

Adapted Physical Education Evaluation Report

Student: Student's Name

School: School's Name

Special Education Case Manager: Name

Adapted Physical Education Teacher: Name

Date of Birth: MM/DD/YYYY

Date of Report: MM/DD/YYYY

Grade: XXX

Reason for Referral:

FIRSTNAMELASTNAME is a NUMBEROFYEARS-year, NUMBEROFMONTHS-month-old GRADE grade student attending SCHOOL. The individualized education program (IEP) team requested an adapted physical education evaluation for FIRSTNAME to determine if additional support in physical education (PE) is warranted at this time. Areas of concern include CONCERNS. FIRSTNAME qualifies for special education services as a student with AREAOFELIGIBILITY. This report addresses FIRSTNAME's present level of performance and ability to safely make progress towards grade-level standards in the physical education curriculum.

Review of Records:

FIRSTNAME receives special education services PRIMARY SERVICE/PROGRAM. PRONOUN also receive LIST ADDITIONAL SERVICES in the school setting. Areas of need as documented on the IEP are as follows: LIST AREAS OF NEED.

BEGIN TYPING HERE (INCLUDE INFORMATION THAT IS RELEVANT TO PE THAT MAY INCLUDE BUT NOT LIMITED TO ACCOMMODATIONS, INFORMATION FROM PRIOR REPORTS, RELATED SERVICE PROVIDER STATEMENTS, HEALTH CONCERNS/RESTRICTIONS)

Consultations:

Consultation is an informal means of gathering relevant functional, developmental, and academic information through conversation, typically verbally. It is one component to support an IEP team discussion.

FIRSTNAME's physical education teacher completed a scale of secondary concepts of tactics and skills. The tool focuses on five areas including: maintaining possession (offense), creating space in the attack (offense), defending space (defense), rule application, and personal/social responsibility and safety.

- **Maintaining possession:**
- **Creating space in the attack:**
- **Defending space:**
- **Rule Application:**
- **Personal/Social Responsibility and Safety:**

Additionally, the physical education teacher XXXX

(CONSULTATION WITH PE STAFF) – SAMPLE DISCUSSION QUESTIONS

- DOES THE STUDENT NEED ACCOMMODATIONS OR EXTRA SUPPORT? WHAT DO THE ACCOMMODATIONS OR SUPPORTS LOOK LIKE?
- DOES THE STUDENT FOLLOW THE CLASS ROUTINE AND STRUCTURE?
- DOES THE STUDENT FOLLOW MOST DIRECTIONS?
- WHAT ARE THE GREATEST CHALLENGES FOR THE STUDENT?
- DO YOU HAVE TO PROVIDE ADDITIONAL ONE ON ONE ATTENTION TO THE STUDENT

(CONSULTATION WITH CLASSROOM STAFF) – SAMPLE DISCUSSION QUESTIONS

- WHAT ACCOMMODATIONS DOES THE STUDENT HAVE TO RECEIVE INSTRUCTION IN THE CLASSROOM?
- DOES THE STUDENT HAVE ANY SPECIFIC INTERVENTIONS/STRATEGIES FOR BEHAVIOR?
- WHAT SPECIFIC INSTRUCTIONAL STRATEGIES ARE REQUIRED TO SUPPORT THE STUDENT'S EDUCATION?

(CONSULTATION WITH RELATED SERVICE PROVIDERS) – SAMPLE DISCUSSION QUESTIONS

- DOES THE STUDENT USE ANY SPECIALIZED EQUIPMENT?
- WHAT ARE THE AREAS OF NEED FOR THE STUDENT?
- DOES THE STUDENT USE ANY COMMUNICATION STRATEGIES OR DEVICES?

(CONSULTATION WITH PARENTS) – SAMPLE DISCUSSION QUESTIONS

- DOES THE STUDENT PARTICIPATE IN GROSS MOTOR ACTIVITIES IN THE COMMUNITY?
- WHAT ARE SOME OF THE STUDENT'S INTERESTS?
- HOW DOES THE STUDENT ENGAGE SOCIALLY WITH FRIENDS AND FAMILY?
- WHAT WOULD YOU LIKE FOR YOUR CHILD TO DO IN THE COMMUNITY?

(CONSULTATION WITH STUDENT) – SAMPLE DISCUSSION QUESTIONS

- WHAT IS YOUR FAVORITE SPORT?
- WHAT DO YOU LIKE TO DO IN THE COMMUNITY WITH FRIENDS?
- WHAT HELP DO YOU WANT/NEED IN PHYSICAL EDUCATION?

Observation:

FIRSTNAME was observed in physical education on DATE. FIRSTNAME receives physical education instruction in the (GENERAL or SPECIAL EDUCATION) setting with another XX grade class; therefore, there were approximately XX students in the gym at the time of the observation. PRONOUN entered the gym XXX and XXX.

BEFORE YOU BEGIN WRITING THIS SECTION, READ ALL OF THE QUESTIONS BELOW. USE YOUR ANSWERS TO GUIDE THE NARRATIVE IN A LOGICAL ORDER. BE CONCISE!

WHAT DID YOU OBSERVE DURING WARMUPS?

HOW DID THE STUDENT BEHAVE DURING INSTRUCTION AND DID THEY FOLLOW DIRECTIONS?

DID THE STUDENT PARTICIPATE SAFELY AND SUCCESSFULLY IN THE DAY'S ACTIVITY?

DID THE STUDENT INTERACT APPROPRIATELY WITH PEERS?

DID THE STUDENT FOLLOW ESTABLISHED CLASS ROUTINES AND RULES?

DID THE STUDENT ACCEPT ASSISTANCE/REDIRECTION AS NEEDED?

DID THE STUDENT LINE UP TO EXIT THE GYM WITH THE CLASS?

Additionally, FIRSTNAME demonstrated XXXX

Brockport Physical Fitness Test - 2:

FIRSTNAME was assessed using the Brockport Physical Fitness Test-2 (BPFT-2), an informal assessment tool designed to measure health-related physical fitness of individuals with disabilities ages 10 to 17. The assessment provides norms for individuals with intellectual disability, spinal cord injury, cerebral palsy, visual impairment, congenital anomaly, or amputation. The tool may also be used to assess individuals with other disabilities. The assessment standards provide targets for attaining health-related physical fitness. For the purpose of this assessment, the XXXXXXX standard area was used.

FIRSTNAME was assessed in aerobic functioning and musculoskeletal functioning. Aerobic functioning encompasses both aerobic capacity and aerobic behavior. Musculoskeletal functioning combines muscular strength, muscular endurance and flexibility or range of motion. These test items and components of fitness align with the health-related physical fitness standards in the physical education curriculum.

Test Item	Unit of Measure	Score Achieved	Healthy Fitness Zone		
Aerobic Functioning					
PACER (20 M)	Laps		☐ Yes	☐ No	
PACER (15 M)	Laps		☐ Yes	☐ No	
Target Aerobic Movement Test (TAMT)	THRZ* & Minutes		☐ Yes	☐ No	
One-Mile Run/Walk	Minutes		☐ Yes	☐ No	
* Target Heart Rate Zone					
Musculoskeletal Functioning: Strength and Endurance			Healthy Fitness Zone		
40-Meter Push/Walk	Within 60 Seconds		☐ Yes	☐ No	
Bench Press	Reps - 35 lbs		☐ Yes	☐ No	
Traditional Curl Up	Number Completed		☐ Yes	☐ No	
Modified Curl Up	Number Completed		☐ Yes	☐ No	
Dumbbell Press	Reps - 15 lbs		☐ Yes	☐ No	
Extended-Arm Hang	Seconds		☐ Yes	☐ No	
Flexed-Arm Hang	Seconds		☐ Yes	☐ No	
Dominant Grip-Strength	Kilograms (kg)		☐ Yes	☐ No	
Traditional Push Up	Number Completed		☐ Yes	☐ No	
Isometric Push Up	Seconds		☐ Yes	☐ No	
Seated Push Up	Seconds		☐ Yes	☐ No	
Traditional Pull-Up	Number Completed		☐ Yes	☐ No	
Modified Pull-Up	Number Completed		☐ Yes	☐ No	
Reverse Curl	Pass/Fail		☐ Yes	☐ No	
Trunk Lift	Inches		☐ Yes	☐ No	
Wheelchair Ramp Test	Distance		☐ Yes	☐ No	
Musculoskeletal Functioning: Flexibility/Range of Motion			Healthy Fitness Zone		
Back-Saver Sit and Reach	Inches	Left	Right	☐ Yes	☐ No
Shoulder Stretch	Pass/Fail	Left	Right	☐ Yes	☐ No
Modified Apley Test**	Score	Left	Right	☐ Yes	☐ No
Modified Thomas Test	Score	Left	Right	☐ Yes	☐ No
**Modified Apley Test: Score 3 – touch opposite scapula, 2 – touch top of head, 1 – touch mouth, 0 - Unsuccessful					
Target Stretch	Range	L	R	Healthy Fitness Zone	
Wrist Extension	High Five			☐ Yes	☐ No
Elbow Extension	Straight Arm			☐ Yes	☐ No
Shoulder Extension	Arm Back			☐ Yes	☐ No
Shoulder Abduction	Arm Up			☐ Yes	☐ No
Shoulder External Rotation	Arm Out			☐ Yes	☐ No
Forearm Supination	Palm Up			☐ Yes	☐ No

Forearm Pronation	Palm Down			☐ Yes	☐ No
Knee Extension	Straight Leg			☐ Yes	☐ No

Description of Performance on Non-Standardized Assessments:

ADD ADDITIONAL NON-STANDARDIZED INFORMATION

Balance Test

FIRSTNAME was asked to demonstrate their lower body muscular strength and endurance through balancing activities. A sufficient score is indicated by maintaining balance for 20 seconds with eyes open and at least 8 seconds with eyes closed.

Balance	Time	Sufficient	Deficit
Right Foot Eyes Open	XX seconds	☐	☐
Left Foot Eyes Open	XX seconds	☐	☐
Right Foot Eyes Closed	XX seconds	☐	☐
Left Foot Eyes Closed	XX seconds	☐	☐

Performance Analysis:

During the standardized assessment, the FIRSTNAME's performance demonstrated to be an accurate reflection of their locomotor and object control abilities. (ADD A NARRATIVE EXPLAINING THE PERFORMANCE)

FIRSTNAME demonstrated XX fitness test items in the healthy fitness zone. During an informal assessment, FIRSTNAME demonstrated the ability to: XXXX.

The Target Stretch Test is a screening tool used to estimate movement extent in a joint. Flexibility and range of motion Target Stretch Test items include functional movements necessary to perform more complex skills included in the physical education curriculum. FIRSTNAME demonstrated XXX.

Information from the record review, observation, consultation, and informal assessments indicate that FIRSTNAME (NARRATIVE: INDICATE PERFORMANCE FROM THE SCOTS, BALANCE TEST AND/OR OTHER INFORMAL DATA SOURCES (RECORD REVIEW, CONSULTATION, OBSERVATION, INFORMAL ASSESSMENT) INCLUDING PSYCHOMOTOR, AFFECTIVE, COGNITIVE, SOCIAL, EMOTIONAL SKILLS AND SENSORY RESPONSES. TASK ANALYZE THE PERFORMANCE/RESPONSES AND DESCRIBE FACTORS THAT LED TO THE CHALLENGE (I.E: FOUNDATIONAL SKILLS).

Primary Difficulties Impacting Success in Physical Education

- | | | | |
|---|---|---|--|
| ☐ Grasp | ☐ Weight Transfer | ☐ Mobility | ☐ Force Production |
| ☐ Release | ☐ Balance | ☐ Range of Motion | ☐ Crossing Midline |
| ☐ Visual Tracking | ☐ Accuracy | ☐ Body Control | ☐ Controlling Objects |
| ☐ Reaction Time | ☐ Agility | ☐ Body Awareness | ☐ Spatial Awareness |
| ☐ Bilateral Coordination | ☐ Hand-Eye Coordination | ☐ Foot-Eye Coordination | ☐ Unilateral Coordination |
| ☐ Muscular Strength | ☐ Muscular Endurance | ☐ Flexibility | ☐ Aerobic Endurance |
| ☐ Following Directions | ☐ Engaging in Safe Behaviors | ☐ Maintaining Attention | ☐ Peer Engagement |
| ☐ Following Routines/Rules | ☐ Balancing Sensory System | ☐ Processing Instruction | ☐ Tactical Sport Concepts |

Conclusion:

EXAMPLE 1 (THE STUDENT'S PERFORMANCE POTENTIALLY WARRANTS SUPPORTS OR SERVICES)

Based on the results of the standardized and non-standardized data gathered, FIRSTNAME demonstrates difficulties, as compared to PRONOUN peers. These difficulties will significantly impact FIRSTNAME'S ability to safely make progress towards grade-level standards in the physical education curriculum.

EXAMPLE 2 (THE STUDENT'S PERFORMANCE DOES NOT WARRANT POTENTIAL SUPPORTS OR SERVICE)

Based on the results of the standardized and non-standardized data gathered, FIRSTNAME demonstrates skills within the range of PRNOUN peers. FIRSTNAME does not demonstrate difficulties that will significantly impact safely making progress towards grade-level standards in the physical education curriculum.

Submitted by,

YOUR NAME

Adapted Physical Education Teacher