

What support services and/or adaptations need to be made in order to help this student be successful in the public school setting?

What are behavior management considerations for this student?

| Is this child able to: | | |
|--|------------|-----------|
| Activity | Yes | No |
| State full name and age | | |
| Take care of al toilet needs | | |
| Remove and put on outerwear | | |
| Is able to zip and button | | |
| Is able to follow directions | | |
| Repeat directions | | |
| Separate easily from parent | | |
| Listen quietly to a story (15 minutes) | | |
| Work at one activity (15minutes) | | |
| Recognize colors | | |
| Use crayons for coloring | | |
| Use scissors for cutting | | |
| Hold scissors correctly | | |
| Count to 10 | | |
| Take turns | | |
| Speak clearly | | |
| Has correct pencil grasp | | |
| Plays well with others | | |
| Share with others | | |
| Attends school regularly | | |
| Is this child easily frustrated | | |

COMMENTS:

FUTURE UNLIMITED, INC.
 APPROVED: 03/19/97
 FORM NO.: T-0100
