restrictions on contact or intensity)
- Self-limited (student is able to determine appropriate activities)
- Mild-restriction (only avoid vigorous activities)
- Moderate restriction (limits sustained, strenuous activities)
- Severe restriction (limits are severe)

ክፍል III: - ፈቃድ ባለው/ባላት የጤና ተንከባካቢ/(SCHN) የሚሞላ

Locomotor Skills:
 Walk Hop Run Slide Skip Jump Gallop Leap

Fitness:

Cardiovascular	<input type="checkbox"/> Aerobic Dance	<input type="checkbox"/> Exercise Bicycle	<input type="checkbox"/> Jump Rope	<input type="checkbox"/> Step Aerobics	<input type="checkbox"/> Treadmill
	<input type="checkbox"/> Aerobic Walk	<input type="checkbox"/> Jog/Run	<input type="checkbox"/> Rowing Machine	<input type="checkbox"/> Stair Stepper	
Flexibility	<input type="checkbox"/> Arm/Hand	<input type="checkbox"/> Back/Abdominal	<input type="checkbox"/> Hip/Pelvis	<input type="checkbox"/> Leg/Knee	
	<input type="checkbox"/> Arm/Shoulder	<input type="checkbox"/> Head/Neck	<input type="checkbox"/> Leg/Foot		
Muscular Strength and Endurance					
	<input type="checkbox"/> Curl Ups	<input type="checkbox"/> Free Weights (light)	<input type="checkbox"/> Plyometrics	<input type="checkbox"/> Pull/Chin Ups	<input type="checkbox"/> Weight Machines
Dance Activities:					
	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Ethnic/Folk	<input type="checkbox"/> Modern	<input type="checkbox"/> Square Dance	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Ballet	<input type="checkbox"/> Jazz	<input type="checkbox"/> Social Dance	<input type="checkbox"/> Western	

PART III: CHECK ALL ACTIVITIES THAT YOU CONSIDER TO BE APPROPRIATE FOR THE STUDENT TO PARTICIPATE IN.

Remember that all activities will be modified for student's ability level (continued).

Individual Skills (non contact activities and individual practice skills):

- Archery Fencing Horseshoes Rapid Overhead Movements Tennis
- Badminton Field Hockey Soccer Kicking Dynamic Objects Throwing
- Basketball Skills Swimming Softball Kicking Stationary Objects Track and Field
- Bouncing Table Tennis Lacrosse Striking Dynamic Objects Volleyball
- Bowling Frisbee Paddleball Striking Stationary Objects
- Catching Golf Pickleball Flag/Touch Football
- Cycling Handball Racquetball Floor/Street Hockey

Team Activities (game situations where contact with other students is likely to occur):

- Basketball Flag/Touch Football Soccer Track and Field
- Cricket Floor/Street Hockey Softball Volleyball
- Fencing Frisbee Speedball Wrestling
- Field Hockey Lacrosse Team Handball

Tumbling and Gymnastics:

- Balance Beam Inverted Activities Pyramid Building Uneven Bars
- Climbing Rope Parallel Bars Rings Vaulting Box
- Horizontal Bar Pommel Horse Stunts and Tumbling

Types of Games

- Chasing/fleeing Cooperative Propelling/Receiving Tagging

Provide additional comments that will aid in the modification of physical education for this student:

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature, Authorized Health Care Provider/
School Community Health Nurse _____ Date ____/____/____