

**Middle School and High School****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***

<b>ORGANIZATION AND WORK SKILLS</b>	<b>Comments/Adaptations</b>
Follows class schedule	
Uses and follows assignment book/planner	
Organizes and studies course materials	
Listens and works without distraction	
Maintain focus comparable to peers	
Maintain effort to complete tasks without giving up	
Corrects mistakes or edits work	
Begins and completes work within time allotted	
Understands assignment expectations	
Turns in work on time	
Takes organized notes	
Completes long or complicated assignments	
Completes tests and assignments	
Able to prioritize tasks or environment	
Able to follow multi-step directions to complete work	
Obtains and completes makeup assignments when absent	
Transitions from one classroom activity/setting to another within the time allowed	
Transitions from one classroom activity/setting to another with needed materials and supplies	
Uses independent time appropriately	
Participates actively in class discussions, group activities, projects	
Advocates for self to clarify classroom requirements or meet personal needs	
<b>MOTOR SKILLS</b>	<b>Comments/Adaptations</b>
Moves through school environment in a safe and timely manner (including emergency evacuations)	
Participates in physical education class	
Utilizes all school environments (lunchroom, locker, bathroom, playground, bathroom stage)	
Meets personal needs (eating, dressing, toileting) within daily schedule	
Produces written work that is legible and completed within timelines, without fatigue	
Manages books, materials, and belongings in a timely manner	
Organizes school materials, folders, locker	
Operates standard computer and mouse	
Shows age appropriate endurance in physical activities/ is able to keep up with peers in tasks without becoming easily fatigued	

## Middle School and High School

### 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 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

Does the student take medications that adversely affect learning and functioning? Yes    No

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Visual cues or schedule</li> <li><input type="radio"/> Copies of notes</li> <li><input type="radio"/> Alternative method for written responses (e.g., iPad)<br/>(describe _____)</li> <li><input type="radio"/> Repeated/simplified directions</li> <li><input type="radio"/> Paraprofessional support</li> <li><input type="radio"/> Assignments modified</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Modified tests</li> <li><input type="radio"/> Tests done in separate room</li> <li><input type="radio"/> Extra time for assignments/tests</li> <li><input type="radio"/> Preferential Seating</li> <li><input type="radio"/> Breaks</li> <li><input type="radio"/> Organizational strategies</li> </ul> |
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Please include any additional modifications/adaptations you provide: