

OHD Teacher Interview: Organization and Work Completion Elementary & Secondary

Child's Name: _____ Person Completing this Form: _____
 Birth date: _____ Relationship to Child: _____
 School: _____ Grade: _____
 Date: _____

Health Condition: _____

Directions:

Please read the following questions and answer by checking only the choices of YES or NO. If further clarification is needed or your answer is "sometimes" please enter an explanation in the comments section.

Your participation in completing this checklist provides extremely valuable information used in the special education assessment process. *THANK YOU.*

	Yes	No	Comments
1. Is the student excessively absent from school due to medical appointments, therapies, or hospitalizations related to the above-stated health condition? <i>If yes, how often per week?</i> 1-2 times 3-4 times 5+ times			
2. Is the student excessively absent from your class due to visits to the school nurse? <i>If yes, how often per day?</i> 1 time 2 times 3+ times <i>If yes, how long is he/she out of your classroom for the nurse visit?</i> 5-10 minutes 10-20 minutes 20+ minutes			
3. Are you aware of any specialized health procedures that student needs throughout the school day?			
4. Are you aware of any prescribed medications being administered to the student at home or at school? <i>If yes, what medications, and where are they taken?</i>			
5. Have you been told by the student's parent(s) or medical doctor that his/her medications may negatively affect his/her comprehension, memory, attention, or stamina?			

	Yes	No	Comments
<p>6. In comparison to peers, have you noticed the student demonstrating limited physical strength?</p> <p><i>If yes, how does the student's limited physical strength affect his/her capacity to perform school activities? Please explain.</i></p>			
<p>7. In comparison to peers, have you noticed the student demonstrating decreased stamina in the classroom?</p> <p><i>If yes, how does his/her limited endurance affect his/her ability to maintain performance at school?</i></p>			
<p>8. In comparison to peers, does the student exhibit heightened or diminished alertness resulting in impaired abilities (e.g., maintaining focus, sustaining effort)?</p>			
<p>9. Does the student "daydream" more often than his/her peers?</p>			
<p>10. Do routine movements or noises in the classroom easily distract the student (e.g., noise in the hallway or outside, other students sharpening their pencil, etc.)?</p>			
<p>11. In comparison to peers, is the student frequently off-task during individual seat work time?</p> <p><i>If yes, on average how often <u>per class period</u> is the student off-task?</i> <i>1-2 times 3-4 times 5+ times</i></p>			
<p>12. In comparison to peers, is the student inattentive during teacher lead instruction?</p>			
<p>13. In comparison to peers, does the student get out of his/her desk more often during class time (e.g., sharpen pencils, get a drink, ask to use the restroom, etc.)?</p>			
<p>14. Does the student have difficulty managing and organizing classroom materials?</p>			
<p>15. Does the student have difficulty locating materials when needed (e.g., books, writing utensils, etc.) within a reasonable amount of time?</p>			
<p>16. Does the student frequently lose classroom materials (e.g., books, pens/pencils, notebooks/folders, etc.)?</p>			

	Yes	No	Comments
17. Does the student frequently leave materials for class at home (e.g., backpack, parent contact folder, etc.)?			
18. Does the student frequently leave things at school that he/she needs at home?			
19. Compared to peers, does the student need additional daily/weekly time to organize his/her materials and supplies in order to be successful in the classroom?			
20. Does the student have difficulty completing classroom assignments within routing timelines? <i>If yes, is it due to a skill deficit? Please explain.</i> <i>If yes, is it due to lack of organization or focus? Please explain.</i>			
21. Does the student demonstrate an impaired ability to follow directions? <i>If yes, can he/she usually follow written directions? Please explain.</i> <i>If yes, can he/she usually follow verbal directions? Please explain.</i> <i>If yes, can he/she usually follow directions given to the group? Please explain.</i>			
22. Does the student demonstrate an impaired ability to initiate and complete a task?			
23. Overall, when work is turned in and it's not accurate, is it mainly the result of the student not following or reading directions?			

24. Any additional comments or concerns you would like to share?

WORK COMPLETION

Directions:

Please complete the section pertaining to your class(es) with the student.

According to your records, how much work is this student currently MISSING and how often is work turned in LATE?

Please answer with NUMBER VALUES for this section (i.e., 2/10 assignments).

	Missing Assignments	Late Assignments
English/Language Arts/Reading/Spelling:		
Math:		
Science:		
Social Studies/History:		
Other:		

STUDENT GRADES

Directions:

Please complete the section pertaining to your class(es) with the student.

	Current Grade	Accommodations Made in Your Classroom <i>(e.g., additional time to turn in work, individual help outside of class time, assisted check-in or check-out, individual routine assistance with organization (locker/desk cleanout etc.)</i>
English/Language Arts/Reading/Spelling:		
Math:		
Science:		
Social Studies/History:		
Other:		

THANK YOU!