

Return to:

CONFIDENTIAL Evaluation

ELEMENTARY

ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/MOTOR SKILLS CHECKLIST

Student's Name: _____ **Grade:** _____

School: _____

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 classroom routines				
Follows classroom rules				
Follows classroom schedules				
Takes notices and appropriate materials home to complete homework				
Transitions from one activity/ setting to another: within the time allotted				
Transitions from one activity/ setting to another: with needed materials and supplies				
Work Skills	Always/ Often	Some times	Rarely/ Never	Comments/Adaptations
Listens and works without becoming distracted				
Begins work/tasks				

Work Skills continued	Always/ Often	Some times	Rarely/ Never	
Corrects mistakes and edits work				
Knows when work is complete				
Finishes work/tasks within the time allotted				
Turns work in on time				
Follows verbal directions				
Follows written directions				
Follows multi-step directions in sequence				
Uses free time appropriately				
Participates actively in class discussions, group activities, projects				
Requests help appropriately (teacher, support staff, peer) to clarify classroom requirements or meet personal needs				
Motor Skills	Always/ Often	Some times	Rarely/ Never	Comments/Adaptations
Moves through school environment in a safe and timely manner (including emergency evacuations)				

Motor Skills	Always/	Some times	Rarely/ Never	Comments/Adaptations
Demonstrates stability at classroom desk, table, chair, or floor				
Participates in physical education class				
Utilizes all school environments (i.e. lunchroom, locker, bathroom, playground, stage)				
Meets personal needs (eating, dressing, toileting) at school				
Produces handwritten work that is legible and completed within time lines, without fatigue				
Uses school supplies (markers, scissors, eraser, glue, paints)				
Manages books, materials, and back pack				
Stores and retrieves materials in an orderly, timely manner				
Operates standard computer and mouse				

**-ELEMENTARY
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What are some of the student's strengths?

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

Does this student get along socially with peers? Explain further Yes ___ No ___

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 _____ |
| visual work samples | other _____ |
| | other _____ |

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