

LUZERNE INTERMEDIATE UNIT

368 Tioga Avenue Kingston, Pennsylvania 18704-5117

Dr. Anthony Grieco
Executive Director

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Personalized Academy of
Learning

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Assistant to the Executive
Director for District Services

Joseph DeLucca Administrative Services

ADAPTED PHYSICAL EDUCATION REFERRAL FORM

Student:	Date:
Teacher:	Date of Birth:
District:	Building:
Parent/Guardian:	Present Placement:
Address:	
Person Making Referral:	
Reason for Referral:	
Diagnosis:	

A unique physical education need has been identified for the student:

If no, give reasons for believing a unique physical education need exists.

The Luzerne Intermediate Unit #18 is an Equal Opportunity Provider and Employer and does not discriminate on the basis of race, color, religion, national origin, age, marital status, sex or non-relevant handicap in activities, programs or employment practices. For information regarding civil rights or grievance procedures, contact Human Resources, 570-718-4648.

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Give test results, records, or reports upo	on which a referral is ba	sed.
Describe prior attempts to remediate stu	ident's performance.	
Has parental contact been made? Yes _	No	If yes, describe:
How does this problem interfere with th	ne student's educational	goals?
Teacher's Signature:	Date:	
LEA Signature:	Date: _	
Supervisor's Signature:	Date	