



Adapted Physical Education Checklist

Document Directions

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

Student Name: _____ PE Schedule: _____

Grade: _____ Today's PE class: ____/____/____

School: _____ Date of Birth: ____/____/____ Student ID #: _____

Check one:

Hand Dominance: ☐ Right ☐ Left

Foot Dominance: ☐ Right ☐ Left

Directions: Please check the appropriate response for each item. Check YES if the student has demonstrated the skill. Check NO if the student has not demonstrated the skill. Check NOT PRESENTED if the skill has not been introduced.

GROSS MOTOR PERFORMANCE	YES	NO	NOT PRESENTED
Runs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gallops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumps with two feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stands on one foot for five seconds or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains balance from sitting to standing positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains balance from standing to sitting positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains balance while changing directions, starting, and stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walks a straight line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs into persons or objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates directional concepts (up/down, in/out, over/under, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flinches when objects come toward them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throws a ball overhand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tosses a ball underhand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bounces and catches a ball to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catches tossed/thrown ball with hands only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps to kick a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strikes an object using hand or implements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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AFFECTIVE AND COGNITIVE PERFORMANCE	YES	NO	
Reacts inappropriately to touch	<input type="checkbox"/>	<input type="checkbox"/>	
Reacts inappropriately to voices and sounds	<input type="checkbox"/>	<input type="checkbox"/>	
Runs away from class or area	<input type="checkbox"/>	<input type="checkbox"/>	
Is easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	
Moves impulsively	<input type="checkbox"/>	<input type="checkbox"/>	
Is physically or verbally aggressive toward others	<input type="checkbox"/>	<input type="checkbox"/>	
Is self-injurious	<input type="checkbox"/>	<input type="checkbox"/>	
Has difficulty working independently	<input type="checkbox"/>	<input type="checkbox"/>	
Has difficulty working in groups	<input type="checkbox"/>	<input type="checkbox"/>	
Has difficulty following directions	<input type="checkbox"/>	<input type="checkbox"/>	
Has difficulty learning new tasks	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates an understanding of proper care and use of equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Comes to class prepared with proper attire	<input type="checkbox"/>	<input type="checkbox"/>	
Avoids certain motor activities	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates an understanding of rules and strategies	<input type="checkbox"/>	<input type="checkbox"/>	

1. Are you aware of any medical or physical limitation? ☐ Yes ☐ No (If Yes, please explain.)

2. Are there safety concerns? ☐ Yes ☐ No (If Yes, please explain)

3. Describe how this student functions within your classroom.

4. What modifications have you made within your classroom to meet this student's needs?
Describe the degree of success of these modifications.

5. Please add any information that you feel is important.