SCHOOL DISTRICT

ADAPTED PHYSICAL EDUCATION REPORT

**CONFIDENTIAL INFORMATION**

PREPARED BY: CASE MANAGER:

STUDENT: PARENTS/GUARDIANS:

GRADE: GENDER: AGE:

PRIMARY DISABILITY: SECONDARY DISABILITY:

**REASON FOR MEETING**: (triennial/annual)

**RELEVANT BACKGROUND INFORMATION**: (how long has student been receiving APE services? Do they participate in any sports? Have they had success in reaching previous goals? Did they have heart surgery last year? Etc..)

**MEDICAL DIAGNOSIS & CONCERNS:** (noting medical concerns that effect physical education is very important and very often not mentioned. Verify with parents during meeting that there are no medical concerns)

**ASSESSMENT RESULTS: Fill in all areas (formal and informal)**

Teacher Collaboration: (what does classroom teacher say about students participation in physical education when you are not there? Does student play at recess? What is their behavior?)

Observation: (Observe student at recess, do they engage in play with others without being prompted? Can they access play equipment? Observe during physical education when you are not providing APE service minutes)

Review of Records: (what do past IEP’s say about student. Have their past goals been appropriate?)

Standardized assessments: (choose 2 that are relevant to chronological age. Ex. TGMD-2, Brockport, APEAS II, )

**RECOMMENDATION OF SERVICES:**  Based off of teacher collaboration, observation, review of records and standardized assessment it is recommended that the IEP team consider Adapted Physical Education services at a rate of ? minutes, ? times a year/week/month to work on ?