

# Organizational Skills Survey— Parent Reporting Form

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Please answer each of the questions below in terms of your child's organizational skills and return the form to me.

ITEM	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
My child keeps his bedroom well-organized and neat.					
My child misplaces or loses personal possessions, including favorite belongings.					
My child is always late for everything, even with reminders.					
My child knows what he's supposed to do each day.					
My child has a good sense of what is important and what isn't.					
My child meets responsibilities in the home without reminders.					
My child makes social plans with peers in advance.					
My child starts nonschool activities or projects but does not finish them.					
My child has trouble getting started on activities without assistance (do not include homework in this category).					
My child is more of a follower than a leader.					
My child can follow three-step directions without forgetting one of them (e.g., "Turn off the lights in your room, come downstairs, and give the dog some water.")					
My child remembers to give me notices from school.					