



Northwest Suburban Special Educational Organization
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TEACHER CHECKLIST FOR ADAPTED PHYSICAL EDUCATION REFERRAL

Student Name: _____ Date: _____
PE Teacher: _____
PE Days/Times: _____
Teacher: _____
District/School: _____

This checklist should be completed and included with ALL referrals for APE evaluations. It is important to note that APE teachers assess motor components, rather than attention, language, distractibility, and/or behavior concerns. Please answer the following questions to provide us as much information as possible about the student.

Is the student receiving any special education services, (i.e., OT, PT, Speech, LD resource, BIP, etc.)? YES NO

If YES, please identify services:

Does the child have a medical diagnosis? YES NO

If YES, please explain:

Does the child use any assistive devices? YES NO

If YES, please explain:

Are there any medical restrictions or other factors which may interfere with development and education performance (i.e., seizures, etc.)? YES NO

If YES, please explain:

Please check all areas in which the student demonstrates difficulties:

LOCOMOTOR:

Walk Run Gallop Skip Hop Horizontal Jump
 Slide

Please describe or expand on these items:

OBJECT CONTROL:

Two Hand Strike One Hand Strike Overhand Throw Underhand Throw
Catch Bounce Stationary Dribble Kick

Please describe or expand on these items:

SPATIAL AWARENESS/MOTOR PLANNING:

Difficulty identifying body parts Poor understanding of directional concepts; up, down, under, over, etc. Difficulty planning/following a sequence of movements

Please describe or expand on these items:

Additional Comments (optional):