

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

ADAPTIVE PHYSICAL EDUCATION REFERRAL FORM

Retain Copy for File - Attach all required supporting documentation and evidence.

Complete ALL sections, (please do not use pencil) , then send Referral to the Director, Special Education Office, Box 760, 620 Industrial, Goddard, KS, 67052.

STUDENT'S LEGAL NAME: _____ STUDENT'S PREFERRED NAME: _____
First MI Last

STUDENT'S SOCIAL SECURITY #: _____ BIRTHDATE: _____ AGE: _____ SEX: _____

SCHOOL: _____ TEACHER: _____ GRADE: _____

PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

The following section should be filled out by the student's Physical Education Teacher.

(Please circle the most appropriate response)

GROSS MOTOR PERFORMANCE OBSERVATIONS: ALWAYS (3) SOMETIMES (2) NEVER (1)

- 1. Child falls easily or often.....3.....2.....1
2. Clumsiness in walking, running, use of stairs, etc.....3.....2.....1
3. Cannot perform gross motor skills as expected for age.....3.....2.....1
4. Child appears to be weak; fatigues easily3.....2.....1
5. Child moves stiffly, rigid or tense movements.....3.....2.....1
6. Poor rhythmical response3.....2.....1
7. Difficulty with ball skills, catching, throwing, kicking.....3.....2.....1
8. Difficulty with gymnastic activities, stunts, and tumbling.....3.....2.....1

BEHAVIORS WHICH MAY BE ASSOCIATED WITH MOTOR PROBLEMS

- 1. Moves impulsively with little judgment3.....2.....1
2. Runs into persons or things.....3.....2.....1
3. Avoids certain motor activities.....3.....2.....1
4. Poor attention, easily distracted.....3.....2.....1
5. Very restless and active (excessive for age).....3.....2.....1
6. Difficulty in remembering movement sequences3.....2.....1
7. Difficulty following motor directions.....3.....2.....1
8. Compensates or covers motor failures with silliness or other inappropriate behavior3.....2.....1
9. Seems to need to feel or touch things before reacting.....3.....2.....1
10. Over reacts to touch or physical contact, may hit out or withdraw.....3.....2.....1
11. Inappropriate behaviors or social interactions while participating in team activities.....3.....2.....1
12. Made fun of by classmates.....3.....2.....1

FORMAL SCREENING

(Check appropriate column)

- 1. Leg, arm, and abdominal strength
- 2. Muscular and cardiovascular endurance
- 3. Back and hip flexibility
- 4. Static balance, with eyes open and closed (stationary on one or two feet)
- 5. Dynamic balance (Walk, run, gallop, skip, jump, hop and leap)
- 6. Ocular control (ability to visually fixate on stationary and moving objects, and perceive location of objects in space)
- 7. Perceptual motor skills (including body awareness, body side, space awareness, and tempo awareness)
- 8. Hand-eye coordination
- 9. Foot-eye coordination
- 10. Agility
- 11. Posture

GOOD	FAIR	POOR

Reasons for Referral (Presenting Problems): _____

Referring Person's Signature: _____

Date: _____