**School Name**

**County LOGO**

**Street Name**

**Town, State, Zip**

**Phone Number**

**Physical Education Evaluation Report**

**Name: Grade: Age: D.O.B:**

 **Student ID: Service School:**

**Background:**

**Test and/or procedures administered:**

**Assessment Findings:**

**Description of student’s overall performance**

**Relevant Test Behavior**

**Instructional Implications for the student:**

**Documentation of Assessment Validity**

**Does the student have Limited English Proficiency?** **[ ]  Yes** **[ ]  No**

It is the United States Department of Education’s policy to provide meaningful access to its programs and services to persons who, as a result of national origin, are limited in English proficiency as required by section 2 of Executive order 13166.

**If yes, what language or mode of communication was used for assessment?**

**In the opinion of the evaluator, is this assessment an accurate reflection of the student’s performance at this time?**

**[ ]  Yes [ ]  No**

**Is this assessment felt to be culturally and linguistically valid for its intended purpose and for this student?**

**[ ]  Yes [ ]  No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adapted Physical Education Teacher**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**