

# Otsego Northern Catskills BOCES

## Itinerant and Related Services



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### ADAPTIVE PHYSICAL EDUCATION EVALUATION REFERRAL FORM

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  
Student: \_\_\_\_\_ Gender: \_\_\_\_\_  
School District: \_\_\_\_\_ Parents: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Address: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Grade: \_\_\_\_\_ Phone: \_\_\_\_\_  
PE Teacher: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Person to Contact to Setup Eval/Student Availability: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

Place an **X** before all items which seem to describe characteristics of the student in question, given your knowledge of the student's performance

When a large number of indicators are exhibited by a student and it is suspected that these delays are interfering with their ability to perform safely and successfully in the regular physical education classroom, then an Adaptive Physical Education referral is indicated.

#### I. Muscle Strength, Endurance, Flexibility

- Tires easily; unable to keep up with peers
- Able to hold self up in pushup position
- Able to do a bent knee sit-up
- Improper arm swing when walking/running
- Can't touch toes with knees straight

Comments:

#### II. Coordination of Body/Object Movement

- When walking:
- shuffles feet
  - slaps feet
  - walks on toes
  - looks stiff

Comments:

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### II. Coordination of Body/Object Movement (Cntd.)

Comments:

- Poor rhythm when moving (looks awkward/clumsy)
- Continuously shifts position (e.g., can't sit/stand still)
- Difficulty maintaining balance
- Difficulty maintaining balance on one foot

- Unable to:
- walk backward
  - run backward
  - gallop smoothly
  - slide laterally
  - skip smoothly
  - perform jumping jacks
  - catch an 8" foam ball
  - kick a stationary ball
  - kick a moving ball

### III. Motor Planning - planning how to complete a new motor task from verbal direction; requires conceptualizing, planning, and executing the task.

Comments:

- When a new task is presented, watches others first
- Very uncoordinated with new/unfamiliar tasks
- Avoids new tasks or asks for help without trying first
- Appears to understand concept but has difficulty carrying out task to completion (i.e., following directions)
- Chooses familiar activities without self-initiated exploration of new activities; may persevere
- Difficulty transitioning over changes in surfaces (e.g., outdoors)

### IV. Body Organization - ability to internally organize inputs from the environment.

#### A. Sensory

Comments:

- Can not filter out trivial visual or auditory stimuli from pertinent, especially in PE class
- Doesn't like to be touched
- Needs/wants excessive touching/cuddling/holding
- Seems to avoid balancing activities
- Doesn't like to climb playground equipment (being off the ground)

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## IV. Body Organization (cntd.)

### B. Attention

Comments:

- Easily distracted/excitable
- Wants to leave situations which are difficult/stressful/frustrating
- Seems to understand directions, but can't complete task
- Seems impulsive

### C. Body/Spatial Awareness - knowledge of where the body is in space and in relation to other things in the environment

Comments:

- Doesn't know body parts
- Bumps into objects/others as moves around room
- Frequently falls down, trips, steps on peers
- Unaware of safety concerns for self and others
- Unable to keep up with game play

Additional comments (inc. any relevant information not given above such as fine motor or perceptual difficulties):

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Are you aware of any medical or health problems?

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Should I be aware of any medical or health related problems before evaluating this student?

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Note: Evaluation cannot be performed without parent consent.

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## ADAPTIVE PHYSICAL EDUCATION PARENT CONSENT FORM

Student Name: \_\_\_\_\_

Please place an **X** in the appropriate box.

Yes,  
I give you permission to do an Adaptive Physical Education evaluation of  
my child and to speak to his/her teachers.

No,  
I do not give you permission to do an Adaptive Physical Education  
evaluation of my child.

Please sign and date. Thank you.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_