

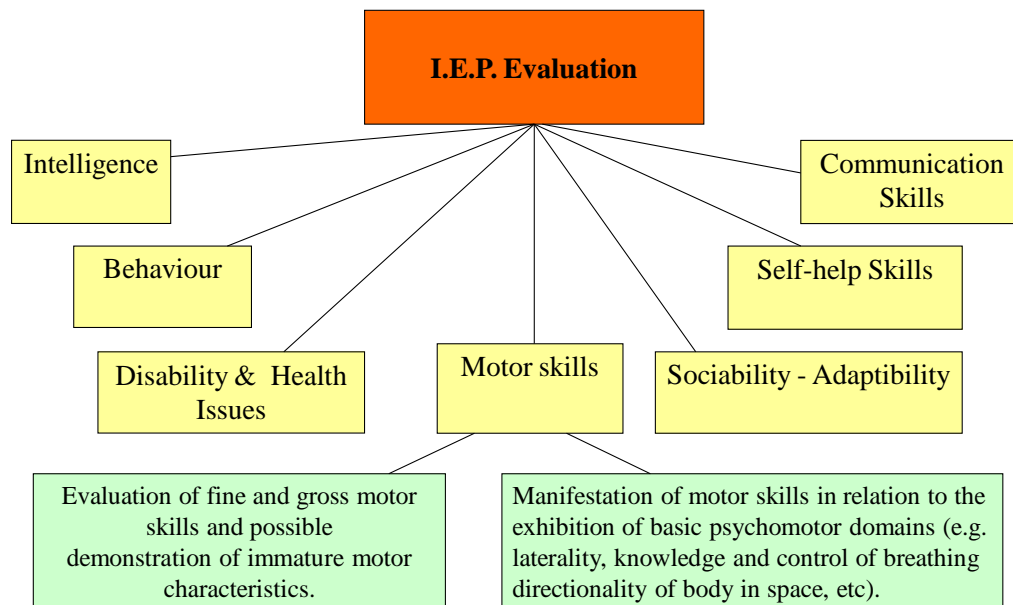
INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.) OF ADAPTED PE AND SPORTS FOR ATHLETES WITH INTELLECTUAL DISABILITIES

Reading this chapter, you will understand how to:

- Provide a clear description of the present level of performance of your athlete with ID, following a holistic approach of psychomotor evaluation.
- Choose representative adaptations of teaching, activities and environment in each PE lesson, with short, middle and long-term objectives identified and lesson planning.
- Evaluate overall progress and set future goals

“Individualized Education Program (I.E.P) of adapted physical education (PE) and Sports” is a written statement - document designed to help the coach/adapted PE teacher to meet the unique needs of the athlete with intellectual disabilities. The I.E.P. provides a clear description of the athletes’s current level of achievement and helps to develop an adapted PE program and lesson planning with short-term, middle-term and long-term goals and objectives identified.

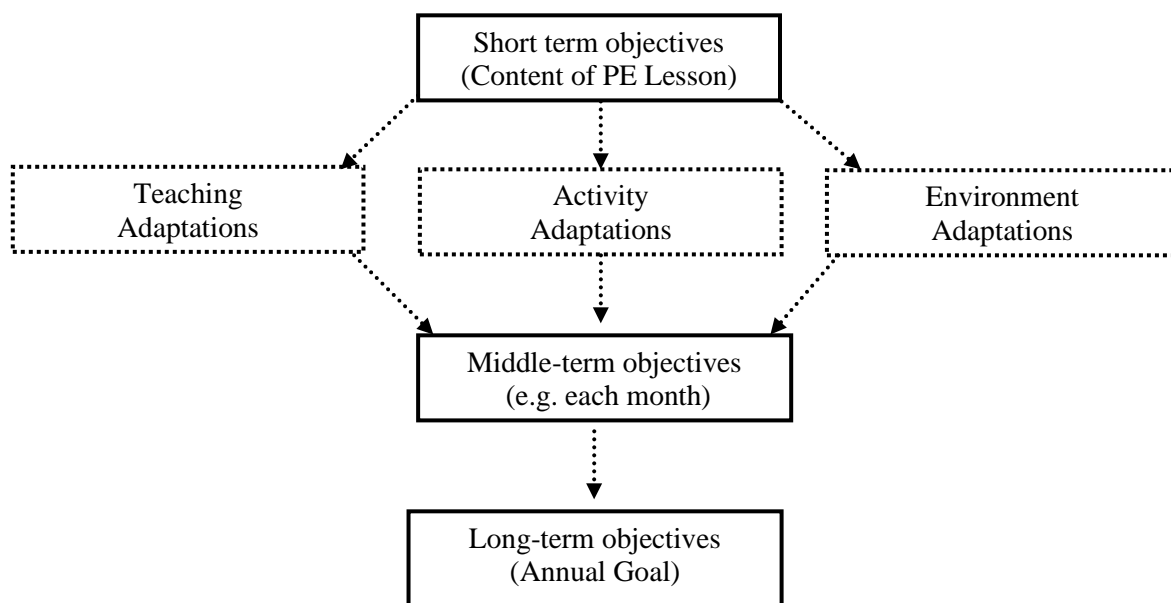
The I.E.P consists of three sections. The first section of the I.E.P concerns athlete’s evaluation following a holistic approach of assessing all domains that constitute the psychomotor development of each individual so as to define the present level of performance of each athlete with ID.



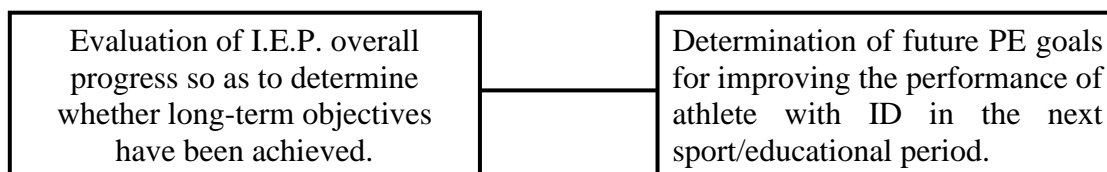
In addition to this I.E.P. evaluation, every sport coach is strongly advised to always seek for additional test sources specifically designed to assess participants with ID, such as the Brockport Physical Fitness Test (Winnick & Short, 1999), and the Special Olympics Motor Activities Training Program

(MATP) Coaching Guide. The overall purpose of this I.E.P. is not to replace well known assessment tests. Rather, through its specific form is to provide an overall picture to sport coaches/physical educators who are not necessarily familiar with intellectual disability issues of how they can set their thoughts and actions in a logical order, develop exercise adaptations and goals and monitor progress of their athlete with intellectual disability throughout the whole -education or sport- season.

The second section of this I.E.P. corresponds to the intervention phase, that is, the time period from the moment the athlete with ID begins his first PA session until the moment where either the PA program is concluded or athlete’s participation in the program ends and includes representative adaptations of teaching, activities and environment in each PE lesson, short, middle and long-term objectives and a blank lesson plan form for sport coaches to fill in.



Finally, the third section of this I.E.P. concerns the post-intervention phase and represents the time period commencing after the end of the last PE lesson that includes:



Connecting these three sections, the “Individualized Education Program (I.E.P) of adapted PE and Sports” can be presented in detail as follows:

Individualized Education Program (I.E.P.) of adapted PE and Sports for Athletes with Intellectual Disabilities

TeamUp Project – Work Package 3

University of Thessaly
Department of Physical Education and Sport Science

Your Name: _____

Date of Completion: ___/___/___ Location: _____

Instructions: The present Individualized Exercise Program (I.E.P.) of adapted PE and sports is a written document created to help you cope with the teaching of the athlete with intellectual disability you are responsible for instructing and supporting within your sport/PE environment. The I.E.P. provides a clear description of the athlete's current level of achievement and helps you develop an adapted PE program and lesson planning with short-term, middle-term and long-term goals and objectives identified. When you answer each question / section please indicate the response which most closely reflects your assessment regarding athlete's abilities. You are the person who knows best how to answer these questions but also remember that every participant with ID is surrounded by a support network and 'significant others', including parents, social workers, classroom teachers, therapy specialists, etc who are important and potential resources of information. Thus, in case you would like someone to help you in filling out this report, please.....

Indicate who helped: _____

Relationship to you (e.g. fellow teacher, current position, specialty etc.): _____

I.E.P. EVALUATION

GENERAL INFORMATION

Name/Surname of athlete: _____

Gender: Male Female

Date of Birth: ____/____/____

Nationality: _____

Name of Parent/ Guardian: _____

Address: _____

Socioeconomic status of athlete's family (tick one of the following)

- Low
- Middle
- High

In case the athlete is also a school student, please specify his/her instructional placement at school/physical education (PE) class: (tick one of the following)

- General Class
- General class with supplementary assistance
- Inclusion class
- Special class in: a) primary school education
- : b) secondary school education
- Treatment centers or home

DISABILITY & HEALTH ISSUES

Athlete's Primary disability: _____

In case of ID syndrome, please tick /specify as appropriate:	
Fetal alcohol syndrome <input type="checkbox"/>	Turner syndrome <input type="checkbox"/>
Down Syndrome <input type="checkbox"/>	Klinefelter (XXY) syndrome <input type="checkbox"/>
Fragile X syndrome <input type="checkbox"/>	XYY syndrome <input type="checkbox"/>
Prader-Willi syndrome <input type="checkbox"/>	Noonan syndrome <input type="checkbox"/>
Apert syndrome <input type="checkbox"/>	Other (please specify)
Williams syndrome <input type="checkbox"/>
Phenylketonuria (PKU) <input type="checkbox"/>	

According to all information available, please specify athlete's:

- a) Intelligence Quotient (IQ): _____
- b) Intellectual disability level (mild, moderate, severe, profound): _____
- c) Educational classification: _____
(educable, trainable or dependent)

Athlete's secondary disabilities: _____

Other health concerns: No Yes (if 'yes', e.g. concerning vision, hearing, allergies, health issues occurring during exercise, other, please specify) _____

Medication: No Yes (If yes, please specify medication provided and possible side effects): _____

Physical Measures

Brain formation disorders: No Yes (If yes, please specify e.g. microcephalus, hydrocephalus, spina bifida) _____
Weight: _____
Height: _____

Body Mass Index (BMI): _____

According to BMI, the athlete is:

- Underweight
- Normal
- Overweight
- Obese

BEHAVIOR

The athlete exhibits:

- | | | |
|---|------------------------------|-----------------------------|
| Inattention (poor concentration, short attention span, apathy, tendency to answer without thinking). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hyperactivity – Impulsivity (difficulty to relax and remain seated as expected). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antisocial Behavior (aggressiveness, irritability, violation). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Neurotic behavior (anxiety, isolation, tendency to appear miserable or unhappy). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Psychotic behavior (repetition of same things again and again, expression of bizarre or excessive ideas). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please describe any other behavioural issues related to the athlete _____

SOCIABILITY - ADAPTABILITY

The athlete...

- | | | |
|--|------------------------------|-----------------------------|
| ...is interested for group games/activities. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...plays in cooperation with others (social play) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...understands that games have rules and respects them | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...searches actively and properly for a toy/object | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...engages in pretend play with proper actions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...imitates properly a series of simple activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...Uses gestures to show what he/she wants (e.g. pretends filling a glass to show that he/she wants to drink water). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...can bring two-three objects each time, when asked | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...responds to his/her name. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...recognizes differences in self and others (e.g. gender, color of eyes and hair etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...can be trusted to play outside alone or with others | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...he/she often has "best friends" | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SELF-HELP SKILLS

The athlete...

- | | | |
|--|------------------------------|-----------------------------|
| ...is capable to use toilet | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...washes self sufficiently without help | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...gets dressed and undressed unassisted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...uses knife, spoon and fork adequately | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...can drink from an almost full glass without pouring the content | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...ties up his/her shoes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...knows home address | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...comprehends money use as a mean of transaction | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

COMMUNICATION SKILLS

The athlete...

- | | | |
|---|------------------------------|-----------------------------|
| ...uses correct grammar rules in sentences | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...uses four to five clear words in a sentence | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...uses fifty clear words | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ... asks "why", "when" and "how" questions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...responds to "yes" or "no" questions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ... performs simple problem solving | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...understands and performs simple directions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...identifies at least five objects according to their use | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...knows/ can compare words such as "small – big", "short-tall" etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ...knows colors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

MOTOR SKILLS

Overall functional ability

The athlete:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| ▪can maintain a standing position | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪can maintain a seated position | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Gross Motor Skills

The athlete:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| ▪ Sits on floor unsupported | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Walks with confidence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Walks heel-to-toe on a straight line | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Walks tip-toe | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Runs around obstacles | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Hops on one foot | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Jumps forward with two feet without falling | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Jumps over six inch high rope and lands on both feet together | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Balances on one foot for at least 5 seconds | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Walks up and down stairs alternating feet | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Catches a ball thrown to him by a distance of 2-3 metres | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Bounces a ball to the floor and catches it with both hands. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Throws ball one metre overhead and catches it with both hands | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Throws with one hand a small ball forward with relative accuracy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Kicks ball forward while running | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Rides bicycle with or without helping wheels | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

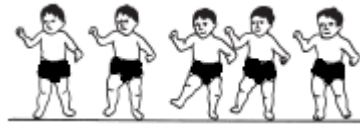
Fine Motor Skills

The athlete:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| ▪ Reaches and picks up small objects with one movement | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Picks things up with pincer grasp (thumb and one finger) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Grasps and moves small objects away from body | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Cuts with scissor with relative accuracy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Has adult grasp on pencil | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Copies cross, triangle, square fairly well | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Builds tower of ten small blocks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Colors within lines satisfactorily | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Completes puzzle of 6 holes in 20 seconds | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Basic Motor Skills

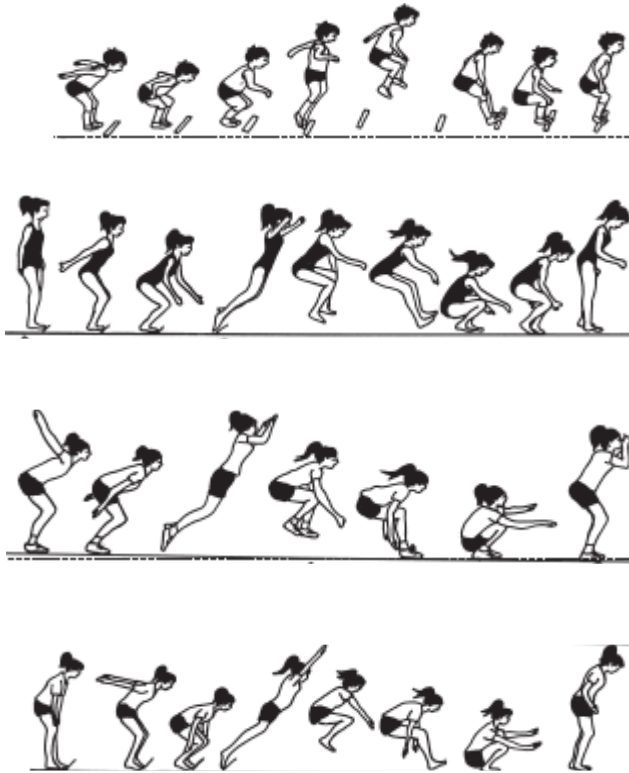
In each one of the following group of pictures, please tick **one** box - which most closely reflects athlete's ability to perform each basic motor skill according to your observation so far:



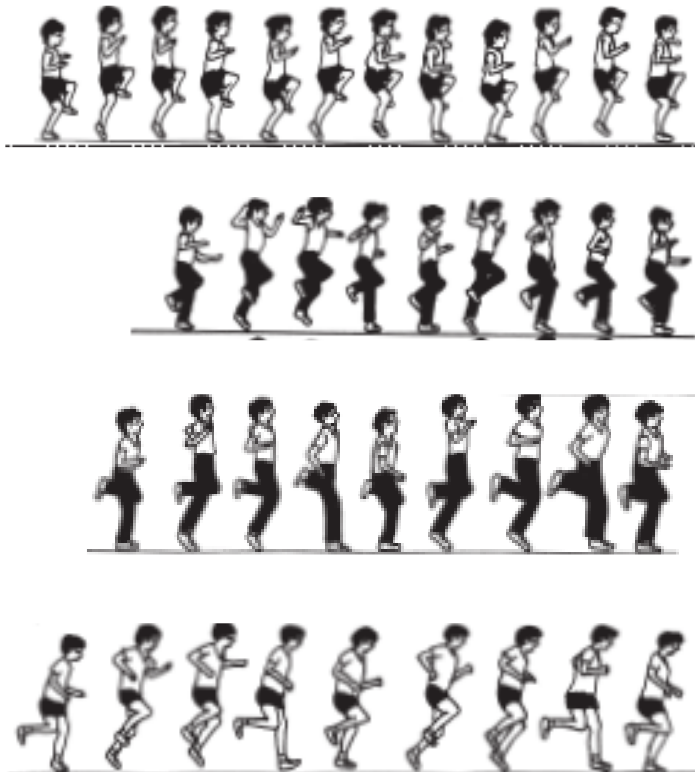
Stage		Walking
<input type="checkbox"/>	Initial	
<input type="checkbox"/>	Elementary	
<input type="checkbox"/>	Mature	



Stage		Running
<input type="checkbox"/>	Initial	
<input type="checkbox"/>	Elementary	
<input type="checkbox"/>	Mature	



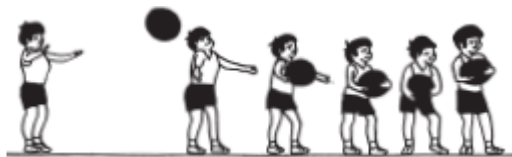
Stage		Jumping
<input type="checkbox"/>	Initial	
<input type="checkbox"/>	Elementary	
<input type="checkbox"/>	Mature	



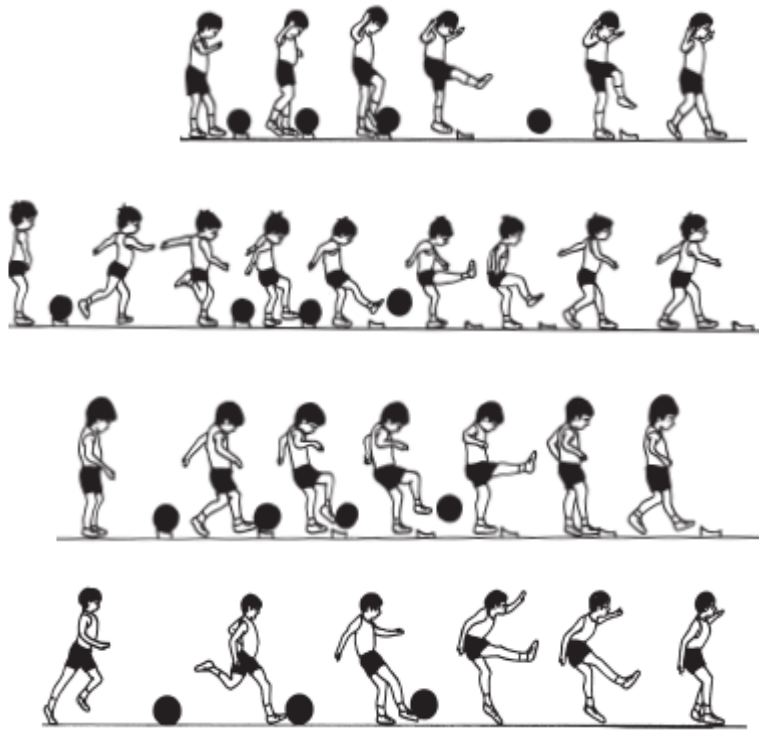
Stage		Hopping
<input type="checkbox"/>	Initial	
<input type="checkbox"/>	Elementary	
<input type="checkbox"/>	Mature	



Stage		Throwing
<input type="checkbox"/>	Initial	
<input type="checkbox"/>	Elementary	
<input type="checkbox"/>		
<input type="checkbox"/>	Mature	



Stage		Catching
<input type="checkbox"/>	Initial	
<input type="checkbox"/>	Elementary	
<input type="checkbox"/>		
<input type="checkbox"/>	Mature	



Stage		Kicking
<input type="checkbox"/>	Initial	
<input type="checkbox"/>	Elementary	
<input type="checkbox"/>		
<input type="checkbox"/>	Mature	

Immature motor characteristics

The athlete exhibits:

<ul style="list-style-type: none"> ▪ Inadequate motor planning in terms of: <ul style="list-style-type: none"> a) Control of force. b) Reaction control. c) Response to complex stimuli. ▪ Inability to maintain rhythm during exercise. ▪ Loss of dynamic balance (fall) during activity. ▪ Instability, difference from effort in effort as for: <ul style="list-style-type: none"> a) Balance. b) Power. γ) Rhythm. ▪ Continuation of movement after the end of exercise while it would be supposedly stopped. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PSYCHOMOTOR DOMAINS

The athlete exhibits:

<ul style="list-style-type: none"> ▪ Knowledge of various parts of his body, his self and others. (if partially, please specify): 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Partially <input type="checkbox"/>
		
<ul style="list-style-type: none"> ▪ Knowledge of various positions of his 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Partially <input type="checkbox"/>

body in space (seating, standing, prone, supine, on fours). (if partially, please specify):	
<ul style="list-style-type: none"> ▪ Balance ability <ul style="list-style-type: none"> α) Static: <ul style="list-style-type: none"> - with eyes open - with eyes closed β) Dynamic: 	Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/>
(if partially, please specify):	
<ul style="list-style-type: none"> ▪ Laterality (ability to discriminate left from right). (if partially, please specify): 	Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Directionality of body in space: (if partially, please specify): 	Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Knowledge and control of breathing (inhale and exhale): (if partially, please specify): 	Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/>

In case of –manual or electric- wheelchair use:

The athlete

- | | | |
|--|------------------------------|-----------------------------|
| ▪ ...pushes <i>manual wheelchair</i> with assistance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ ...pushes <i>manual wheelchair</i> forward unassisted for 2-3 meters | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ ...pushes controls of <i>electric wheelchair</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ ...propels <i>electric wheelchair</i> forward for 2-3 meters | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

In terms of aquatics assessment (if available), please consult the Water Orientation Alyn 1 (WOTA 1) evaluation form, developed for swimmers with cognitive difficulties in understanding and following instructions (<http://www.inertiatherapy.com/wp-content/uploads/2016/02/3.-WOTA-Mr-Cools-MS.pdf>)

GENERAL NOTICES

The indoor and/or outdoor sport facilities available so as to satisfy the needs of your athlete with intellectual disabilities are: Sufficient Insufficient (if insufficient, report any shortage and/or propose improvements):

Please answer to the following useful assessment questions:

USEFUL ASSESSMENT QUESTIONS	ANSWERS
<ul style="list-style-type: none"> ▪ In what kind of environment does the athlete learn best in? 	

<ul style="list-style-type: none"> How the athlete adapts self when performing outdoors? 	
<ul style="list-style-type: none"> What kind of material/ objects the athlete chooses to play with? 	
<ul style="list-style-type: none"> What motivates, or discourages, athlete? 	
<ul style="list-style-type: none"> How complex is for the athlete to listen, follow directions or solve simple tasks with 1 or 2 efforts? 	
<ul style="list-style-type: none"> Which skills the athlete demonstrates when performs alone or with others? 	
<ul style="list-style-type: none"> How can you help athlete to communicate with others during exercise? 	
<ul style="list-style-type: none"> How can you handle student's fears/frustrations or mood changes? 	
<ul style="list-style-type: none"> How can you help student to participate in small groups? 	
<ul style="list-style-type: none"> Which mode does the student use to learn (visual, tactile, auditory)? Under which conditions the student learns best? 	
<ul style="list-style-type: none"> How the PA session look like for the athlete? 	
<ul style="list-style-type: none"> How can athlete's behavior be handled? 	
<ul style="list-style-type: none"> Is there any other information from athlete's family or friendly environment that can be useful? 	

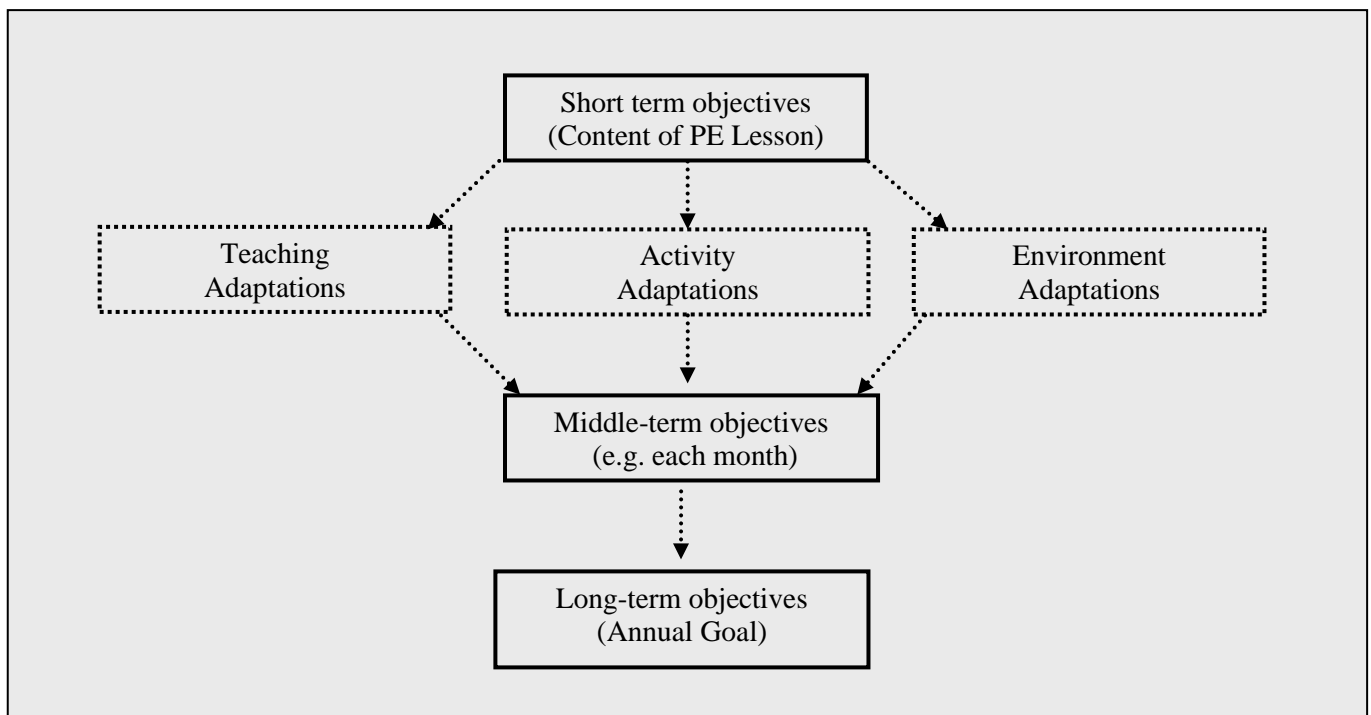
Please note anything else you observed: _____

Based on all previous information, use this page to provide an overall -motor, cognitive and behavior- description of your athlete's profile, specifying:

Present Level of Performance (PLEP) of athlete with intellectual disability

I.E.P. INTERVENTION

Intervention phase represents the time period from the moment the athlete with intellectual disability begins his first PE session until the moment where either the PE program is concluded or athlete's participation in the program ends. During this phase, you should specify the content of each exercise session regarding the adaptations of teaching, activities and environment along with setting middle –term and long-term objectives according to the following figure:



Session adaptations certainly differ depending on the unique characteristics of each student with intellectual disability. For your convenience, some representative adaptations that can be adopted according to each case with intellectual disability are:

REPRESENTATIVE ADAPTATIONS

Environment adaptations

Structure of a clean and secure PE environment:

- With objects not used put aside to specific areas.
- By teaching student the rules and limitations of the exercise space used.
- With close monitoring of student during each lesson.
- By increasing attention span of the student using larger in size or brighter in colour objects.

Reinforcement of teaching stimuli:

- Using bright colour in specific material/ objects within a neutral in colour learning environment.
- Limiting exercise space and adapting material when necessary to promote successful execution of activities.
- Using sound (e.g. whistle, etc).
- Practicing in front of mirrors placed on the gym's wall to increase concentration.

Activity Adaptations

Exercises selected should:

- Focus more on participation and less on performance.
- Be simple and playful so as to enhance enjoyment and a feeling of success.
- Help the student develop his kinesthetic ability and directionality of body in space.
- Function within the present level of student's performance, moving progressively from familiar to unfamiliar and from simple to more difficult.
- Promote the development of basic motor skills of stabilization, locomotion and handling and student's general physical condition.
- Be rule simple.
- Include common elements so as to promote learning.
- Characterized by variability that is necessary especially in the case of students with attention deficits.

Teaching Adaptations

- Verbal instructions shortened and simplified down to specific action words.
- Proper tone of voice according to exercise.
- Performing one activity at a time and/or use of task analysis when necessary.
- Determination of mode for transmitting information (visual, tactile, auditory).
- Frequent demonstration of activities accompanying verbal instructions.
- Use of kinesthetic guidance when needed.
- Continuous encouragement and use of feedback to enhance short-term memory.
- Provision of additional time to the student to react in teaching stimuli, maintaining visual contact with the student for a few seconds after activity demonstration.
- Co-operation enhancement using peer activities and cross-age tutoring.

Based on previous information, please specify:

Representative exercise, teaching, and environment adaptations for your athlete with ID

Short-term objectives (in each PE session)

Middle-term objectives (e.g. per month)

Long-term objectives - Annual goal(s)

Based on athlete's evaluation, adaptations of exercise and main objectives fill in your lesson plan:

LESSON PLAN STRUCTURE

Name of Athlete		Disability:	Sport:
Date: / /	Day: Time:	Placement:	Equipment:

Lesson	Individualized <input type="checkbox"/>	Supervision: Full <input type="checkbox"/>	Partial <input type="checkbox"/>	Independent <input type="checkbox"/>	Ratio: 1:1
	Group <input type="checkbox"/>	Supervision: Full <input type="checkbox"/>	Partial <input type="checkbox"/>	Independent <input type="checkbox"/>	Ratio: /
Teaching Points	Communication Mode:	Auditory <input type="checkbox"/>	Visual <input type="checkbox"/>	Kinaesthetic <input type="checkbox"/>	
	Exercise Presentation:	Task Analysis <input type="checkbox"/>	Whole <input type="checkbox"/>		

Lesson Purpose:			
Activities	Teaching Points	Set(s) × repetitions	Duration
<i>Warm Up</i>			
<i>Main Part</i>			
<i>Cool Down</i>			
			Total duration

REFERENCES

1. Davis, K. (1990). *Adapted physical education for students with autism*. Springfield, Illinois: Charles C. Thomas Publisher.
2. Gallahue, D. L., & Donnelly, F. C. (2007). *Developmental physical education for all children*. Human Kinetics.
3. Kokaridas, D. (2016). *Exercise and Disability: Individualization, Adaptations and Inclusion Issues*. Thessaloniki: Kyriakidis Publications.
4. Sherrill, C. (2004). *Adapted Physical Activity, Recreation and Sport: Crossdisciplinary and Lifespan*. WCB/McGraw Hill: Dubuque, IA.
5. Winnick, J., & Porretta, D. L. (2016). *Adapted physical education and sport*. Human Kinetics.
6. Winnick, J. P., & Short, F. X. (1999). *The Brockport physical fitness test manual*. Human Kinetics.

Links

<https://www.specialolympics.org/our-work/sports/motor-activity-training-program>