| **Assessment** |
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| **Date:** | **Student Name:** |
| --- | --- |

| **Lesson:** |
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| This is your room |
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| **Tasks Observed:** |
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| Following directions  Locating areas of room  Categorizing items correctly  Creating signs/labels |
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| **Organizing a room:** |
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| **Task Steps** | **Performance**  **0 = no attempt**  **1 = student attempted but needed assistance**  **2 = student completed independently** | **Comments** |
| --- | --- | --- |
| Follow directions |  |  |
| Locate supplies |  |  |
| Categorize items |  |  |
| Create a sign  (writing or pictures) |  |  |
| Share materials with peers |  |  |
| Clean up |  |  |
| Total # of points |  |  |

| **Observer Name:** |
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