

**ADAPTED PHYSICAL EDUCATION ASSESSMENT REPORT**

Ventura County SELPA

**CONFIDENTIAL INFORMATION**

Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_Yrs. \_\_Mo.

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex:  M  F

Case Manager: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Parents: \_\_\_\_\_

IEP Meeting Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Examiner: \_\_\_\_\_

Position: \_\_\_\_\_

**Reason for Referral:**

**Relevant health, developmental, and medical factors:**

**Assessment Results:**

**Behavioral factors affecting performance:**

**Summary and Recommendations:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

