

ORLEANS PARISH SCHOOL BOARD

Form 3a – Screening Instruments

Prior to SATeam Meeting

Complete the screening packet and return to the SATeam Chairperson.

SAT Screening Packet Checklist

Student: _____ Date: _____

Personnel completing packet: _____

_____ Vision and Hearing Screening (**attach screening**)

_____ Health Screening: Is there a history of health problems? Have you observed any health problems? If so, elaborate _____

_____ General Student Information and Teacher Observation forms (**Attach both with supporting documentation**)

_____ Attach any relevant incident reports/discipline records, teacher reports, parent reports and information provided by parent, developmental profiles, previous behavior intervention plans, and anecdotal records.

_____ LEAP, EOC and District-wide test results (DIBELS, etc.)

_____ Summary of teacher/parent communication regarding the student's specific difficulties

_____ Universal screenings (**comparison of student to class, school, and/or district**)

_____ Cumulative record (**include school attendance, tardies, retention, etc.**)

_____ Adapted Physical Education Screening/Referral Form (**attach Adapted Physical Education Screening form**)

_____ Assistive Technology Screening (**attach LA Assistive Technology Screening form**)

_____ Speech and Language Screening (**attach Communication Skills Teacher Checklist**)

_____ If at risk, attach screening conducted by school speech/language therapist

_____ Fine Motor Skills Checklist (**attach Fine Motor Skills Checklist**)

_____ Sensory Processing Screening (**attach Sensory Processing Screening Checklist SPS1, SPS2, and SPS3**)

_____ Cultural Diversity Self-Assessment (**attach Cultural Diversity Self-Assessment**)

_____ Orientation and Mobility Screening Checklist, if appropriate (**attach Orientation and Mobility Checklist**)

_____ Social/Emotional/Behavior Screening (**attach Psycho-Social Checklist**)

_____ Family History (**attach Family History form**)

_____ Previous evaluations

_____ Dyslexia and Related Disorders General Screening Instrument (**attach General Screening Instrument form**)

_____ Determination for Dyslexia and Related Disorders Screenings: ADHD, Socio-Emotional, Dysgraphia, KTEA results (**attach all appropriate completed Related Disorders Screenings**)

Adapted Physical Education Screening Form

Teacher

Student's Name: _____ Date of Birth: _____ Age: _____
 Grade: _____ School: _____ Date: _____ Form Completed by: _____

STATE KNOWN PHYSICAL LIMITATIONS:

Complete only items for appropriate age level: **Scoring Code:** + Symbol= Successfully Completed o Symbol= Unable to Perform
 If not otherwise specified, allow three trials for successful completion.

SCORE

PERFORMANCE STANDARD

Age 3 Age 4 Age5

_____ Walks up and down stairs without adult assistance.	3 steps	5 steps	5 steps
_____ Jumps in place consecutively	2 times	3 times	4 times
_____ Catches bean bag while standing (3 trials).	4 feet (against body)	4 feet (with hands)	4 feet (with hands)
_____ Runs (without falling)	10 feet	15 feet	20 feet
_____ Stands on one foot	3 secs.	5 secs.	5 secs.
_____ Throws a bean bag.	3 feet	4 feet	5 feet

SCORE

PERFORMANCE STANDARD

Age 9 Age 10 Age 11

_____ Jumps consecutively (vertically)	4 times	6 times	8 times
_____ Runs (without falling).	30 feet	35 feet	50 feet
_____ Performs jumping jacks.	4 times	6 times	8 times
_____ Tosses a playground ball from a distance on 4 feet.	3 times	4 times	5 times
_____ Catches a playground ball from a distance of 4 feet	3 times	4 times	5 times
_____ Walks forward (heel to toe) on a line alternating feet.	5 steps	10 steps	10 steps

SCORE

PERFORMANCE STANDARD

Age 6 Age 7 Age 8

_____ Hop on one foot, consecutively.	5 times	5 times	5 times
_____ Skip forward or gallops.	5 times	5 times	5 times
_____ Bounces and catches a ball	3 times	5 times	5 times
_____ Catches a playground ball with 2 hands tossed from appropriate distance.	3 feet	5 feet	5 feet
_____ Balance on one foot	5 sec.	10 sec.	15 sec.
_____ Runs (without falling)	20 feet	25 feet	30 feet

SCORE

PERFORMANCE STANDARD

Age 12 Age 13 Age 14 Age 15 & Older

_____ Runs (without falling).	50 feet	50 feet	50 feet	50 feet
_____ Jumps consecutively (vertically).	8 times	10 times	10 times	10 times
_____ Performs jumping jacks.	8 times	10 times	10 times	10 times
_____ Tosses a playground ball from a distance of 4 feet.	5 times	5 times	5 times	5 times
_____ Catches a playground ball from a distance of 4 feet.	5 times	5 times	5 times	5 times
_____ Walks forward (heel to toe) on a line.	10 steps	15 steps	15 steps	15 steps

Is student participating successfully in regular physical education activities? _____ if not, why not? _____



Orleans Parish School Board
Exceptional Children's Services
ASSISTIVE TECHNOLOGY SCREENING

Student Name		Date of Birth:	
ID Number		Grade	
Person Completing Form:		School	

Describe any modifications made to instructional environment, or adaptations used in instruction of student:

Please answer the following questions:

1. Are there Hearing/Audiological concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
2. Are there Visual-Perceptual concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
3. Are there Gross Motor concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
4. Are there Fine Motor concerns, including writing or keyboarding difficulties that are currently not being addressed? **NO YES** *What are the concerns?* _____
5. Are there Communication concerns (including articulation, language, voice and fluency) that are currently not being addressed? **NO YES** *What are the concerns?* _____
6. Are there Reading concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
7. Are there any Self-Care concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
8. Are there Math concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
9. Are there Organizational skills concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
10. Are there any General Health concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
11. Are there any Recreation and Leisure concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
12. Are there any Vocational Functioning concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____

Comments: _____



Orleans Parish School Board
Exceptional Children's Services
ASSISTIVE TECHNOLOGY SCREENING

Recommendations: (Check the one statement that applies.)

___ 1. Student has been screened for assistive technology and further action is not required at this time.

___ 2. Student has been screened for assistive technology and intervention through the RtI process and/or support services has been recommended.

___ 3. Student has been screened for assistive technology and the following "low-tech" solutions are recommended:

___ 4. If the student is suspected as having a disability and is still at risk on the Assistive Technology screening form after "low-tech" solutions have been implemented then a referral for a full assistive technology assessment is recommended. (Attach the Assistive Technology Referral Form and the Assistive Technology Assessment Report for the appropriate area of concern.)

**Louisiana Department of Education
Communication Skills Teacher Checklist**

Student _____ DOB _____ Grade _____
Teacher _____ School _____

Please check *yes* or *no* to each of the following statements.

Articulation (Speech Production)

___Yes ___No The student's speech contains speech sound errors that are not typical for his/her age and social/cultural background. Sounds in words may be omitted, distorted, or substituted.

___Yes ___No The student's speech is consistently difficult to understand, especially when the topic is not known.

Voice

___Yes ___No The student's speaking voice is unusually loud or soft.

___Yes ___No The student has an unusual quality to his/her voice (i.e. harsh/hoarse, nasal, breathy).

Speech Fluency

___Yes ___No The student's speech contains disfluencies that interfere with communication (i.e. stuttering, sound, syllable, or word repetitions, sound prolongations, blocks or abnormal hesitations, abnormal rate of speech).

___Yes ___No The student uses excessive filler phrases (i.e. "um," "uh," "you know").

___Yes ___No The student appears to be frustrated when speaking.

Language

___Yes ___No The student has difficulty understanding/ following age-appropriate directions.

___Yes ___No The student has difficulty answering or responding to age-appropriate questions and other verbal information.

___Yes ___No The student does not comprehend or speak using age-appropriate vocabulary.

___Yes ___No The student does not request clarification when understanding is not clear.

___Yes ___No The student does not answer or understand comprehension questions about age-appropriate stories.

___Yes ___No The student speaks in incomplete sentences and phrases.

___Yes ___No The student's oral language contains numerous grammatical errors that are not typical for students of the same age. (This may not apply to English Language Learners or those known to speak a dialect of English).

___Yes ___No The student has difficulty providing age-appropriate explanations and directions.

___Yes ___No The student does not use age-appropriate conversational skills (i.e. turn-taking, staying on topic, initiating conversation).

Please check one.

_____ This student's communication skills (articulation, voice, fluency, and language) appear to be adequate, and this student **does not** have a communication problem that adversely affects educational progress with regard to grades, behavior, class participation, or oral speaking abilities.

_____ In my opinion, this student **has** a communication problem that adversely affects educational progress in a significant way.

Teacher

Date

Orleans Parish School Board

Fine Motor Skills Teacher Checklist

Student _____ DOB _____ Grade _____

School _____

Please check *yes* or *no* to each of the following statements.

Task	Yes	No	Comment
The student cuts and/or handles scissors independently.			
The student uses writing utensils (i.e., markers, paintbrush, pencil, crayons) independently.			
The student copies materials from a book.			
The student turns pages in a book.			
The student ties shoes, buttons, snaps, and/or uses zippers independently.			
The student operates door handles, water faucets and uses manipulatives.			
The student uses a standard keyboard to access a computer.			
The student draws, forms letters, stays on the line, and/or traces accurately with writing utensils.			

Teacher_____
Date

SENSORY PROCESSING SCREENING**Instructions for Use**

1. Prior to the first SBLC meeting, the **Sensory Processing Screening Checklist (SPS1)** is completed by the student's general education teacher(s).
2. The SBLC chairperson reviews the completed screening checklists to determine if there are difficulties that require intervention according to the **Sensory Processing Screening Criteria (SPS2)**.
3. When interventions are necessary, the SBLC targets the sensory area of greatest concern.
4. **Sensory Processing Intervention Strategies (SPS3)** are then selected to address the targeted area of concern.
5. Intervention strategies are implemented by the student's teacher(s) for the length of time designated by the SBLC.
6. Following the intervention period, the teacher records the intervention results on the SPS3.
7. Intervention results are reviewed by the SBLC.
8. For students who are "at risk" for sensory processing deficits, but are not suspected of having a disability, the SBLC targets additional interventions to be implemented by the classroom teacher(s).
9. For students who are suspected of having a disability, the SBLC obtains a second **Sensory Processing Screening Checklist** (following intervention) to determine if further assessment is warranted according to **Sensory Processing Screening Criteria (SPS2)**.

SENSORY PROCESSING SCREENING CRITERIA (SPS2)

Based upon the results of the **Sensory Processing Screening Checklist (SPS1)**, the following screening criteria are used to determine when:

- a. Interventions are necessary
- b. Further assessment is needed should the student be referred for evaluation

CRITERIA

The student exhibits:

- 8 or more behaviors in the “Almost Always” category

OR

- 11 or more behaviors in the “Frequently” and “Almost Always” categories combined.

Suggested interventions for each sensory area (i.e., visual, auditory, tactile, etc.) are included in the Sensory Processing Intervention Strategies (SPS3). The intervention(s) should initially target the sensory area of greatest concern and may require more than one strategy.

Student: _____ Teacher: _____ Date: _____

Sensory Processing Screening Checklist SPS1

Check the column that best describes how frequently the student exhibits each behavior.

SENSORY AREAS	Almost Never <25%	Occasionally <50%	Frequently <75%	Almost Always >75%
VISUAL				
Visual details/stimuli interfere with task completion				
Unable to locate and/or organize materials and supplies				
Reacts to small changes in classroom				
Comments:				
AUDITORY				
Overreacts to loud or unexpected noises (e.g., intercom, fire drill)				
Exhibits distress during lunch, P.E., assemblies				
Background noises hinder task completion				
Talks incessantly				
Requires repeated oral directions in class more than others				
Comments:				
TACTILE				
Overreacts to unexpected or light touch				
Withdraws/isolates self from others				
Touches people or their things to the point of irritation				
Fidgets with objects				
Has difficulty standing in line or close to other people				
Uses only fingertips to manipulate classroom materials				
Refuses to participate in messy activities				
Comments:				
VESTIBULAR/PROPRIOCEPTIVE				
Exhibits movement which interferes with classroom functioning/unable to stay in designated area/walks around				
Fidgets during activities (e.g., wiggles in seat, taps on desk)				
Leans out of desk or seat/rests head on desktop				
Becomes overly excited after movement activity				
Bumps/pushes/hits/runs into things or others				
Withdraws from active environments or situations				
Avoids climbing or playground equipment				
Comments:				
OLFACTORY AND GUSTATORY				
Chews/eats non-edible items (e.g., clothing, pens, pencils)				
Comments:				
BEHAVIORAL RESPONSE				
Has tantrums for no apparent reason				
Has difficulties with changes in routines				
Is rigid or set in his/her ways				
Overreacts or is dramatic compared to peers				
Appears lethargic				
Comments:				

Sensory Processing Intervention Strategies (SPS3)

Student: _____

Teacher: _____

	Date Intervention Starts	Date Intervention Ends
Visual		
Limit/eliminate visual clutter within classroom such as busy bulletin boards, artwork items, hanging from ceiling, etc.		
Organize classroom materials in bins or behind curtained shelves		
Provide preferential seating for better view of blackboard as well as to reduce visual distractions		
Color code and clearly label materials and supplies		
Modify classroom lighting by dimming lights, closing or opening shades/blinds, etc.		
Provide consistent independent work area with visual boundaries as needed (e.g., use partition, carrel, or tape to provide boundaries)		
Intervention results:		
Auditory		
Provide white noise or classical music as appropriate to mask background noises		
Cover intercom to mute volume level		
Use headphones or earplugs to muffle sounds		
Provide verbal or visual warning when possible for fire drills, bells, and morning announcements		
Give visual directions rather than verbal		
Teach positive self-talk (e.g., "It's only a fire drill. It won't hurt me.")		
Encourage child to put hands over ears and let him/her know "it's ok"		
Place tennis balls on legs of chairs, rugs on classroom floor, or carpet squares under desk to reduce noise		
Provide seating around perimeter of noisy cafeteria or auditorium		
Provide either verbal or physical cue such as touching lips or tapping on shoulder to remind student it is not an appropriate time to talk		
Provide "Talk card" so only student with card is allowed to talk		
Give oral directions when in close proximity to student, breaking directions down into small steps		
Have student repeat directions back to teacher		

Intervention results:		
	Date Intervention Starts	Date Intervention Ends
Tactile		
Limit amount of touching/warn student ahead of time of possible touch		
Have child who touches too much carry weighted object (e.g., binder, book)		
When walking in line, have all students fold arms or put finger on lips		
Place student either in front of line or back of line to decrease proximity to others		
Use preferential seating to avoid touch (e.g., place desk at outside edge of classroom desks)		
Use carpet square or boundary to indicate where the child needs to remain		
When possible, have students sit at every other seat in cafeteria		
Have wet wipes readily available for immediate clean-up following a messy activity, thereby reducing possible student anxiety about participating		
Allow student to perform non-preferred tactile activities with a tool (e.g., use a brush, popsicle stick, Q-tip, etc.) or while wearing gloves		
Use novel or fun manipulatives to desensitize such as dried beans, Mardi Gras beads, Easter grass, water table, packing peanuts, etc.		
Intervention results:		
Vestibular/Proprioceptive		
<u>DO NOT penalize student by removing recess time</u> as student needs appropriate time for movement such as running, jumping, swinging, etc.		
Provide naturally occurring movement opportunities such as delivering messages, cleaning boards, obtaining and returning heavy materials to/from shelving (e.g., books)		
Have student wear backpack containing his/her books during transitions and movement breaks		
Provide clear boundaries for seating such as taped area, carpet square, etc.		
Allow time for student to “chill out” following movement activity (e.g., take three deep breaths before transitioning, allow stretching between activities, allow water breaks)		
Provide appropriate objects for fidgeting		
Have student give self bear hugs, or perform chair pushups		
Assist with decorating bulletin board by stapling decorations or stapling papers for teacher		
Allow use of Ellison cutout machine for bulletin board decorations		
Allow student to help rearrange desks or pick up chairs at end of school day		

Intervention results:		
	Date Intervention Starts	Date Intervention Ends
Olfactory and Gustatory		
Consider letting student chew on candy, gum, tooth brush, straw, or coffee stirrer		
Allow crunchy, chewy, or spicy snack breaks, (e.g., pretzels, dry cereal, fruit roll ups, hot tamale candies, slim jims, beef jerky, etc.)		
If cafeteria bothers child, consider allowing him/her to eat in another location		
Consider use of flavored chapstick		
Intervention results:		
Behavioral Response		
Provide verbal warnings about changes in the schedule		
Provide visual schedule		
Help students transition between activities using timers, music or transitional objects, such as using a book to bridge to library time, or a marker to bridge to art time		
Provide a quiet space for calming away from peers NOT THE TIME-OUT AREA		
For lethargic students, increase movement opportunities, incorporate multi-sensory experiences, and spicy/crunchy snacks		
Intervention results:		

CULTURAL DIVERSITY SELF-ASSESSMENT

Student: _____ **Date:** _____
Name of person completing form: _____
Position: _____

Please select A, B, or C for each item listed below, rating both the class and school settings.

A= Frequently

B= Occasionally

C=Rarely or Never

Classroom	School	
_____	_____	Pictures, posters and other materials reflect the culture and ethnic background of the student.
_____	_____	Instructional materials, videos, films, brochures, and other printed/media materials reflect the cultural background of the student.
_____	_____	Celebrations, holidays, and special events include activities, food and customs of the culture of the student.
_____	_____	Attempts to learn and use key words in the student's language have been made if the student speaks a language or dialect other than English.
_____	_____	Visual aids, gestures, and physical prompts are used in my interactions with this student if the student has limited English proficiency.
_____	_____	Bilingual staff or trained/certified interpreters are utilized with the student.
_____	_____	Bilingual staff or trained/certified interpreters are utilized with the family.
_____	_____	Notices/communiqués to parents are written in their language of origin when possible.
_____	_____	Other children are discouraged from using racial and ethnic slurs by helping them understand that certain words can hurt others.
_____	_____	Books, movies, and other media resources are screened for negative cultural, ethnic, or racial stereotypes.
_____	_____	I recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.
_____	_____	I understand that beliefs about mental illness and emotional disability are culturally based. I accept that responses to these conditions are heavily influenced by culture.
_____	_____	I understand that traditional approaches to disciplining children are influenced by culture.

There is no answer key with correct responses. However, if response C was frequently selected, it may suggest difficulty/lack of sensitivity with culturally diverse populations.

ORIENTATION AND MOBILITY SCREENING CHECKLIST

Name: _____ DOB: _____ Screening Date: _____
Screened by: _____ School: _____

This orientation and mobility checklist, developed by the orientation and mobility instructors at the LA School for the Visually Impaired, may be used by the teacher or pupil appraisal personnel to screen the student's ability to travel in his or her environment.

(Circle the number of each statement that are true or cannot be answered, If 3 or more statements are circled, the student should be referred to a certified orientation and mobility instructor for formal assessment.)

1. Student's visual acuity is less than 20/200 in the better eye after best correction.
2. Student has difficulty adjusting to changes in light intensity (bright sunlight to dim indoor light or vice versa).
3. Student stumbles over low obstacles, steps, and drop-offs.
4. Student veers and pinballs while walking down a hallway or corridor.
5. Student becomes disoriented in new environments.
6. Student maintains wall contact with hand while walking.
7. Student would rather hold hand or arm of another person while traveling in new environments.
8. Student veers onto grass while walking on a sidewalk.
9. Student becomes disoriented on reverse route back to starting point.
10. Student holds head at an angle while walking.
11. Student makes body contact with walls and other obstacles; bumps into other students.
12. Student uses hands to detect and avoid obstacles while walking.
13. Student is uncertain or apprehensive about crossing at traffic intersections.
14. Student has difficulty determining cardinal directions using sun position.

PSYCHO-SOCIAL CHECKLIST

Student _____ DOB _____ Grade _____
 Teacher _____ School _____

The following is a checklist of psycho-social stressors that may impact a student's academic and social functioning. This list is not comprehensive. These factors should be considered when determining if a student is eligible for special education. These stressors should not necessarily prevent a student from being identified, however, they **must** be considered.

_____ Severe illness of parent or family member(cancer, HIV, heart attack, psychiatric illness, etc)

_____ Death of a parent or caretaker

_____ Divorce or break-up of parent's primary relationship

_____ Student has received a threat of violence.

_____ Witness to community violence

_____ Severe Illness of a student (leukemia, cancer, heart problems, etc.)

_____ Experienced child abuse (physical, emotional, or sexual)

_____ Witness to domestic violence in home

_____ Placed in foster care

_____ Moved from one foster home to another

_____ Experienced natural disaster (hurricane, tornado, etc.)

_____ Changed schools one or more times during a school year

_____ Financial problems in the home. (Parent lost job, etc)

_____ Alcohol or drug abuse in family

_____ Substance abuse problems (older students)

_____ Pregnancy (older students)

_____ One or more psychiatric hospitalizations

_____ Has attempted suicide or has expressed suicidal thoughts

_____ Sexual identity issues

_____ Homelessness

_____ Parent or caretaker incarcerated

_____ Juvenile offender

_____ Health problems (asthma, diabetes, sickle cell, etc)

_____ Other. Please specify: _____

Family History

1. Medical/Family – List known vision or hearing problems. _____

2. Is your child currently taking medication? Yes No

If yes, list all current medication. _____

3. List any family medical or health factors that may influence your child's performance.

4. Has your child been evaluated for special education services? Yes No

If yes, what were the evaluation results. _____

5. Has your child been retained? Yes No

If yes, list the grades. _____

6. Does a history of oral or written language problems exist in your family? Yes No

If yes, please explain. _____

7. Do you have any other concerns about your child's academic abilities and/or specific behaviors?

General Screening Instrument

The student's teacher completes this form and additional screenings within the packet if necessary.

Does it appear as though the student has a regular pattern of difficulty focusing on tasks and concepts?

☐ **YES** ☐ **NO**

If **YES** is checked, then complete the screening for ADD/ADHD.

Does it appear as though the student consistently experiences verbal and/or non-verbal confrontations with peers and adults?

☐ **YES** ☐ **NO**

OR

Does it appear as though the student is typically sad and/or withdrawn?

☐ **YES** ☐ **NO**

If **YES** is checked for either question, then complete the screening for socio-emotional disorders.

Does it appear as though the student experiences difficulty with writing tasks (as reflected through improper pencil grasp and/or cramped, illegible handwriting)?

☐ **YES** ☐ **NO**

If **YES** is checked, then complete the screening for dysgraphia.

Based on the results of 2-3 standardized assessments, e.g. LEAP 2025, STAR Reading/Math, MAP, iSTEPP, DIBELS, Aimsweb, etc., the student appears to have difficulties in reading, math, and/or written expression?

☐ **YES** ☐ **NO**

If **YES** is checked, then complete the appropriate subtest within the area of concern using the Kaufman Test of Educational Achievement, Third Edition Brief (KTEA – Brief).

Determination for Related Disorders: Screening Instrument
Screening for Attention Deficit Disorder/Attention Deficit Hyperactivity

The student's teacher completes this form.

Note: Check Yes/No based on whether the characteristic describes the student MOST of the time.

#	Characteristics	Yes	No
1	Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities		
2	Has difficulty sustaining attention in tasks or play activities		
3	Does not seem to listen when spoken to directly		
4	Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)		
5	Has difficulty organizing tasks and activities		
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)		
7	Loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools)		
8	Easily distracted by extraneous stimuli		
9	Forgetful in daily activities		
10	Fidgets with hands or feet or squirms in seat		
11	Leaves seat in classroom or in other situations in which remaining seated is expected		
12	Runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to feelings of restlessness)		
13	Has difficulty playing or engaging in leisure activities quietly		
14	"On the go" or acts as if "driven by a motor"		
15	Talks excessively		
16	Blurts out answers before questions have been completed		
17	Has difficulty awaiting turn		
18	Interrupts or intrudes on others (e.g. butts into conversation or games)		

Determination for Related Disorders: Screening Instrument Screening for Socio-Emotional Disorders

The student's teacher completes this form.

Note: Check Yes/No based on whether the characteristic describes the student MOST of the time.

#	Characteristics	Yes	No
Individual Attributes			
1	Is usually in a positive mood		
2	Usually copes w/ rebuffs or other disappointments adequately		
3	Shows interest in others		
4	Shows the capacity to empathize		
5	Displays the capacity for humor		
6	Does not seem to be acutely lonely		
Social Skills Attributes			
7	Interacts nonverbally with other children with smiles, waves, nods, etc.		
8	Expects a positive response when approaching others		
9	Expresses wishes and preferences clearly; gives reasons for actions and positions		
10	Asserts own rights and needs appropriately		
11	Is not easily intimidated by bullies		
12	Expresses frustrations and anger effectively, without escalating disagreements or harming others		
13	Gains access to ongoing groups at play and work		
14	Enters ongoing discussion on a topic; makes relevant contributions to ongoing activities		
15	Takes turns fairly easily		
16	Has positive relationships with one or two peers; shows the capacity to really care about them, and miss them if they are absent		
17	Has "give-and-take" exchanges of information, feedback, or materials with others		
18	Negotiates and compromises with others appropriately		
19	Is able to maintain friendship with one or more peers, even after disagreements		
20	Does not draw inappropriate attention to self		
21	Accepts and enjoys peers and adults who have special needs		
22	Accepts and enjoys peers and adults who belong to ethnic groups other than his or her own		
Peer Relationship Attributes			
23	Is usually accepted versus neglected or rejected by other children		
24	Is usually respected rather than feared or avoided by other children		
25	Is sometimes invited by other children to join them in play, friendship, and work		
26	Is named by other children as someone they are friends with or like to play and work with		
Adult Relationship Attributes			
27	Is not excessively dependent on adults		
28	Shows appropriate response to new adults, as opposed to extreme fearfulness or indiscriminate approach		

**Determination for Related Disorders: Screening Instrument
Screening for Dysgraphia**

The student's teacher completes this form.

Note: Check Yes/No based on whether the characteristic describes the student *MOST* of the time.

#	Characteristic	Yes	No
1	Writes with cramped or illegible lettering		
2	Establishes preferred hand for writing late (in time)		
3	Repeats erratic spelling errors		
4	Recites words out loud while writing		
5	Avoids writing tasks		
6	Copies information from the board slowly		
7	Holds writing tool inappropriately		
8	Forms numbers and letters correctly		
9	Spaces incorrectly between words		
10	Mixes upper case letter, lower case letter, cursive writing or manuscript writing		
11	Has difficulty writing sequentially		