

ORANGE COUNTY PUBLIC SCHOOLS
Screening Referral for Adapted Physical Education

Check all that apply below.

Health / Medical Related Problems:

Seizures _____ Heart problems _____ Hyperactive _____ Blood pressure _____ Diabetes _____ Deaf _____

Blind _____ Cerebral palsy _____ Other (explain) _____

Comments: _____

Behavioral Characteristics:

Cooperates with peers / teachers _____ Self-stimulatory _____ Withdrawn / shy _____ Self-abusive _____

Aggressive / hits others _____ Wanders / runs away _____ Other (explain) _____

Describe specific discipline problems: _____

Is there a behavior management plan included as part of the IEP? Yes _____ No _____

Method of communication:

Verbal _____ Non-verbal _____ Sign language _____ Speech output device _____ Picture board _____

Other (explain) _____

Language: English _____ Spanish _____ Other (explain) _____

Special Needs:

Wheelchair _____ Walker / braces _____ Crutches _____ Protective helmet _____ Hearing aide _____

Corrective eyeglasses _____ Catheterization _____ Other (explain) _____

Current physical education program:

Class length _____ Class size _____ Number of classes per week _____

Specific difficulties in regular physical education class _____

Signature of referring teacher