

Department of Kinesiology
Graduate Certificate in Adapted Physical Education

Guidance Record Form

18 Credits

Student Name: _____ ID Number: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Entry into Program: _____

Adapted Physical Activity Certificate required coursework	Credits	Term Taken	Grade
KIN 579: Inclusive Practices in P.E.	3	___	___
KIN 582: Assessment & Development of Individualized Programs	3	___	___
KIN 583: Medical & Pathological Issues	3	___	___
KIN 584: Disability Sport & Adapted Aquatics	3	___	___
KIN 586: Professional Issues in Adapted P.E.	3	___	___
KIN 587: Physical Activity for Individuals on the Autism Spectrum	3	___	___