



Student
APE
Referral

HARFORD COUNTY PUBLIC SCHOOLS
Office of Physical Education, Health Education and Athletics

ADAPTED PHYSICAL EDUCATION REFERRAL

Send completed request to:
Joseph Harbert, Supervisor
Elementary and Middle School Physical Education
HCPS Office of Curriculum and Instruction
102 S. Hickory Avenue, Bel Air, MD 21014
Approved: _____ Date: _____

Student: _____ Grade: _____ Birthdate: _____
School: _____ School Phone No. _____
Requested by: _____ Title _____

Reason for Request: APE referral requires signatures of PE Teacher * and Principal ** on this form.

_____ Review records _____ Screening _____ Evaluation _____ High School Credit

Services student receives: No services provided at this time
 504 plan (please attach copy of 504)
 Special Education, Primary Disability: _____

Please check current services being provided:

_____ Adapted PE (location of previous APE service _____)
_____ Hearing _____ Vision _____ Special Ed
_____ Occupational Therapy _____ Physical Therapy _____ Augmentative Communication
_____ Speech and Language _____ Assistive Technology _____ Community Based Instruction
Case Manager: _____ Room Number: _____
Classroom Teacher _____ Room Number: _____

Please attach medical notes and other pertinent information, (i.e. educational, psychological, OT, and PT reports).

Physical Educator's Current Assessment of Motor Performance Levels:

(Please attach grade level outcomes/fitness assessments and pertinent medical documentation)
*** PE Teacher Signature:** _____
Day/Time/rotation of PE Class _____

** Principal Approval: _____ Date of Request: _____
Signature of Principal