

Please complete and return to \_\_\_\_\_ by \_\_\_\_\_. Thanks

**SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE**

**INFORMAL PHYSICAL EDUCATIONAL SCREENING FORM**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Does the student have adequate locomotor and object control skills? Yes \_\_\_\_\_ No \_\_\_\_\_

Should a formal screening be scheduled? Yes \_\_\_\_\_ No \_\_\_\_\_

If skills are not adequate please complete the items below:

<u>AREA TO SCREEN</u>	<u>YES</u>	<u>NO</u>	<u>AREA TO SCREEN</u>	<u>YES</u>	<u>NO</u>
Does the student have difficulty following directions?	_____	_____	<u>LOCOMOTOR SKILLS</u> (can they perform)		
Can the student stay on-task without frequent monitoring?	_____	_____	Running	_____	_____
Does the student display confusion about the rules or strategies?	_____	_____	Skipping	_____	_____
Does the student display inappropriate behavior or reactions?	_____	_____	Galloping	_____	_____
Does the student display a tendency to stumble and/or fall?	_____	_____	Hop on one foot	_____	_____
Does the student shy away from thrown balls?	_____	_____	Jumping	_____	_____
Can the student balance on one foot?	_____	_____	<u>OBJECT CONTROL SKILLS</u>	_____	_____
			Catch	_____	_____
			Throw	_____	_____
			Kick a moving ball	_____	_____
			Bounce/Dribble	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Position of Observer \_\_\_\_\_ Date \_\_\_\_\_