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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:**   |  |  |  |  | | --- | --- | --- | --- | | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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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:**   |  |  |  |  | | --- | --- | --- | --- | | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | **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 |