



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 area of gross motor. Please answer the questions below using an "X" to indicate the highest level your child can complete. Remember, this is from your point of view. Thank you!

Mrs. Nicole Lombardi-Risen
APE Specialist KIN MS

Child's name:	Date:
DOB:	
PE Period:	
Case Carrier/Teacher:	
Parent(s) name:	
Email:	

Locomotor Skills (Click to check boxes)	Does Independently	Does with Help	Unable to Perform
Run Arms: Straight Bent Gait: Flat Heal Toe			
Jump Arms: Swing Feet: Together Apart			
Hop Prefer Foot: Left Right Stationary Moving Forward:			
Leap			
Slide Right: Left:			
Skip			
Walks up/down stairs Alt. steps			
Balance Skills (Click to check boxes)	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			
Eye/Hand, Eye/Foot (Ball Skills)	Does Independently	Does with Help	Unable to Perform
Throws overhand 8-10ft with step forward			
Underhand throws a ball 5-10ft with step forward			
Underhand rolls a ball forward 5-10ft with step			
Catches a small ball from 10-15ft away			
Bounce catch ball with self (1-2 hands)			
Dribbles a ball forward 8-10ft			
Kicks a stationary ball 10-15ft forward			
Kicks a ball slowly rolled, rolled towards them			
Bats or strikes at objects (hand, paddle or bat)			
Fitness: (Click to check boxes)	Does Independently	Does with Help	Unable to Perform
Engages and cooperates in sports/game/activities			
Follows simple aerobic activity with group			
Participates in cardio activities (walking running jogging bicycle riding)			
Can or starting to identify activities to increase personal fitness.			

1. Does your child participate in any community events/sports/Groups? Yes	No
a. How often?	
2. What is your child's preferred physical activity?	
3. How often and for how long is your child physical activity?	
4. Mobility Equipment? Yes	No
a. What are the concerns:	
5. Health Concerns? Yes	No
a. What are the concerns:	

Completed by: _____

Please return to:

Nicole Lombardi-Risen

Adapted Physical Education Specialist

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