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| COUNTY LOGO |  | **PHYSICAL EDUCATION REFERRAL FORM FOR ADAPTED PHYSICAL EDUCATION SERVICES** |
| **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:**  |
| **The check marks below express difficulty performing age appropriate level skills based on norms and curricular standards****Physical Education Grade:** Quarter 1: \_\_\_\_ Quarter 2: \_\_\_\_ Quarter 3: \_\_\_\_ Quarter 4: \_\_\_\_ Not Applicable: [ ] **Meeting Age/Grade Level Skills:** [ ]  Yes [ ]  No **Management and Structural Difficulties:**

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| **[ ]** 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 StimuliDemonstrates self-stimulatory behaviors: **[ ]** Yes  **[ ]** No Demonstrates anxious behaviors: **[ ]** Yes  **[ ]** No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Difficulties Performing Non-Locomotor and Locomotor Skills (based on age appropriate patterns):**

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| [ ]  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 [ ]  MobilityExplain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Difficulties Performing Object Control Skills (based on age appropriate patterns):**

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| [ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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:**

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

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Social/Behavioral Support(s)** |
| [ ]  Positive reinforcers | [ ]  Strategies to initiate/sustain attention | [ ]  Frequent reminders of rules |
| [ ]  Advanced preparation | [ ]  Frequent eye-contact/close proximity | [ ]  Check for understanding |
| [ ]  Behavior contract | [ ]  Frequent change in activity | [ ]  Communicates with parents |
| [ ]  Provide manipulatives | [ ]  Provide sensory activities | [ ]  Communicates with education team members |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Physical/Environmental Support(s)** |
| [ ]  Elevated structure | [ ]  Adjusted sensory input (i.e: light or sound) |
| [ ]  Modified activity environmental size or location | [ ]  Environmental aids (i.e: accoustics, heating, ventilation) |
| [ ]  Preferential seating | [ ]  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 |