



# LUZERNE INTERMEDIATE UNIT

368 Tioga Avenue  
Kingston, Pennsylvania 18704-5117

**Dr. Anthony Grieco**  
Executive Director

Telephone (570) 287-9681  
Fax (570) 287-5721

Follow us on Twitter @LuzIU18  
<http://www.liu18.org>

**Elizabeth Krokos**  
Assistant to the Executive  
Director for Student Services

**John J. Gordon**  
Business Manager

**Ty Yost**  
Assistant to the Executive  
Director for District Services

Ronald Musto  
Personalized Academy of  
Learning

Jennifer Runquist  
Behavioral Health

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.

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Give test results, records, or reports upon which a referral is based.

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Describe prior attempts to remediate student's performance.

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Has parental contact been made? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe:

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How does this problem interfere with the student's educational goals?

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LEA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_