PHYSICAL EDUCATION REFERRAL FORM FOR AN ADAPTED PHYSICAL EDUCATION EVALUATION

PART I: INFORMATION

Student Name_____ Student ID #_____
Last *First* *MI*

School(s): _____ Date of Birth / /

Age_____ Grade: _____

Classroom/Homeroom Teacher_____ Primary Language ___

Form completed by___
___/___/___

Physical Education Teacher_____ Screening Date:

PART II: PRESENT LEVEL OF PERFORMANCE AND INTERVENTIONS:

Physical Education Grade: Quarter 1: ____ Quarter 2: ____ Quarter 3: ____ Quarter 4: ____ Not Applicable: ☐

Meeting Age/Grade Level Skills: ☐ Yes ☐ No

The check marks below express difficulty performing age appropriate level skills based on norms and curricular standards

Management and Structural Difficulties:

☐ Following 1 step directions ☐ Following the routine ☐ Attending to the task presented ☐ Processing instructions
☐ Engaging in Safe Behavior ☐ Following the rules ☐ Expressive communication ☐ Social interaction
☐ Staying in supervised area ☐ Transitioning ☐ Engaging in physical activity ☐ Accepting feedback

Explain: _____

_____

Difficulties Tolerating Sensory Stimuli: ☐ Tactile Stimuli ☐ Auditory Stimuli ☐ Visual Stimuli

Demonstrates self-stimulatory behaviors: ☐ Yes ☐ No Demonstrates anxious behaviors: ☐ Yes ☐ No

Explain: _____

_____

Difficulties Performing Non-Locomotor and Locomotor Skills (based on age appropriate patterns):

☐ Static Standing ☐ Walking ☐ Jumping ☐ Running ☐ Stand to Sit, Back to Stand
☐ Balance on Dominant Foot 5 Seconds ☐ Balance on Non-Dominant Foot 5 Seconds
☐ Hop on Dominant Foot ☐ Hop on Non-Dominant Foot ☐ Sliding ☐ Skipping
☐ Leaping ☐ Galloping ☐ Twisting ☐ Bending ☐ Stretching Arms Up

Difficulties: ☐ Balance ☐ Unilateral Coordination ☐ Bilateral Coordination ☐ Body Control ☐ Range of Motion
☐ Weight Shifting ☐ Body Awareness ☐ Spatial Awareness ☐ Mobility

Explain: _____

_____

Difficulties Performing Object Control Skills (based on age appropriate patterns):

☐ Throw ☐ Catch ☐ Kick ☐ Toss (Underhand) ☐ Strike with Hand
☐ Strike with Short Implement ☐ Strike with Long Implement

Difficulties: ☐ Grasp ☐ Release ☐ Visual Track ☐ Reaction Time ☐ Force Production

Explain: _____

_____

Difficulties Performing Health Related Fitness Skills (based on age appropriate norms) *Only for ages 10 years and up

Muscular Strength: ☐ Push Ups ☐ Sit Ups **Muscular Endurance:** ☐ Isometric Push Ups/Plank

Flexibility: ☐ Trunk Lift ☐ Sit and Reach ☐ Apley's Scratch Test

Cardiorespiratory Endurance: ☐ Pacer Test ☐ One Mile Run/Walk

PART III: STRATEGIES AND INTERVENTIONS IMPLEMENTED:

Prior to the referral, the strategies and interventions were implemented:

Instructional Support(s)

☐ Close proximity to teacher
☐ Additional processing time
☐ Instructional breakdown
☐ Monitor independent work
☐ Use of visual aids
☐ Peer support/modeling
☐ Personal schedule
☐ Frequent/Immediate feedback
☐ Use of verbal cuing
☐ Extended practice time
☐ Use of assistive technology
☐ Check for understanding
☐ Use of graphic organizers
☐ Rephrase questions
☐ Repetition of directions
☐ Transitional supports

Other:

_____

Social/Behavioral Support(s)

☐ Positive reinforcers
☐ Advanced preparation
☐ Behavior contract
☐ Provide manipulatives
☐ Strategies to initiate/sustain attention
☐ Frequent eye-contact/close proximity
☐ Frequent change in activity
☐ Provide sensory activities
☐ Frequent reminders of rules
☐ Check for understanding
☐ Communicates with parents
☐ Communicates with education team members

Other:

_____

Physical/Environmental Support(s)

☐ Elevated structure
☐ Modified activity environmental size or location
☐ Preferential seating
☐ Adjusted sensory input (i.e: light or sound)
☐ Environmental aids (i.e: accoustics, heating, ventilation)
☐ Modified equipment

Other:

_____

Teacher Comments:

_____

_____

_____

Recommendations:

☐ The student is performing within acceptable limits in regular physical education with the implemented interventions and does not need any further evaluation at this time.

☐ The student appears to be experiencing difficulty to meet the physical education curricular standards with the implemented interventions and will need further screening/evaluation for determination of eligibility for adapted physical education services and for determining the least restrictive environment.

_____ _____ _____

Recommending Teacher Signature | Title | Date