

ELEMENTARY
ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/ MOTOR SKILLS CHECKLIST

Student's Name: _____

Grade: _____

School: _____

Setting: _____

Date: _____

Completed by: _____

	INDEPENDENT	NEEDS ASSISTANCE	COMMENTS/ADAPTATIONS
ORGANIZATION AND WORK SKILLS			
Follows classroom routines			
rules			
schedules			
Follows verbal directions			
Follows written directions			
Follows multi-step directions in sequence			
Listens and works without distraction			
Begins work/tasks			
Finishes work/tasks within time allotted			
Knows when work is complete			
Corrects mistakes and edits work			
Turns in work on time			
Takes notices and appropriate materials home to complete homework			
Returns completed homework within time allotted			
Transitions from one classroom activity/setting to another:			
within the time allowed			
with needed materials and supplies			
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			
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 (ie .lunchroom, locker, bathroom, playground, stage)			
Meets personal needs (eating, dressing, toileting) at school			
Produces written work that is legible and completed within time lines, without fatigue			
Uses school supplies (markers, scissors, eraser, glue, paints)			
Manages books, materials, and back pack			
Stores and retrieves materials in an orderly and timely manner			
Operates standard computer and mouse			

- PLEASE COMPLETE BOTH SIDES OF FORM -

ELEMENTARY

ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/ MOTOR SKILLS CHECKLIST

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

Please list any accommodations or modifications you routinely make for this student.

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