

Davis School District

Adapted PE Intervention and Request for Evaluation Form

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

Teacher: _____ Track: _____

Completed By: _____ Permission to test: Yes No

Does student have: PT OT Both

Current IEP: Yes No New to School: Yes No

Please check all areas of concern:

___ **Delay in Object Control skills** (moving or receiving objects with accuracy and control. Ex: throwing, kicking, dribbling etc.)

___ **Delay in Locomotor skills** (Skills that involve moving the body from one location to another. Ex: Jumping, hopping, galloping etc.)

___ **Psychomotor, Cognitive, and affective factors** (Unable to understand cause and affect, low capacity for voluntary movement, and ability to interact with another person is low)

Other (Please describe) _____

Please use the following table during the two-week data collection period. Try at least 2-3 interventions for area of concern.

0	Remained at baseline
1	Slightly increased Proficiency
2	Moderately Increased Proficiency
3	Significantly Increased Proficiency

Interventions	Date Start	Date End	Scale (Circle one)	Comments
Provide a model			0 1 2 3	
Place student near teacher			0 1 2 3	
Modify equipment			0 1 2 3	
Simplify instruction			0 1 2 3	
Modify distance / duration			0 1 2 3	
Precision requests			0 1 2 3	
Reward System			0 1 2 3	
Other			0 1 2 3	
Other			0 1 2 3	

Please tell us more about the student by checking all that apply:

- | | | | |
|--------------------------------|------------------|-----------------------|-----------------|
| ___ Disorganized | ___ Talk Outs | ___ Easily Distracted | ___ Withdrawn |
| ___ Social Concerns | ___ Noncompliant | ___ Over stimulated | ___ Inattentive |
| ___ Difficulty Staying on Task | ___ Aggression | ___ Impulsive | |

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