

Dear APE Students,

California Regulations allow students to enroll in any particular Adapted Physical Education class only six times. However, as an accommodation, the regulations also allow a student with a disability to request further repetitions of a particular APE course if certain conditions apply. In the past, we have asked you to submit a repetition request once a year to cover the following four quarters. Recent rulings have caused us to adopt a new repeatability request process and a new form. Under the new process we must have a request form submitted for every quarter (including summer).

You will find that the new form is the same color as before but it is generic for the whole Disability Support Programs & Services (DSP&S) division. It will not have information on it specifically set-up for APE students to circle or check off their choices as before. Here are the steps to follow in filling out the request form and the recommendations of the APE faculty and staff for you to consider:

1) Students will have to write down the class they are asking to repeat. They will write in either PEA 1, 2, 4, 5, or 6.

2) Students are only allowed to repeat classes under one or more of three specific circumstances. Students will need to choose which circumstance applies to their personal situation. Here are some helpful hints on how to do this.

- A student should choose "**A**" if they are taking other classes on campus and the APE class in question is essential to their continuing progress and success in those classes. The student will have to write down the name of the other classes on the form. Academic students seeking to transfer to a university or earn a certificate/degree will most likely choose this circumstance.
- A student should choose "**B**" if they are taking the APE class to prepare them to take other classes on campus. The student will have to write down the name of the classes they are preparing for. For example: If the student is preparing to take regular Physical Education classes, they should consider something like the following:
 - PEA 1-Adapted Total Fitness is preparing them to take PE 8-Total Fitness
 - PEA 2-Adapted Strength Development is preparing them for PE-4-Strength Development
 - PEA 4-Adapted Cardio Training is preparing them for PE 6Q-Lo-Impact Aerobic Rhythms
 - PEA 5-Adapted Aquatics is preparing them for PE 6F-Deep Water Running or PE-6G Aerobic Swimming
- A student should choose "**C**" if they are continuing to make measurable progress towards their Student Education Contract (SEC) goals. **(Note: The goal cannot simply be to keep taking the APE class in question.)** The student should review their personal exercise program with their instructor and write down the specific functional or fitness goals that they continue to make progress on but have not yet achieved.

3) The student must sign the request form.

If needed, the APE faculty and staff will assist you in filling out the form. The form must be completely filled out before it is submitted with your registration materials for the Spring quarter the week of Feb 14 - 17.

Name: _____ SID#: _____
(Last) , (First)

De Anza College
Disability Support Programs and Services (DSP&S)
Petition for Course Repetitions

A student with a verified disability enrolled in a special class* may request additional repetitions beyond the previously determined repetition limits of the special class. Additional repetitions may be allowed provided one or more of the circumstances listed below (A, B, C) apply.

I declare that an additional repetition of _____:
(i.e. PEA 1X, SPED 226Z, GUID 118, etc)

A) Is essential to my continuing success in other general and/or special classes listed below:

B) Is essential to completing my preparation for enrollment into other regular or special classes listed below:

C) Is essential to the further achievement of my goals, as stated in my Student Educational Contract (SEC): (A goal cannot simply involve completion of the special class in question. Refer to the SEC or list the specific functional and/or educational goals)

**STUDENT'S
SIGNATURE:**

Date:

DENIED

_____ (Must write comments on back)
Specific Department Head or designee

APPROVED

_____ (Approved for quarter/year circled below)
Specific Department Head or designee

Approved for only: Fall Winter Spring Summer YEAR: 20_____

APPROVAL/DENIAL PROCESS:

The specific DSP&S Department faculty and staff have reviewed this petition and have taken the action as indicated in the front of this form. The decision to approve or deny additional repetitions is based on the validity of the declared special circumstances. The approval period is effective for the quarter and year listed on the front of this form. When an approval period expires, the student must re-apply if he/she believes that one or more of the special circumstances are still valid and the student wishes to continue enrollment in the special class in question. If the request for repetitions is denied, the explanation and comments of why the specific DSP&S Department faculty and staff believe the special circumstances declared by the student are invalid or no longer apply, must be listed below.

EXPLANATION of DENIAL and COMMENTS:

* Special classes must be approved through the regular curriculum approval process and adhere to the definitions and guidelines contained within the California Code of Regulation, Title 5, Section 56028

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794)
California Code of Regulation, Title 5, Sections 56028, 56029, and 58161(d)
Foothill-DeAnza Community College District Board of Trustees Policy 5078, and
Administrative Procedure 5078