

03.06.01 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 **1 and 2** below. The determination must be made by a multidisciplinary team and supported by information collected from multiple settings and sources.

1. Disability

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

- | | |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Physically Impaired |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Severely Multiply Impaired |
| <input type="checkbox"/> Emotional or Behavioral Disorder | <input type="checkbox"/> Blind and Visually Impaired |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Other Health Disability | |

2. 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 (SD) or more below the mean)

Test _____ SD _____

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:

- | | |
|--|--|
| <input type="checkbox"/> motor and skill checklists | <input type="checkbox"/> medical history or reports |
| <input type="checkbox"/> criterion-referenced measures | <input type="checkbox"/> systematic observations |
| <input type="checkbox"/> parent and staff interviews | <input type="checkbox"/> social, emotional, and behavioral evaluations |
| <input type="checkbox"/> informal tests | <input type="checkbox"/> deficits in achievement related to the defined curriculum |

Review of Eligibility Determination

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

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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.

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