



North Central Ohio ESC, Tiffin Campus
 928 W. Market St., Suite A
 Tiffin, OH 44883
 Phone: 419-447-2927
 Fax: 419-447-2825

North Central Ohio ESC, Marion Campus
 333 E.Center Street
 Marion, OH 43302
 Phone: 740-387-6625
 Fax: 740-383-4804

PR-06 EVALUATION TEAM REPORT (ETR) (Adaptive Behavior)

Please complete the attached ETR for this student's reevaluation/evaluation (*type or use ink*).

Below are some area specific statements and/or questions to GUIDE your responses (Please feel free to also include behavioral information).

On the attached form in the **Summary of Assessment(s) Results** section, please respond specifically to the statements or questions below **IN NARRATIVE/DATA FORMAT**:

Describe student's strengths and weaknesses in the following areas:

Self-Care and Health and Safety Skills:

- Concerns with student's cleanliness, i.e. clean hair, clothes, hands, and teeth, wipes nose, clean fingernails, etc.
- Concerns with feeding self, i.e. chews food, uses utensils correctly, drinks liquids without spilling, etc.
- Concerns with health care, i.e. uses restroom, fastens clothing, covers mouth when coughing/sneezing, ties shoes, etc.
- Concerns regarding school safety rules, i.e. using materials without hurting others, calls for help when needed, responding appropriately to fire/weather alarms, traveling on bus/field trips, etc.

Functional Academics, School Use and Community Living Skills:

- Concerns with ability to follow school schedule, read and follow classroom directives, tell time, count money, etc.
- Concerns with ability to keep supplies neat, clean and organized, i.e. perform weekly chores, helps clean classroom, puts books away, etc.
- Concerns with community use, i.e. ability to find restrooms, respecting public property, respecting persons of authority, identifies community services, runs errands, etc.

Leisure and Self-Direction Skills:

- Concerns with free time and interaction with peers and adults, i.e. plays with others, selects activities, takes turns, follows rules in games, invites others to join in activities, tries a new activity, etc.
- Concerns with self-direction, i.e. asks for help, works on an activity for at least 15 minutes, works independently, makes transitions, controls anger/temper, controls feelings when not getting own way, etc.

In the **Description of Educational Needs** section:

Describe what this student needs in order to progress in general education in relation to adaptive skills.

In the **Implications for Instruction and Progress Monitoring** section:

State what the above implies for the student's instruction and in order to monitor progress.

Sign, state your position and date form.

Please remember to type or use ink to report information on the attached ETR as it **WILL BE INCLUDED IN THE COMPOSITE ETR AND BECOME PART OF THIS STUDENT'S RECORDS.**

The attached form must be returned to _____ by _____.
Thank you; your input is important.

Please contact _____ by phone at _____
 or e-mail _____ if you have any questions or concerns.