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TRANSITION ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/MOTOR SKILLS CHECKLIST

Student's Name:	Age:			
Setting:	Completed By:			
Date:	or: Student Interview			

ORGANIZATION SKILLS				Compare student to others in the class. Indicate N/0 (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 daily classroom/work schedule				
Uses organizational system to record and document changes in class/work schedule, absences, hours worked, planned activities				
Requests/organizes needed supplies for class/work				
Transitions from classroom to work/community settings within time allotted				
Transitions from classroom to work/community settings with needed work supplies				
Self-checks to assure work or job completion				
Work Skills				
Understands classroom/vocational expectations				
Listens and works without distractions				
Completes classroom/vocational tasks or activities on time				

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Uses independent time appropriately		
Calls in when sick; takes responsibility to make up missed tasks as needed		
Adapts to new expectations		
Participates actively in discussions		
Problem solves in vocational/community setting		
Advocates for self to clarify work or skill requirements		
Motor Skills		
Moves within classroom/vocational/ community sites in a safe and timely manner		
Demonstrates understanding of and can direct implementation of emergency evacuation plan		
Engages in transition activities requiring active participation (e.g., vocational, post-secondary, recreation/leisure, community, home living)		
Meets personal needs (eating, dressing, toileting) within the classroom/work schedule		
Produces written work requirements within the five transition areas within timelines and without fatigue		
Manages/manipulates materials and belongings in a timely manner		
Operates computer, printer and mouse		

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Do you have any concerns regarding this student's academic performance	? Explain further.	yes	no
Do you have any concerns regarding this student's attendance? Explain fur (Including time out of the classroom due to medical procedures)	ther.	yes	no
Does this student show age appropriate social skills? Explain further.		yes	no
s peer acceptance impacted by this student's disability?		yes	no
Check all accommodations/modifications that you routinely make for this visual schedule or cues scribing by staff for written responses copies of notes alternative keyboard (larger/smaller) repeated & simplified directions visual work samples	paraprofessional suppo tasks/jobs modified extra time for task con assistance or support fo other	rt npletion or transition	s
□ redirect attention to task	other	_	

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