

**KNOCH HIGH SCHOOL  
SAXONBURG, PA 16056**

Dear Doctor \_\_\_\_\_

Your patient, \_\_\_\_\_ is a student at Knoch High School.  
We need your assistance and guidance in developing an individual education program.

Since all pupils registered in Pennsylvania schools are required by School Law to attend courses of instruction in Physical Education, we seek your help in identifying the special needs of your patient. Activities ***will be adapted to the individual needs of the student*** who is unable to participate in the regular Physical Education program due to a specified physiological condition.

Listed below are some of the Physical Education activities that you may use for guidelines in developing a prescription for the patient.

Please return the completed form to Susan Ravotti, School Nurse, Knoch High School, 345 Knoch Road, Saxonburg, PA 16056 or fax to 724-352-0160. Please use the form as a guide, adding any additional information necessary.

Sincerely,

High School Principal

Dear High School Principal:

My patient \_\_\_\_\_ has the following condition(s):

My patient may participate in the following activities:

	Aerobics	Rowing Machine
	Ball Activities	Stationary Bike
	Dumbbell Weights	Stretching Exercises
	Flexibility Exercises	Upper Extremity Exercises
	Jogging	Walking
	Lower Extremity Exercises	Weight Training Machines
	Ramps and Stairs	Wheelchair Resistance Machine
	Other: Please specify	

I have examined the above mentioned student on \_\_\_\_\_ and recommend he/she participate in the above remedial or corrective work activities for a period of: \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Semester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

( ) \_\_\_\_\_  
Telephone Number