XXXXXXXXXXX **County Public Schools** 

**XXXXXXXXXX**

**XXXXXXXXXX**

**(XXX)XXX-XXXX**



**Physical Education Evaluation Report**



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



 **Student ID: Service School:**

**Male** **☐ Female** **☐**



**Date of Testing:**

**Background:**

**Test and/or procedures administered:**

The Test of Gross Motor Development-2 (TGMD-2) assessment tool measures a child’s ability to use large force producing muscles on the trunk, arms, and legs to achieve movement tasks. The tool is composed of two subtests (Locomotor and Object Control) designed to assess the gross motor functioning of children ages 3 to 10 years. The locomotor subtest measures fluid coordinated movements of the body through the: run, gallop, hop, leap, horizontal jump, and slide. The object control subtest measures efficient use of the body to move an object in the anticipated manner of: striking a stationary ball, stationary dribbling, catching, kicking, throwing overhand, and rolling a ball underhand. The results are reported as percentiles, standard scores, and age equivalents.

**Assessment Findings:**

**Description of student’s overall performance**

| **Assessment Results** |
| --- |
|  | Raw Score | Standard Score | Percentile | Age Equivalent |
| Locomotor |  |  |  |  |
| Object Control  |  |  |  |  |
|  |  |  |  |  |
| Sum of Standard Scores |  |  |  |
|  |  |  |  |  |
| Gross Motor Quotient |  |  |  |

**Relevant Test Behavior**

**Other Relevant Testing Data Related to the Performance in Physical Education:**

**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**