

Elementary**Organizational and Independent Work Skills/Motor Skills Checklist****Student's Name:****Grade:****School:****Date:****Setting:****Completed by:*****Place a checkmark if Student Needs Assistance or if it is an Area of Concern***

ORGANIZATION SKILLS	Comments/Adaptations
Follows classroom routines	
Follows classroom rules	
Follows classroom schedules	
Able to prioritize tasks or environment	
Takes notices and appropriate materials home to complete homework	
Transitions from one activity/setting to another: within the allowed time	
Transitions from one activity/setting to another: with needed materials and supplies	
WORK SKILLS	Comments/Adaptations
Listens and works without becoming distracted	
Begins work/tasks	
Corrects mistakes and edits work	
Can complete work with accuracy comparable to peers	
Knows when work is complete	
Maintain focus comparable to peers	
Maintain effort to complete task without giving up	
Finishes work/tasks within the time provided	
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	Comments/Adaptations
Moves through school environment in a safe and timely manner (including emergency evacuations)	
Demonstrates stability at classroom desk, table, chair, or floor	
Participates in physical education class	
Utilizes all school environments (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)	
Shows age appropriate endurance in physical activities/ is able to keep up with peers in tasks without becoming easily fatigued	
Manages books, materials, and back pack	

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What are some of the student's strengths?

Do you have any concerns regarding this student's behavior? Yes No

Do you have any concerns regarding this student's attendance? Yes No
(Do they miss class to see the nurse related to their disability/special medical procedures?
AND/OR do they miss school related to their medical diagnosis for appointments, surgeries, or
illness).

Does the student get along socially with peers? *Please elaborate.* Yes No

Is peer acceptance impacted by this student's disability? If yes, how? Yes No

Please check all **accommodations/modifications** you routinely make for this student:

- ☐ Visual cues or schedule
- ☐ Scribing by staff for written responses
- ☐ Copies of notes
- ☐ Alternative method for written responses (e.g., iPad) (describe _____)
- ☐ Repeated/simplified directions
- ☐ Paraprofessional support
- ☐ Assignments modified
- ☐ Modified tests
- ☐ Tests done in separate room
- ☐ Extra time for assignment completion
- ☐ Preferential Seating

Please include any additional modifications/adaptations you provide: