Occupational Therapy
Classroom Organization Survey

Teacher:_____

_____ (student name) is being evaluated by an occupational therapist and the referral indicates the need to assess performance related to organization. Please complete this form and return to _____ to assist in our data collection. Thank you!

What is your classroom or entry morning routine? (What tasks are students routinely expected to do? Where do homework, personal belongings, lunches, etc go?)

What is the afternoon routine for packing up?

What should be in the student's desk?

What should be in the student's bookbag during the day? At the end of the day?

How are homework assignments recorded?

Do you have a regularly scheduled time to clean out desks/lockers? ____ yes ____ no
If yes, when?
If no, how often does this student have the chance to clean out his/her desk?

What is your biggest organizational concern for this student? Any other comments or concerns?

Thanks for your time and your input!

_____, OTR/L