

# Elementary Organizational and independent work skills checklist

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

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

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

	Independent	Area of concern/ Needs Assistance	Current Adaptations /Comments
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 with 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			
<b>Motor – related to strength/endurance/pain management</b>			
Moves through natural school environment in a safe and timely manner (including emergency evacuation)			
Demonstrates stability at table, on chair, or floor			
Participates in physical education class			
Utilizes all natural school environments (i.e. lunchroom, playground, bathroom 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, paste/glue/paints)			
Manages books, materials, and backpack			
Stores/retrieves materials in an orderly and timely manner			
Operates standard computer/mouse			

Please Complete Both Sides of Form

**Elementary**  
**Organizational and independent work 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?