

	PHYSICAL EDUCATION REFERRAL FORM FOR ADAPTED PHYSICAL EDUCATION SERVICES
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Student Name _____ Student ID # _____

Last First MI

School(s): _____	Date of Birth / /
Age _____ Grade: _____	

Classroom/Homeroom Teacher _____ Primary Language _____

Physical Education Teacher _____ Screening Date: _____

PART II: PRESENT LEVEL OF PERFORMANCE AND INTERVENTIONS:

Physical Education Grade: Quarter 1: _____ Quarter 2: _____ Quarter 3: _____ Quarter 4: _____ Not Applicable: ☐

Meeting Age/Grade Level Skills: ☐ Yes ☐ No

The check marks below express difficulty performing age appropriate level skills based on norms and curricular standards

Management and Structural Difficulties:

<input type="checkbox"/> Following 1 step directions	<input type="checkbox"/> Following the routine	<input type="checkbox"/> Attending to the task presented	<input type="checkbox"/> Processing instructions
<input type="checkbox"/> Engaging in Safe Behavior	<input type="checkbox"/> Following the rules	<input type="checkbox"/> Expressive communication	<input type="checkbox"/> Social interaction
<input type="checkbox"/> Staying in supervised area	<input type="checkbox"/> Transitioning	<input type="checkbox"/> Engaging in physical activity	<input type="checkbox"/> 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):

<input type="checkbox"/> Static Standing	<input type="checkbox"/> Walking	<input type="checkbox"/> Jumping	<input type="checkbox"/> Running	<input type="checkbox"/> Stand to Sit, Back to Stand
<input type="checkbox"/> Balance on Dominant Foot 5 Seconds	<input type="checkbox"/> Balance on Non-Dominant Foot 5 Seconds	<input type="checkbox"/> Hop on Dominant Foot	<input type="checkbox"/> Hop on Non-Dominant Foot	<input type="checkbox"/> Sliding
<input type="checkbox"/> Leaping	<input type="checkbox"/> Galloping	<input type="checkbox"/> Twisting	<input type="checkbox"/> Bending	<input type="checkbox"/> 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):

<input type="checkbox"/> Throw	<input type="checkbox"/> Catch	<input type="checkbox"/> Kick	<input type="checkbox"/> Toss (Underhand)	<input type="checkbox"/> Strike with Hand
<input type="checkbox"/> Strike with Short Implement		<input type="checkbox"/> Strike with Long Implement		

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)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Close proximity to teacher | <input type="checkbox"/> Use of visual aids | <input type="checkbox"/> Use of verbal cuing | <input type="checkbox"/> Use of graphic organizers |
| <input type="checkbox"/> Additional processing time | <input type="checkbox"/> Peer support/modeling | <input type="checkbox"/> Extended practice time | <input type="checkbox"/> Rephrase questions |
| <input type="checkbox"/> Instructional breakdown | <input type="checkbox"/> Personal schedule | <input type="checkbox"/> Use of assistive technology | <input type="checkbox"/> Repetition of directions |
| <input type="checkbox"/> Monitor independent work | <input type="checkbox"/> Frequent/Immediate feedback | <input type="checkbox"/> Check for understanding | <input type="checkbox"/> Transitional supports |

Other: _____

Social/Behavioral Support(s)

- | | | |
|--|---|---|
| <input type="checkbox"/> Positive reinforcers | <input type="checkbox"/> Strategies to initiate/sustain attention | <input type="checkbox"/> Frequent reminders of rules |
| <input type="checkbox"/> Advanced preparation | <input type="checkbox"/> Frequent eye-contact/close proximity | <input type="checkbox"/> Check for understanding |
| <input type="checkbox"/> Behavior contract | <input type="checkbox"/> Frequent change in activity | <input type="checkbox"/> Communicates with parents |
| <input type="checkbox"/> Provide manipulatives | <input type="checkbox"/> Provide sensory activities | <input type="checkbox"/> Communicates with education team members |

Other: _____

Physical/Environmental Support(s)

- | | |
|---|---|
| <input type="checkbox"/> Elevated structure | <input type="checkbox"/> Adjusted sensory input (i.e: light or sound) |
| <input type="checkbox"/> Modified activity environmental size or location | <input type="checkbox"/> Environmental aids (i.e: accoustics, heating, ventilation) |
| <input type="checkbox"/> Preferential seating | <input type="checkbox"/> 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

