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).

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

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  Other (specify)

☐ English  ☐ Spanish

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

Form No. 301-617 Rev. 2/94  DISTRIBUTION: Original – Adapted Physical Education Specialist; Canary Copy – Requestor; Pink Copy – As Needed

Note: All statutory citations apply to the California Education Code unless otherwise stated.

ADAPTED PHYSICAL EDUCATION GUIDELINES
Psychomotor Observation — Recommendations

See Form No. 301-617, Request for Psychomotor Observation or Consultation.

NAME OF STUDENT (PRINT LAST NAME, FIRST) | CHRON AGE | BIRTHDATE (MONTHDAYYEAR) | NAME OF SCHOOL |

PRINT NAME OF ADAPTED PHYSICAL EDUCATION SPECIALIST | TELEPHONE NUMBER OF SPECIALIST | DATE OF OBSERVATION (MONTHDAYYEAR) |

SPECIALIST'S IMPRESSIONS/COMMENTS ON STUDENT'S PERFORMANCE

Recommendation:
The teacher and/or specialist welcomes the opportunity to discuss any concern or question regarding the following information.

CHECK APPROPRIATE BOX IF NONE, THEN:

☐ Regular Physical Education Placement
☐ Regular Physical Education with Modifications
☐ Specially Designed Physical Education Instruction
☐ Adapted Physical Education Referral Recommended.

COMMENTS

SIGNATURE OF ADAPTED PHYSICAL EDUCATION SPECIALIST | DATE SIGNED

Form No. 301-619 Rev. 2/94 DISTRIBUTION: Original - Adapted Physical Education Specialist; Canary Copy - Requestor; Pink Copy - As Needed

Note: All statutory citations apply to the California Education Code unless otherwise stated.

ADAPTED PHYSICAL EDUCATION GUIDELINES
INTER-OFFICE CORRESPONDENCE
Los Angeles Unified School District
Related Services Department

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

FROM: Adapted Physical Education Specialist

DATE:

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:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Class/Group</th>
<th>Location</th>
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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.

Note: All statutory citations apply to the California Education Code unless otherwise stated.
ADAPTED PHYSICAL EDUCATION GUIDELINES

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