Rhode Island APE Competency Verification Form

University of Rhode Island
Department of Kinesiology

To: Office of Teacher Certification
Rhode Island Department of Education

From: Department of Kinesiology
University of Rhode Island

Re: Endorsement in Adapted Physical Education
This document certifies that:

__________________________________________
(Print name of applicant)

__________________________________________
(Signature of applicant)

Street address: ________________________________________________________________

City: _______________________ State: ___________ Zip Code: _____________

Telephone: (__________) ________________________________

KIN HPE practica experiences with APE: ______________
   Semester(s) completed

Please indicate on the spaces provided below information of HPE practica experiences with school age children (3-21 years) in APE.

__________________________________________
(Name, Address, Telephone of Field Setting)

Please indicate on the space provided below additional information requested in reference to the setting supervisor.

__________________________________________
(Title & Name of Field Setting Supervisor(s) and Telephone Number)
Completed nine (9) credit hours:

KIN 410: ________________ (10 hours)  
    Semester completed

KIN 585: ________________ (20 hours)  
    Semester completed

KIN 430: ________________ (10 hours)  
    Semester completed

EDC 402: ________________  
    Semester completed

Other: __________________  
    Semester completed

Other: __________________  
    Semester completed

Total APE Hours Completed: ______ (Min. of 75)

Additional APE competencies completed:

1) Attended two (2) IEP Meetings: ______

2) Completed a minimum of four (4) norm or criterion referenced assessments in APE: ______

3) Created two (2) IEPs: ______

4) Developed and delivered six (6) lesson plans: ______

5) Provided instruction to a minimum of five (5) individuals each with a different disability: ______

6) Completed a minimum of two (2) weekly evaluations: ______

Additional Comments:

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PRINT ___________________ SIGNATURE ___________________ DATE ________________
Supervisor, Field Setting

PRINT
Coordinator, APE Program
University of Rhode Island

SIGNATURE
Coordinator, APE Program
University of Rhode Island

DATE

PRINT
Chair, Kinesiology
University of Rhode Island

SIGNATURE
Chair, Kinesiology
University of Rhode Island

DATE

(Forms 2015- RI APE Competency Verification)