



# School Setting Self Assessment

### Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professionals.

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

\_\_\_\_\_

**Print Name** **SS#** **Date**

Knowledge of	Frequency	Experience
Federal Laws	1 2 3 4	1 2 3 4
State Laws	1 2 3 4	1 2 3 4
IDEA	1 2 3 4	1 2 3 4
IEP	1 2 3 4	1 2 3 4
LRE	1 2 3 4	1 2 3 4
Section 504	1 2 3 4	1 2 3 4
Tech Act	1 2 3 4	1 2 3 4
Role of Educationally Relevant therapy	1 2 3 4	1 2 3 4

Assessments	Frequency	Experience
Functional School/ Educational Therapy Assessment	1 2 3 4	1 2 3 4
Adaptive Equipment	1 2 3 4	1 2 3 4
Wheelchair	1 2 3 4	1 2 3 4

Disabilities	Frequency	Experience
Cerebral Palsy	1 2 3 4	1 2 3 4
Spina Bifida	1 2 3 4	1 2 3 4
Muscular Dystrophy	1 2 3 4	1 2 3 4
Down Syndrome	1 2 3 4	1 2 3 4
Mentally Handicapped	1 2 3 4	1 2 3 4
Developmental Delay	1 2 3 4	1 2 3 4
Autisim	1 2 3 4	1 2 3 4
Asberger Syndrome	1 2 3 4	1 2 3 4
Emotionally Handicapped	1 2 3 4	1 2 3 4
Learning Disabled	1 2 3 4	1 2 3 4
ADD/ADHD	1 2 3 4	1 2 3 4
TBI	1 2 3 4	1 2 3 4
SCI	1 2 3 4	1 2 3 4



Initials \_\_\_\_\_

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Interventions/Strategies	Frequency				Experience			
Early Intervention: Birth to 3 years for Head Start Program Assessment	1	2	3	4	1	2	3	4
Pull-Out	1	2	3	4	1	2	3	4
In-Class Direct	1	2	3	4	1	2	3	4
Individual	1	2	3	4	1	2	3	4
Small Groups	1	2	3	4	1	2	3	4
Classroom Modifications	1	2	3	4	1	2	3	4
Classroom/Home Programs	1	2	3	4	1	2	3	4
Curriculum Accomodations	1	2	3	4	1	2	3	4
Consultation	1	2	3	4	1	2	3	4
Orthotics/Prosthetics	1	2	3	4	1	2	3	4
Tone Management	1	2	3	4	1	2	3	4
Activity Enhancement	1	2	3	4	1	2	3	4
Inservice Education	1	2	3	4	1	2	3	4

Skills	Frequency				Experience			
Computer	1	2	3	4	1	2	3	4
Assistive Technology	1	2	3	4	1	2	3	4
Classroom Positioning	1	2	3	4	1	2	3	4
Gait Training on School Campus	1	2	3	4	1	2	3	4
Transfer Training	1	2	3	4	1	2	3	4
Perceptual Motor	1	2	3	4	1	2	3	4
Oral Motor Feeding	1	2	3	4	1	2	3	4
Architectural Barriers	1	2	3	4	1	2	3	4
Pre-Vocational	1	2	3	4	1	2	3	4
Adaptive PE	1	2	3	4	1	2	3	4
Splinting	1	2	3	4	1	2	3	4
ADL Training	1	2	3	4	1	2	3	4
Sensory Techniques	1	2	3	4	1	2	3	4
School Bus Transportation	1	2	3	4	1	2	3	4
Fine Motor	1	2	3	4	1	2	3	4
Wheelchair Mobility	1	2	3	4	1	2	3	4

Ages	Frequency				Experience			
3-5 Years	1	2	3	4	1	2	3	4
6-10 Years	1	2	3	4	1	2	3	4
11-13 Years	1	2	3	4	1	2	3	4
14-21 Years	1	2	3	4	1	2	3	4



Initials \_\_\_\_\_

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Please list any additional skills:	
1.	2.
3.	4.
<b>Additional Training:</b>	
1.	2.
3.	4.
<b>Additional Equipment:</b>	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.	
Signature	Date