APPENDIX B

CHECKLISTS FOR REFERRAL

ADAPTED PHYSICAL EDUCATION REFERRAL CHECK LIST

Alum Rock Unified School District – used by permission

Student's Name: _____ Birthdate: _____
Referrer: _____ School: _____ Date: _____

Some students in regular class find it difficult or impossible to safely and successfully participate in regular physical education. In referring this student, please consider the symptoms listed below and give us your impressions. This list is a "help tool."

SYMPTOMS: KINDERGARTEN-UP

- ☐ Can't identify body parts
- ☐ Stiff and awkward
- ☐ Turns head away when catching ball
- ☐ Poor posture
- ☐ Preservation
- ☐ Bumps into things; clumsy
- ☐ Has trouble crossing midline of body
- ☐ Trouble with sequencing
- ☐ Fears heights
- ☐ Can't hop, gallop, skip; one foot only
- ☐ Trouble changing body high-low, prone-supine, moving arms while legs still. (i.e., "seal crawl")
- ☐ Trouble making simple catches, throws, kicks, strikes with ball
- ☐ Confused when climbing over-under, up-down, in-out, through objects
- ☐ Easily out of breath
- ☐ Poor timing and rhythm
- ☐ Misjudges distance
- ☐ Tactile defensive
- ☐ Poor balance
- ☐ Constantly misunderstands verbal directions

SYMPTOMS: GRADE 1-UP

- ☐ Can't stay between lines on playground; no directionality
- ☐ Awkward use of arms during locomotor movement
- ☐ Can't jump two feet together on take-off and land
- ☐ Can't hop-gallop-skip: either foot
- ☐ Can't tie shoes

SYMPTOMS: GRADE 2-UP

- ☐ Runs with disjointed, non-rhythmical pattern
- ☐ Avoids partner activities
- ☐ Increasingly reluctant in playground participation
- ☐ Left-right confusion
- ☐ Obese
- ☐ Can't jump over one foot-high obstacle using two feet together
- ☐ Dislikes competition

SYMPTOMS: GRADE 3-UP

- ☐ Letter reversals
- ☐ Can't balance on one leg with eyes closed
- ☐ Awkward in climbs-vaults-jumps over objects
- ☐ Can't jump rope using both feet simultaneously
- ☐ Uses bilateral throwing (both hands)

SYMPTOMS: GRADE 4-UP

- ☐ Trouble with sequencing, sorting, discriminating in paperwork
- ☐ Inability to increase endurance, strength, other physical skills
- ☐ Shows immature movement skills
- ☐ Can't shift side-to-side, stop-start, change directions, pivot
- ☐ Inability to participate in small group (10-15) activities

SYMPTOMS: GRADE 5-UP

- ☐ Avoids large group activities, playground-social-sports competition
- ☐ No increase in efficiency of skills, physical abilities, creative movement
- ☐ Poor sports skills, lacks eye-hand and foot skills

SYMPTOMS: MIDDLE SCHOOL STUDENTS

- ☐ Failure of CAHPERD, AAHPERD fitness, or health-related symptoms
- ☐ Any of K-5 symptoms
- ☐ Medically impossible to participate in regular programs

COMMENTS:

_____
_____
_____
_____
_____
_____

TO BE COMPLETED BY APE SPECIALIST

Date received:_____
Specialist name_____

Modifications Recommended: Date: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

LOCOMOTOR SKILLS

Azusa Unified School District, Teresa Tonner
Used by permission

Dates:

Pre-teaching _____
Post-teaching _____

− Below age expectancy
√ Age appropriate
+ Above age expectancy
A Absent

Student	Walking	Running	Galloping	Jumping	Hopping	Skipping

MOTOR SKILLS SCREENING CHECKLIST
(Elementary Level)

Name: _____ Date: _____
BD: _____ Grade: _____
Teacher: _____ Room #: _____
PE days and times: _____
Other services: _____
Any pertinent medical information (allergies, asthma, heart condition, etc.): _____
_____

Please check appropriate box. Give as complete a description of gross motor skills as possible. Include detailed comments. Put completed form in APE Specialist's box or return to our office at RH Dana ENF. If you have any questions, please call 496-6151.

GROSS MOTOR SKILLS	Yes	Yes but with some difficulty	No	Comments
LOCOMOTOR SKILLS-"Can the student…"				
1. Gallop with either foot leading?				
2. Jump landing on two feet evenly? How many consecutive jumps? (Use comment column)				
3. Hop on one foot? How many times?				
BALL SKILLS-"Can the student…"				
1. Throw a small ball overhand stepping with opposite foot?				
2. Catch a playground ball using only bounced and/or thrown from 10 feet away?				
3. Dribble a playground ball with one hand with control?				
4. Kick a rolled playground ball?				
BALANCE- "Can the student…"				
1. Balance on one foot? How many seconds?				
2. Walk forward and backward on a straight line (minimum of six steps)?				
PLEASE ANSWER THE FOLLOWING QUESTIONS:				
1. Does the student participate in recess activities?				
2. Does the student participate in physical education activities?				
3. Does the student access the playground and playground equipment safely?				
4. Is the student able to follow directions, stay with the group, take turns, etc.?				

Please list INTERVENTIONS previously tried:_____
_____
_____
_____

MOTOR SKILLS SCREENING CHECKLIST
(Elementary Level)

Name: _____ Date: _____
BD: _____ Grade: _____
Teacher: _____ Room #: _____
PE days and times: _____
Other services: _____
Any pertinent medical information (allergies, asthma, heart condition, etc.): _____

Please check appropriate box. Give as complete a description of gross motor skills as possible. Include detailed comments. Be sure to use the back of this form for student samples. Put completed form in APE Specialist's box or return to our office at RH Dana ENF. If you have any questions, please call 496-6151.

FINE MOTOR SKILLS	Yes	Yes but with some difficulty	No	Comments
MANIPULATIVES-"Can the student…"				
1. Fold paper in half? Diagonally? Corners touching?				
2. Place paper clips on paper?				
3. Unscrew and screw a jar lid?				
4. Open a door (turning handle or knob)?				
5. Touch all fingers to thumb in sequences? Both hands?				
6. Use pincher grasp to pick up small objects with thumb and index finger?				
CUTTING- "Can the student…"				
1. Hold scissors correctly?				
2. Cut out a 3" square? Cut out a 3" circle?				
3. Use the opposite hand to hold and turn paper while cutting?				
COLORING/WRITING- "Can the student…"				
1. Color within the lines?				
2. Draw a person? (Use the back for student drawing. Encourage student to use as many body parts as possible.)				
3. Copy the basic shapes of square & triangle (use the back for student sample)?				
4. Print/write their name? (Use the back for student sample on defined lines.)				
5. Demonstrate the correct pencil grasp? (If not, describe grasp in comment section.)				
ORGANIZATIONAL SKILLS- "Can or does the student…"				
1. Keep classroom materials in organized manner for easy access?				
2. Stay in their seat with adequate postural control?				
3. Use regular classroom materials such as glue, markers, etc.?				
4. Have the strength to perform motoric tasks?				

Please list INTERVENTIONS previously tried:_____

MOTOR SKILLS SCREENING CHECKLIST
(Secondary Level)

Name: _____ Date: _____
BD: _____ Grade: _____
Teacher: _____ Room #: _____
PE days and times: _____
Other services: _____
Any pertinent medical information (allergies, asthma, heart condition, etc.): _____
_____

On this form are some skills and behaviors that will help you identify a student who may need assessment and then may qualify for Adapted Physical Education services. Based on the results of this screening, if further testing is needed, an assessment plan will be initiated. Please check appropriate box. Give as complete a description of skills as possible. Include detailed comments. Put completed forming APE Specialist's box or return to our office at RH Dana ENF. If you have any questions, please call 496-6151.

SECONDARY SKILLS	Yes	Yes but with some difficulty	No	Comments
MOTOR SKILLS AND PARTICIPATION SKILLS- "Can or does the student…"				
1. Throw, catch, dribble, strike and kick a variety of different size and types of balls with partner or in a group situation?				
2. Perform the physical fitness test items?				
3. Understand simple rules for team sports and activities and appropriate scoring procedures for each?				
4. Show effort and cooperation to participate in all activities to the best of his/her abilities?				
5. Initiate participation in independent movement activities?				
6. Participate safely in activities?				
7. Demonstrate good sportsmanship? (cooperation w/ partner, cooperation in a team activity w/ teammates? Use comment column.)				
PERSONAL RESPONSIBILITY AND INDEPENDENCE- "Can or does the student…"				
1. Use the locker and combination lock without assistance? (combination lock, modified lock type? Please use comment column)				
2. Dress out in the allotted time?				
3. Maintain personal hygiene independently?				
4. Maintain a clean uniform?				
5. Have excessive tardiness, non-suits, or absences?				
6. Follow directions and stay with group (verbally making request or response)?				
7. Ask for help when needed?				

Please list INTERVENTIONS previously tried: _____
_____

San Bernardino County Superintendent of School
Adapted Physical Education-Screening Checklist
Desert Mountain Area

Preschool

This tool is to be used by the preschool teacher for students with suspected gross motor difficulties of intake person when children are transitioning into a preschool program from a Family Infant Program. If a student doesn't fall within a referral score consult with the A.P.E. Specialist for gross motor interventions and or strategies.

NAME_____DOB_____AGE_____SEX_____
DISTRICT_____SCHOOL_____TEACHER_____
PARENT'S NAMES_____ ADDRESS_____ PHONE_____
ADDITIONAL COMMENTS, STUDENT BACKGROUND AND/OR MEDICAL INFORMATION:
_____
_____

TEST DIRECTIONS: Score one (1) for pass; Zero (0) for unable to perform.

GROSS MOTOR

1. Steps off low object _____
2. Jumps down off low object _____
3. Jumps in place _____
4. Stand on one foot 1-2 sec _____
5. Runs 10 feet or more _____
6. Ascends steps with rail or support _____
7. Descends steps with rail of support _____
8. Seats self in chair _____
9. Pedals Tricycle _____
10. Climbs on playground equipment _____

OBJECT CONTROL

11. Stops rolling ball _____
12. Traps bounced ball _____
13. Traps tossed ball _____
14. Throws ball of bean bag _____
15. Kicks playground ball _____

TOTAL _____

SCORING:

3 years old	scores 5 or less	qualifies for referral
	scores 6 or more	observe student further
4 years old	scores 7 or less	qualifies for referral
	scores 8 or more	observe student further
5 years old	scores 9 or less	qualifies for referral
	scores 10 or more	observe student further

San Bernardino County Superintendent of School
Adapted Physical Education-Screening Checklist
Desert Mountain Area

Junior/High School Screen

This screening checklist is to serve as an aid in identifying students who are experiencing difficulty in fine and gross motor movements. The items used in this list are developmentally appropriate for the age groups represented.

NAME_____DOB_____AGE_____SEX_____
DISTRICT_____SCHOOL_____TEACHER_____
PARENT'S NAMES_____ ADDRESS_____ PHONE_____
MEDICAL HISTORY ATTACHED? YES_____ NO_____
EXAMINER'S NAME AND TITLE_____

TEST DIRECTIONS: Be sure that the student clearly understands the directions. Ability or inability to perform should be based upon the physical performance rather than comprehensive of the directions. Check one of the spaces located to the right of each item. Demonstrate of have another student demonstrate the item, unless otherwise directed.

	YES	NO
1. Can run 75 feet without falling.	____	____
2. Can walk forward on a straight line 5 steps without stepping of the line	____	____
3. Can balance on preferred foot 2-3 seconds.	____	____
4. Can jump in place 3 consecutive times	____	____
5. Can kick a stationary playground ball in the direction of a partner	____	____
6. Can dribble a ball 3 times using one hand	____	____
7. Can catch a playground ball using both hands	____	____
8. Can throw a tennis ball overhand to a partner 15-20 feet away	____	____
9. Can strike a ball pitched to him/her from 8-10 feet away.	____	____

Additional comments, student background and/or medical information that would assist the Adapted Physical Education Specialist.

An Adapted Physical Education assessment is referred if the student scores two or more "No's" on the screen.

San Bernardino County Superintendent of School
Adapted Physical Education-Screening Checklist
Desert Mountain Area

K-6

This screening checklist is to serve as an aid in identifying students who are experiencing difficulty in fine and gross motor movements. The items used in this list are developmentally appropriate for the age groups represented.

NAME_____DOB_____AGE_____SEX_____
DISTRICT_____SCHOOL_____TEACHER_____
PARENTS NAMES_____ ADDRESS_____PHONE_____
MEDICAL HISTORY ATTACHED? YES_____ NO_____
EXAMINER'S NAME AND TITLE_____

SCREEN DIRECTIONS: Be sure that the student clearly understands the directions. Ability or inability to perform should be based upon the physical performance rather than comprehension of the directions. Check one of the spaces located to the right of each item. Demonstrate or have another student demonstrate the item, unless otherwise directed.

GRADES K-3	YES	NO
1. Can run 10 feet without falling.	____	____
2. Can walk forward on a straight line 4 steps without stepping off the line	____	____
3. Can balance on preferred foot 1-2 seconds	____	____
4. Can jump in place	____	____
5. Can kick a stationary playground ball in the direction of a partner	____	____
6. Can bounce and catch a playground ball with both hands	____	____
7. Can catch a playground ball using both hands	____	____
8. Can toss a playground ball underhand to a partner	____	____

GRADES 4-6		
9. Can walk forward and backward heel to toe across a straight line	____	____
10. Can balance on one foot with arms folded in front	____	____
11. Can hop on right foot and left foot for 3 consecutive times	____	____
12. Can skip, alternating feet	____	____
13. Can kick a rolled playground ball in direction of a partner	____	____
14. Can dribble a playground ball 3 times using one hand	____	____
15. Can catch a tennis ball, tossed underhand from 8 feet away	____	____
16. Can throw a tennis ball overhand to a partner	____	____

Additional comments, student background and/or medical information that would assist the Adapted Physical Education Specialist.

A student should be referred for an Adapted Physical Education assessment if the following criteria apply:

Years of Age	Grade	Number of "No's" Checked
5	K	4 or more
6	1st	3 or more
7	2nd	2 or more
8	3rd	1 or more
9	4th	4 or more
10	5th	2 or more
11	6th	2 or more

If your student qualifies for an Adapted Physical Education Assessment, please follow the appropriate referral procedures for your district, as directed by your principal.