



Rhode Island APE Competency Verification Form

Date _____

**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:

PRINT

SIGNATURE

DATE

Supervisor, Field Setting

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)