Prekindergarten and Kindergarten
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 natural environment or classroom routines	
	Follows classroom rules	
	Follows classroom schedules	
	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**
	Follows 1 – 2 step directions	
	Listens and works without becoming distracted	
	Begins tasks/activity	
	Engages in groups	
	Corrects mistakes when given verbal feedback	
	Knows when task/activity is complete	
	Maintain focus comparable to peers	
	Maintain effort to complete task without giving up	
	Finishes work/tasks within the time provided	
	Follows verbal directions	
	Follows visual directions	
	Follows multi-step directions in sequence	
	Uses free time appropriately (chooses an activity/playmate, plays)	
	Participates actively in 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 desk, table, chair, or floor	
	Participates in learning movement activities similar to peers	
	Utilizes all natural and school environments (lunchroom, locker, bathroom, playground, stage)	
	Meets personal needs (eating, dressing, toileting)	
	Picks up, holds, turns pages of books	
	Manipulates play materials (puzzles, books)	
	Stabilizes paper while using pencils, crayons, and markers	
	Uses school supplies (markers, scissors, eraser, glue, paints)	
	Manages back pack	
	Stores and retrieves materials in an orderly, timely manner	
	Operates electronic devices (e.g., computer, iPad, etc.)	

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:

- o Visual cues or schedule
- o Assistance or support for transitions
- o Visual Work Samples
- o Alternative method for written responses (e.g., iPad) (describe_____)
- o Repeated/simplified directions
- o Paraprofessional support
- o Assignments modified
- o Slant board
- o Switches
- o Extra time for assignment completion
- o Preferential Seating
- o Redirect attention to task

Please include any additional modifications/adaptations you provide:

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