

JOHNSTON PUBLIC SCHOOLS

Special Services

STUDENT _____ D.O.B. ____/____/____

SCHOOL _____ GRADE _____ TEACHER/COUNSELOR _____

PARENT/GUARDIAN _____ ADDRESS _____

TELEPHONE: (h) _____ (w) _____ (c) _____

The *Current Concerns Statement* is completed at the Evaluation Team meeting and forwarded as part of the team process to the appropriate evaluator.

Currently receiving special education services: Yes No

If yes - Primary Disability: _____

Current Service(s): _____

If yes – attach a copy of the service page of the IEP

Other services in the school? (literacy, guidance, etc) _____

CURRENT EVALUATIONS	DATE	COMMENTS
Psychological		
Educational		
Social		
Medical:		
Early Childhood Developmental Assess.		
Other agency evaluations:		
Other:		

Please give a brief description of the student in the following areas:

- Medical history that may cause physical limitations -

- Vision/hearing deficits -

- Behavioral concerns -

The following are areas of concern and support a referral for an Adapted Physical Education (APE) evaluation:

MOTOR PROFICIENCY –

- ___ Difficulty with stair climbing independently
- ___ Unable to repeat movements that have been demonstrated
- ___ Difficulty in performing basic gross motor skills (e.g. run, jump, hop, throw, catch, kick, etc.)
- ___ Very slow in starting, stopping, and changing directions

PERCEPTUAL MOTOR –

- ___ Cannot properly identify body parts
- ___ Unable to find one’s space during movement
- ___ Poor eye contact to task
- ___ Difficulty with ball handling skills (e.g. throwing/kicking a ball, kicking a stationary ball without support, etc)
- ___ Unable to judge the flight of an oncoming object
- ___ Misinterprets auditory directions

JPS 11APE CURRENT CONCERNS

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NAME:

D.O.B.:

PHYSICAL FITNESS –

- Tires easily during mild aerobic activities
- Unable to reach and stretch easily
- Exhibits limited range of movement

BALANCE –

- Exhibits difficulty with balance on one or more body parts
- Unable to maintain proper body alignment when stepping in and out of objects
- Exhibits difficulty walking forward on a floor line

What attempts have been made through the IEP process to remediate the weaknesses prior to this referral?

Major questions to be addressed during the Adapted Physical Therapy evaluation:

- √ Does this child have a special education disability?
- √ Is this service needed for the student to benefit from the education/special education program?
- √ What accommodations/modifications should be made in the classroom or as part of the IEP to address the student's special education needs?
- √ Other questions (please attach)

Is this child under treatment for any medical concerns?

Comments:

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