

Checklist A

Name: School Year:

School: D.o.B.

Use this checklist before and after the intervention to demonstrate progress.							Date 1: (Before)
							Date 2: (After)
1	Can draw recognisable shapes						Cannot draw recognisable shapes
2	Good pencil grip and control						Poor pencil grip and control
3	Runs in a co-ordinated way						Runs in an unco-ordinated way
4	Concentrates well						Cannot concentrate
5	Can remember and follow instructions						Cannot remember and follow instructions
6	Works well with others						Cannot work well with others (incl. team games)
7	General ability matches performance						Mismatch between ability and performance
8	Can record or convey information						Cannot record or convey information
9	Good self-esteem						Poor self-esteem
Comments:							

Date 2; Score: Plus Minus (see instruction sheet)