

Systematic Interview/Observation Worksheet

Student's Name _____ DOB _____ School _____

Medical Diagnosis _____ Physician _____ Date of Diagnosis _____

Interview Date _____	Observation Date(s) _____
Person (s) Interviewed _____	Observation Setting _____
Completed by _____	Completed by _____
Title _____	Title _____

- Information must be gathered from both Interview (I) and Observation (O).
- For each item place the appropriate number in the box: 1) adequate 2) adequate with accommodations 3) area of concern
- Documentation should be determined to be significantly discrepant from peers.
- This documentation should include descriptive, narrative examples of the educational concern, and list any current accommodations.

PHYSICAL ABILITY (Document significant discrepancies from peers)

I O

Limited physical strength resulting in decreased capacity to perform school activities:

Limited endurance resulting in decreased stamina and decreased ability to maintain performance.

Level of pain results in decreased ability to perform or maintain performance.

ALERTNESS Heightened or diminished alertness resulting in impaired abilities. (Document significant discrepancies from peers)

I O

• Prioritizing environmental stimuli:

• Maintaining focus/sustaining effort:

• Accuracy of completed task:

ORGANIZATION SKILLS (Document significant discrepancies from peers and if this is an area of concern complete Organization and Independent Work Skills Observation Interview Worksheet for Elementary Secondary or Preschool)

I O

Materials: (Has materials when needed, physical organization of space and materials)

Written Work: (Organized on page in sequential manner, i.e., name at top, items in logical order, capitalization, paragraphs, etc.)

Thoughts: (Tells thoughts or stories sequentially – beginning, middle, and end, stays on topic)

WORK COMPLETION WITHIN ROUTINE TIMELINES (Document significant discrepancies from peers)

I O

Self-Initiates: (Ability to independently begin a task)

Displays On-Task Behavior: (Ability to continue working on a task)

Follows Directions: (Can follow directions given to the entire class without individual assistance)

Homework: (Independently keeps track of assignments, completes them and hands them in on time)

Participates In Group Activities:

Number of Assignments Given ____ Assignments Turned In ____ Assignments Late ____

Work Completion: (Unassisted, adult assisted, peer assisted)

INDEPENDENCE (Document significant discrepancies from peers)

I O

Movement Through School Environment: (Gets to destination without support needed due to strength, endurance, behavior, or attention)

Clothing/Bathroom/Lunchroom: (Can manage these self care activities without assistance)

Motoric Management of Materials: (Uses computer, books, notes, pencil, scissors, desk, locker)

Level of Self-Advocacy: (Requests help, can tell others about disability and needed accommodations and modifications)

FUNCTIONAL LEVEL OF ACADEMIC PERFORMANCE (Daily classroom performance in relation to peers)

I O

Reading:

Comprehension

Fluency

Decoding

Math:

Computation

Reasoning

Written Language:
Math
Language

Other:

PEER INTERACTION (Document significant discrepancies from peers)

I O
 Student with Peers: (Does the student initiate and interact appropriately?)

Peers with Student: (Do others include student and interact appropriately?)

INTERFERING BEHAVIORS (Document significant discrepancies from peers)

I O
 Distracting to Self or Others:

Impulsive Behavior:

MAIN STRENGTHS

I
 Parents:

General Education Teacher/Other Staff:

MAIN CONCERNS

I
 Parents:

General Education Teacher/Other Staff:

Parent/Guardian Interview

1. What are your child's strengths?

2. What are your concerns for your child while at school?

3. Are there special considerations that the school needs to be aware of?

Medical:

Health:

Safety:

4. What are your priorities for the staff and your child to work on at school?

5. How much does your child know about his/her medical diagnosis?

6. Do you want school staff to provide an inservice to your child's classmates?

Would you like to participate in the inservice?

Do you want your child to be present at the Inservice?

7. How would you like to communicate with school staff about your child and the medical condition?

Do you prefer one contact person?

8. Have you talked to the school nurse about medications or health concerns?

9. Share examples of how your child organizes themselves at home to things like: chores, getting ready for school in the morning and room cleaning.

10. How much time does your child typically spend on homework each evening?

How much assistance do you need to provide?

What strategies have worked at home?

11. Does your child have friends in your neighborhood? Same age, older or younger?

Sample Cover Letter for Checklist
Organizational and Independent Work
Skills Checklists

SAMPLE COVER LETTER FOR CHECKLIST

Date: _____

To: _____

Regarding Student: _____

From: _____

The attached checklist, "Organizational and Independent Work Skills in the Classroom", will assist staff in determining if a student meets OHD criteria, may serve as part of an educational re-assessment and provide classroom teachers information to help identify student needs in organizational and independent work skills that are related to a variety of disabilities.

The following guidelines are suggested when completing the worksheet:

Definition of categories:

Independent: Performance in skill area meets or exceeds classroom expectations.

Area of Concern/
Needs Assistance: Performance in skill area does not meet classroom expectations.

Current Adaptations/
Or Comments: Student is currently being provided with adaptations to curriculum or environment such as an organizational system, or provided with assistance (i.e. paraprofessional).

Comments should always be made whenever an area of concern is noted.
Please note strengths when appropriate.

Thank you for your time and assistance.

Please return to: _____

Or _____

Instructions

Organizational and Independent Work Skills Checklists

PreKindergarten-Kindergarten
Elementary
Middle School and High School

These three checklists are designed to assist teachers or other related professionals in the identification of needs in the area of organizational and independent work skills in the classroom. These checklists provide an observational and interview tool to address deficits in education that are related to organization and working independently. They are not required but are a suggested way to address this section of the criteria. The checklists can also be used as a format for student interviews.

Each skill area should be rated and/or described as follows:

Independent – student is able to complete the skill or tasks at a quality or rate similar to their peers.

Area of concern/Needs Assistance – student is not able to complete the skill or task at a quality or rate similar to their peers.

Adaptatlons/Comments – clarification of student's skills, noting current adaptatlons.

PreKindergarten-Kindergarten 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 1-2 step direction			
Attends to group instruction			
Begins task/activity			
Finishes task/activity within the time allotted			
Knows when task/activity is complete			
Corrects mistakes given verbal feedback			
Transitions from one activity/setting to another			
Within the allowed time			
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 – related to strength/endurance/pain management			
Moves through natural school environment in a safe and timely manner (including emergency evacuation)			
Demonstrates stability at table, on chair, or floor			
Participates in learning movement activities similar to peers			
Utilizes all natural school environments (i.e. lunchroom, playground, bathroom stage)			
Meets personal needs (eating, dressing, toileting) in natural environment at school			
Stabilizes paper while using pencils, crayons, and markers			
Picks up/holds, turns pages of books			
Manipulates educational materials (puzzles, blocks)			
Uses school supplies (markers, scissors, eraser, paste/glue, paints)			
Manages back pack			
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

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			
Motor – related to strength/endurance/pain management			
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

Middle School and High School Organizational and independent work skills checklist

Student's Name: _____ Grade: _____

School: _____ Setting: _____

Date: _____ or _____ Student Interview

Completed by: _____

	Independent	Area of concern/ Needs Assistance	Current Adaptations/ Comments
Organization and Work Skills			
Follows daily class schedule			
Uses and follows assignment book/planner			
Organizes and studies course materials			
Listens and works without distraction			
Begins and completes work within time allotted			
Understands assignment expectations			
Turns in work on time			
Completes tests			
Obtains and completes makeup assignments when absent			
Transitions from one classroom activity/setting to another			
within the time allowed			
with needed materials and supplies			
Uses independent time appropriately			
Participates actively in class discussions/group activities/projects			
Advocates for self to clarify classroom requirements or meet personal needs			
Motor -- related to strength/endurance/pain management			
Moves through natural school environment in a safe and timely manner (including emergency evacuation)			
Participates in physical education class			
Utilizes all natural school environments (i.e. lunchroom, playground, bathroom stage)			
Meets personal needs (eating, dressing, toileting) within the daily schedule			
Produces written work that is legible and completed within time lines, without fatigue			
Manages school materials and belongings in a timely manner			
Organizes school materials, folders, locker			
Operates standard computer/mouse			

Please Complete Both Sides of Form

Sean's health condition results in a pattern of unsatisfactory educational progress as documented above.

Educational Needs:

Sean needs to improve his on-task behaviors
Sean needs to complete tasks within routine timelines.

In his evaluation dated 10-18-02, Sean was identified as Other Health Disability because of his inability to complete educational tasks in routine timelines due to his ADD diagnosis. Last year, Sean worked on his on-task behavior. He began at 60% off-task as compared to 20% off-task behavior by a peer. The team identified several classroom adaptations that appeared to work: seated in back by teacher desk, assignments were given in chunks, positives were provided frequently. Sean was also allowed to "run errands" and was given responsibilities at least once every subject period.

At this time, Sean is able to respond to non-verbal cues that help him be more on-task. A recent observation indicated that he was on-task 75% of the time compared to 82% by a peer. However, the teacher or paraprofessional in the classroom gave him 15 non-verbal cues during the 45 minute observation. His parents state that Sean will sometimes say to himself "wait" or "don't do it". They had never seen him do that before. The team felt that with continued support Sean could learn to self-monitor his behavior.

GOAL: Sean will maintain or improve his on-task behavior of 75% while reducing the number of outside non-verbal cues from 15 to 8.

OBJECTIVES:

When given a chart and a silent timer set for 3 minutes, Sean will self-monitor his on-task behavior reducing the non-verbal cues from others to 11, while maintaining 75% or better on-task behavior as measured by observation notes.

When given a chart and a silent timer set for 5 minutes, Sean will self-monitor his on-task behavior reducing the non-verbal cues from others to 8, while maintaining 75% or better on-task behavior as measured by observation notes.

ACCOMMODATIONS/MODIFICATIONS CONSIDERATION CHECKLIST

Student: _____

Date of Birth: _____

School: _____

Date: _____

DOES THE STUDENT:	NEED TO CONSIDER	NOT NEEDED	COMMENTS
1. Have diagnosis by a physician as having a health condition? Condition: _____			
2. Require school health services: medications _____ healthcare procedures _____ for the health condition.			
3. Require accommodations in teaching strategies and curriculum such as: compensation for work completion, curriculum modifications and adaptations.			
4. Require accommodations for organization and independent work skills such as: daily planners, notetakers, modified assignments or tests.			
5. Require adjustments of the school environment or schedule due to a health condition such as rest needed following a seizure, limitation for physical activity, periodic breaks for endurance, part-time schedule, homebound instruction, building modifications for access, additional time allotted for passing between classes.			
6. Require accommodations utilizing behavioral management techniques such as self monitoring tools, peer tutors, reinforcement programs, medication compliance, etc.			
7. Require development of self-advocacy skills and independence related to their health condition and self care.			
8. Require accommodations in areas of gross and/or fine motor skills such as ambulation, writing, self care, daily living skills, etc.			
9. Require accommodations for major safety considerations such as special transportation, emergency care plan, additional supervision, health monitoring and emergency evacuation plan.			

ADHD

ADHD77

Resources in this chapter can be used for training teams to demonstrate examples of how children with ADHD may be eligible for special education and related service or a 504 plan and accommodations. This chapter also contains information from the American Academy of Pediatrics (AAP) regarding evaluation recommendations as well as an article from the ADHD Report outlining IDEA 97 and eligibility possibilities in special education.

· WHEN ADHD IS OHD.....78
· AAP RELEASES NEW GUIDELINES FOR DIAGNOSIS OF ADHD.....79
· ADHD AND IDEA: A GUIDE FOR HEALTH AND MENTAL HEALTH PROFESSIONALS.....81

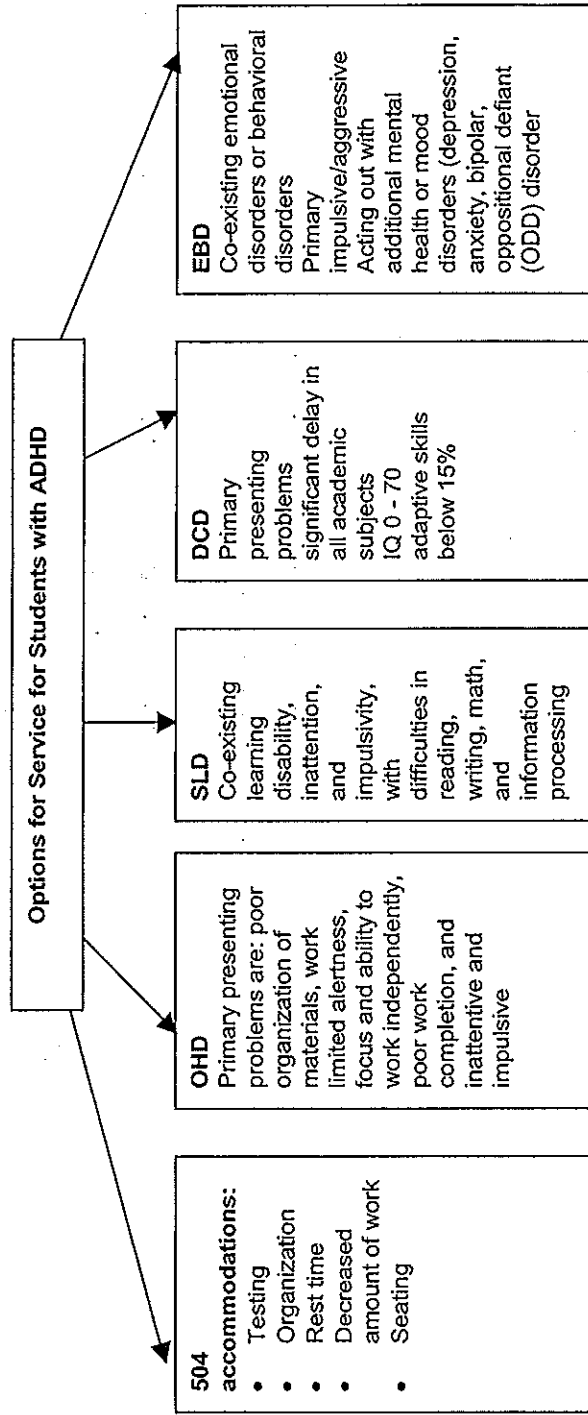
When ADHD is OHD

Research shows that children with Attention Deficit Hyperactivity Disorder commonly have co-existing conditions and diagnoses that adversely affect educational performance. Students with ADHD may be eligible for special education services in a variety of categories depending on how ADHD and the co-existing conditions manifests themselves in the educational setting. Child Study Teams need to maintain a holistic perspective on a child being evaluated for special education services. In situations where the evaluation process identifies multiple issues the team must weigh the information to determine the appropriate eligibility category. This requires careful analysis of the presenting problems. In addition, a medical diagnosis of ADHD does not assure accommodations, specialized instruction or related service. Each student must have an educational evaluation to determine eligibility for any special education or 504 services.

Example 1: A student is diagnosed as oppositional defiant and ADHD. The evaluation information identifies presenting problems as defiance of authority, refusal to comply with directions from adults, threatened aggression towards peers, refusal to complete assignments, and frequent use of inappropriate language. The presenting problems indicate the student should be considered for eligibility as Emotional Behavior Disorder (EBD).

Example 2: A student is diagnosed with ADHD. The evaluation information clearly identifies presenting problems as inability to remain focused on a task, poor organizational skills, consistent out of seat behavior, and some difficulty with peer relations. The presenting problems indicate the student should be considered for eligibility as Other Health Disabilities (OHD).

Example 3: A student is evaluated and has a full scale IQ of 62. The adaptive skills are all below the 15th percentile. Behaviors of concern are noted as inability to remain focused on a task, assistance needed with self-care tasks, lack of organizational skills, and inability to work independently for more than 3-5 minutes. Evaluation shows that the student is 2 years behind peers in all academic subjects. The parent has a note from the doctor stating the child has ADHD. The evaluation data indicates the student should be considered for eligibility as Developmental Cognitive Disabilities (DCD).





MDE

Other Health Disabilities Technical Assistance Tip

Student Observation Guide

A student observation is a required and significant part of a special education evaluation when the Other Health Disabilities (OHD) categorical area is being considered. The observation must be conducted by a licensed special education teacher.

If your local education agency is developing a student observation sheet, consider the following as possible items to document:

- Observation time, such as 8:10 a.m. to 8:45 a.m.
- Name and signature of observer.
- Did the student arrive on time?
- What was the subject and/or activity during the observation?
- How many minutes did the student pay attention to the teacher?
- Did the student answer any questions?
- Did the student ask any questions?
- Did the student distract any classmates or the teacher?
- How quickly did the student begin the activity or assignment?
- How many minutes did the student concentrate on the activity or assignment? Was the student tired, sick or bored?
- How many minutes did it take the student to find activity or assignment materials, such as page in book, paper and pencil? Was the student disorganized or unsure of what was needed?
- Did the student actively participate in a group activity? If not, why not?
- Describe the student's effort and motivation.
- Did the student leave early? If so, why?