



Student Inventory

Please check the box that best describes how often you see that behavior in your child (in group situations or at home).

CHILDS NAME: _____ DATE OF BIRTH: _____ MY CHILD IS: ____Left handed ____Right handed ____Unsure MY CHILDS PREVIOUS SCHOOL/DAYCARE EXPERIENCE: _____	N E V E R	R A R E L Y	S O M E T I M E S	O F T E N	A L W A Y S
Can play cooperatively with other children					
Can sit and listen to a story					
Follows instructions from adults					
Is constantly in motion					
Can dress themselves					
Makes friends easily					
Waits their turn					
Adjusts well to new situations/environments					
Is able to separate from parent without extreme distress					
Asks for help when needed					
Follows rules					
Participates in clean-up					
Responds to redirection					
Understands questions/conversations					
Takes turns with toys and activities					
Is easily frustrated					
Participates in discussions					
Uses physical means instead of words					
Shows self-control					
Is easily distracted					