

REQUEST FOR ASSISTANCE WITH PHYSICAL EDUCATION

Student: _____

DOB: _____

School: _____

Grade: _____

Person Completing Request: _____

Date of Request: _____

P.E. Teacher: _____

Parent Name: _____

Phone: _____

Address: _____

Please provide a description of your specific concerns regarding this request:

How would you describe the student's ability to:

1 Inadequate

2 Poor

3 Fair

4 Good

5 Excellent

a. Walk	1	2	3	4	5	f. Catch	1	2	3	4	5
b. Skip	1	2	3	4	5	g. Roll a Ball	1	2	3	4	5
c. Gallop	1	2	3	4	5	h. Hit a Ball	1	2	3	4	5
d. Run	1	2	3	4	5	i. Kick a Ball	1	2	3	4	5
e. Throw	1	2	3	4	5						

How would you describe their:

a. Behavior	1	2	3	4	5	e. Overall Eye-Foot Coordination	1	2	3	4	5
b. Peer Relations	1	2	3	4	5	f. Vision	1	2	3	4	5
c. Cognitive Understanding of Activities	1	2	3	4	5	g. Hearing	1	2	3	4	5
d. Overall Eye-Hand Coordination	1	2	3	4	5						

Any other information that you feel the APE needs to know:

Do you feel the student has health concerns that need addressed and if so what are they?

Please send a copy of the request to the school psychologist and the adapted physical education teacher.