FIESTA GARDENS INTERNATIONAL SCHOOL
A California Distinguished School

PHYSICAL EDUCATION @ Fiesta Gardens!

Hello students and parents! Welcome to the 2024- 2025 school year!

My name is Maestro Geovanni and I will be leading the physical education program here at Fiesta Gardens International School. This upcoming school year will be my tenth year of teaching.

I strive for all of our students to create unity, self-determination, and be physically active while having fun in physical education.

What we will be working on this year:

- The five components of physical fitness

    - Cardiovascular endurance
    - Muscular Strength
    - Muscular Endurance
    - Flexibility
    - Body Composition
- The six components of physical fitness
    - Agility
    - Speed
    - Balance
    - Coordination
    - Power
    - Reaction Time
- We will learn about this using different activities like:
    - Working on individual skills
        - Overhand throw
        - Kicking
    - Cardio
        - Running
        - Jump rope
        - Jumping jacks
    - Team activities
        - Basketball
        - Soccer

- Volleyball

Appropriate footwear during P.E. class



FOR YOUR CHILD'S SAFETY, TENNIS SHOES SHOULD BE WORN DURING P.E. CLASS.

To prevent injury please do not wear the following footwear during P.E. instruction:

No crocs , boots or sandals

Hydration during class:

Should my student bring their water bottles to P.E. class?

Yes. It is highly encouraged.

Students are allowed to bring water bottles to P.E class.

CLASS GUIDELINES:

Below is a set of classroom rules to ensure student safety and success:

1.) Make Good Decisions.

Ask for help when needed, make good choices, and be sure to keep moving!

1.) Show Respect.

To your teacher, fellow classmates, and equipment!

3.) Solve Problems.

1. Stay in proper areas, be mindful of your surroundings, maintain personal space, and use "I" messages.
2. Second, if there are any health related illnesses, allergies, or special accommodations that your child requires, please notify the P.E. staff through the email provided as soon as possible.

3. Third, it is district, state, and federal policy that your child meets the 200 required minutes of physical activity under *Education Code* Section 51223 in P.E. class.
4. Lastly, at any time if your child cannot meet these minutes due to medical reasons, they will need a medical form signed by a licensed physician, detailing what your child can and cannot do. Any note provided by your family physician must contain:

1.) Duration of illness or injury
2.) Injury or illness
3.) Signature from a licensed physician

A NOTE SIGNED BY A PARENT WILL NOT BE ACCEPTED TO EXEMPT YOUR CHILD FROM PHYSICAL EDUCATION (DISTRICT OFFICE POLICY)

We are sorry, but we cannot accept a parent excused note.

District forms for your physician to fill out are attached to this packet as well as examples.

If you have any questions or concerns about P.E. please email me at the email address listed below.

I look forward to meeting you all and having a successful 2023-2024 school year at Fiesta Gardens International School.

Geovanni Marroquin

Physical Education Teacher

Fiesta Gardens International School

Email: gmarroquin@smfc.k12.ca.us



FIESTA GARDENS
INTERNATIONAL
SCHOOL

A California Distinguished School

SAN MATEO-FOSTER CITY SCHOOL DISTRICT

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PHYSICAL EDUCATION MEDICAL EXEMPTION APPROVAL FORM

School Name: _____

School Address: _____

_____ _____

Principal Signature *Date*

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

Student Name: _____ DOB: _____

Address: _____ Home Phone: _____

Physician's Name: _____ Phone: _____

I give my permission to be the San Mateo-Foster City School District to contact the health care provider and confidentially and discreetly use the content of this form to plan my child's Physical Education Program.

_____ _____

Parent/Guardian Signature *Date*

Part II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Medical Diagnosis: _____

Duration of the condition: ☐ Short Term ☐ Long Term ☐ Permanent

The Condition is: ☐ Progressive ☐ Non-Progressive

Date student may return to unrestricted activity: _____

Date Student will be reexamined: _____

Functional capacity (Please check one and complete form on the other side)

___ Unrestricted (No restriction 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)

Part III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER. Check all activities that you consider to be ***not appropriate*** for the student to participate in. Remember all activities will be modified for student's ability level.

Locomotor Skills: ☐ Walk ☐ Hop ☐ Run ☐ Jog ☐ Skip ☐ Jump ☐ Leap

Fitness:

Cardiovascular ☐ Aerobic Dance ☐ Exercise Bike ☐ Jump Rope ☐ Step Aerobics ☐ Treadmill ☐ Jog/Run ☐ Rowing Machine ☐ Stair Stepper

Flexibility ☐ Arm/Hand ☐ Back/Abdominal ☐ Hip/Pelvis ☐ Leg/Knee ☐ Arm/Shoulder ☐ Head/Neck ☐ Leg/Foot

Muscular Strength and Endurance

☐ Curl-ups ☐ Free Weights (light) ☐ Plyometrics ☐ Pull-ups ☐ Weight Machines ☐ Push-ups

Individual/Dual Skills and Activities (non-contact activities, individual and partner practice skills):

☐ Badminton ☐ Basketball ☐ Bouncing ☐ Bowling ☐ Flag/Touch Football
☐ Floor Hockey ☐ Frisbee ☐ Golf ☐ Gymnastics/Tumbling ☐ Handball
☐ Lacrosse ☐ Pickleball ☐ Racquetball ☐ Soccer ☐ Softball
☐ Swimming ☐ Tennis ☐ Track and Field ☐ Volleyball
☐ Catching ☐ Throwing ☐ Kicking Dynamic Objects ☐ Striking Dynamic Objects
☐ Rapid Overhead Movements

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

☐ Basketball ☐ Field Hockey ☐ Flag/Touch Football ☐ Floor/Street Hockey
☐ Frisbee ☐ Lacrosse ☐ Soccer ☐ Softball
☐ Team Handball ☐ Track and Field ☐ Volleyball ☐ Other_____

Types of Games:

☐ Chasing/Fleeing ☐ Cooperative ☐ Propelling/Receiving ☐ Tagging

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

Health Care Provider's Clinical Stamp Here

_____ _____

Signature, Health Care Provider ***Date***

Return form to your child's physical education teacher.

EXAMPLE OF COMPLETE DOCTOR NOTE:

Patient Name:
Encounter Date & Time: 5/3/2017 10:15 AM

Please see below for this health care provider's directives and information relating to this encounter.

PE Class/Sports/Exercise Status Report

Date onset of condition:
Next Appointment Date:

No PE Class/Sports/Exercise
This patient is placed on no activity from 5/3/2017 through 5/5/2017.

Modified PE Class/Sports/Exercise
This patient is placed on modified activity from 5/6/2017 through 5/13/2017.

This patient's activity is modified as follows:
Not Allowed:
- Contact sports
- Climbing
- Throwing
- Bending

Allowed:
- Noncontact sports

Other needs and/or restrictions:
No PE this week due to back pain/spasm
Modified PE - activities as tolerated next week

MD

This form has been electronically signed and authorized by (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

EXAMPLE OF INCOMPLETE DOCTOR NOTE:

March 8, 2017

To Whom it May Concern;

Re:
DOB:

This is to certify that is under my professional care and

- ☑ Was seen in my office March 8, 2017
- ☑ May not return to physical education for the next four weeks.

Thank You,



Robert MD.