

Organization and Work Skills Checklist
For Other Health Disabilities
Preschool/Kindergarten - TEACHER

Student's Name: _____ Grade: _____ Date: _____

Completed by: _____ Class: _____

Return to _____ by _____. Thanks!

- 1) What are some of the student's strengths?

- 2) Compared to peers, does this student consistently complete fewer assignments within routine timelines? Yes No
If yes, is it due to an academic skill deficit? Please explain.

If yes, is it due to a lack of organization or focus? Please explain.

- 3) In comparison to peers, does the student demonstrate an impaired ability to follow directions? Yes No
If yes, can he/she usually follow written directions? Yes No
If yes, can he/she usually follow verbal directions? Yes No
If yes, can he/she usually follow the directions given to the class? Yes No
If yes, can he/she usually follow multi-step directions? Yes No
If yes, approximately how many individual reminders of the directions are needed for them to be followed? _____

- 4) Compared to peers, does the student demonstrate an impaired ability to initiate and complete a task/assignment? Yes No
If yes, approximately how many individual reminders are needed to start, complete and finish a task? _____

- 5) In comparison to peers, does the student exhibit diminished alertness/ attentiveness that results in impaired abilities? (e.g, maintaining focus, sustaining effort) Yes No

- 6) Have you noticed the student demonstrates decreased stamina or energy levels? Yes No
If yes, do you see a difference within the times of day or days of the week?
Please explain.

- 7) Does this student get along socially with peers? Yes No
If no, explain further.

- 8) Is peer acceptance impacted by this student's difficulties at school? Yes No

- 9) Check all accommodations that you routinely make for this student:

___ provide extra copies of assignments	___ scribing by staff for written responses
___ provide copy of teacher's notes	___ extra time for assignment completion
___ provide guided notes	___ extra time to complete tests
___ can rework missed problems / items for better grade	___ repeated and simplified directions
___ shorten assignments to focus on key concepts	___ other:
___ tests read allowed to student and allow oral responses	
___ check progress and provide feedback often in the first few minutes of assignment	

- 10) Check all modification that you routinely make for this student:

___ assignments modified (changes the standard or what the assignment is supposed to measure)
___ tests are modified (changes the standard or what the test is supposed to measure)
___ other:

Indicate how often you observe the student displaying the following skills / behaviors in your class.

Check the box "Not Observed" if the student has not needed to (or has not had the opportunity to) use that skill / behavior in your classroom. Please use the following rating scale:

YES: Student has mastered the skill or is independent performing the skill

SOMETIMES: Student is inconsistent with the skill or demonstrates some of the time

NO: Student rarely demonstrates the skill or needs improvement

Scores are based on student performance WITH/WITHOUT para support (choose one)

<u>WORK SKILLS</u>	Yes	Sometimes	No	Not Observed
1. Follows 1-2 step directions				
2. Engages in group				
3. Begins task/activity				
4. Corrects mistakes given verbal feedback				
5. Knows when task/activity is complete				
6. Completes work/activity within time allotted				
7. Transitions from one activity / setting to another with needed materials				
8. Transitions from one activity / setting to another within time allotted				
9. Uses free time appropriately (chooses an activity/playmate, plays)				
10. Participates actively in group activities, projects				
11. Seeks adult/peer help appropriately				
<u>ORGANIZATIONAL SKILLS</u>	Yes	Sometimes	No	Not Observed
1. Follows natural environment or classroom routines				
2. Follows classroom rules				
3. Follows classroom schedule				

Any additional information you would like to share?