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**A STUDY OF THE DEVELOPMENT OF ADAPTED PHYSICAL
EDUCATION: THE CURRENT MILIEU ON
PRINCE EDWARD ISLAND**

by

Kevin Stonefield

**Submitted in partial fulfillment of the
requirements of the degree of
Master of Arts in Education**

**Faculty of Education
Saint Mary's University
Halifax, Nova Scotia
Canada
May 1992**

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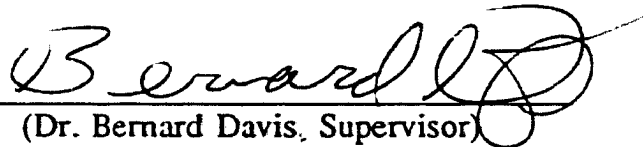
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The undersigned certify that they have read, and recommend to the Faculty of Education for acceptance, a thesis entitled **A Study of the Development of Adapted Physical Education: The Current Milieu on Prince Edward Island** submitted by **KEVIN HERRICK STONEFIELD** in partial fulfillment for the degree of Master of Arts in Education.


(Dr. Bernard Davis, Supervisor)


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ABSTRACT

A Study of the Development of Adapted Physical Education: The Current Milieu in Prince Edward Island

The purpose of this study is to identify factors involved in the growth and development of adaptive physical education programs, specifically those in the province of Prince Edward Island.

The introduction is an historical look at the growth and development of adaptive physical education, from its inception, to today's modern processes, including influences from American legislation, and the development of the Individualized Education Plan. Information on the current milieu in Prince Edward Island was obtained through a survey of practicing physical education teachers in the province.

The main objective is to identify: (1) the present day situation on Prince Edward Island in respect to the availability of programs, and physical educator opinions, (2) openness to mainstreaming in physical education in the province, in respect to how well teachers are trained, and how teachers are motivated in teaching adaptive physical education, (3) the overall growth and development of adaptive physical education. It will be discussed how the provincial government might better concentrate on making sure quality adaptive physical education is provided in the future.

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INTRODUCTION

Definitions

“Various terms have been used to designate students whose characteristics interfere with achieving optimum development through the regular education offerings of school, but the term currently in most common usage is ‘handicapped’” (Dunn & Fait, 1989, p.3). Other terms such as “impaired”, and “disabled”, can be used when describing those people who have made changes to accommodate a physical disorder. (Dunn & Fait, 1989) “Words, such as, “inconvenienced” or “exceptional” are advocated by others in the adaptive physical education field as having a less derogatory connotation” (Dunn & Fait, 1989, p.3).

In the United States, “Public law 94-142 defines specially designed physical education as part of special education (Sherrill 1986, p.28). This special physical education is meant for all handicapped children.

The term “Handicapped” is used in this law to include individuals who are hard of hearing, deaf, mentally retarded, speech impaired, visually impaired, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf blind, multihandicapped, or specific learning disabled (Fait and Dunn 1989, p.3).

This study will use the terms, impaired, disabled, exceptional, and handicapped, as all being labels which can be used interchangeably in statements regarding special needs children. The term handicapped refers to the individual. There are other terms which refer to the type of programs offered.

A number of different names are given to those special educational provisions made in the physical education curriculum for those unable to profit from the mainstream program. Among the terms used are

"individualized", "therapeutic", "developmental", "remedial", and "adapted" physical education. The choice of names is determined largely by the emphasis and approach of the program (Dunn and Falt 1989, p.3).

"Special physical education is a specialty area in the field of physical education which has been developed to provide programs for individuals with special needs" (French and Jansma, 1982, p.8).

Other terms such as "individualized" and "personalized" refer to the development of each child separately, rather than in a group, such as in the mainstream. In the literature, and in this research "adapted" and "adaptive" are terms that will be used interchangeably.

PAST

The acceptance of special needs students into physical education programs, society, and the mainstream, can be attributed to an arduous and continual effort by many educators, advocates, concerned parents and community members. The acceptance of special needs students has taken a great deal of time. "Through the centuries, Western society's major attitude towards individuals with handicaps has been one of apathy" (French and Jansma, 1982, p.6).

Womack and Womack (1982) believe schools will always have handicapped students. The best solution to dealing with this type of student is to promote programs for their development. Improved programs for the handicapped will help deal with learning disabled and physically challenged individuals. As Geddes (1980) states, physical activity programs contribute greatly to the total social, emotional, mental and physical development of all children, including the learning disabled child.

Through the growth of society, the acceptance of special needs persons has slowly grown too. French and Jansma (1982) divide the stages of growth into three periods. The first is the prehistoric period to 500 B.C.. During this period of time there was no room in the society for people who could not hold their own. "During this period, agility, strength, and endurance were demanded of every member of the tribal community" (French and Jansma, 1982, p.16). Dunn and Fait (1989) point out that "in primitive societies, defective children generally perished at an early age as a consequence of their inability to withstand the rigors of primitive man's strenuous existence" (Dunn & Fait, 1989, p.5). Even in the civilized societies of Greece, children were left to die of neglect. The same occurred during the Roman Empire (Dunn & Fait, 1989).

Even in the civilized societies of Greece, children were left to die of neglect. The same occurred during the Roman Empire (Dunn & Fait, 1989).

Religion and magic were very important to the development of man and his acceptance of handicapped people. During the period prior to 500 B.C. religion and magic were reflected in medical practice. Sigerist (1961) stated that the methods were chiefly supernatural, but later diet, bathing, and exercise began to be recognized as an important part of physical health. The purpose of physical training was to prevent illness and/or to promote the health and vigor of the mind and body.

According to French and Jansma (1982), the second period began approximately 500 B.C. and went to 1500 A.D.. It was during this time that exercise became a major factor in the processes of keeping society healthy, including special needs children. Robinson (1944) stated that as society became more aware of the need for physical fitness there were more special diets and exercise plans for the treatment of diseases. Litch (1965), Sigerist (1961), and Robinson (1944) state that during this time period it was seen that physical exercise was of great value in promoting a healthier life and consequently, living longer. "A more humanistic attitude toward the value of all individuals, only recently has begun to mature" (French and Jansma, 1982, p.6).

It is during the third stage that the United States has become a leader in the development of programs for the exceptional child.

"Prior to the 1900's, all physical education was medically oriented and preventative, developmental or corrective in nature. The

physical education curriculum was comprised primarily of gymnastics, calisthenics, body mechanics, and marching” (Sherrill, 1986, p.21).

It was during the late 1800’s and early 1900’s that, Sherrill (1986) feels, a gradual change from medically oriented physical training to sports centered physical education occurred. Dunn and Fait (1989) contend that it was not until the 1900’s that society became truly aware of the problems of the handicapped, and the need to try and accommodate these individuals. This awareness helped create organizations, conferences, and a general concern for the growth of the disabled. This trend continued with innovative rehabilitation for the injured and included the sick and weak. “Accompanying the physical reconditioning of seriously injured soldiers and civilians came a movement to rehabilitate the handicapped, to help them become useful, self sufficient members of society” (Dunn & Fait, 1989, p.5).

French and Jansma (1982) continue by stating that

During the first part of the 1900’s the number and types of services to the individuals with handicaps increased. This was due in large part to the passage of federal laws, which insured the rights of the handicapped, and to the advocacy of parents and professional organizations, committed to the civil rights of the handicapped (p.15).

Since the late 1940’s a great deal has happened to promote the acceptance of handicapped individuals into society and schools. Sherrill (1986) states that the development of sport to include the handicapped has aided in the acceptance of these individuals much more than any medical correction or modification.

There was a limited number of physical education programs for the handicapped during the years from 1940 to 1960 (Dunn & Fait, 1989). Almost all of the programs developed at this time were for the physically handicapped. Those with mental disabilities and behavioral problems were left without physical activity unless they were in one of the few institutions that recognized the need for a special kind of physical education program for the students. Many changes for the better have come from handicapped individuals who have voiced opinions. They want to be given an opportunity to participate.

No longer are handicapped persons willing to work on motor skills and physical fitness just for the sake of improving locomotion and health. Sports are an integral part of life, and disabled persons want equal opportunity for learning and competing in sports. They, more than any other force, are helping to define the differences between therapy and education (Sherrill 1986, p.29).

Dunn and Fait (1988) state that, "since the 1940's there has been a steady growth of services to the handicapped as the result of private, state, and federal assistance.(Dunn and Fait 1989, p.6). And Seaman (1988) felt that the development of the "Youth Fitness Test" of 1958 was a major factor in the growth of adaptive physical education, and the development of support groups and services.

Professionals concerned with the needs of the handicapped would be proud to know that their professional organization showed enough sensitivity and awareness to the motivational value of awards for all students to develop an awards system associated with the Youth Fitness Test that was just as accessible to the disabled 30 years ago as it is today. (Seaman 1988, p.64)

“Although the disabled would have had access to the awards associated with performance on the Youth Fitness Test in those early years, the test was not designed with the disabled in mind” (Seaman 1988, p.64). When the Youth Fitness Test was developed, it was a direct result of the Kraus (1955) report on the physical fitness of American children. “The rationale for fitness testing at that time was based on motives that appeared to be purely political... American school children lagged behind European children on muscular strength measures...” (Seaman 1988, p.64).

Seaman (1988) questioned whether it was enough to gain the support of people by giving them access to already available information and equipment, or was it necessary to develop new and improved instruction, and equipment for special needs children? Some minor innovations would include the use of ramps and elevators instead of stairs, and expanded toilet stalls to provide for wheelchairs. The adaptation of games, and sports have contributed greatly.

During the 1960's the United States Government developed the Bureau of Education for the Handicapped, now known as The Office of Special Education and Rehabilitative Services, an extremely important step in the development of special physical education. “For the first time there existed, at the federal level, an agency with the sole purpose of administering programs and projects related to the education of the handicapped” (Durn & Fait, 1989, p.6).

Sherrill (1986) points out that the mid 1960's was the beginning of the merger of physical education and special education and the beginning of multidisciplinary physical education. The multidisciplinary approach stressed

services, assessment and evaluation, individualized education plans (IEP's), developmental and prescriptive teaching. Counselling also became an integral part of this approach. Advocacy groups are very important for this approach. Biomechanics, exercise physiology, and motor development and learning are important factors stressed in the multidisciplinary approach. It also introduces the idea of sports classifications, wheelchair sports, and the use of assistive devices as recommended by sports organizations for disabled athletes.

Dunn and Fait (1989) state that increased knowledge and understanding has resulted from the development of earlier programs. New and more sophisticated methods and procedures for evaluating, planning, and teaching the handicapped student have been replacing the old adaptations of physical education programs .

Dunn and Fait (1989) state that it was during the 1960's that physical education for the mentally retarded began to receive attention. Sherrill (1986) noted that in 1967, U.S. Federal legislation (P.L. 90-170) was passed which funded training, research, and demonstration projects in physical education and recreation for handicapped individuals.

The 1970's brought into focus the legal rights of handicapped individuals. The United Nations made great strides to develop a Universal Declaration of Human Rights, which was later followed up with a Declaration of Rights for the Child. In addition, many state and provincial governments passed legislation to ensure each child had the opportunity to take part in education at a level suitable to his/her ability, and the right to be given that education in the least restrictive environment. "Various civil and human rights, long denied them, were sought

for handicapped people in state and district courts across the country" (Dunn and Fait 1989, p.6).

Over the years handicapped individuals became more accepted and more able to contribute to society. The development of special physical education was a direct result of the acceptance of handicapped individuals as functioning members of the community. Advocacy groups have helped in the developmental process. "Most important, advocacy involves changing societies attitudes and aspirations in regard to handicapped persons" (Sherrill 1986, p.14).

The battle to integrate the handicapped into society is not over.

We can not become complacent. There are still pockets of neglect, particularly in institutions where individuals who are seriously handicapped reside year - round. A number of these residential institutions have been investigated only to find conditions of severe deprivation (French and Jansma 1982, p.15).

Blatt and Kaplan (1966) reveal that deplorable conditions are present in many institutions. A follow-up investigation taken by (Blatt, Ozolins, and MacNally, 1980) revealed only slight improvements.

McClenaghan (1981) French and Jansma (1982) state that while the goal is always placement of a special needs child in a regular setting without the need for supportive personnel, a certain percentage of pupils with handicaps will always require some special support. "It is erroneous to believe that all children can be successful in either integrated or segregated programs" (McClenaghan, 1981, p.7).

In 1975, the United States helped the growth of programs for the handicapped, by introducing Public Law 94-142, The Education for All Handicapped Children Act. According to French and Jansma (1982), "Public Law 94-142 was a civil rights law which says that each child has a right to an education that meets his or her needs" (p.6). From this law, the concept of mainstreaming was born, for it ensured all children the right to free appropriate education. "In mainstreaming, handicapped students are integrated into the regular school program" (Dunn and Fait 1989, p.7).

Legislation (USA)

Through the process of identifying problems in education, lobbying for change, and pressures put on governing bodies (municipal, provincial or state, and federal), the laws concerning special needs children, over the years, have been changed and updated. The United States has become a leader in accepting special needs persons into education, the community and the work force. This is particularly evident in the passage of three laws, (1) The Elementary and Secondary Education Act (Public Law 89-10), (2) The Rehabilitation Act (Public Law 93-112), and (3) The Education For All Handicapped Children Act (Public Law 94-142). Public Law 99-147 is amendments to Public Law 94-142. Each of these laws has made an important contribution to the development of adaptive physical education. "The legislative process has affirmed that handicapped persons may not be denied equal access to or service under any program that receives federal financial assistance" (Dunn and Falt, 1989, p.6).

Public Law 89-10 deals with: (1) children who are of school age, (2) education and (3) financial incentives. It is monitored by the National Office of Elementary and Secondary Education within the Department of Education. It is a compliance oriented law, so programs are checked for effectiveness.

The Elementary and Secondary Education Act of 1965 is the major federal education law. It primarily affects non-handicapped pupils, but also has specific provisions for those who are handicapped. It provides more support for educational programs than any other federal legislation. Billions of dollars are annually allocated to states and special programs. In theory, approximately 15% of all Public Law 89-10 monies are earmarked for programs of education for

individuals who are handicapped, and physical educators have taken advantage of this source of money (French and Jansma 1982, p.23).

Public Law 93-112 is for all ages, dealing with much more than education. This law is a broader law. It deals with education, social services, and employment. Although there are no monies available, mandates are stated. This law is overseen by the Office of Civil Rights within the Department of Education. This law is also compliance oriented, but only checks programs when complaints are filed (French and Jansma, p.26).

For the physical education teacher this essentially means that all physically handicapped children must be afforded the opportunity to take part in physical education, and be taught attainable skill levels. The programs provided must be as effective to the handicapped child as that of the non-handicapped child. Alternative programming might be a solution, as well as, adapting equipment, use of modifications, using special auxiliary aids, the buddy system and the use of interpreters. French and Jansma (1982) note that,

The Provision of appropriate accommodations and equally effective instruction does not connote treatment and results equal to those of non-handicapped. Similar treatment and results are not expected, according to interpretations of Section 504: instead, equal opportunity to achieve equal results is the expectation and intention of the 504 guidelines. (p.26)

To ensure that all handicapped children are secure in their right to quality education, the United States Congress, in the fall of 1975, approved passage of Public Law 94-142. This law includes several provisions that are designed to enable handicapped students to receive a free appropriate public education. An IEP must be written specifically for each handicapped student by a select team.

“Public Law 94-142 emphasizes that, for each disabled student, the environment that is least restrictive to the student’s growth is the appropriate educational placement” (Dunn and Fait 1989, p.7). Public Law 94-142 states that the only students who qualify for support in the education process are those between three and twenty-one years of age. This law, like Public Law 89-10, is meant only for education, and contains similar financial incentives, which are monitored by the Office of Special Education, with the Department of Education. It ensures that programs given support and are checked for effectiveness. It sets out to establish growth and development in education for the handicapped.

The rules and regulations for Public Law 94-142 also stress that specifically designed physical education services may be necessary for some students, and public schools must either provide this service or make arrangements for special programs through other public or private agencies. Public Law 94-142 was amended in 1986. The new law, P.L. 99-457, extends special educational services to include preschool handicapped students. “Under Public Law 99-457, free and appropriate public education must be provided to handicapped students, including instruction in physical education. The programming must be provided at no cost to the parent or guardian of the disabled child”(Kennedy, French and Henderson, 1989, p.87).

Regular physical education must be available to every handicapped student if such programming is provided to those without a handicap, with only two exceptions: (1) If the student is enrolled full time in a separate special education facility, or (2) if the students' needs cannot be appropriately met in the regular physical education program. In the latter case, it is suggested that a professional physical educator, or special education teacher help develop an IEP" (Kennedy, French and Henderson 1989, p.87).

Campbell (1985), Gent and Mulhauser (1988) Kennedy, French and Henderson (1989) state that parents must be informed and active participants in the planning of their child's program. But as Vodola (1979) points out, handicapped children must be afforded the opportunity to participate in educational programs and extra-curricular services and activities with their non-handicapped peers as much as is appropriate (least restrictive environment). "If participation in the regular physical education class is not appropriate for the student's needs, one specifically designed to meet his/her needs must be provided." (Vodola 1979, p.4). States are required to include instruction for parents as part of the preschooler's IEP. This law also encourages states, through a discretionary grant program, to plan, develop, and implement a state wide comprehensive, multidisciplinary, coordinated program of early intervention services to handicapped children, from birth age to thirty six months.

Physical education teachers, and their administrators have a responsibility to become knowledgeable about what is expected of them by law. By being more aware, the hope is that teachers will become more involved in providing a

quality education program, without restrictions and with equality of opportunity.

The knowledge of available resources is important as it can be used to afford teachers the opportunity to access information pertinent to their situation. French and Jansma (1982) add that all physical educators should be aware of not only federal laws but the appropriate state and/or provincial legislation. Each state and/or province must have an education law tailored to meet its needs and appropriately address the mandates of the federal law.

Canada

All Canadians have the right to equal educational opportunity. In Canada, there is a provision ensuring handicapped children equal opportunities in education compared with those in the mainstream. Section 15(1) of the Canadian Constitution states:

...every individual is equal before the law and has the right to equal protection and benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.

P.E.I.

Because education is a provincial responsibility, it is up to provinces to provide for educational legislation, and guarantee access for equal opportunity for special needs children. Equal opportunity means the right to an education which will assure every child and adult the opportunity to reach and exercise his/her potential.

In the province of Prince Edward Island, there is no legislation guaranteeing that special needs children will be afforded equal opportunities to take part in the least restrictive environments possible. Legislation continues to be part of the aim of many advocates of special needs children throughout the province. In the past few years, the Department of Education in P.E.I., along with a provincial task force, with input from the many affected organizations, has presented the government with suggestions to improve the status of the special needs child. As of now there has been no attempt by government to create legislation.

The new teacher, with current ideas and enthusiasm, has been a major contributor to the growth and development of special education in the province of Prince Edward Island. The formation of "The Association of Special Education and Resource Teachers of Prince Edward Island" has helped in the promotion of special education. Much is left to do. Legislation must follow, to ensure the work of the past few decades doesn't disappear. Teachers must continually work to better the environment within which they live and work.

Present

Adapted physical education teachers, like special education teachers and other helping professionals provide a continuum of services designed to individualize instruction to meet the needs of all students. Thus, the teacher is conceptualized as a provider of service whose work extends far beyond the boundaries of the gymnasium. A major goal in the education of exceptional students, according to Duffy (1979) is to help prepare special needs children to live a fuller, happier, more productive life through the development of their positive assets and the minimizing of negative ones. McClenaghan (1981) continues by stating that handicapped children can benefit from being placed in a mainstreamed setting. "The policy of segregating handicapped children into special education settings regardless of their unique needs and abilities is no longer considered appropriate" (McClenaghan, 1981, p.3).

Houck and Sherman (1979) and McClenaghan (1981) note that not all children are "cut out" for the mainstream. Some handicapped children will become "lost" in such a setting, and this forces them to become unable to perform to their highest levels. In this case, the least restrictive environment is a hindrance, rather than a help. A child in this situation is better aided staying in a structured individualized program.

Geddes (1980) believes there needs to be an increase in adaptive physical education programming. While at the same time, improvements in the existing programs are necessary. There is a need to recognize a shared responsibility among physical educators, administration, other teachers and parents. The

School Board must be aware of such a partnership, and acknowledge its place in the process of education for all children.

Adapted physical education, like many helping professions, has changed a great deal over the past number of years. As the knowledge explosion continues, and the developments of interaction in a global world continue, we must become acutely aware of the responsibilities thrust upon us, so as to ensure an ever improving quality of life. Those people who work in the psychomotor domain with handicapped individuals, have a great deal to gain through unification, sharing, and cooperation. There are new methods of teaching, for there are only now being discovered new methods of learning. The child centered service delivery system is replacing the old traditional ways.

It is important that the future educators, adapted physical educators, special educators, as well as occupational therapists, physical therapists, recreation directors and coordinators, and the many other similar professionals, become aware of the potentials of a collaborative effort. The development of a networking system, with a team effort, will benefit the handicapped individual. In fact, the efforts of many will aid in the better programming for all children, not just those with handicapping conditions.

A team approach is essential, and must be used with the ultimate aim being the goal for all children to reach their fullest potentials, academically, socially, physically and emotionally. Adaptive physical education and special education have the same fundamental purpose as the regular education process. The focus is on development and growth of the individual to an optimal level so that he/she may become a healthy, contributing member of society.

The major purpose of adapted physical education is the same as that of regular physical education: to change psychomotor behaviors, thereby facilitating self-actualization, particularly as it relates to understanding and appreciation of the body and its capacity for movement. (Sierrill 1986, p. 12).

Special education must be considered for all special needs children and it must be provided within general education and in the least restrictive environment, taking into account both the child's needs, and the needs of the mainstream children. "The concept of educating the handicapped in the least restrictive environment remains a relatively simple process to define, but it is difficult to implement" (McClenaghan 1981, p.3).

Administrations, school boards, and the community must make every effort to accommodate the special needs child. Simply stated, all children must be afforded the chance to succeed, be challenged to grow, and be encouraged to continue with motivation and effort to reach their potentials.

Scanlan and Passer (1978) believe there should be less evaluation, and more activity. Students with low self esteem and poor confidence develop lower expectations. Crawford (1983) adds that:

The desired results of such programming would be that participants would learn to depend upon themselves for their wants and needs, to play and compete successfully with peers, to realize their limitations and restrictions, to explore and realize acquire lifetime leisure skills. Children learn through different means, and therefore must be taught differently (p.106-107).

French and Jansma (1982) state that under one title or another, programs of special physical education have been steadily increasing in number and quality. "There has been an increase in the number of children with specific learning disabilities enrolled in public school programs" (Geddes 1980, p.5). This increase could be due to the increase in the number of special needs students attending school.

With the acceptance of special needs children in the framework of today's education, all children have experienced benefits and are learning to be more tolerant people. With regard to physical education, there are still problems with its use as a dumping ground by school administrators. They have traditionally taken the view that physical education and music can be flexible enough to encompass many different skill levels at the same time. Administrators believe a physical education class is conducted in such a manner that handicapped students could be easily integrated into the regular classroom setting (McClenaghan, 1981). As more severely handicapped children are withdrawn from institutional settings and enrolled in public schools, this "fly by the seat of your pants" programming and placement, will not do. The physical educator is no different from the classroom teacher in that he/she too can only achieve so much with such a wide variance in abilities. Even with today's modern teaching techniques there is still limit to the effectiveness in meeting individual needs.

Despite what the research suggests, physical education has not yet been seen as a vital part of the education process for the special needs child. Geddes (1980) believes all children must be afforded the same program opportunities, handicapped or not.

McClenaghan (1981), in agreement with Dunn (1979) notes that a continuum of physical education services must be provided. French and Jansma (1982) state that with continual effort substantial growth in programming of adaptive physical education will occur. Dunn and Fait (1989) and Sherrill (1986) share the view that a number of reasons contribute to the development of better programming, such as professional literature, leverage (lobbying), litigation (court), or enactment of laws (legislation). Each area has developed independently from positive social attitudes towards individuals with handicapping conditions.

While the future looks promising, physical educators, administrators, teachers, parents, and the community must still remain concerned; concerned because of the many roadblocks that impede their efforts. Some of the apparent problems might be as follows:

1. A lack of legislation on a national and provincial level ensuring adaptive physical education will be provided.
2. A lack of proper facilities.
3. A lack of commitment by school staff, administration, and board officials.
4. A lack of necessary supplies and equipment,
5. A lack of specialized training.
6. A lack of financial support.

All of these constraints will slow down the development of programs and hence, their implementation. Each of these variables is important, and all may be corrected with specialized training for the practicing professional. The better educated a teacher, administrator, board member, or parent may become, the more likely the development and growth of adaptive physical education programs. A better understanding, and a more informed community will

enhance the chances of program development, rather than impede its progress. The teaching profession has been introduced to what must be done to ensure progress. However, it has not been shown how to initiate and implement a program which will be beneficial to all concerned. What the provinces need (and in particular P.E.I.) is legislation to set guidelines and a starting point to allow educators the chance to begin program development.

The acceptance of responsibility by government for legislation, acknowledging the right for equal education for all children, will ensure a continuous effort with respect to the development of quality programming and training. They will have to be able to provide aid, training and instruction, to bring the education system to a higher level of professionalism. The more teachers can offer their community, the more likely program development will occur, and the greater the education and training. The end result will be that the child will become better educated.

Vodola (1979) believes it is no longer acceptable to treat special needs students differently than those in the mainstream. Not only do physical educators need to develop appropriate programs, they must also promote them. Michael Loovis (1981) explains during a speech at the "Midwest Conference on Physical Education/Recreation for the Disabled and Handicapped" in LaCross, Wisconsin in April of 1981:

Physical education programs (including those for special populations) are designed with only those persons in mind who are immediately affected, i.e., students. However, there is a considerable group (we call them taxpayers) who pay the price tag for what we do in physical education and with whom

we would be well advised to develop an articulative relationship... we must sell ourselves (Loovis, 1981, p.2).

The idea of selling educational concepts to the public is foreign to teachers and other educational professionals; however, with budget restraint and program cuts, adaptive physical education becomes more of a cause than an expected part of the educational process for special needs children. Promoters of special education must be willing to sell adaptive physical education to universities (as training facilities for 'up and coming' professionals), administrators, fellow teachers, physical education specialists, parents and the community.

However, if advocates of adaptive physical education continue to present materials, and not share thoughts and information, people will not express their concerns and interests. Loovis (1981) believes the lines of communication between all concerned must be open to help promote quality physical education programs. Physical education must continue to become a valuable part of the curriculum before any significant changes that would apply to adaptive physical education can occur. If regular physical educators continue to offer programs which are marginal at best, then the future in public schools is clear: programs for special populations will be non-existent

Educators concerned with adaptive physical education must be prepared to make change. There is always room for improvement. In order to prevent the omission of adaptive physical education, and even the dismissal of the standard physical education program, physical educators and specialists in the field must be willing to sell this curriculum as a necessary part of a child's education. Students, parents, fellow educators, all must be convinced that physical education

is not only worthwhile, but is one of the staples in a child's growth and development. People must be led to understand the unique contributions physical education can make to a child's growth and development. This is just as true, if not more so, when referring to special needs children.

Teachers who are wary of change, integration and mainstreaming must be encouraged and aided in the developmental process. As new ideas and innovations occur in the field of adaptive physical education, teachers must be kept abreast and well informed. When trying new methods of instruction, or when implementing programs, teachers should be able to discuss problems they foresee. An educational consultant in the field of adaptive physical education is a must.

As the professional educator becomes more confident and able to effectively work with the special needs child, much more can be accomplished. Advocates of physical education for special needs populations must continue to pass on and share their innovative ideas with administrators.

Although identified as a primary provider of services for the handicapped, the physical educator has frequently been excluded from participation in the planning and placement decision process. This practice has resulted in handicapped children with unique motor needs being integrated into regular physical education classes without an appropriate assessment of their ability to achieve success in that environment. And as Fisher (1988) points out, physical educators are seeing the benefits of the multidisciplinary approach.

Outside the school, parental views and interests are important and should be considered. After all, it is their children who will gain or lose from any

program changes. The parents must play an integral part in the development of the child's IEP. Very little is usually asked of parents. It is essential that parents become involved in their children's education. In physical education, the more people involved in the child's physical and motor development, the better the opportunities for growth in the child.

The student also needs encouragement. Many parents and students are wary of what is expected of them in an adaptive physical education program. It is probable that both have, at one time, experienced programs of poor quality, or just don't understand the process of adaptive physical education. They might ask about the value of such a program. Special needs students need to be encouraged to take part. If the student is able to accomplish the task and be successful, the fear of failure and the fear of the inability to take part on an equal basis is eliminated. The child will not only begin to take part in the physical education classes, he/she will enjoy the program. Students must be led to believe in the value of physical education. Once sold on the idea, students must then be continually challenged.

This imparting of knowledge is only a part of the teaching process, with respect to an adaptive physical education program. Compassion, understanding and involvement by the teacher are all essential qualities of a good adaptive physical education specialist. In order to develop the potential of a special needs child, there must be a combination of the aforementioned traits within the teacher. A child will have difficulty enough without teachers who are uninterested and uncommitted to the growth of the individual. It would appear that teaching is as much an art as it is a science. Teaching and learning styles are unique to everyone. Each child must be treated differently to ensure the most is

provided for in terms of quality education, and that the child gives to the learning process all he/she can.

Results will happen in an environment promoting esteem and confidence, openness and security, and good communication skills. Sherrill (1986) believes that the student should be allowed to be successful. Crawford (1983) agrees with Seefeldt and Gould (1979) that the development of leadership qualities in students will enhance their own self esteem, and promote growth and development in both the physical and mental domains.

Individualized Education Plan (IEP)

Educators of handicapped children have long recognized the need to develop instructional programs that respond to individual needs. It was during the 1970's that individual education plans (IEP)'s were developed. Much of the rationale behind such program development was based on the increased awareness of individuals with different learning styles and educational needs. "Consideration of the many different types of learning disabilities that might be manifested in children and youth indicates that an individualized program is necessary" (Geddes 1980, p.6).

"An individualized education plan is a written statement for a handicapped child developed and implemented in accordance with the provisions set down by Public Law 94-142" (McLaughlin and Bundschuh 1980, p.2). The development of programs ensuring individualized instruction has encouraged the growth of the IEP. This is very apparent in the increased use of such programming. Sherrill (1986) states that the use of different curriculum models has been helpful in the development and implementation of the individualized education plan.

"The increased number of highly trained professionals in special physical education contributed to the growing awareness that the movement experiences for the handicapped must be personalized to maximize learning"(Dunn and Fait 1989, p.9). There needs to be continual effort in the development of programs, to ensure individualized education plans are created with the best interest of the child.

Duffy(1979) and Sherrill (1986) point out that the development of individualized education plans cannot occur until an assessment is completed. McLaughlin and Bundschuh (1980) contend that the IEP should include a statement of the present level of performance of the child. Langendorfer (1985) takes this one step further stating that “teachers have been content with measuring performance alone, and now must start to consider measurement of change” (Langendorfer 1985, p.177).

Despite the fact that the logic of individualized instruction is obvious, in the past, some physical educators dismissed this concept as unrealistic. If one plans goals, then writes down these objectives for reference throughout the year, it is possible to begin the development of the IEP. Before a teacher can implement the diagnosis-prescriptive process, he/she must engage in considerable planning in respect to overall goals” (Sherrill 1986, p.192). Modifications to goals can occur many times throughout the year.

A statement of annual goals including short term instructional objectives must be written as well as documentation of specialized educational services to be provided to the child, and the extent to which the child will be able to participate (McLaughlin and Bundschuh 1980, p.6).

McLaughlin and Bundschuh (1980) and Dunn and Fait (1989) agree,

An individualized education plan must be written specifically for the handicapped student by a team composed of parents, the child's teacher, a representative of the school, and when appropriate, the child. (Dunn and Fait 1989, p.7).

Dunn and Fait (1989) state that other educational professionals may be asked for input, and insight into development of an IEP. The IEP team is responsible for placement of the handicapped child. There are many placement options between mainstream education and special education. Experiences will enhance the child's abilities to function in his/her environment, in addition to gaining the benefits of physical activities. The IEP team should consider the student's past experiences and what future goals are realistic. Geddes (1980), Langendorfer (1985) and Sherrill (1986) mention that all individualized education plans must have the following:

- 1) A statement of present levels of educational performance
- 2) A statement of annual (long-term) goals
- 3) A statement of short term instructional goals

These three areas attempt to guarantee that a person's past, present, and future needs are accounted for in their education. "A sound educational assessment perspective should view the past, present and future behaviors as intimately and inextricably intertwined" (Langendorfer 1985, p.175-176).

Many times the special needs child will need a very structured program. Routines are necessary to establish consistency in the day to day operations of the educational institution. The child is then able to concentrate on developmental skills. McLaughlin and Bundschuh (1980) state that the writing of the IEP must be at the beginning of each school year for each returning handicapped student, and as soon as possible for each new handicapped child. At the end of the year the IEP can be saved as a reference for the following year.

Individualized Education Plans can be based on a child's previous education plans. Sherrill (1986) states that

...evaluation is the continuous process of determining student gain and program effectiveness. Although evaluation should be continuous, the greatest emphasis is usually during the last 2 or 3 weeks of an instructional period. This is due to the amount of time required to write student progress reports and fill in various forms. Student progress reports should include a description of physical education performances at the beginning of the period, the specific objectives set, charts and graphs showing progress, and checks showing which objectives have been completed and can be discarded. The last part of a student's progress report, should be the basis for the beginning of the next IEP. (p.210)

The identification of specific learning disabilities will indicate the direction of planning the teacher should take in the development of the child's individualized education program. Knowledge of effective learning strategies for use with various children will give better insight to the development of activities that might be used at a later date. Also the identification of teacher styles and strategies might allow the combination of teacher and student to reach higher levels of education, for the teaching and learning styles might complement each other. Students will learn to a greater extent if teaching styles match learning styles.

"Planning also entails decision making about space, equipment and resources. Size of class is tremendously important, since every student should have maximum on-task time" (Sherrill 1986, p.197). This means, for example, that in a ball handling unit, every student must have a ball. There is no room or need for students to stand in line, or wait for a turn. Every student must have an

opportunity to participate to the fullest extent. The student learns through participation.

Using many curriculum models emphasizes a diagnostic-prescriptive process showing how special education and physical education have evolved. The basic principle is the development of individualized and personalized physical education. (Sherrill 1986, p.192)

The individualized education plan is not yet mandatory in the province of Prince Edward Island, but it is becoming widely used, and more accepted as a professional practice. Special education teachers and consultants are becoming more familiar and updated in the current educational practices of the 1990's. The development of policy at the board based levels is ensuring individualized education programs are being used, and the progress is being monitored.

Individualizing instruction for handicapped students requires that physical educators attain some skills that have not traditionally been stressed in professional preparation programs. McClenaghan (1981) states that

Physical educators must be prepared in the skills necessary to: a) analyze and diagnose motor behaviors of handicapped children, b) design and implement experiences to facilitate remediating a motor impairment, c) teach utilizing varied teaching styles that allow for individual differences, d) participate as a member of an interdisciplinary team, and e) communicate with parents regarding the motor ability of the handicapped child (McClenaghan 1981, p.6).

McLaughlin and Bundschuh (1980) point out that no agency or individual is to be accountable if the child does not achieve the goals and

objectives set down within the guidelines of the IEP. They are, however, accountable for the process and procedures specified in the IEP. Individualized instruction builds upon the original concept of adapted physical education to produce special learning environments. Thus the term "special physical education" becomes a temporary title that emphasizes the value of adapting activities. At the same time it stresses that the modification of learning practices must be individualized, in essence, personalized, to the needs of the handicapped. In this sense, the IEP truly becomes special.

The inclusion of those students labeled as "handicapped", "disabled", "delayed", or just "different", is a simple extension of the educational realization of individual differences. The presence of persons in group with more apparent differences doesn't alter the fact that differences were there all along. It simply forces the teacher and learners to better face those differences (Langendorfer, 1985, p.177).

Purpose

The purpose of this study is to make administrators aware of the views of physical educators with regards to the need for Prince Edward Island to strive towards the development of province wide adaptive physical education curriculum and programs, and to work towards more inservicing for teachers.

There are a number of factors to consider: provincial legislation, teacher involvement, student need, and the perspectives of teachers, students, parents and administrators towards the current adaptive physical education offerings. These would include those at the school and board based levels, as well as at the Department of Education. This study looks at the issue from the perspective of physical educators in the province of Prince Edward Island.

It is important that physical educators have a say in what is being offered as curriculum in their field. Methods of identification of special needs children, assessment and evaluation processes are important areas to consider in program development. Follow-up procedures and inservices are necessary too. These people are the specialists, working to try and provide quality physical education programs for all students.

Physical educators must be aware of the current innovative processes which are being used as a basis for decision making concerning how to provide the best possible physical education programs for children. Although this study is based on Prince Edward Island, and as such contains view points specific to

this province, the results of this research project may be of interest to all school districts in the country.

This study will try to identify (1) the present day situation on Prince Edward Island with respect to the availability of programs according to the physical educators, (2) openness to mainstreaming in physical education in the province, with respect to how well teachers are trained and how teachers are motivated in teaching adaptive physical education and (3) the overall growth and development of adaptive physical education.

The information will provide the basis for further discussion regarding how the provincial Department of Education, the school boards, the Prince Edward Island Teacher's Federation and individual schools, might better concentrate on ensuring quality adaptive physical education is provided in the future. It is important to strive towards answering and/or solving the many questions and problems of the teachers. Adaptive physical education is growing in its use, and it is important that the teaching profession keeps stride with the developments.

A survey of existing physical education teachers, with respect to personal and professional experiences in adaptive physical education, will give greater insight as to how much growth and development has occurred on Prince Edward Island, and lead educators to ask, "How much more growth in adaptive physical education needs to take place?" Interviews, conversation and collaboration with other physical education teachers will be an important and integral part of determining where Prince Edward Island is in respect to progress in, and determining the state of, adaptive physical education in the province's future.

The intent is to examine views on adaptive physical education and provincial policy and try to expand on the idea of strengthening the existing policies with innovative ideas and suggestions made by practicing physical education teachers and administrators. It is a secondary aim to identify areas that can be promoted quickly to expedite the process of development in the province. Proper evaluation processes must be used in placement policy and resources must be made available to practicing physical educators who are dealing with special needs children on a daily basis.

Recommendations for further research include comparisons among provinces and states so as to align curriculum, testing, measuring, evaluation and programming to create a uniform and standard process for the administration of a quality adaptive physical education program. Assessment of the programs provided is necessary to help determine attainable long term goals.

The growth and development of adaptive physical education needs to be supported by professional organizations outside the school. These include organizations whose main objective is the integration of special needs children into society, i.e. the Canadian Association for Community Living, Lion's Club, The Canadian Association of Health Physical Education and Recreation, Provincial Special Education Teacher's Association, and the Provincial Physical Education Teacher's Association. Without the understanding and vision needed to develop quality programming, the education system will suffer, and the community will slowly deteriorate and become stagnant. Only by striving for better quality physical education will that goal become a reality.

There is a great deal to do in the development and implementation of standard programs for special needs students in physical education. It is hoped that through this study parents, teachers and other education professionals might become more involved in the development of a physical education curriculum for all students, no matter what the skill level each child may possess.

METHOD

Data Collection

Each School Unit superintendent was sent a letter (see Appendix A) stating the thesis proposal, and asking for cooperation in ensuring that the senior physical education teacher in each school within the unit would fill out the survey questionnaire. Each reviewed the questions asked and understood the purpose for this study. The Provincial Physical Education Association chairperson was contacted (by telephone) and told of the survey, in hopes that his support might encourage the return rate. Each unit teacher association was also contacted by telephone and given the information with regards to the basis for the survey.

All school principals were sent a survey questionnaire, along with a cover letter (see appendix B) stating the purpose of the study and its importance. Along with the survey, an addressed, stamped envelope was included for easy mailing by the responding senior physical educator from each school. The senior physical educator in each school was sent a letter of introduction and intent, and asked to fill out the survey questionnaire (see Appendix C)

Data was collected and the information analyzed over a period of two months. No surveys arrived after the two month period. Fifty four schools of the sixty four in the province completed the survey. This is a 84.37% return rate.

Instrument

The survey (see Appendix D) was made up of six sections:

- (1) demographics,
- (2) teacher involvement in physical education,
- (3) knowledge of special needs children,
- (4) attitudes towards physical education,
- (5) attitudes towards adaptive physical education, and
- (6) an open ended question asking for areas which need improvement.

The demographics in this survey design identified, sex, marital status, age, school unit employed, grade levels taught, tenured vs non-tenured, and the number of years in the profession.

Teacher involvement in physical education was based on membership in CAPHER, the Canadian Association of Physical Education and Recreation, as well as the Provincial Association of Physical Education Teachers.

Teacher's knowledge of special needs children was based on whether the physical education teacher received prior knowledge of special needs students from a special education or resource teacher. Knowledge was also based on whether the physical education teacher actually taught, as part of his/her class, a special needs student. A further indication was whether or not the teacher displayed any familiarity with the Department of Education provincial guidelines for physical education. Whether the physical education teacher taught students in the mainstream as part of a school or class program, or whether the special needs students were taught in a segregated class, is a relevant factor when considering

whether the physical educator is knowledgeable about special needs children. The expectations placed on special needs children and the grading system used are also signs of the physical educator's experience in this area. How a physical educator rates his/her own program might be determined by how they feel they have best accommodated the students whom they teach.

Attitudes towards programming and curriculum are indicators of how physical educators in the province view their subject. Rating the Department of Education's guidelines for physical education and comparing them and the programs offered to those outside the province, and their own programs, is a further indication of the physical educators' point of view.

Physical educators will have their own opinions about having special needs students in their classroom. Their views will be expressed in how comfortable they are with teaching the students, how comfortable they are with the training they have received in order to deal with these students, and their knowledge and attitudes towards support services both within and outside the school, especially those of the Department of Education.

The ways in which physical educators feel they can help improve programming are vital to this study. It is their views as the practitioners that will ultimately decide whether there is room for change, and what direction the change will take.

Results

There was a return rate of 84.37%. The results are reported as percentages of schools responding. Associations between questions were tested for significance on a Macintosh computer using the Statview 512+ statistics program. The results are reported in relation to each question and recorded in respective tables (Appendix D).

Demographics

Question 1: ARE YOU MALE OR FEMALE?

Seventy-six percent were male, and twenty two percent were female. Of the responding schools, two percent did not reply.

Question 2: ARE YOU MARRIED, SINGLE, DIVORCED, SEPARATED OR WIDOWED?

Sixty-five percent were married. Twenty percent were single. Seven percent were divorced. Four percent were separated. There were no widowed respondents. Four percent gave no response.

Question 3: YOUR AGE IS, 20-25, 26-30, 31-35, 36-40, or 40-up.

Six percent were between the ages of twenty to twenty-five. Twenty percent were between the ages of twenty-six to thirty.

Twenty-two percent were between the ages of thirty and thirty-five

Twenty percent were between the ages of thirty-six to forty.

Twenty-eight percent were forty years of age or older.

Four percent did not respond to this question.

Question 4: IN WHAT UNIT DO YOU TEACH?

One hundred percent responded from Unit #1.

Ninety-two percent responded from Unit #2.

Eighty-three percent responded from Unit #3.

Eighty-four percent responded from Unit #4.

There was no respondent from the one school in Unit #5.

Question 5: WHAT GRADE LEVELS DO YOU TEACH?

Seventy percent taught at the elementary level.

Eleven percent taught at the junior high level.

Nineteen percent taught at the senior high school level.

Question 6: WHAT IS THE NUMBER OF YEARS YOU HAVE BEEN TEACHING?

Nine percent have been teaching between one and three years.

Twenty percent have taught between four and eight years.

Thirty-three percent have taught between nine and fifteen years.

Thirty-five percent have taught between sixteen and twenty-seven years. One person did not respond.

Question 7: ARE YOU A TENURED TEACHER?

Eighty-four percent of respondents are tenured teachers. Twelve percent are untenured teachers. Four percent did not respond.

Involvement in Physical Education

Question 8: DO YOU BELONG TO THE CANADIAN ASSOCIATION OF PHYSICAL EDUCATION AND RECREATION?

Thirty-five percent belong to the national association, while sixty-five percent do not belong to CAPHER.

Question 9: DO YOU BELONG TO THE PHYSICAL EDUCATION TEACHER'S ASSOCIATION?

Sixty-five percent belong to the provincial organization, while thirty-five percent do not.

Question 10: LIST THE NUMBER OF YEARS OF STUDY YOU HAVE COMPLETED IN UNIVERSITY.

There were no respondents with less than three years of university education. Twenty-eight percent had four years of university education. Fifty-two percent had five years of university education. Eleven percent had six years of university education. Seven percent had seven years of university education. Two percent had eight years of university education.

Question 11: DO YOU HAVE A PHYSICAL EDUCATION DEGREE?

Eighty one percent of respondents have a physical education degree, while nineteen percent did not have a physical education degree.

There was a correlation between having a physical education degree and belonging to the provincial Physical Education Teachers Association (question 9). The analysis of variance shows that there is significance at the $p = .01$ level (see table X). 72.73% of tenured teachers belong to the provincial Physical Education Teachers' Association. Only 30% of non-tenured physical education teachers belong to the provincial Physical Education Teachers' Association.

Question 12: FOR THOSE WHO HAVE PHYSICAL EDUCATION DEGREES, FROM WHERE WAS THE PHYSICAL DEGREE OBTAINED?

Forty-four percent received a physical education degree from the University of New Brunswick. Eleven percent received their physical education degree from Saint Francis Xavier University. Nine percent received their physical education degree from Acadia University. Six percent received their physical education degree from the Université de Moncton. The remaining degrees were equally represented by two percent from each of, The University of Saskatchewan, the University of Maine, McMaster, the University of Delhi and North Western University.

Question 13: DO YOU TEACH OTHER SUBJECTS THAN PHYSICAL EDUCATION?

Sixty-five percent stated that they teach other subjects.

Thirty-five percent taught only physical education.

Question 14: ARE YOU IN CHARGE OF COORDINATING AN INTRAMURAL PROGRAM IN YOUR SCHOOL?

Eighty-five percent of the respondents stated that they were responsible for coordinating the intramural programs in their schools, while fifteen percent stated they were not.

Special Needs

Question 15: DOES THE SCHOOL WHERE YOU TEACH HAVE A SPECIAL EDUCATION, OR RESOURCE TEACHER?

Ninety six percent of respondents stated that the school in which they taught had either a special education teacher or a resource teacher. Four percent of respondents had neither.

Question 16: DO YOU TEACH SPECIAL NEEDS CHILDREN, PHYSICAL EDUCATION?

Seventy-six percent of respondents teach special needs children.

Twenty-four percent do not teach special needs children.

Question 17: HAVE YOU ADAPTED THE DEPARTMENT OF EDUCATION'S PROVINCIAL GUIDELINES FOR PHYSICAL EDUCATION TO SERVE THE STUDENTS IN THE SCHOOL WHO HAVE SPECIAL NEEDS?

Thirty-three percent of respondents stated that they have adapted the provincial guidelines for physical education to better serve the special needs child. Fifty-nine percent of respondents have not adapted the provincial guidelines. There were eight percent, who did not respond to the survey question.

Question 18: DO YOU TEACH THE SPECIAL NEEDS CHILDREN IN THE SCHOOL IN A SEGREGATED CLASS SETTING, RATHER THAN INTEGRATED IN THE MAINSTREAM?

Fifteen percent of respondents teach special needs students in segregated classes. Eighty percent of respondents teach special needs children in an integrated mainstream. There were five percent who did not respond to the survey question.

Question 19: DO YOU MAINSTREAM SPECIAL NEEDS CHILDREN INTO REGULAR PHYSICAL EDUCATION CLASSES?

Seventy-eight percent of respondents mainstream special needs children in physical education classes. Nineteen percent do not mainstream special needs children into physical education classes. Three percent did not respond.

The relationship between Question 18 and Question 19 shows that approximately the same percentage of physical educators teach special needs students in segregated classes or do not mainstream. The questions were opposite in nature.

Question 20: ARE THE SPECIAL NEEDS CHILDREN EXPECTED TO ACHIEVE THE SAME STANDARDS AS REGULAR STREAM CHILDREN IN YOUR PROGRAM?

Seventeen percent of respondents stated that special needs children are expected to attain the same standards set for the mainstream student. Seventy-four percent of respondents stated that special needs students were not expected to attain the same standards as the regular stream student. There were nine percent who did not respond to this question.

Question 21: DO YOU GRADE SPECIAL NEEDS CHILDREN ON PERSONAL ACHIEVEMENT?

Sixty-three percent of respondents stated that they grade special needs children on personal achievement. Twenty-four percent of respondents stated that they do not grade special needs children on personal achievement. There were thirteen percent who did not respond to the question.

There is a significant difference between those who graded and those who did not grade special needs children on personal achievement as to whether they have adapted the Department of education's guidelines for physical education to serve the students in the school who have special needs (question 17). A chi

square indicates that physical education teachers who graded students on personal achievement were more likely to have adapted the provincial guidelines. $p = .0011$ (see Table Q).

**Question 22: HOW OFTEN A YEAR DO YOU TEST STUDENTS FOR
PHYSICAL FITNESS?**

Twenty-six percent of respondents stated that they test once a year. Twenty-four percent of respondents stated that they test twice a year. Seven percent of respondents stated that they test three times a year. Fifteen percent said they tested four times a year. Seven percent said at least five times a year. Twenty percent of the surveys returned did not give a response to this question.

There is a significant difference between how often a year tenured and non-tenured teachers tested for physical fitness. (question 7). The analysis of variance shows a significance at the $p = .0129$ level (see Table A). Tenured teachers test less than non-tenured teachers. Tenured teachers scored a mean of 2.194, while non-tenured teachers had a mean of 3.571.

There is also a significant difference between how often a year testing for physical fitness occurs depending on whether or not the teacher has a physical education degree (question 11). An analysis of variance shows significance at $p = .0055$ (see Table V). Teachers who have a physical education degree tested more often than those teachers without a physical education degree. The mean score for physical educators was 2.667, while those teachers without a physical education degree had a mean score of 1.143

Question 23: DO YOU OFFER AN ALTERNATIVE PHYSICAL EDUCATION PROGRAM?

Thirteen percent of respondents stated that they offer an alternative physical education program. Eighty percent of respondents stated that they do not. Seven percent of the respondents did not reply to this question.

Question #24: IF YOU ANSWERED YES TO THE ABOVE QUESTION, NAME THE ALTERNATIVE PROGRAM YOU USE?

There were no respondents.

Attitudes Towards Physical Education

Question 25: HOW WOULD YOU RATE YOUR PHYSICAL EDUCATION PROGRAM?

Nine percent of respondents gave themselves a rating of excellent for their own physical education program.

Fifty percent rated themselves as being very good

Thirty-one percent rated themselves as good. Four percent of respondents rated their program fair. Two percent rated their own programs as poor. Four percent did not respond to the question.

There is a correlation between how the respondents rated their own programs and grade level taught (question 5). $p = .0256$ (see Table ZA). The higher the grade taught, the higher the program was rated.

There is a significant difference between how the respondents rated their own programs and whether or not they have a physical education degree (question 11). An analysis of variance shows significance at the $p = .0038$ level (see Table U). Those teachers with physical education degrees gave their program a higher rating than teachers without a physical education degree. Teachers with a physical education degree had a mean score of 3.786 when rating their programs, while those without a physical education degree had a mean of 3.0

There is a significant difference between the respondents rating of their own programs and whether or not they teach other subjects (question 13). The analysis of variance shows significance at the $p = .0294$ level (see Table ZC). Those teachers who teach other subjects than physical education rated their physical education program lower than those teachers who only teach physical education. The mean score for teachers who teach other subjects was 3.455. The mean score for those teachers who teach only physical education was 3.947.

**Question 25 HOW WOULD YOU RATE THE DEPARTMENT OF
EDUCATION'S GUIDELINES FOR PHYSICAL EDUCATION?**

Four percent of respondents stated that they would rate the provincial guidelines for physical education as being excellent. A further twenty-two percent thought that the guidelines were very

good. Forty-six percent felt that they were good. Eleven percent thought that they were fair. Nine percent thought the guidelines were poor. Seven percent did not respond to this question.

There is significant correlation between how respondents rated the Department of Education's guidelines for physical education and the way respondents rated their own physical education programs (question 24).

$R = .373$. $P = .0091$ (see Table E). The higher respondents rated the Department of Education's guidelines, the higher they rated their own programs.

Question 27: HOW DO YOU SEE PHYSICAL EDUCATION PROGRAMS IN THE PROVINCE OF PRINCE EDWARD ISLAND COMPARING THEM TO OTHER PROVINCES?

Six percent felt that the physical education programs offered in the province of Prince Edward Island were excellent. Fifty-two percent thought the programs offered were very good. Twenty-four percent felt they were good. Nine percent thought they were fair. No respondent felt that the programs offered in the province were poor. Nine percent did not answer this question.

When comparing this question with other questions, several significant differences were found. First, a significant difference was discovered between how respondents see physical education programs in the province of Prince Edward Island and the age of the teacher (question 3). An analysis of variance shows significance at the $p = .0191$ level (see Table H). The mean scores show that the older a physical education teacher was, the higher he/she rated Prince Edward Island's physical education programs compared to other provinces.

There is also a significant difference between how respondents see physical education programs in the province and how many years they have taught (question 6). The more years taught, the higher the physical education teacher rated programs offered on Prince Edward Island. There is significance at the $p = .0545$ level (see Table G).

A significant difference was found between how respondents see physical education programs on Prince Edward Island in relation to those in other provinces and whether or not the respondent teaches other subjects (question 13). Those teachers who teach other subjects than physical education rated the province's physical education program lower than those teachers who only teach physical education. An analysis of variance shows the significance at the $p = .0251$ level (see table T).

A significant difference was found between how respondents see physical education programs in the province of Prince Edward Island and how the guidelines have been adapted by the respondent to serve the needs of the special students in their school (question 17). The mean scores indicate teachers who adapted the guidelines found the program offered on the Island better than those teachers who did not adapt the program. An analysis of variance shows significance at the $p = .0295$ level (see Table P).

Attitudes Towards Adaptive Physical Education

**Question 28: HOW DO YOU FEEL ABOUT HAVING SPECIAL NEEDS
CHILDREN TAKING PART IN MAINSTREAM CLASSES?**

Seven percent of the respondents felt excellent about having special needs student in mainstream classes. Twenty percent felt very good. A further thirty percent felt good. Nineteen percent of respondents felt fair about having special needs children taking part in mainstream classes. Eleven percent felt poor. Thirteen percent did not respond to this question.

There was a significant difference between how the respondents felt about special needs children taking part in mainstream classes and whether or not the respondent adapted the provincial guidelines to serve the students special needs (question 17). Those physical educators who adapt the provincial guidelines are much more in favor of mainstreaming than those who do not adapt the guidelines. The analysis of variance was significant at the $p = .0186$ (see Table O).

**Question 29: HOW COMFORTABLE ARE YOU IN TEACHING SPECIAL
NEEDS CHILDREN?**

Seven percent of respondents felt excellent about the idea of teaching special needs students. Twenty-four percent felt very good and eighteen percent felt good. Twenty-two percent of respondents only felt fair about the idea of teaching special needs students. Nine percent felt poorly. Seven percent did not respond to the question.

A significant difference was found between how comfortable the respondents felt about teaching special needs children and whether or not the respondent adapted the provincial guidelines to serve the students' special needs (question 17). Those teachers who adapted the guidelines set down by the Department of Education, were more comfortable with special needs children. The physical educators who did not adapt the provincial guidelines were less comfortable with special needs children. An analysis of variance shows significance at $p = .0067$ (see Table N).

A significant difference was also found between how comfortable the respondents felt about teaching special needs children depending on whether or not the respondent offered an alternative education program (question 23). Those physical educators offering alternate programs were more comfortable with special needs students. Those teachers who do not offer alternate programs are less comfortable with special needs students. The analysis of variance showed the significance level to be $p = .0009$ (see Table I).

**Question 30: HOW WELL DO YOU FEEL YOU HAVE BEEN TRAINED TO
TEACH SPECIAL NEEDS CHILDREN ADAPTIVE PHYSICAL
EDUCATION?**

Two percent of respondents felt excellent about the training they received with respect to teaching special needs children. Six percent responded by saying they felt very good about their training. Eighteen percent felt good about the training they received. Twenty-six percent felt only fair about their training with respect to teaching adaptive physical education. Forty-two

felt that their training was poor. Six percent did not respond to the question.

**Question 31: DO YOU FEEL YOU HAVE SUPPORT FROM THE
ADMINISTRATION IN YOUR SCHOOL TO DEVELOP A
STRONG ADAPTIVE PHYSICAL EDUCATION PROGRAM?**

Thirteen percent of respondents felt the support they received was excellent. Twenty percent of respondents felt the administration was very good in its support of adaptive physical education programs. Twenty-six felt they had good support. Nineteen percent stated that they felt administrative support was fair. Eleven percent found support to be poor. Eleven percent did not respond to this question.

**Question 32: DO YOU FEEL YOU HAVE ADEQUATE RESOURCES IN
YOUR SCHOOL TO BE ABLE TO ADMINISTER AN
ADAPTIVE PHYSICAL EDUCATION PROGRAM?**

Two percent felt excellent about the resources available. Six percent felt very good about the adequacy of the resources available in their schools. Thirty percent of the respondents felt the resources were fairly adequate. Thirteen percent felt they were poor. Seven percent did not respond.

How the respondents felt about having adequate resources in their school to aid in an adaptive physical education program shows a significant difference associated with whether or not the teacher was tenured (question 7). A mean score of 2.415 indicates tenured teachers feel resources are not adequate. A

mean score of 1.625 indicates that non-tenured teachers feel the resources available are poor. The analysis of variance showed a significance at $p = .0354$ (see Table B).

There was also a significant difference between how the respondents felt about having adequate resources in their school and whether or not the teacher also taught other subjects (question 13). A mean score of 2.032 indicates that those teachers who teach other subjects than physical education feel the resources available are poor. A mean score of 2.632 indicates teachers who only teach physical education rated the availability of resources fair. There is significance at $p = .0355$. (see table S).

In addition, a significant difference was found between how the respondents felt about having adequate resources in their school and how they adapted the provincial guidelines to serve the students in the school who had special needs. A mean score of 2.75 indicates that those teachers who adapt the guidelines for physical education feel there are fair resources available. The teachers who did not adapt the guidelines felt there were poor resources available. An analysis of variance showed a significance at the $p = .0092$ level (see Table M).

Finally, how the respondents felt about having adequate resources in their school correlated with how the teacher rated their own physical education program (question 24). Mean scores indicate teachers who felt they had resources available within the school rated the programs higher than those who felt the resources within the school were inadequate. An analysis of variance showed significance at the $p = .0377$ level (see Table ZD).

**Question 33: DO YOU HAVE ACCESS TO SUPPORT SERVICES FOR
ADAPTIVE PHYSICAL EDUCATION IN THE DEPARTMENT
OF EDUCATION?**

None of the respondents in this survey felt that the access to support services in the Department of Education was excellent. Seven percent felt that the access to services was very good. Nineteen percent felt that it was good. Twenty two percent felt that access to support services was fair. Thirty percent felt access was poor. Twenty-two percent did not respond to this question.

**Question 34: DO YOU HAVE ACCESS TO SUPPORT SERVICES FOR
ADAPTIVE PHYSICAL EDUCATION OUTSIDE THE
DEPARTMENT OF EDUCATION?**

There were no respondents who felt that the accessibility of services outside the Department of Education was excellent. Three percent of respondents felt that the accessibility of support services was very good. Thirteen percent felt it was good. Twenty-eight percent felt support services were fair. Thirty percent felt they were poor. Twenty-six percent did not respond to this question.

Open Ended Responses

Question 35 IN WHAT WAYS DO YOU THINK THE PHYSICAL EDUCATION PROGRAMS ON PRINCE EDWARD ISLAND CAN BE IMPROVED?

Reduce the student teacher ratio.

Provide up-to-date facilities.

Provide teacher assistants for physically challenged students.

More productive use out of existing facilities.

More emphasis on elementary physical education.

Less coaching for competition.

More emphasis on outdoor education.

Continued inservicing on new areas in physical education.

Schedule more time for special needs students.

Make available more money for budgeting.

Have a full time physical education consultant.

Make available time for administrative duties.

Make sure where possible, trained physical educators are teaching.

Promote physical education as a valued part of the curriculum.

Develop a set of physical education guidelines.

Access to information systems regarding materials available.

Access to proper assessment information.

University offerings to help train practicing professionals.

More emphasis on self esteem, self worth, trust and cooperation.

Teacher aids are required for special needs students.

Daily contact with students.

Extra time off for teachers who help with extracurricular program.

Greater use of community facilities.

More time spent on fitness rather than games.

Physical education should become a compulsory course.

Administrations need to be inserviced on the value of physical education.

Better avenues of communication between parents, staff, principal and consultant.

Up-to-date resource material.

Physical educators should teach their speciality and that is all.

DISCUSSION

The results of this survey represent the observations and opinions of practicing physical educators on Prince Edward Island. The observations made by the author in the field have not always agreed with those of the respondents. This may be due to a number of factors.

Responses

The modal physical education teacher on Prince Edward Island is male and married. Ages seem equally spread from 25 to over 40. The vast majority of physical educators have taught more than nine years.

Sixty-five percent of physical educators in the province belong to the provincial Association of Physical Education Teachers, while only thirty-five percent belong to the Canadian Association of Physical and Health Education and Recreation. This may indicate that local issues are more of a concern than national issues. Most physical educators have four or five years of university training and a degree in physical education. In the majority of cases, the teacher responsible for physical education is also responsible for running the school intramural program.

Approximately two thirds of physical educators knowingly teach special needs students. Almost all schools have a resource or special education teacher. This would indicate that one third of physical educators are teaching special needs children, but do not realize it. Those that do realize it, are teaching special

needs children in the mainstream. Many of these physical educators are actively involved in the mainstreaming process.

In the majority of cases the special needs child is not expected to reach the same standards as the average child. At the same time the special needs child is graded on individual achievement. Only a handful of physical educators in the province offer an alternative physical education program. The vast majority do not change the curriculum to accommodate the special needs child. On average physical educators in the province of Prince Edward Island are mildly comfortable with special needs students in the mainstream, but do not want them there. This might be due to the fact that the majority of physical educators feel their training to teach special needs students is not very good.

The majority of respondents rated their own programs very good. Most also rated the Prince Edward Island physical education program very good compared to other provinces. But respondents feel support for program development in adapted physical education is limited, and resources are not available. The practicing physical educator feels access to support services for adaptive physical education, within the Department of Education and outside the Department of Education, is not very good. Current guidelines for physical education, set down by the Department of Education, are also seen as not very good.

Associations Between Responses

Having a physical education degree correlates positively with belonging to the provincial Physical Education Teachers Associations. The more educated and

trained the physical educator becomes, the more likely he/she will see the validity of having a support group, a networking system, to aid in the development and growth of the profession. The trained physical educator sees value in belonging to an organization which supports the profession. Whether it is to access information pertinent to specific teaching methodologies, or to communicate thoughts and ideas, the members are sounding boards. Many physical educators feel it an important part of a good practicing profession.

Grading special needs children on personal achievement correlated with adapting the Department of Education's guidelines for physical education to serve the students in the schools where there are special needs children. Those physical educators who were able to accommodate special needs children, by adapting the physical education curriculum, evaluated these same children based on personal achievement. The goal of education must be to teach all students in a methodology most suited to the needs and desires of each individual child. For every way of learning, there is a complementary style of teaching. It is the responsibility of the educator to tap into the child's learning style, and present a teaching style conducive to learning. By adapting guidelines to suit special needs children, evaluation on personal achievement is a much simpler and more effective measure of student progress.

Testing students for physical fitness had a negative correlation with whether teachers were tenured. This result is not a substantial finding. There is a correlation between testing students, and having a physical education degree. Teachers who possess a physical education degree are more likely to test for physical fitness. In the late 60's and early 70's fitness testing, rather than skill development, was the norm. Fitness testing has its place. It should only

accompany a unit lesson with fitness as its main objective. There was even a stronger relationship between having a physical education degree, and the amount of testing which occurs.

How physical educators rated their own programs correlated with having a physical education degree. The more educated the individual, the more likely he/she will perceive their own programming as good.

How physical educators rated their own programs correlated highly with whether or not they taught subjects other than physical education. The teachers who taught other subjects than physical education were less likely to rate their own programs highly. The teachers who taught only physical education rated their programs highly. This might indicate that those teachers who have continual contact with the program are more likely to feel ownership of it, and therefore feel more confident and competent in the profession. It would therefore seem that the best possible solution to promoting quality physical education programs, at least from a physical educators point of view, would be to have a full time professional hired as a physical education specialist, working in the school, developing, enhancing, and coordinating programs.

Rating the Department of Education's guidelines for physical education correlated with how each physical educator rated his/her physical education program. Those who rated their own program highly, also rated the Department of Education highly.

A physical educator's view of physical education on Prince Edward Island compared to other provinces correlated with the age of the teacher responding.

The older the respondent, the more experienced and knowledgeable, the more likely he/she rated higher the programming on Prince Edward Island to that of other provinces. Many teachers have taught in other provinces and have brought back experiences, information, ideologies, methodologies, and knowledge of other physical education programs. Teachers who have begun their careers on Prince Edward Island, and have not had the opportunity to experience other situations, have yet to see what is being offered outside the province. It is clear then, that there would be a correlation between how a physical educator views physical education on Prince Edward Island and how many years he/she has taught.

Physical educators' feelings about having special needs students taking part in mainstream classes correlated with whether or not they taught special needs children physical education. The teachers more likely to be accepting of special needs students into the mainstream were those who have yet to experience the integration of a special needs child in their class. This may have to do with misunderstanding the time and energy involved in program development for these students. Teachers who have experienced the added pressure of developing a special needs program, feel it might be simpler to teach all students in a special needs class. This would eliminate problems among those who are handicapped and those who are not handicapped.

There is also a correlation between how physical educators feel about teaching special needs children in the mainstream and whether they have adapted the Department of Education's guidelines for physical education to serve the students in the school who have special needs. The teacher most likely to modify the teaching process so as to accommodate special needs students, has done so by

adapting the provincial guidelines. Physical educators in the province have recognized the need to develop programs at the school based level, as there are very few curriculum aids available from the Department of Education. Mainstreaming children takes a great deal of effort. It might be easier to segregate students, but the exposure and experience for the special needs child are lost.

There is a correlation between how comfortable a physical educator is in teaching special needs children and whether or not he/she offers an alternative physical education program. Those teachers who felt comfortable with special needs children were also likely to offer alternative programs.

The number of physical educators who felt they had adequate resources to be able to administer an adaptive physical education program increased as the teacher received tenure. There was a correlation between those teachers who felt the resources were adequate, and whether they taught subjects other than physical education. Those physical educators who taught other subjects didn't feel that the resources available were adequate.

A correlation was found between physical educators who felt they had adequate resources and those that had adapted the Department of Education's guidelines for physical education to serve the students in the school who have special needs. The physical educators who have adapted the programs within the school felt that the resources available were adequate. I would suggest that the physical educators who use resources outside the confines of the school, are more likely to incorporate their findings into the program. If need be, they will adapt the existing program to ensure the best use of these resources. Those physical

educators who felt adequate resources were available rated their own physical education program highly.

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APPENDIX A

Dr. Philip Lake
Superintendent
Regional Administrative Unit #4
Montague, Prince Edward Island
COA 2BO

Dear Dr. Lake:

I am writing you as a student of St. Mary's University to ask for your permission to administer a survey to each school in the unit. The survey is directed toward the physical education faculties. The basic premise is to identify areas of concern in adaptive physical education. Each unit in the province will be receiving the survey, though individual schools and teachers will not appear in the research results. The primary physical education specialist in each school should fill out the questionnaire

It is my hope that this survey will help in determining the quality and quantity of adaptive physical education programs in the province. From the insight gained, it is my intent to put forth a position paper to the Department of Education, explaining the condition of adaptive physical education. This area of curriculum has not been explored or developed to its potential.

This work is the basis of my thesis at St. Mary's University. I hope to complete the task by the spring of 1992.

I look forward to hearing from you soon. I appreciate your time and effort on my behalf.

Sincerely yours,

Kevin Stonefield

APPENDIX B

Dear Principal:

I am writing you as a student of St. Mary's University to ask for your assistance in handing out a survey to the physical education department head in your school. I have been in contact with the superintendent of education, and he has given me his permission to administer the survey.

The basic premise of this survey is to identify areas of concern in adaptive physical education. Each school in the unit, and each unit in the province will be receiving the survey, though individual schools and teachers will not appear in the research results.

It is my hope that this survey will help in determining the quality and quantity of adaptive physical education programs in the province. From the insight gained, it is my intent to put forth a position paper to the Department of Education, explaining the condition of adaptive physical education. This area of curriculum has not been explored or developed to its potential.

Only one survey per school is to be filled out. Opinions of others will be accepted, as this will add to perspectives of adaptive physical education.

This work is the basis of my thesis at St. Mary's University. I hope to complete the task by the spring of 1992.

I have enclosed the survey and look forward to hearing from you soon. I appreciate your time and effort on my behalf.

Sincerely yours,

Kevin Stonefield

APPENDIX C

Dear Physical educator:

I am writing you as a student of St. Mary's University and as a physical education teacher in the province of Prince Edward Island to ask for your assistance in completing a survey examining the condition of adaptive physical education in the province.

The basic premise of this survey is to identify areas of concern in adaptive physical education. Each school in the unit, and each unit in the province will be receiving the survey, though individual schools and teachers will not appear in the research results.

It is my hope that this survey will help in determining the quality and quantity of adaptive physical education programs in the province. From the insight gained, it is my intent to put forth a position paper to the Department of Education, explaining the current condition of adaptive physical education. This area of curriculum has not been explored or developed to its potential.

Only one survey per school is to be filled out. This work is the basis of my thesis at St. Mary's University. I hope to complete the task by the spring of 1992.

I have enclosed the survey and a self addressed stamped envelope for your convenience in mailing and look forward to hearing from you soon. I appreciate your time and effort on my behalf.

Sincerely yours,

Kevin Stonefield

APPENDIX D

Table A

Simple Regression X_1 : Tenured? Y_1 : How often test?

DF:	R:	R-squared:	Adj. R-squared:	Std. Error:
42	.376	.142	.121	1.282

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	1	11.112	11.112	6.764
RESIDUAL	41	67.353	1.643	p = .0129
TOTAL	42	78.465		

No Residual Statistics Computed

Note: 11 cases deleted with missing values.

Simple Regression X_1 : Tenured? Y_1 : How often test?

Beta Coefficient Table

Parameter:	Value:	Std. Err.:	Std. Value:	t-Value:	Probability:
INTERCEPT	.817				
SLOPE	1.377	.529	.376	2.601	.0129

Confidence Intervals Table

Parameter:	95% Lower:	95% Upper:	90% Lower:	90% Upper:
MEAN (X,Y)	2.024	2.813	2.09	2.748
SLOPE	.308	2.446	.486	2.268

One Factor ANOVA X₁: Tenured? Y₁: How often test?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	11.112	11.112	6.764
Within groups	41	67.353	1.643	p = .0129
Total	42	78.465		

Model II estimate of between component variance = 9.469

One Factor ANOVA X₁: Tenured? Y₁: How often test?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	36	2.194	1.238	.206
no	7	3.571	1.512	.571

One Factor ANOVA X₁: Tenured? Y₁: How often test?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	-1.377	1.069*	6.764*	2.601

* Significant at 95%

Table B

Simple Regression X_1 : Tenured? Y_1 : good resources?

DF:	R:	R-squared:	Adj. R-squared:	Std. Error:
48	.301	.091	.071	.943

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	1	4.174	4.174	4.69
RESIDUAL	47	41.826	.89	p = .0354
TOTAL	48	46		

No Residual Statistics Computed

Note: 5 cases deleted with missing values.

Simple Regression X_1 : Tenured? Y_1 : good resources?

Beta Coefficient Table

Parameter:	Value:	Std. Err.:	Std. Value:	t-Value:	Probability:
INTERCEPT	3.204				
SLOPE	-.79	.365	-.301	2.166	.0354

Confidence Intervals Table

Parameter:	95% Lower:	95% Upper:	90% Lower:	90% Upper:
MEAN (X,Y)	2.015	2.557	2.06	2.512
SLOPE	-1.523	-.056	-1.401	-.178

One Factor ANOVA X₁: Tenured? Y₁: good resources?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	4.174	4.174	4.69
Within groups	47	41.826	.89	p = .0354
Total	48	46		

Model II estimate of between component variance = 3.284

One Factor ANOVA X₁: Tenured? Y₁: good resources?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	41	2.415	.974	.152
no	8	1.625	.744	.263

One Factor ANOVA X₁: Tenured? Y₁: good resources?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	.79	.734*	4.69*	2.166

* Significant at 95%

Table E

One Factor ANOVA X₁: Rate Dept.of ed.PE Y₁: Rate your program

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	4	4.683	1.171	2.921
Within groups	43	17.234	.401	p = .0319
Total	47	21.917		

Model II estimate of between component variance = .192

One Factor ANOVA X₁: Rate Dept.of ed.PE Y₁: Rate your program

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
Group 1	5	3.4	.548	.245
Group 2	6	3.5	.837	.342
Group 3	24	3.625	.647	.132
Group 4	11	3.909	.539	.163
Group 5	2	5	0	0

One Factor ANOVA X₁: Rate Dept.of ed.PE Y₁: Rate your program

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
Group 1 vs. 2	-.1	.773	.017	.261
Group 1 vs. 3	-.225	.628	.131	.723
Group 1 vs. 4	-.509	.689	.556	1.491
Group 1 vs. 5	-1.6	1.068*	2.281	3.021
Group 2 vs. 3	-.125	.583	.047	.433

* Significant at 95%

Table E

One Factor ANOVA X_1 : Rate Dept.of ed.PE Y_1 : Rate your program

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffé F-test:	Dunnnett t:
Group 2 vs. 4	-.409	.648	.405	1.273
Group 2 vs. 5	-1.5	1.043*	2.105	2.902
Group 3 vs. 4	-.284	.465	.38	1.232
Group 3 vs. 5	-1.375	.94*	2.177	2.951
Group 4 vs. 5	-1.091	.982*	1.256	2.242

* Significant at 95%

Simple Regression X₁: Rate your program Y₁: Rate Dept.of ed.PE

DF:	R:	R-squared:	Adj. R-squared:	Std. Error:
47	.373	.139	.12	.918

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	1	6.255	6.255	7.43
RESIDUAL	46	38.724	.842	p = .009
TOTAL	47	44.979		

No Residual Statistics Computed

Note: 6 cases deleted with missing values.

Simple Regression X₁: Rate your program Y₁: Rate Dept.of ed.PE

Beta Coefficient Table

Parameter:	Value:	Std. Err.:	Std. Value:	t-Value:	Probability:
INTERCEPT	.998				
SLOPE	.534	.196	.373	2.726	.009

Confidence Intervals Table

Parameter:	95% Lower:	95% Upper:	90% Lower:	90% Upper:
MEAN (X,Y)	2.713	3.246	2.757	3.201
SLOPE	.14	.929	.205	.863

Table G

One Factor ANOVA X_1 : Yrs.Taught Y_1 : PEI vs.other prov.

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	3	4.356	1.452	2.74
Within groups	44	23.311	.53	p = .0545
Total	47	27.667		

Model II estimate of between component variance = .307

One Factor ANOVA X_1 : Yrs.Taught Y_1 : PEI vs.other prov.

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
A-1-3	5	3	1.225	.548
B-4-8	10	3.3	.823	.26
C-9-15	18	3.611	.698	.164
D-16-27	15	3.933	.458	.118

One Factor ANOVA X_1 : Yrs.Taught Y_1 : PEI vs.other prov.

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
A-1-3 vs. B-4-8	-.3	.804	.189	.752
A-1-3 vs. C-9-15	-.611	.742	.919	1.661
A-1-3 vs. D-16-27	-.933	.758*	2.055	2.483
B-4-8 vs. C-9-15	-.311	.579	.391	1.084
B-4-8 vs. D-16-27	-.633	.599*	1.514	2.131

* Significant at 95%

Table G

One Factor ANOVA X_1 : Yrs.Taught Y_1 : PEI vs.other prov.

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
C-9-15 vs. D-16-27	-.322	.513	.534	1.266

Table H

One Factor ANOVA X_1 : Age Y_1 : PEI vs.other prov.

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	4	6.141	1.535	3.311
Within groups	42	19.476	.464	p = .0191
Total	46	25.617		

Model II estimate of between component variance = .268

One Factor ANOVA X_1 : Age Y_1 : PEI vs.other prov.

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
A-20-25	3	3.333	1.528	.882
B-26-30	11	3	.775	.234
C-31-35	12	3.5	.674	.195
D-36-40	11	3.909	.539	.163
E-40 up	10	3.9	.316	.1

One Factor ANOVA X_1 : Age Y_1 : PEI vs.other prov.

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
A-20-25 vs. B-26-30	.333	.895	.141	.752
A-20-25 vs. C-31-35	-.167	.887	.036	.379
A-20-25 vs. D-36-40	-.576	.895	.421	1.298
A-20-25 vs. E-40 up	-.567	.905	.4	1.264
B-26-30 vs. C-31-35	-.5	.574	.774	1.759

Table H

One Factor ANOVA X_1 : Age Y_1 : PEI vs.other prov.

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
B-26-30 vs. D-36-40	-.909	.586*	2.451	3.131
B-26-30 vs. E-40 up	-.9	.601*	2.287	3.025
C-31-35 vs. D-36-40	-.409	.574	.518	1.439
C-31-35 vs. E-40 up	-.4	.588	.471	1.372
D-36-40 vs. E-40 up	.009	.601	2.334E-4	.031

* Significant at 95%

Table I

One Factor ANOVA X_1 : offer alt. PE? Y_1 : comfortable with sp.needs

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	11.976	11.976	12.583
Within groups	45	42.832	.952	p = .0009
Total	46	54.809		

Model II estimate of between component variance = 11.025

One Factor ANOVA X_1 : offer alt. PE? Y_1 : comfortable with sp.needs

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	7	4.143	.69	.261
no	40	2.725	1.012	.16

One Factor ANOVA X_1 : offer alt. PE? Y_1 : comfortable with sp.needs

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	1.418	.805*	12.583*	3.547

* Significant at 95%

Table J

One Factor ANOVA X_1 : How often test? Y_1 : Rate your program

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	4	3.957	.989	2.924
Within groups	37	12.519	.338	p = .0338
Total	41	16.476		

Model II estimate of between component variance = .163

One Factor ANOVA X_1 : How often test? Y_1 : Rate your program

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
A-1	13	3.615	.65	.18
B-2	13	3.846	.376	.104
C-3	4	4.5	.577	.289
D-4	8	3.5	.756	.267
E-5 up	4	4.25	.5	.25

One Factor ANOVA X_1 : How often test? Y_1 : Rate your program

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
A-1 vs. B-2	-.231	.462	.256	1.011
A-1 vs. C-3	-.885	.674*	1.769	2.66
A-1 vs. D-4	.115	.53	.049	.441
A-1 vs. E-5 up	-.635	.674	.91	1.908
B-2 vs. C-3	-.654	.674	.966	1.966

* Significant at 95%

Table J

One Factor ANOVA X_1 : How often test? Y_1 : Rate your program

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
B-2 vs. D-4	.346	.53	.438	1.324
B-2 vs. E-5 up	-.404	.674	.369	1.214
C-3 vs. D-4	1	.722*	1.97	2.807
C-3 vs. E-5 up	.25	.833	.092	.608
D-4 vs. E-5 up	-.75	.722*	1.108	2.106

* Significant at 95%

Table M

One Factor ANOVA X₁: adpt.guidelines? Y₁: good resources?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	6.403	6.403	7.42
Within groups	44	37.967	.863	p = .0092
Total	45	44.37		

Model II estimate of between component variance = 5.54

One Factor ANOVA X₁: adpt.guidelines? Y₁: good resources?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	16	2.75	1.065	.266
no	30	1.967	.85	.155

One Factor ANOVA X₁: adpt.guidelines? Y₁: good resources?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	.783	.58*	7.42*	2.724

* Significant at 95%

Table N

One Factor ANOVA X₁: adpt.guidelines? Y₁: comfortable with sp.needs

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	9.209	9.009	8.105
Within groups	44	48.904	1.111	p = .0067
Total	45	57.913		

Model II estimate of between component variance = 7.897

One Factor ANOVA X₁: adpt.guidelines? Y₁: comfortable with sp.needs

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	16	3.562	.964	.241
no	30	2.633	1.098	.2

One Factor ANOVA X₁: adpt.guidelines? Y₁: comfortable with sp.needs

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	.929	.658*	8.105*	2.847

* Significant at 95%

Table O

One Factor ANOVA X₁: adpt.guidelines? Y₁: feel about mainstream

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	7.481	7.481	5.993
Within groups	42	52.429	1.248	p = .0186
Total	43	59.909		

Model II estimate of between component variance = 6.232

One Factor ANOVA X₁: adpt.guidelines? Y₁: feel about mainstream

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	16	3.5	1.095	.274
no	28	2.643	1.129	.213

One Factor ANOVA X₁: adpt.guidelines? Y₁: feel about mainstream

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	.857	.707*	5.993*	2.448

* Significant at 95%

Table P

One Factor ANOVA X₁: adpt.guidelines? Y₁: PEI vs.other prov.

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	2.828	2.828	5.073
Within groups	43	23.972	.557	p = .0295
Total	44	26.8		

Model II estimate of between component variance = 2.271

One Factor ANOVA X₁: adpt.guidelines? Y₁: PEI vs.other prov.

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	16	3.938	.68	.17
no	29	3.414	.78	.145

One Factor ANOVA X₁: adpt.guidelines? Y₁: PEI vs.other prov.

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnnett t:
yes vs. no	.524	.469*	5.073*	2.252

* Significant at 95%

Table Q

One Factor ANOVA X_1 : adpt.guidelines? Y_1 : Gr.on P.A.?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	1.943	1.943	12.183
Within groups	43	6.857	.159	p = .0011
Total	44	8.8		

Model II estimate of between component variance = 1.783

One Factor ANOVA X_1 : adpt.guidelines? Y_1 : Gr.on P.A.?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	17	1	0	0
no	28	1.429	.504	.095

One Factor ANOVA X_1 : adpt.guidelines? Y_1 : Gr.on P.A.?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnnett t:
yes vs. no	-.429	.248*	12.183*	3.49

* Significant at 95%

Percents of Column Totals

	yes	no	Totals:
yes	51.52%	0%	37.78%
no	48.48%	100%	62.22%
Totals:	100%	100%	100%

Expected Values

	yes	no	Totals:
yes	12.47	4.53	17
no	20.53	7.47	28
Totals:	33	12	45

Coded Chi-Square X₁: Gr.on P.A.? Y₁: adpt.guldelines?

Summary Statistics

DF:	1	
Total Chi-Square:	9.935	p=.0016
G Statistic:	.	
Contingency Coefficient:	.425	
Phi:	.47	
Chi-Square with continuity correction:	7.864	p=.005

Observed Frequency Table

	yes	no	Totals:
yes	17	0	17
no	16	12	28
Totals:	33	12	45

Percents of Row Totals

	yes	no	Totals:
yes	100%	0%	100%
no	57.14%	42.86%	100%
Totals:	73.33%	26.67%	100%

Table S

One Factor ANOVA X_1 : Teach other? Y_1 : good resources?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	4.231	4.231	4.681
Within groups	48	43.389	.904	p = .0355
Total	49	47.62		

Model II estimate of between component variance = 3.327

One Factor ANOVA X_1 : Teach other? Y_1 : good resources?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	31	2.032	.875	.157
no	19	2.632	1.065	.244

One Factor ANOVA X_1 : Teach other? Y_1 : good resources?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	-.599	.557*	4.681*	2.164

* Significant at 95%

Table T

One Factor ANOVA X₁: Teach other? Y₁: PEI vs.other prov.

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	2.847	2.847	5.355
Within groups	47	24.989	.532	p = .0251
Total	48	27.837		

Model II estimate of between component variance = 2.316

One Factor ANOVA X₁: Teach other? Y₁: PEI vs.other prov.

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	30	3.4	.814	.149
no	19	3.855	.567	.13

One Factor ANOVA X₁: Teach other? Y₁: PEI vs.other prov.

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	-.495	.43*	5.355*	2.314

* Significant at 95%

Table V

One Factor ANOVA X₁: PE degree? Y₁: How often test?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	13.608	13.608	8.602
Within groups	41	64.857	1.582	p = .0055
Total	42	78.465		

Model II estimate of between component variance = 12.026

One Factor ANOVA X₁: PE degree? Y₁: How often test?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	36	2.667	1.352	.225
no	7	1.143	.378	.143

One Factor ANOVA X₁: PE degree? Y₁: How often test?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	1.524	1.049*	8.602*	2.933

* Significant at 95%

Table U

One Factor ANOVA X_1 : PE degree? Y_1 : Rate your program

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	4.986	4.986	9.209
Within groups	50	27.071	.541	p = .0038
Total	51	32.058		

Model II estimate of between component variance = 4.445

One Factor ANOVA X_1 : PE degree? Y_1 : Rate your program

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	42	3.786	.606	.094
no	10	3	1.155	.365

One Factor ANOVA X_1 : PE degree? Y_1 : Rate your program

Comparison.	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	.786	.52*	9.209*	3.035

* Significant at 95%

Table X

One Factor ANOVA X₁: PETA? Y₁: PE degree?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	.984	.984	7.144
Within groups	52	7.164	.138	p = .01
Total	53	8.148		

Model II estimate of between component variance = .846

One Factor ANOVA X₁: PETA? Y₁: PE degree?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	35	1.086	.284	.048
no	19	1.368	.496	.114

One Factor ANOVA X₁: PETA? Y₁: PE degree?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	-.283	.212*	7.144*	2.673

* Significant at 95%

Coded Chi-Square X₁: PE degree? Y₁: PETA?

Summary Statistics

DF:	1	
Total Chi-Square:	6.523	p=.0106
G Statistic:	6.266	
Contingency Coefficient:	.328	
Phi:	.348	
Chi-Square with continuity correction:	4.784	p=.0287

Observed Frequency Table

	yes	no	Totals:
yes	32	3	35
no	12	7	19
Totals:	44	10	54

Percents of Row Totals

	yes	no	Totals:
yes	91.43%	8.57%	100%
no	63.16%	36.84%	100%
Totals:	81.48%	18.52%	100%

Percents of Column Totals

	yes	no	Totals:
yes	72.73%	30%	64.81%
no	27.27%	70%	35.19%
Totals:	100%	100%	100%

Expected Values

	yes	no	Totals:
yes	28.52	6.48	35
no	15.48	3.52	19
Totals:	44	10	54

Table Y

One Factor ANOVA X₁: Tenured? Y₁: How often test?

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	11.112	11.112	6.764
Within groups	41	67.353	1.643	p = .0129
Total	42	78.465		

Model II estimate of between component variance = 9.469

One Factor ANOVA X₁: Tenured? Y₁: How often test?

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	36	2.194	1.238	.206
no	7	3.571	1.512	.571

One Factor ANOVA X₁: Tenured? Y₁: How often test?

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	-1.377	1.069*	6.764*	2.601

* Significant at 95%

Table ZA

Simple Regression X₁: Gr.Taught Y₁: Rate your program

DF:	R:	R-squared:	Adj. R-squared:	Std. Error:
51	.309	.096	.078	.761

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	1	3.068	3.068	5.291
RESIDUAL	50	28.99	.58	p = .0256
TOTAL	51	32.058		

No Residual Statistics Computed

Note: 2 cases deleted with missing values.

Simple Regression X₁: Gr.Taught Y₁: Rate your program

Beta Coefficient Table

Parameter:	Value:	Std. Err.:	Std. Value:	t-Value:	Probability:
INTERCEPT	3.164				
SLOPE	.326	.142	.309	2.3	.0256

Confidence Intervals Table

Parameter:	95% Lower:	95% Upper:	90% Lower:	90% Upper:
MEAN (X,Y)	3.423	3.847	3.458	3.812
SLOPE	.041	.611	.089	.564

Table ZC

One Factor ANOVA X₁: Teach other? Y₁: Rate your program

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	2.929	2.929	5.027
Within groups	50	29.129	.583	p = .0294
Total	51	32.058		

Model II estimate of between component variance = 2.346

One Factor ANOVA X₁: Teach other? Y₁: Rate your program

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	33	3.455	.794	.138
no	19	3.947	.705	.162

One Factor ANOVA X₁: Teach other? Y₁: Rate your program

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	-.493	.442*	5.027*	2.242

* Significant at 95%

Table ZD

One Factor ANOVA X₁: school-sp.ed?/resource? Y₁: Rate your program

Analysis of Variance Table

Source:	DF:	Sum Squares:	Mean Square:	F-test:
Between groups	1	2.678	2.678	4.557
Within groups	50	29.38	.588	p = .0377
Total	51	32.058		

Model II estimate of between component variance = 2.09

One Factor ANOVA X₁: school-sp.ed?/resource? Y₁: Rate your program

Group:	Count:	Mean:	Std. Dev.:	Std. Error:
yes	50	3.68	.768	.109
no	2	2.5	.707	.5

One Factor ANOVA X₁: school-sp.ed?/resource? Y₁: Rate your program

Comparison:	Mean Diff.:	Fisher PLSD:	Scheffe F-test:	Dunnett t:
yes vs. no	1.18	1.11*	4.557*	2.135

* Significant at 95%

APPENDIX E

Questionnaire # 1

Please answer these questions by checking or circling the appropriate answer. For a few questions a written response is requested.

1) Are you:

male___ female___

2) Are you:

married___ single___ divorced___ separated___ widowed___

3) Your age is:

20-25___ 26-30___ 31-35___ 36-40___ 40 up___

4) In what Unit do you teach:

Unit 1 Unit 2 Unit 3 Unit 4 Unit 5

5) Grade levels taught:

Elementary 1-8___ Junior High 7-9___ Senior High 9-12___

6) Number of years teaching:

1-3___ 4-8___ 9-15___ 16-27___ 28-up___

7) Are you a tenured teacher:

yes___ no___

8) Do you belong to CAPHER:

yes___ no___

9) Do you belong to the Physical Education Teachers Association:

yes___ no___

10) List the number of years of study you have completed in university.

3___ 4___ 5___ 6___ 7___ 8___

11) Do you have a physical Education Degree:

yes___ no___

12) If you answered yes to number 11, where did you obtain this degree:

13) Do you teach other subjects than Physical Education:

yes___ no___

14) Are you in charge of coordinating an intramural program in your school:

yes___ no___

15) Does the school you teach in have a special education or resource teacher:

yes___ no___

16) Do you teach special needs children physical education:

yes___ no___

17) Have you adapted the Department of Education's provincial guidelines for physical education to serve the students in the school who have special needs:

yes___ no___

18) Do you teach the special needs children in the school in a segregated class setting, rather than integrated in the mainstream:

yes___ no___

19) Do you mainstream special needs children into regular physical education classes:

yes___ no___

20) Are the special needs children expected to achieve the same standards as regular stream children in your program:

yes___ no___

21) Do you grade special needs children on personal achievement:

yes___ no___

22) How often a year do you test students for physical fitness:

1___ 2___ 3___ 4___ 5 up___

23) Do you offer an alternative physical education program:

yes___ no___

24) If you answered yes to the above question, name the alternative program you use:

25) How would you rate your physical education program:

Excellent Very Good Good Fair Poor

26) How would you rate the Department of Education's guidelines for physical education:

Excellent Very Good Good Fair Poor

27) How do you see physical education programs in the province of Prince Edward Island comparing them to other provinces:

Excellent Very Good Good Fair Poor

28) How do you feel about having special needs children taking part in mainstream classes:

Excellent Very Good Good Fair Poor

29) How comfortable are you in teaching special needs children:

Excellent Very Good Good Fair Poor

30) How well do you feel you have been trained to teach special needs children adaptive physical education:

Excellent Very Good Good Fair Poor

31) Do you feel you have support from the administration in your school to develop a strong adaptive physical education program:

Excellent Very Good Good Fair Poor

32) Do you feel you have adequate resources in your school to be able to administer an adaptive physical education program:

Excellent Very Good Good Fair Poor

33) Do you have access to support services for adaptive physical education in the Department of Education:

Excellent Very Good Good Fair Poor

34) Do you have access to support services for adaptive physical education outside the Department of Education:

Excellent Very Good Good Fair Poor

35) In what ways do you think the physical education programs on Prince Edward Island can be improved:

END

21-10-92

FIN