



The LaGrange Area Department of Special Education

LaGrange Area Department of Special Education
1301 West Cossitt Avenue
LaGrange, Illinois 60525
708.354.5730 Fax: 708.354.0733

ADAPTED PHYSICAL EDUCATION CONSULTATION REFERRAL FORM

Date: Person(s) making referral:

Student: Grade: Age:

School: Teacher:

P.E. Teacher: Time & Day of P.E. class:

Has the student been attending a regular physical education class? Yes: No:

Does the student have an aide available to him / her for P.E. class? Yes: No:

Does the student receive OT or PT? Yes: No:

If yes, please name Therapist:

Please list the specific social, behavioral, and/or gross motor problems the student is having in P.E.

Are there any medical or health concerns that the Adapted P.E. teacher should be aware of?

Describe modifications or adaptations that have been used to facilitate participation in P.E.

Please return to:
Daniella Santoro, LADSE Program Coordinator
or
Jennie Van Norman, LADSE Adapted Physical Education Instructor