

ORANGE COUNTY PUBLIC SCHOOLS
Screening Referral for Adapted Physical Education

Student _____ DOB _____ Grade _____ Date _____

Person(s) making referral _____ Position _____

School _____ Exceptional Education Program(s) _____

Amount of time in ESE classes _____ Amount of time in mainstream _____

Reason(s) for referral:

Yes / No

The student can:

- _____ Perform age appropriate locomotor skills (i.e. walk, run, gallop, slide, jump, hop, skip).
- _____ Name and move body parts on command of teacher.
- _____ Jump rope in a consistent and coordinated movement.
- _____ Cross body midline in eye-hand related activities.
- _____ Maintain proper balance in a variety of activities.
- _____ Imitate body posture and movement in non-locomotor activities (i.e. bend, twist, mirror).
- _____ Perform adequate eye-hand coordination skills in gross motor activities (i.e. throw, catch, track moving objects, strike).
- _____ Catch balls of different sizes that are either thrown or bounced to him / her.

The student :

- _____ Often confuses left and right sides of his / her body during gross motor activities.
- _____ Often confuses vertical and horizontal directions during gross motor activities.
- _____ Bumps into things; has poor spatial awareness.
- _____ Tires very easily after brief activity.
- _____ Has very limited attention span during gross motor activities.
- _____ Avoids touch and responds negatively to physical contact.
- _____ Has medical and / or health related impairments. (Explain) _____
- _____ Medical reports available.
- _____ Has skill limitations due to orthopedic impairment.
- _____ Is in a mainstreamed physical education program.

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