

Davis School District
Adapted PE Intervention and Request for Evaluation Form

Student: _____ School: _____ Grade: _____ (K am pm)

Parent Name: _____ Teacher: _____ Track: _____

Parent Phone: _____ Person Referring /Email: _____

Medical Diagnosis and/or Classification: _____ No Diagnosis

Reason for Referral:

Pre-referral Interventions: *(Must be skill based, not behavior based.)*

Each student that is referred for Adapted PE Evaluation needs to have at least two documented intervention strategies attempted. Listed below are some ideas / suggestions for interventions: (Three week intervention trial suggested.)

<u>Intervention</u>	<u>Date Started</u>	<u>Date Ended</u>	<u>Effective</u>
Provide a model	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place student near teacher	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modify equipment	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simplify instruction	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modify distance / duration	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Data / Documentation to Support Referral:

Current IEP: Yes No **Permission to Test:** Yes No **New to School:** Yes No
 (With Motor box checked)

The school education team recommends that an Adapted PE evaluation be completed.

 Signature of LEA

 Date

Thank you for your time and information.
 Please give Referral to the school Adapted PE Teacher.