

Name: \_\_\_\_\_

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

## Classroom/Community Observation Task Note Cues

### Speech/Language/Social Behavior

- |   |   |
|---|---|
| <input type="checkbox"/> Articulation/understandable              | <input type="checkbox"/> Jokes/Uses sarcasm   |
| <input type="checkbox"/> Understands what others say or mean      | <input type="checkbox"/> Topics of conversation (appropriateness, limited, repeated or fixated on topics) |
| <input type="checkbox"/> Uses a communication device              | <input type="checkbox"/> Initiates conversations  |
| <input type="checkbox"/> Expressing needs in preferred language   | <input type="checkbox"/> Ends conversations in an acceptable way  |
| <input type="checkbox"/> Communicates ideas in complete sentences | <input type="checkbox"/> Expresses comments of empathy towards another person                             |
| <input type="checkbox"/> Depends on others for communication      | <input type="checkbox"/> Maintains eye contact  |
| <input type="checkbox"/> Gestures                                 | <input type="checkbox"/> Engages in self-talk (is it disruptive to others?)                               |
| <input type="checkbox"/> Greetings                                | <input type="checkbox"/> Mimics or parrots conversation   |
| <input type="checkbox"/> Exchanges in conversation                |   |
| <input type="checkbox"/> Asks questions for clarification         |   |
| <input type="checkbox"/> Uses a communication device              |   |

### Behaviors/Personal Management/Social

- |  |  |
|--|--|
| <input type="checkbox"/> Disposition/Personality                             | <input type="checkbox"/> Remains on task   |
| <input type="checkbox"/> Responds to reinforcement                           | <input type="checkbox"/> Decision making   |
| <input type="checkbox"/> Requires prompting                                  | <input type="checkbox"/> Follows instructions, including multi-step  |
| <input type="checkbox"/> Can identify triggers and use coping strategies     | <input type="checkbox"/> Easily overwhelmed by external or internal stimuli  |
| <input type="checkbox"/> Self-Assured or needs reassurance                   | <input type="checkbox"/> Social avoidance, isolation, or withdrawal  |
| <input type="checkbox"/> Takes turns   | <input type="checkbox"/> Repeated vocalizations in a loud or disruptive manner (humming, outbursts, cursing, inappropriate comments, repeated questioning) |
| <input type="checkbox"/> Emotional regulation, controls temper               | <input type="checkbox"/> Rigid with routine  |
| <input type="checkbox"/> Maintain appropriate personal space/boundary issues | <input type="checkbox"/> Self-injurious behaviors  |
| <input type="checkbox"/> Nervous Habits                                      | <input type="checkbox"/> Stress or anxiety management  |
| <input type="checkbox"/> Fidgety, restless, anxious                          | <input type="checkbox"/> Impulsive   |
| <input type="checkbox"/> Manages change in schedule                          | <input type="checkbox"/> Psychosomatic complaints  |
| <input type="checkbox"/> Supervision needs                                   | <input type="checkbox"/> Wandering/Elopement concerns  |
| <input type="checkbox"/> Cooperative with others                             |  |
| <input type="checkbox"/> Conflict resolution                                 |  |

### Self-Help- Independent/Living

- |   |   |
|---|---|
| <input type="checkbox"/> Remove hat, coat, gloves, shoes on his/her own | <input type="checkbox"/> Orienting- small area, one room, several rooms, building-wide, building and grounds/campus |
| <input type="checkbox"/> Acceptable hygiene                             | <input type="checkbox"/> Safety Skills- able to assess and react to alarms, sirens, warning signs                   |
| <input type="checkbox"/> Eat independently                              | <input type="checkbox"/> Knows medication list  |
| <input type="checkbox"/> Prepares simple meals                          | <input type="checkbox"/> Aware of any allergies or medical alert issue  |
| <input type="checkbox"/> Toiletry needs                                 |   |

**Fine Motor**

- |  |  |
|--|--|
| <input type="checkbox"/> Writes legibly                  | <input type="checkbox"/> Transfers objects from one hand to another          |
| <input type="checkbox"/> Manipulates buttons and zippers | <input type="checkbox"/> Sorting ability                                     |
| <input type="checkbox"/> Pick up/grasp small objects     | <input type="checkbox"/> Folding   |
| <input type="checkbox"/> Eating/use of utensils          | <input type="checkbox"/> Wiping down a surface                               |
| <input type="checkbox"/> Laces/ties own shoes            | <input type="checkbox"/> Manages an IT device- can scroll, type, turn on/off |
| <input type="checkbox"/> Turns pages in a book           |  |
| <input type="checkbox"/> Turns knobs/uses levers         |  |

**Gross Motor**

- |  |   |
|--|---|
| <input type="checkbox"/> Ambulates independently     | <input type="checkbox"/> Endurance                          |
| <input type="checkbox"/> Ambulates with a device     | <input type="checkbox"/> Follows a workout routine          |
| <input type="checkbox"/> General Physical Mobility   | <input type="checkbox"/> Completes tasks independently      |
| <input type="checkbox"/> Balance/Coordination issues | <input type="checkbox"/> Lifting                            |
| <input type="checkbox"/> Bending, Stooping, Reaching | <input type="checkbox"/> AT device required for safety      |
| <input type="checkbox"/> Strength                    | <input type="checkbox"/> Able to stand for a length of time |

**Sensory**

- |   |   |
|---|---|
| <input type="checkbox"/> Sensitive to smells, tastes, textures, temperatures, light | <input type="checkbox"/> Uses fidget device   |
| <input type="checkbox"/> Aversions  | <input type="checkbox"/> Utilizes AT device (noise cancelling headphones, earbuds for music, etc) |
| <input type="checkbox"/> Requires or uses calming techniques or cues                |   |

**Prevocational**

- |  |   |
|--|---|
| <input type="checkbox"/> Independent Work Rate (no prompts)              | <input type="checkbox"/> Adapting to change                             |
| <input type="checkbox"/> Cuing/prompting/reinforcement needs             | <input type="checkbox"/> Initiative/motivation to complete tasks        |
| <input type="checkbox"/> Quality of work output                          | <input type="checkbox"/> Stamina/endurance                              |
| <input type="checkbox"/> Maintain consistent work effort                 | <input type="checkbox"/> Independent sequencing of job tasks            |
| <input type="checkbox"/> Summary of work sites or paid work experiences  | <input type="checkbox"/> Solve simple problems                          |
| <input type="checkbox"/> Job coach/Work Site Skills Trainer/Para reports | <input type="checkbox"/> Quickly learn a new task                       |
| <input type="checkbox"/> Volunteer or Paid work experiences              | <input type="checkbox"/> Level of support needed                        |
| <input type="checkbox"/> Time awareness                                  | <input type="checkbox"/> Requires visual aids                           |
| <input type="checkbox"/> Daily routines                                  | <input type="checkbox"/> Handling criticism/Interaction with supervisor |
| <input type="checkbox"/> Transitions- planned and unplanned              | <input type="checkbox"/> Travel skills                                  |

**Notes:**