Minnesota Department of Education

Developmental Adapted Physical Education

Student Name: _____ DOB: _____

Building: _____ Reviewer Name: _____

Date of Evaluation Report: _____ Eligible: ____Yes ____ No

____ Evaluation⇨ (Must meet initial criteria)

____ Reevaluation⇨ (Must address criteria components)

Based on the information in the Evaluation Report and the student file, the student must meet the requirements in A and B below.

A. Disability

The student file must have at least ONE of the following disabilities:

____Autism Spectrum Disorder

____Emotional or Behavioral Disorder

____Developmental Cognitive Disability

____Physically Impaired

____Blind and Visually Impaired

____Specific Learning Disability

____Deaf-Blind

____Deaf and Hard of Hearing

____Other Health Disability

____Severely Multiply Impaired

____Traumatic Brain Injury

____Developmental Delay (3-6)

B. Evaluation

The student's file must contain documentation of ONE of the following:

____Standardized psychomotor evaluation or physical fitness test, administered individually by an appropriately licensed teacher (performing at 1.5 standard deviations or more below the mean)

Test _____ Standard Deviation _____

OR

____Development, or achievement and independence in school, home, and community settings are inadequate to allow success in regular physical education based on at least two of the following:

____motor and skill checklists

____criterion-referenced measures

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1352

____parent and staff interviews

____informal tests

____medical history or reports

____systematic observations

____social, emotional, and behavioral evaluations

____deficits in achievement related to the defined curriculum

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following MUST be checked.

____ The documentation supports the team decision.

____ The documentation does not support the team decision.