

## Organizational Skills Survey: to be completed by parent or guardian

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

**Directions:** 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 misplaces or loses school work or homework.					
My child misplaces or loses his or her personal possessions, including favorite belongings.					
My child allows enough time to complete tasks or jobs.					
My child can shift or switch easily between activities.					
My child packs up their school bag independently and correctly.					
My child has responsibilities in the home.					
My child meets their responsibilities in the home without reminders.					
My child seems to leave everything until the last minute.					
My child makes social plans with peers in advance.					
My child starts activities or projects but doesn't finish them.					
My child can break a big school project or school essay into smaller units without my help.					
My child resists writing any essay or longer paper.					
My child has trouble getting started on activities without assistance.					