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**PREKINDERGARTEN-KINDERGARTEN**  
**ORGANIZATIONAL AND INDEPENDENT WORK SKILLS/MOTOR SKILLS CHECKLIST**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Reg. Ed. Setting \_\_\_ Spec. Ed. Setting \_\_\_ Inclusion Setting \_\_\_

Curriculum: \_\_\_ regular; \_\_\_ modified; \_\_\_ alternative  
Compare student to others in the class.

Grade: \_\_\_\_\_

Setting: \_\_\_\_\_

Completed By: \_\_\_\_\_

\_\_\_ paraprofessional support

Always/Often  
Sometimes  
Rarely/Never

Indicate N/O (Not Observed) if you have not had the opportunity to observe the behavior in your setting.

		ORGANIZATIONAL SKILLS	Comments/Adaptations
		Follows natural environment or classroom routines	
		Follows classroom rules	
		Follows classroom schedules	
		WORK SKILLS	Comments/Adaptations
		Follows 1 - 2 step directions	
		Engages in groups	
		Begins task/activity	
		Corrects mistakes given verbal feedback	
		Knows when task/activity is complete	
		Finishes task/activity within the time allotted	
		Transitions from one activity/setting to another: within the allowed time	
		Transitions from one activity/setting to another: with needed materials and supplies	
		Uses free time appropriately (chooses an activity/playmate, plays)	
		Participates actively in group activities, projects	
		Seeks adult/peer help appropriately	
		MOTOR SKILLS	Comments/Adaptations
		Moves through natural and school environment in a safe and timely manner (including emergency evacuations)	
		Demonstrates stability at table, on chair, or floor	
		Participates in learning movement activities similar to peers	
		Utilizes all natural and school environments	
		Meets personal needs (eating, dressing, toileting) in natural environment or school	
		Stabilizes paper while using pencils, crayons, and markers	
		Picks up, holds, turns pages of books	
		Manipulates play materials (puzzles, blocks)	
		Uses school supplies (markers, scissors, eraser, glue, paints)	
		Manages backpack	
		Stores and retrieves materials in an orderly, timely manner	
		Operates standard computer and mouse	

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What are some of the student's strengths?

Does this student show age appropriate social skills?

yes

no

Do you have any concerns regarding this student's attendance?  
 (including time out of the classroom due to medical procedures)

yes

no

Is peer acceptance impacted by this student's disability?

yes

no

Check all accommodations/modifications that you routinely make for this student and add as needed:

- |  |   |
|--|---|
| <input type="checkbox"/> visual schedule or cues               | <input type="checkbox"/> paraprofessional support   |
| <input type="checkbox"/> assistance or support for transitions | <input type="checkbox"/> slantboard                 |
| <input type="checkbox"/> visual work samples                   | <input type="checkbox"/> switches                   |
| <input type="checkbox"/> alternative keyboard (larger/smaller) | <input type="checkbox"/> redirect attention to task |
| <input type="checkbox"/> repeated & simplified directions      | <input type="checkbox"/> other _____                |
| <input type="checkbox"/> visual work samples                   | <input type="checkbox"/> other _____                |
| <input type="checkbox"/> other                                 | <input type="checkbox"/> other _____                |

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