

**VENTURA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
ADAPTED PHYSICAL EDUCATION REFERRAL FORM**

Date: _____

Student's Name: _____ Birthdate: _____ Age: _____

District: _____ School: _____

Teacher: _____ Grade: _____

Referred by: _____ Phone: _____
Person/Position

Reason for referral: _____

What other Special Education services is the student receiving? _____

The following information needs to be completed by the classroom teacher:

Health considerations: _____

Scheduled days and time for physical education: _____

Observations by classroom teacher/physical education teacher: _____

Previous strategies and modifications: _____

Signature of Special Education Director: _____

Please send to: A.P.E. Office
Ventura County SELPA
777 Aileen Street
Camarillo, CA 93010