**Randolph County School System**

**Adapted Physical Education Evaluation**

**Child’s Name: Date of Evaluation: DOB:**

**Age at Evaluation: School: Grade:**

**Referral Information and History (who referred, who completed evaluation, medical concerns, developmental history if appropriate, ambulation method, communication method, reinforcers)**

**Briefly describe each of the following about this student including safety in each area:**

**Physical Fitness: (refer to Physical Fitness section of the Evaluation Worksheet)**

**Gross Motor Skills: (refer to Gross Motor Skills section of the Evaluation Worksheet)**

**Transition to and from Physical Education:** **(refer to Transition section of the Evaluation Worksheet)**

**Responding to Teacher: (refer to Responding to Teacher section of the Evaluation Worksheet)**

**Relating to Peers and Equipment: (refer to Relating to Peers and Equipment section of the Evaluation Worksheet)**

**Effort and Self-Acceptance: (refer to Effort and Self-Acceptance section of the Evaluation Worksheet)**

**Cognitive Abilities: (refer to Cognitive Abilities section of the Evaluation Worksheet)**

**Modifications (please describe ALL modifications that have been tried and the outcome during PE)**

**Summary and Comments for IEP team consideration:**

**Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**