

PREKINDERGARTEN-KINDERGARTEN

ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/MOTOR SKILLS CHECKLIST

Student's Name: _____

Grade: _____

Environment/School: _____

Setting: _____

Date: _____

Completed by: _____

Curriculum: ____ regular; ____ modified;
____ alternative

____ Reg. Ed. Setting; ____ Spec. Ed. Setting

Always
Often
Sometimes
Rarely
Never

Indicate N/O (Not Observed) if you have not had the opportunity to observe the behavior in your setting.

ORGANIZATION SKILLS	Always	Often	Sometimes	Rarely	Never	Comments/Adaptations
Follows natural environment or classroom routines						
Follows classroom rules						
Follows classroom schedules						
WORK SKILLS						Comments/Adaptations
Follows 1 - 2 step directions						
Attends in groups						
Begins task/activity						
Finishes task/activity within the time allotted						
Knows when task/activity is complete						
Corrects mistakes given verbal feedback						
Transitions from one activity/setting to another: within the allowed time						
Transitions from one activity/setting to another: with needed materials and supplies						
Uses free time appropriately (chooses an activity/playmate, plays)						
Participates actively in group activities/projects						
Seeks adult/peer help appropriately						
MOTOR						Comments/Adaptations
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						
Picks up, holds, turns pages of books						
Manipulates play materials (puzzles, blocks)						
Uses school supplies (markers, scissors, eraser, glue, paints)						
Manages back pack						
Stores and retrieves materials in an orderly, timely manner						
Operates standard computer and mouse						

Always: Performance in skill area meets or exceeds class expectations. Student is independent; **Often:** Student needs occasional prompting, mostly independent.; **Sometimes:** Student needs prompting about 1/2 the time; **Rarely:** Student needs frequent prompting, mostly dependent; **Never:** Student totally dependent

• PLEASE COMPLETE BOTH SIDES OF FORM •

Eval - 7

<p align="center">PREKINDERGARTEN-KINDERGARTEN</p> <p align="center">ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/MOTOR SKILLS CHECKLIST</p>
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Do you have any concerns regarding this student's behavior? yes no

Do you have any concerns regarding this student's attendance? yes no

Does this student get along socially with peers? yes no

Does this student's disability impact peer acceptance? yes no

What *strengths* does this student have?

Accommodations/strategies that you routinely make for this student:

- | | |
|--|---|
| <input type="checkbox"/> extra time for activity completion | <input type="checkbox"/> paraprofessional support |
| <input type="checkbox"/> scribing by staff for written responses | <input type="checkbox"/> activities modified |
| <input type="checkbox"/> redirect attention to task | <input type="checkbox"/> switches |
| <input type="checkbox"/> alternative keyboard (larger/smaller) | <input type="checkbox"/> modified tests |
| <input type="checkbox"/> repeated & simplified directions | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> visual work samples | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> slantboard | <input type="checkbox"/> other _____ |

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