

Developmental Adapted Physical Education (DAPE)

Student Name:	Date of birth:	
Building:	Reviewer Name:	
Date of Evaluation Report:	Yes No	
Evaluation (must meet initial criteria)		
Reevaluation		
Based on information in the Evaluation Reporand B below.	t and the student file, the student must meet requirements in A	
A. Disability		
The student must have at least one of the follo	owing disabilities:	
Autism Spectrum Disorder	Deaf-Blind	
Emotional or Behavioral Disorder	Deaf and Hard of Hearing	
Developmental Cognitive Disability	Other Health Disability	
Physically Impaired	Severely Multiply Impaired	
Blind or Visually Impaired	Traumatic Brain Injury	
Specific Learning Disability	Developmental Delay (3-6)	
B. Evaluation		
The student's file must contain documentation	of one of the following:	
• •	or physical fitness test, administered individually by an 5 standard deviations or more below the mean)	
Tost	Standard Doviation	

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 skills checklistsCriterion-referenced measures
Parent and staff interviewsInformal tests
Medical history or reportsSystematic 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.
For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1352.