



Adapted Physical Education Gross Motor Interview Questionnaire

I would like to know more about your child. The more I know, the better I can work to meet his/her needs in the gross motor area. Please answer the questions below. Remember, this is from your point of view. Thank you!

Mrs. Nicole Lombardi-Risen

APE Specialist KIN MS

Child's Name:
Date:
DOB:
Age:
Parent(s) name:
Email:

***Please use an "x" to mark in the boxes below that best describes your child's best abilities:

Locomotor Skills	Does Independently	Does with Help	Unable to Perform
Run			
Jump			
Gallop			
Hop			
Leap			
Slide			
Skip			
Walks up/down stairs (1 foot at a time and use rail)			
Balance Skills	Does Independently	Does with Help	Unable to Perform
Balances on one-foot Right: _____ Left: _____			
Walks forward on line or low curb			
Walks backward on line or low curb			
Stands on Tip Toes			
Sit Unsupported			
Pulls to a standing position			
Stand Unsupported			
Walks Unsupported			
Stoops and Returns to standing with control			
Seats self in chair			
Eye/Hand, Eye/Foot (Ball Skills)	Does Independently	Does with Help	Unable to Perform
Toss small ball underhand			
Stops a rolling ball with body or hands (seated)			
Picks up object off the floor			
Kicks stationary ball			
Extends arms in preparation for catching			

Stops a rolling ball from a standing position			
Throws overhand			
Bounce catch playground ball			
Bats or strikes at objects			
Playground Skills	Does Independently	Does with Help	Unable to Perform
Climbs up/down playground apparatus			
Slide			
Swing (sit/beginning pump)			
Hang on bar or bars			

***Please complete the section below by answering Yes or No and fill in the answer:

1. Does the child participate in any community events/sports?	Yes	No
a. How often?		
2. What is the child's preferred physical activity?		
3. How often does the child go to the park?		
a. Do they play with other children?	Yes	No
b. Do they initiate play with others?	Yes	No
4. What are some of your main gross motor concerns at this time?		
a. Mobility Equipment?	Yes	No
b. Health Concerns?	Yes	No
c. Outside Services:	Yes	No

Completed by: _____

Please return to:

Nicole Lombardi-Risen

Adapted Physical Education Specialist

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(This is a fillable PDF. Please complete, save to your computer and email it back to me.)