

# TEACHER INTERVIEW

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

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

Teacher(s): \_\_\_\_\_

Grade: \_\_\_\_\_

Please complete and return as soon as possible. This information will be included in the evaluation report. Thank you!

## ADAPTIVE

	Yes	No
Able to dress self for the weather		
Able to open lunch containers		
Completes morning classroom routines		
Cleans up after themselves		
Packs backpack at the end of the day		
Takes out appropriate materials for projects (i.e., crayons, scissors, etc.)		

Comments:

## PERSONAL-SOCIAL

	Yes	No
Able to be redirected with one to two prompts (verbal or visual)		
Follows classroom rules/routines		
Stays with one activity for 15 minutes		
Has a friend(s)		
Follows rules when playing games		
Expresses emotions with words rather than physically		

Comments:

## COMMUNICATION

	Yes	No
Uses complete sentences with 5-7 words		
Follows 3-step directions		
Beginning to understand humor		
Pronounces words correctly – few articulation errors		
Recalls events from a story		
Uses tense and time correctly		

Comments:

## MOTOR

	Yes	No
Can write their name		
Can write some letters and numbers		
Can draw a person with at least 8 parts		
Can kick, throw, and catch a ball		
Copies complex shapes		
Able to write within a defined space		

Comments:

## COGNITIVE

	Yes	No
Can solve simple math problems using objects		
Recites the alphabet		
Able to count backwards from 20		
Tells time		
Writes simple sentences		
Able to read some simple words		

Comments: