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CONFIDENTIAL Evaluation

PREKINDERGARTEN-KINDERGARTEN ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/MOTOR SKILLS CHECKLIST

Student's Name: _____ Grade: _____

School: _____ Setting: _____

Date: _____ Completed By: _____

Reg. Ed. Setting Spec. Ed. Setting Inclusion Setting Paraprofessional Support

Curriculum: regular modified alternative

ORGANIZATION/PLAY SKILLS				Compare student to others in the class. Indicate N/O (Not Observed) if you have not had the opportunity to observe the behavior in your setting.
	Always/ Often	Some times	Rarely/ Never	Comments/Adaptations
Follows natural environment or classroom routines				
Follows classroom rules				
Follows classroom schedules				
Work Skills				
Follows 1-2 step directions				
Engages in groups				
Begins task/activity				
Corrects mistakes given verbal feedback				
Knows when task/activity is complete				

ORGANIZATION/PLAY SKILLS				Compare student to others in the class. <i>Indicate N/O (Not Observed) if you have not had the opportunity to observe the behavior in your setting.</i>
	Always/ Often	Some times	Rarely/ Never	Comments/Adaptations
Work Skills				
Finishes task/activity within the time allotted				
Transitions from one activity/setting to another: with in the allowed time				
Transitions from one activity/setting to another: with needed materials and supplies				
Uses free time appropriately (chooses an activity/play mate, plays)				
Participates actively in group activities, projects				
Seeks adult/peer help appropriately				
Motor Skills				
Moves through natural and school environment in a safe and timely manner (including emergency evacuations)				
Demonstrates stability at table, on chair, or floor				
Participates in learning movement activities similar to peers				
Utilizes all natural and school environments				
Meets personal needs (eating, dressing, toileting) in natural environment or school				
Stabilizes paper while using pencils, crayons, and markers				

ORGANIZATION/PLAY SKILLS				Compare student to others in the class. <i>Indicate N/O (Not Observed) if you have not had the opportunity to observe the behavior in your setting.</i>
	Always/ Often	Some times	Rarely/ Never	Comments/Adaptations
Motor Skills				
Picks up, holds, turns pages of books				
Manipulates play materials (puzzles, blocks)				
Uses school supplies (markers, scissors, eraser, glue, paints)				
Manages backpack				
Stores and retrieves materials in an orderly, timely manner				
Operates standard computer and mouse				

**-KINDERGARTEN
ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/MOTOR SKILLS CHECKLIST**

WHAT ARE SOME OF THE STUDENT'S STRENGTHS?

Do you have any concerns regarding this student's attendance? Yes No
(Including time out of the classroom due to medical procedures)

Is peer acceptance impacted by this student's disability? Yes No

Check all accommodations/modifications that you routinely make for this student:

- | | |
|---------------------------------------|----------------------------|
| visual schedule or cues | paraprofessional support |
| assistance or support for transitions | slant board |
| visual work samples | switches |
| alternative keyboard (larger/smaller) | redirect attention to task |
| repeated & simplified directions | other _____ |
| | other _____ |
| | other _____ |

What other issues or concerns do you have for this student?