

Appendix B

CHECKLISTS FOR REFERRAL AND INTRODUCTION

ADAPTED PHYSICAL EDUCATION PRE-REFERRAL CHECKLIST

Request for motor observation or consultation of the Adapted Physical Education Specialist may be initiated by a parent, teacher, nurse, or other concerned school staff member.

Date of Request: _____ Referred by: _____
 Student's Name: _____ Birth date: _____ Grade: _____
 School: _____ Teacher: _____ Room #: _____
 Parent or Legal Guardian: _____
 Home Address: _____
 Telephone #: (Home) _____ (Work) _____
 Language Spoken at Home: _____
 Recess/Lunch Times: _____ PE Days & Times: _____

Reason for Referral/ Specify Areas of Concern: _____

Specify Pertinent Medical Information (if any): _____

Does the student receive any other Special Education Services?: Yes _____ No _____
 Which Services?: _____

Difficulty in performing the various motor skills listed below **MAY** indicate a need for Adapted Physical Education services. Please check all that apply in accordance to the grade level physical education standards and as observed in physical education lessons as well as free play opportunities (recess).

SKILL	CAN	MOST OF THE TIME	OFTEN	SOME OF THE TIME	CANNOT
Balance on one foot (2 Sec. Min.)					
Hop					
Jump					
Skip					
Gallop					
Slide					
Run					
Bounce and catch to self					
Dribble a ball with hands					
Catch a ball with hands					
Throw a ball 15 feet					
Kick a stationary ball					
Kick a rolled ball					
Hit a ball off a batting "T"					
Jump rope turned by others					
Turn own jump rope					
Falls excessively					
Awkward and clumsy when moving					

Please return this completed form to the Adapted Physical Education Specialist at your school or district office. Receipt of form will be acknowledged via appropriate line of communication. (E-mail)



**Los Angeles County
Office of Education**

**Division of Special Education
Request for Psychomotor Observation
or Consultation**

This request may be initiated by a parent, teacher, nurse, or other concerned school staff member. The school study team is responsible for exploring all available services within the school setting, including modifications in the regular program.

NAME OF PUPIL (LAST, FIRST MIDDLE INITIAL)		PUPIL'S SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (MO/DAY/YR)
FIRST AND LAST NAME OF PARENT OR LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()	
ADDRESS OF PARENT OR LEGAL GUARDIAN (NUMBER, STREET, APT. NO., CITY, STATE, ZIP CODE)				
LANGUAGE(S) SPOKEN IN HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)				

PUPIL'S SCHOOL	
NAME OF SCHOOL	DISTRICT OF RESIDENCE
ROOM NO.	FIRST AND LAST NAME OF TEACHER
	TELEPHONE NUMBER OF SCHOOL ()

REQUEST
SPECIFY PERTINENT MEDICAL INFORMATION
SPECIFY AREAS OF CONCERN

List Attempted Interventions and Modifications of Regular Programs	Results of Attempted Interventions	Date
1.		
2.		
3.		

List Additional Recommended Interventions	Results of Additional Interventions	Date
1.		
2.		
3.		

Request consultation and/or observation by adapted physical education specialist.

PRINT NAME OF PERSON INITIATING REQUEST		POSITION OF INITIATOR	
TELEPHONE NUMBER OF INITIATOR ()	SIGNATURE OF PERSON INITIATING REQUEST	DATE SIGNED	

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INTER-OFFICE CORRESPONDENCE
Los Angeles Unified School District
Related Services Department

TO: , Principal
, APEIS
, Teacher(s)
, Office Staff

DATE:

FROM:
Adapted Physical Education Specialist

SUBJECT: ADAPTED PHYSICAL EDUCATION SERVICES (School Year)

Hello! My name is xxxxxx and I am assigned to provide school-based Adapted Physical Education (APE) services for the students at your school. I am looking forward to working with you this year.

My scheduled days at your school are:

Day	Time	Class/Group	Location

My voice mail number is _____ x. _____, my cell phone number is _____ and my email address is: _____. Please contact me if you have any questions regarding APE, including the provision of APE services, assessments or upcoming IEP meetings. I check my voicemail on a daily basis and return messages within 24 hours. Please understand that I have other schools on my schedule and will do my best to meet your needs. I am happy to assist you in order to provide quality services for all students. In the event I cannot be reached please contact the APE program office at _____.

Since the procedure for the Informal Dispute Resolution (IDR) has been realigned with IDEA. 2004 and is consistent with the goals of the Modified Consent Decree (MCD), I anticipate working closely with you and your staff to find mutually agreeable solutions to meet the needs of your students. When requested, I will make every effort to meet with your school staff and parents during the resolution period, where schools will have the opportunity to resolve cases at a local level prior to going to a formal due process proceeding. Please contact me prior to the resolution meeting in order to review all records and pertinent information.

I anticipate good things this school year!
Again, please do not hesitate to contact me if you have any questions regarding Adapted Physical Education.