

ADHD







(800) 806-5718

# **Environmental Survey – Classroom Environments**

Child: Date:

Environments	<b>Current Performance</b>	Level of	Short Term Goals and Objectives	Please choose the three top
Please add environments if necessary	What is the child doing currently in the different settings?	Independence Prompted, Independent, Spontaneously, etc.	What would he be able to do (with some teaching) and with enjoyment independently in the different settings at home?	priorities What would he enjoy most? What would benefit the family most? What would generalize to other settings (school, community, etc.)?
Desk				
Line up				



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MODULE 2



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Circle/cornet		
Circle/carpet		
T '4'		
Transitions		



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MODULE 2



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MODULE 2



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