



DAPE/Gross Motor Parent Interview

Student Name: _____

Date: _____

Dear Parents,

We are currently evaluating your child and would like some information from you. Please complete this form and return to it to the school as soon as possible.

	No difficulties	Some difficulties	Extreme Difficulties
Participation in games or sports			
Skills in using balls / objects (hand-eye coordination)			
Strength			
Behavior / Following Directions			
Understanding rules or game concepts			
Locomotor Movements: jumping, hopping, running, skipping			
Attention Skills			
Other:			

What sport or leisure activities does your child participate in community or with family?

What are your child's strengths?

Does your child enjoy physical education? If not, why?

What gross motor skills would you like to see your child improve on?

Is there anything else you would like to tell me? Concerns or questions?

Thank you so much,