

Appendix C

Sample - Informal Assessments and Checklists

MOTOR TEAM OBSERVATION CHECKLIST

INSTRUCTIONS

The Motor Team Observation Checklist is the result of a team effort by Adapted Physical Education Teachers, Occupational Therapists, Physical Therapists, teachers of Physically Impaired and nurses. It is designed to assist referring teachers by clarifying areas of expertise within the motor team and by focusing student needs during consultation and/or assessment.

It is intended that this form be completed when there is a physical/motor concern. The form should be completed by any referring teacher, and/or by referring Learner Study Teams. Teachers may consult with individuals on the motor team to get support for pre-referral interventions. This form is done before or with the standard Referral Form. It may also be used to monitor student performance.

The HEALTH portion of the form must be completed on all referrals. Please consult with the nurse or health assistant to get accurate information. There must be a medical diagnosis to meet criteria for Other Health Impaired (OHI) or Physical Impairment (PI).

MOTOR TEAM ROLES

Development Adapted Physical Education (DAPE) teachers adapt games, sports, rhythms, and other areas of the Physical Education curriculum so that students with disabilities can be included in mainstream Physical Education classes with success or can improve their gross motor skills for future success.

Occupational Therapy (OT) is a related service for children who have demonstrated problems with functional skill development that significantly affect school performance. The goal of therapy is independence. Specific areas of emphasis include classroom positioning, fine motor coordination, visual motor / perception, self-help, and sensory processing.

Other Health Impaired (OHI) is a service for students who have a medically diagnosed impairment which affects academic progress or task completion. The teacher modifies the educational tasks or environment as needed for successful learning. Teachers licensed in any special education category may provide this service, often in consultation with a nurse or another member of the motor team.

Physically Impaired (PI) service involves the understanding of the cognitive and motor implications of a physical impairment. The teacher licensed for PI consults with staff and recommends or provides modifications to one, some, or all of the components of instructional tasks so that the student can learn and be successful.

Physical Therapy (PT) is a related service for children who have demonstrated problems with sensory-motor and neuromuscular development that significantly affect school performance. The areas most often affected are functional mobility (walking, transfers, wheelchair mobility), balance, safety, and posture.

Nursing is a related service for children who have acute or chronic health conditions that interfere with their ability to learn.

DEVELOPMENTAL ADAPTED PHYSICAL EDUCATION

SAMPLE - MEDICAL AUTHORIZATION

Date sent: _____

Minnesota State Law requires that all students participate in physical education on a regular basis. If a substantial delay or disorder in physical development interferes with participation in the regular physical education program, an individualized physical education curriculum will be planned around the student's motor strengths and abilities.

Student's Name _____ Birth Date _____ School _____ Grade _____

Parent / Guardian _____ Home Phone _____

Disability: (Substantial delay or disorder in physical development) _____

Medication: (side effects or impact on physical activity) _____

The following activities will be adapted to the student's individual capabilities. Please check any activity you would NOT recommend for the above student.

I. Physical Fitness Activities

- _____ Arm – shoulder strength
- _____ Abdominal strength
- _____ Flexibility (range of motion)
- _____ Cardio-respiratory endurance
- _____ Leg strength
- _____ Back strength

II. Locomotor Activities

- _____ Creeping
- _____ Forward rolls
- _____ Crawling
- _____ Walking
- _____ Running
- _____ Sliding
- _____ Hopping
- _____ Jumping
- _____ Skipping
- _____ Galloping

III. Non-Locomotor Activities

- _____ Bending _____ Hanging
- _____ Twisting _____ Balancing
- _____ Pushing _____ Swinging
- _____ Pulling _____ Weight bearing
- _____ Lifting _____ on neck

IV. Aquatics

- _____ Swimming skills
- _____ Water play
- _____ Diving

V. Object Control Skills

- _____ Catching
- _____ Kicking
- _____ Striking
- _____ Overhand throwing
- _____ Underhand throwing
- _____ Ball bouncing

VI. Other Activities Not Recommended:

VII. Activities To Be Encouraged:

COMMENTS: _____

Your input will assist us in determining an appropriate instructional program.

Date: _____ Physician's Name _____

Phone: _____ Signature: _____

SAMPLE - MOUNDS VIEW SCHOOL DISTRICT
MOTOR TEAM OBSERVATION CHECKLIST

Student: _____ Date(s): _____
Date of Birth: _____ Observation Setting: _____
School: _____ Grade: _____ Completed by: _____
Position: _____

HEALTH (must be completed). Please consult nurse or health assistant.

1. Diagnosis: _____
2. Special Health Concerns: _____
3. Medication: _____
4. Vision: _____ Hearing: _____
5. Motor Precautions/Concerns: _____

ADAPTIVE EQUIPMENT

Child has special equipment – (glasses, braces, wheelchair, walker, hearing aid, reachers, eating equipment).

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PHYSICALLY IMPAIRED (PI)

Check adequate or area of concern for each item.

1. Attendance
2. On task behavior
3. Organization of materials/environment
4. Complete assignments during class time
5. Fatigue factor

ADEQUATE	AREA OF CONCERN	COMMENTS

OCCUPATIONAL THERAPY (OT)

1. Fine Motor Performance
 - a. Hand dominance established
 - b. Coordinated use of pencil, scissors, keyboard
 - c. Letter, number formation
 - d. Drawing, coloring, copying (artwork)
2. Daily Living Skills
 - a. Dressing

ADEQUATE	AREA OF CONCERN	COMMENTS
ADEQUATE	AREA OF CONCERN	COMMENTS

- b. Eating
- c. Toileting
- 3. Sensory Processing
 - a. Avoids/craves sensory input (touch, movement)
 - b. Visual perception (reversals, organization of written work)
- 4. Classroom Positioning
 - a. Chair/desk

ADEQUATE	AREA OF CONCERN	COMMENTS
ADEQUATE	AREA OF CONCERN	COMMENTS

PHYSICAL THERAPY (PT)

- 1. Mobility
 - a. Ability to move from sitting (floor) to tall kneel to stand and back to floor.
 - b. Transfers – ability to move from wheelchair to chair, chair to floor and back.
- 3. Architectural Barriers
 - a. Ability to move about building and grounds in Wheelchair and / or walking.
- 4. Posture (floor / desk)

ADEQUATE	AREA OF CONCERN	COMMENTS
ADEQUATE	AREA OF CONCERN	COMMENTS

- 5. Safety
 - a. Balance
 - 1. Sitting
 - 2. Standing
 - b. Protective responses – ability to extend arms and / or legs to protect themselves if thrown off balance.
- c. Playground

ADEQUATE	AREA OF CONCERN	COMMENTS

Developmental Adapted

Physical Education

- 1. Student participates safely and successfully in the physical education program
 - a. *Positive social interaction*
 - b. *Actively participates in activities*
 - c. *Follows directions*
 - d. *Safe / successful in activities*
 - e. *Motor activity is a positive experience*
 - f. Exhibits safety reflexes (balance, awareness, protection, etc.)

ADEQUATE	AREA OF CONCERN	COMMENTS

2. Typical participation demonstrates the following age- appropriate skills.

- a. Balance skills
- b. Fitness skills
- c. Eye-hand coordination skills
- d. Eye-foot coordination skills
- e. Speed and agility skills
- f. Locomotor skills

BEHAVIOR:

ADEQUATE	AREA OF CONCERN	COMMENTS
ADEQUATE	AREA OF CONCERN	COMMENTS

COMMENTS:

Bemidji School District
SAMPLE - Motor Behavior Checklist

DIRECTIONS FOR RATING: Rate the student relative to the behavior you have personally observed during the time the student has been in your class. Using the following scale, place a number from 1 to 3 next to each item to represent the frequency of occurrence of the behavior.

Rating Scale Key

- 1** – Rarely or never observed.
- 2** – Sometimes observed.
- 3** – Often observed.

- _____ 1. Performs daily tasks, quizzes, tests, or homework at a failing level.
- _____ 2. Does not follow directions, written or verbal, related to tasks.
- _____ 3. Has difficulty bringing or appropriately using necessary work materials (e.g., paper, pencil, shoes, etc.)
- _____ 4. Refuses or fails to complete class assignments or homework.
- _____ 5. Demonstrates difficulty or reluctance in beginning tasks.
- _____ 6. Disrupts the work of others in class.
- _____ 7. Verbally or physically threatens other students/teachers, physically hurts other students, and/or makes derogatory/critical remarks about other people.
- _____ 8. Tries to interact with other students but isn't accepted by them due to their behavior
- _____ 9. Absent or tardy without legitimate reason.
- _____ 10. Does not obey teachers' directives or classroom rules.
- _____ 11. Makes inappropriate noises and/or acts impulsively without apparent self-control.
- _____ 12. Fails to consider or disregards consequences of own behavior.
- _____ 13. Exhibits off-task behaviors.
- _____ 14. Destroys property (e.g. books, lockers, equipment, etc.)
- _____ 15. Talks at inappropriate times, and/or uses obscene or profane language.
- _____ 16. Appears to be generally bored with or disinterested in daily activities (e.g., says he/she does not care what happens, etc.) and/or fails to participate in or lack of inconsistent effort in physical activity.
- _____ 17. Exhibits physical problems related to eating (e.g., extreme weight loss or gain, eats non-food items, etc.)

- _____ 18. Complains of physical discomfort (e.g., headaches, stomach aches, minor injuries)
- _____ 19. Moves impulsively with little judgment.
- _____ 20. Runs into persons or things
- _____ 21. Difficulty following motor directions.
- _____ 22. Compensates or covers motor failures with unacceptable behavior.
- _____ 23. Seems to need to feel or touch things before reacting.
- _____ 24. Overreacts to touch or physical contact may strike out or withdraw.

_____ POINT TOTAL: A student scoring “threes” in more than 12 areas or one who earns more than 40 total points shall qualify according to this observation form for Developmental/Adaptive Physical Education.

SAMPLE
Bemidji DAPE
Individual Skill and Behavior Checklist

Name _____ Class _____

Period _____ Grade _____ Birth date _____

Instructions: Record the date for each evaluation. For each skill, record a **1** for **RUDIMENTARY** performance, a **2** for **FUNCTIONAL** performance, or a **3** for **MATURE** performance.

Date:					
I. Body Management					
a. Body Space Awareness					
Head					
Arm					
Leg					
Hand					
Foot					
Shoulder					
Stomach					
b. Balance					
Dynamic Balance					
line					
beam					
Static Balance					
2 feet					
1 foot					
eyes open/closed					
II. Locomotor					
Walk					
Run					
Hop					
Jump					
Leap					
Slide					
Skip					
Gallop					
III. Object Control					
Kick					
Bounce					
Catch					
Overhead throw					
Strike					
Underhand throw					
Underhand roll					
IV. Fitness					
Flexibility					
Strength					
Muscular endurance					
Speed					

Agility					
Cardio/Endurance					

V. Motor Behavior					
- follows directions					
-on task behaviors					
-works independently					
-patient					
-works well in groups					
-gets along with others					
-no fear of moving (heights...etc)					
-harms self or peers					

MOVEMENT ASSESSMENT BATTERY
FOR CHILDREN (MABC) CHECKLIST
(Henderson and Sugden, 1992)

NAME _____ GRADE _____ DATE _____

SCHOOL _____ ASSESSOR(S) _____

BEHAVIORAL PROBLEMS RELATED TO MOTOR DIFFICULTIES

The child is (0 = rarely; 1 = occasionally; 2 = often):

1. **Overactive** (squirms and fidgets; moves constantly when listening to instructions; fiddles with clothes)
2. **Passive** (hard to interest; requires much encouragement to participate; seems to make little effort)
3. **Timid** (fearful of activities like jumping and climbing; does not want to move fast; constantly asks for assistance)
4. **Tense** (appears nervous, trembles; fumbles with small objects; becomes flustered in a stressful situation)
5. **Impulsive** (starts before instruction/demonstrations are complete; impatient of detail)
6. **Distractible** (looks around; responds to noises/movement outside the room.)
7. **Disorganized/confused** (has difficulty in planning a sequence of movements; forgets what to do next in the middle of a sequence)
8. **Overestimates own ability** (tries to change tasks to make them more difficult; tries to do things too fast)
9. **Underestimates own ability** (says tasks are too difficult; makes excuses for not doing well before beginning)
10. **Lacks persistence** (gives up quickly; is easily frustrated daydreams)
11. **Upset by failure** (looks tearful, refuses to try task again)
12. **Apparently unable to get pleasure from success** (makes no response to feedback: has a blank facial expression)

Overall estimated contribution to movement difficulties

Circle one: High Medium Low

Appendix D

NASPE Physical Education Standards

National Association of Sport and Physical Education. (2004.) *Moving into the Future: National standards for physical education* (2nd ed.). Reston, VA: Author.

“To pursue a lifetime of healthful physical activity, a physically educated person:

- *Has* learned skills necessary to perform a variety of physical activities.
- *Is* physically fit.
- *Does* participate regularly in physical activity.
- *Knows* the implications of and the benefits from involvement in physical activities.
- *Values* physical activity and its contribution to a healthful lifestyle.” (p. v).

“Physical activity is critical to the development and maintenance of good health. The goal of physical education is to develop physically educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity.

A physically educated person:

Standard 1: Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities.

Standard 2: Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities.

Standard 3: Participates regularly in physical activity.

Standard 4: Achieves and maintains a health-enhancing level of physical fitness.

Standard 5: Exhibits responsible personal and social behavior that respects self and others in physical activity settings.

Standard 6: Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.” (p. 11)

*Justification of National Standards for Physical Education**

“WHY SHOULD PHYSICAL EDUCATION BE TAUGHT IN THE SCHOOLS?

Physical education is an integral part of the total education of the child and virtually every state, district, and school in the United States requires physical education for its students (Pate et al., 1995). Quality physical education programs are needed to increase the physical competence, health-related fitness, self-esteem, and enjoyment of physical activity for all students so that they can be physically active for a lifetime (Seefeldt &

Vogel, 1986). Knowing that physical activity promotes health is not enough: students must be given opportunities to gain the knowledge and skills needed to adopt active lifestyles. Physical education teaches students how to add the habit of physical activity into their daily lives by aligning instruction with the National Standards for Physical Education, and by providing content and learning experiences that develop the skills and desire to be active for life.

To the maximum extent possible, all general, regular and adapted physical education programs must be designed to meet the goals and standards set forth by the NASPE organization. The alignment of assessment to the standards identified in the curriculum will assist all students in better, quality physical education programming.”

*Author: Young, Judith C. ERIC Identifier: ED406361 Publication Date: 1997-03-00
Source: ERIC Clearinghouse on Teaching and Teacher Education Washington DC.