

MY TEACHER HAS OBSERVED

Child Name: _____

Date: _____

Completed by: _____

Please check relevant items and make comments:

<p>1. ENGAGEMENT IN ROUTINES</p> <p>MY STRENGTHS:</p> <ul style="list-style-type: none"><input type="checkbox"/> I anticipate consistent daily routines<input type="checkbox"/> I follow the sequence of the routines<input type="checkbox"/> I respond to changes in routines<input type="checkbox"/> I understand classroom expectations<input type="checkbox"/> I respond to familiar activities and situations<input type="checkbox"/> I have favorite activities<input type="checkbox"/> I respond to directions<input type="checkbox"/> I follow simple directions and complete tasks<input type="checkbox"/> I am cooperative in interactions with adults<input type="checkbox"/> Other: _____ <p>MY CHALLENGES:</p> <ul style="list-style-type: none"><input type="checkbox"/> I require excess attention over time<input type="checkbox"/> I require individual assistance<input type="checkbox"/> I must be constantly re-directed<input type="checkbox"/> I have difficulty with transitioning<input type="checkbox"/> I avoid some activities, people, or objects<input type="checkbox"/> I become upset or overly stimulated easily<input type="checkbox"/> I require extra time to respond in unfamiliar situations and activities<input type="checkbox"/> I become easily distracted in particular routines<input type="checkbox"/> Other: _____	<p>2. PLAY/SOCIAL INTERACTION</p> <p>MY STRENGTHS:</p> <ul style="list-style-type: none"><input type="checkbox"/> I explore new objects, toys, and materials<input type="checkbox"/> I initiate exploration of preferred toys/activities independently<input type="checkbox"/> I enjoy playing with favorite play objects<input type="checkbox"/> I engage in interactive play<input type="checkbox"/> I initiate interaction with familiar adults<input type="checkbox"/> I respond to peer's social initiation<input type="checkbox"/> I have a peer buddy<input type="checkbox"/> I take turns with others<input type="checkbox"/> I identify emotions of others<input type="checkbox"/> Other: _____ <p>MY CHALLENGES:</p> <ul style="list-style-type: none"><input type="checkbox"/> I have limited interest in interacting with play materials<input type="checkbox"/> I require individual assistance with play<input type="checkbox"/> I rarely initiate social interaction<input type="checkbox"/> I insist on my turns<input type="checkbox"/> I have difficulty understanding social cues<input type="checkbox"/> I have difficulty playing appropriately with peers<input type="checkbox"/> Other: _____
<p>3. COMMUNICATION SKILLS</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"><input type="checkbox"/> I show my enjoyment using smiles, laughs, or verbal language<input type="checkbox"/> I understand visual cues or signs<input type="checkbox"/> I understand verbal cues and prompts<input type="checkbox"/> I express needs using verbal or physical signals and cues or language<input type="checkbox"/> I use words, phrases, or sentences to communicate with others<input type="checkbox"/> Other: _____ <p>MY CHALLENGES:</p> <ul style="list-style-type: none"><input type="checkbox"/> I have difficulty understanding visual or verbal cues and prompts<input type="checkbox"/> I have difficulty expressing needs<input type="checkbox"/> I have a limited vocabulary for my age<input type="checkbox"/> I have difficulty paying attention when my teacher gives me directions<input type="checkbox"/> Other: _____	<p>4. PROBLEM BEHAVIOR</p> <ul style="list-style-type: none"><input type="checkbox"/> I refuse to follow directions<input type="checkbox"/> I engage in disruptive behavior during activities<input type="checkbox"/> I engage in temper tantrums to get my needs met<input type="checkbox"/> I use aggression to obtain or avoid objects or social interaction<input type="checkbox"/> I use self-injurious behavior to obtain or avoid objects or social interaction<input type="checkbox"/> I frequently engage in the problem behavior<input type="checkbox"/> I engage in a prolonged periods of problem behavior<input type="checkbox"/> Other: _____

COMMENTS: