

FACTOR

Elementary Level

Functional Assessment and Curriculum for Teaching Everyday Routines

Student Booklet

Date of Initial Rating _____

Name _____ School _____

Grade _____ Birth Date _____ Age _____ Female Male

Assessor(s) _____

Teacher(s) _____

Related Skills Summary (Final Rating)

Related Skills	Domains					
	Living Skills	Transition	Academic	Leisure	Community	Career

Independence Measurement Scale: 4 = Independent; 3 = Verbal/visual/gesture prompt; 2 = Partial physical assistance; 1 = Full physical assistance; 0 = Not completed; N = Not applicable

	Routines	Baseline Rating	Average Performance Scores					Routine Mastery	
			0	1	2	3	4		
Living Skills	Eating Lunch	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Using the Restroom	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Grooming at School	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Dressing for the Outdoors	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Removing Outdoor Clothing	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
Transition	Arrival	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Departure	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Transitioning Within Classroom	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Transitioning Between Classes	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
Academic	Individual Seatwork	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Group Project/Activity	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Listening in a Group Setting	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Occupying Classroom Free Time	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Using a Computer	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Using the Library	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
Leisure	Socializing with Friends (Hanging Out)	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Playing a Game	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Fitness Routine/Physical Education	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Attending an Assembly	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Generic Leisure Routine	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Using the Playground with Others	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Participating in a Music Activity	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
Participating in Arts and Crafts	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>	
Community	Riding in a Car/Bus	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Crossing the Street	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Generic Community Routine	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Purchasing an Item at School	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
	Going on a Field Trip	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>
Career	School Vocational Activity	<input type="checkbox"/>	•	•	•	•	•	•	<input type="checkbox"/>

X = Initial assessment score O = Final assessment score 0 1 2 3 4 0