**Sensory Efficiency Skills**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student:  |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Task(s) performed/skill utilization**: |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |  |  |
| **BEHAVIORS OBSERVED:** |   |   |   |   |   |  |  |
| *Please rate by placing a "****1****" in the appropriate column* |   | **Yes** | **No** | **N/A** |   |  |
| Able to explain sensory disability(ies) |   |  |  |  |  |   |  |
| Able to state accommodations needed |   |  |  |  |  |   |  |
| Can identify which tools help performance |  |  |  |  |   |  |
| Explains best environmental conditions |   |  |  |  |  |   |  |
| Uses appropriate tool(s) for reading tasks |  |  |  |  |   |  |
| Uses appropriate tool(s) for writing tasks |   |  |  |  |  |   |  |
| Uses magnifier |  |   |  |  |  |  |   |  |
| Cares for aids & appliances (eyeglasses/ |   |  |  |  |  |   |  |
| contacts/prosthesis/hearing aids, etc. |   |  |  |  |  |   |  |
| Takes care of aid(s) & appliances |   |  |  |  |  |   |  |
| Advocates for use of aids & appliances |   |  |  |  |  |   |  |
| Uses aids & appliances without prompting |  |  |  |  |   |  |
| Uses aid(s) & appliances in a variety of settings |  |  |  |  |   |  |
| Motivated/cooperates when asked to use aids & appliances |  |  |  |  |   |  |
| Uses non-optical aids as needed  |   |  |  |  |  |   |  |
|  (reading stand, bold line paper, bold markers) |  |  |  |  |   |  |
| Student efficiently uses vision (social, sports, ADL) |  |  |  |  |   |  |
| Student understands literacy needs  |   |  |  |  |  |   |  |
|   |  |   |  |  |  |  |   |  |
|   | **Total** |   |  |  |  |  |   |  |
|   |   |   |   |   |   |   |   |  |