**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** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |