

Department of Kinesiology

**Graduate Certificate in Adapted Physical Education
Guidance Record Form
15 Credits**

Student Name: _____ ID Number _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Entry into Program _____

Adapted Physical Activity Certificate required coursework	Credits	Term taken	Grade taken
KIN 579 Inclusive Practices in P.E.	3	___	___
KIN 582 Assessment & Development of Individualized Programs	3	___	___
KIN 583 Medical & Pathological Issues	3	___	___
KIN 584 Disability Sport & Adapted Aquatics	3	___	___
KIN 586 Professional Issues in Adapted P.E.	3	___	___