

THE MATCH TEACHER CHECKLIST

**OBSERVATION OF BEHAVIORAL
& ACADEMIC PERFORMANCE
IN THE MONTESSORI CLASSROOM**

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MATCH TEACHER OBSERVATION CHECKLIST

This checklist was compiled to assist Montessori teachers in the specific observation of behaviors, skills and developmental levels which indicate that a child appears to be functioning

- at an average readiness for the academic skills of reading, writing, spelling and math for entering grade 1.
- is functioning at an above average performance for entering grade 1.
- is functioning at below average performance and may be high risk for academic learning task in language and/or math on entering grade 1.

The teacher who has:

1. Daily Classroom Observations
2. Completed the Match Observation Checklist
3. Completed with the parents the Student History

has more detailed information with which to conference with the parent on the school's recommendation for the child's best placement and academic program in the elementary years.

The teacher also has clear and specific reasons for recommending testing to determine if early intervention programs are needed.

With this information, each parent can decide whether to pursue more extensive evaluation of the child's skills at this time.

In the eye of the trained observer, the:

- Practical Life Curriculum provides diagnostic information concerning (1) attention; (2) eye-hand coordination; (3) gross motor skill development; (4) fine motor skill development; (5) oral language development; (6) order; (7) sequence; (8) development of independent work.
- Sensory Curriculum provides information on all of the above mentioned skills, as well as sensorial discrimination and gradation.
- Math, Language, Physical Science and Social Science provide all of the skills mentioned under life skills and sensorial, as well as the higher level abstract concepts related to the use of number and letter symbols, decoding, comprehension and scientific concepts.

Directions:

This checklist is usually used in the spring of the year to assist the teacher in relating her observation to the parents in conference, making recommendations for specific testing, and recommending placement in grade one.

Read each question and mark the appropriate response. At the end of each section compile the above average, average, and below average responses. An * is found by each below average response. To assist in marking below average responses, average developmental levels are given in parentheses. These levels are taken from the Bayley Infant Scales of Development, the Denver Developmental Screening Test, Gesell -- "The First Five Years of Life," and the Learning Accomplishment Profile. The sections are:

- | | |
|------------|------------------------------|
| I | Classroom Behavior |
| II | Classroom Performance |
| III | Gross Motor Skills |
| IV | Social Behavior |

The responses for each section should be transferred to the cover sheet where a profile of performance can be seen. The checklist was not developed to be quantified. It rather is to help the teacher organize her observations. If there are 3 to 4 below average marks in Sections I, III and IV and 8 to 10 in Section II, further testing is recommended.

Sources for information or referral agencies available in a specific city:

The International Dyslexia Association, 8600 LaSalle Blvd., Chester Bldg. #382, Baltimore, Maryland 21286 (800/ABCD-123) or 410/296-0232 www.interdys.org

The Association for Children with Learning Disabilities, 4156 Library Road, Pittsburgh, Pennsylvania 15234, 412-341-1515.

Local school district offices. The Department of Exceptional Student Education can usually provide information on local resources for the gifted, visually impaired, hearing impaired, physically impaired, learning disabled, mentally retarded and emotionally handicapped.

Test batteries given by evaluation teams usually include measures of mental ability, speech and language development, gross and fine motor development, readiness skills and/or academic progress.

THE MATCH TEACHER CHECKLIST OBSERVATION OF ACADEMIC PERFORMANCE IN THE MONTESSORI CLASSROOM

By
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Teacher _____

Child's Name _____

Referral for Testing _____

Date of Referral _____

School _____

Grade _____

Birthdate _____
(Month Day Year)

Date of Entrance _____

Language Spoken at Home _____

Best area of work? _____

Poorest area of work? _____

Has the child had a complete eye exam by an ophthalmologist? _____

If any hearing difficulties are suspected, has he had a complete exam by an audiologist in a hearing clinic? _____

Student Profile

COMPILATION CLASSROOM BEHAVIOR (13)			
	Above Average	Average	Below Average
Behavior			

COMPILATION CLASSROOM PERFORMANCE (56)			
	Above Average	Average	Below Average
Order (5) Sequence (5) Gross Motor Skills (3) Eye-Hand Coordination (5) FMS (5) Perception (10) Oral Language (9) Written Language (9) Concepts (5)			

COMPILATION OF GROSS MOTOR SKILLS (15)			
	Above Average	Average	Below Average
Balance (4) Alternating Movement (2) Eye-Hand/Eye Foot Coordination (4) Directionality (2) Rhythmic Games (1) Sports (1)			

COMPILATION OF SOCIAL BEHAVIOR (15)			
	Above Average	Average	Below Average
Social Behavior			

MATCH TEACHER OBSERVATION CHECKLIST

CLASSROOM BEHAVIOR

1. Normalization (Self-Control)

- has been achieved
 is proceeding
 has not been achieved*

	Above Average	Average	Below Average
2. Cycle of Work			*
3. Concentration in group activities			*
4. Concentration in individual activities			*
5. Sense of order			*
6. Following Directions			*

7. Activity behavior is:

within average limits
 hyperactive*
 hypoactive* (quiet & sluggish)

8. Is easily distracted visually? Yes * No

9. Is easily distracted by noise? Yes * No

10. Work behavior is:
 average
 mature
 immature*

11. Avoidance of certain types of work Yes * No

Work chosen most frequently: _____

Work avoided: _____

12. Behavior with activities is directed toward:

usage as presented
 exploration with a purpose
 play*

13. Guidance by the teacher is needed:

an average amount of time
 rarely
 frequently*

COMPILATION CLASSROOM BEHAVIOR (13)			
(Transfer to Student Profile)			
	Above Average	Average	Below Average
Behavior			

CLASSROOM PERFORMANCE

I. Practical Life Activities are done with (dressing, preparing foods, caring for self, property, etc.)

	Above Average	Average	Below Average	
1. Order				*
2. Sequence				*
3. Gross Motor Skills				*
4. Eye-Hand Coordination				*
5. Fine Motor Skills				*
Hand Preference		Left ____	Right ____ (2 years)	
Can tie shoes?		Yes ____	No ____ (5-7)	
Can color within lines?		Yes ____	No ____ (4-6)	
Can cut on a line with scissors?		Yes ____	No ____ (5-6)	
Can cut meat?		Yes ____	No ____ (6-7)	
6. Perception (spatial judgement)				*
7. Oral Language (verbal labels for objects/activities)				*
8. Concepts Commensurate with Age				*

II. Sensorial Activities are done with: (puzzles, string beads, blocks, etc.)

	Above Average	Average	Below Average	
9. Order				*
10. Sequence				*
11. Gross Motor Skills				*
12. Eye-Hand Coordination				*
13. Fine Motor Skills				*
14. Perception of Pattern (stringing beads, etc.)				*
15. Perception Contrast/Gradation				*
16. Oral Language (verbal labels for materials/activities)				*
17. Concepts Commensurate w/ Age				*

If difficulty in pattern or gradation, list the activity and difficulty:

III. Math Activities are done with:

	Above Average	Average	Below Average	
18. Order				*
19. Sequence				*
20. Eye-Hand Coordination				*
21. Fine Motor Skills				*
22. Perception of Pattern				*
23. Oral Language (verbal labels for materials/concepts)				*
24. Written Work				*
25. Concepts Commensurate with Age				*

Can count from ____ to ____ (5)

Can write from ____ to ____ (5-6)

Reversals in numerals? Yes ____ * No ____

Sequence confusion? Yes ____ * No ____

IV. Oral Language Activities

	Above Average	Average	Below Average	
26. Auditory Discrimination (Ability to distinguish 1 sound from another)				*
27. Auditory Memory (ability to hold words/sentences in memory)				*
28. Listening Skills (ability to attend to and follow simple directions)				*
29. Vocabulary Development (appropriate for age use of labels for objects/ideas)				*
30. Verbal Ability (ability to express himself)				*

Does he use gesture rather than speech? Yes ____ * No ____

Does he speak as little as possible? Yes ____ * No ____

Does he have problems with word retrieval? Yes ____ * No ____

Does he have vocabulary expected for age? Yes ____ No ____ *

Speech

Does he have speech differences? Yes ____ * No ____

Does he have articulation problems? Yes ____ * No ____

Does he have repetitions in speech? Yes ____ * No ____

V. a. Pre-Writing

	Above Average	Average	Below Average
31. Pencil Grasp			*
32. Coloring within lines (4-5)			*
33. Cutting on a line (4-5)			*
34. Cutting a shape (5-6)			*
35. Copying shapes			*
X (2 1/2)			*
circle (3-4)			*
square (4-5)			*
rectangle (5-6)			*
triangle (5-6)			*
diamond (6)			*

V. b. Written Language Activities are done with:

	Above Average	Average	Below Average
36. Order			*
37. Sequence			*
38. Eye-Hand Coordination			*
39. Fine Motor Skills			*
40. Perception (Auditory Discrimination)			*
41. Perception (Auditory Memory)			*
42. Perception (Visual Discrimination)			*
43. Perception (Visual Memory)			*
44. Perception of Pattern (word building/spelling)			*
45. Concepts Commensurate with age			*

Knows letter sounds? Yes ___ No ___ *

Knows letter names? Yes ___ No ___ *

 capital letters? Yes ___ No ___ *

 lower case letters? Yes ___ No ___ *

Can blend sounds into word? Yes ___ No ___ *

Is beginning to decode? Yes ___ No ___ *

Mastery is:

Can write the alphabet? (6-7)

Omission in alphabet?

Reversals in letters in alphabet?

Sequence in alphabet?

Stable ___ Variable ___*

Yes ___ No ___*

Yes ___* No ___

Yes ___* No ___

Yes ___* No ___

V.c. Reading

	Above Average	Average	Below Average
46. Reading is:			*

Can score on formal tests Yes ___ No ___

Gray Oral ___ Comprehension ___ Gates Spelling ___

	Above Average	Average	Below Average
Written work is: (writing letters, words) (4-5)			*

VI. Sciences are done with:

	Above Average	Average	Below Average
48. Order			*
49. Sequence			*
50. Gross Motor Skills			*
51. Eye-Hand Coordination			*
52. Fine Motor Skills			*
53. Perception (map performance/remembers detail)			*
54. Oral Language (verbal work is)			*
55. Written Language (written work is)			*
56. Concepts commensurate with age			*

COMPILATION CLASSROOM PERFORMANCE (56)			
	Above Average	Average	Below Average
Order (5)			
Sequence (5)			
Gross Motor Skills (3)			
Eye-Hand Coordination (5)			
FMS (5)			
Perception (10)			
Oral Language (9)			
Written Language (9)			
Concepts (5)			

III. Gross Motor Skills

Balance:	Above Average	Average	Below Average
1. Can balance on right foot for 5 seconds			(3-4)*
2. Can balance on left foot for 5 seconds			(3-4)*
3. Can walk line forward toe-to-heel			(4-6)*
4. Can walk line backward toe-to-heel			(4-6)*
5. Can hop on one foot			*

Which foot? Right _____ Left _____

Alternating Movements:	Above Average	Average	Below Average
6. Can walk up and down stairs alternating feet			(3-4)*
7. Can skip			(5-6 1/2)*

Eye-Hand/Eye-Foot Coordination:	Above Average	Average	Below Average
8. Can throw a ball underhanded			(3)*
9. Can throw a ball overhand			(4-5)*
10. Can catch a ball			(3-4)*
11. Can kick a ball rolled to him			(3-4)*

Directionality:	Above Average	Average	Below Average
12. Knows left and right hands			(6-7)*
13. Can do cross commands of left and right			(7+)*

Games:	Above Average	Average	Below Average
14. In rhythmic games is (clapping, etc)			*
15. In games & sports is			*

<u>COMPILATION OF GROSS MOTOR SKILLS (15)</u>			
	Above Average	Average	Below Average
Balance (4)			
Alternating Movement (2)			
Eye-Hand/Eye Foot Coordination (4)			
Directionality (2)			
Rhythmic Games (1)			
Sports (1)			

SOCIAL BEHAVIOR

	Yes	No
1. Has:		
many friends	_____	_____
few friends	_____*	_____
2. Friends are older	_____*	_____
younger	_____*	_____
peers	_____	_____
3. Socializes with:		
many	_____	_____
few	_____*	_____
4. Is immature	_____*	_____
5. Appears to be trying,		
but success is limited	_____*	_____
6. Displays poor judgement in a group	_____*	_____
7. Overreacts to most situations	_____*	_____
8. Difficulty relating to adults	_____*	_____
9. Difficulty relating to peers	_____*	_____
10. Does not like to be touched	_____*	_____
11. Clowning behavior	_____*	_____
12. Withdrawn (shy) behavior	_____*	_____
13. Confrontational behavior	_____*	_____
14. Manipulative behavior	_____*	_____
15. Hostile/aggressive behavior	_____*	_____

COMPILATION OF SOCIAL BEHAVIOR (15) (Transfer to Student Profile)

	Above Average	Average	Below Average
Social Behavior			

ADDITIONAL INFORMATION

TEST OR EVALUATION BEHAVIOR

	Yes	No
1. Seems to know material, but cannot apply it when reviewed	_____*	_____
2. Has difficulty retaining material	_____*	_____
3. Knows it today, but doesn't tomorrow	_____*	_____
4. Achievement Test scores (if available):	_____	

Other Observations

	Yes	No
1. Hearing loss	_____	_____
2. Wears glasses	_____	_____
3. Rubs eyes	_____	_____
4. Difficulty saying certain words	_____*	_____
5. Frequently wants a questions repeated	_____*	_____
6. Short attention span	_____*	_____
7. Works with face close to book or paper	_____*	_____
8. Often forgets books, assignments, personal items	_____*	_____
9. Difficulty with organization	_____*	_____

Parent Contacts

	Yes	No
1. Have you met with the parents?	_____	_____
2. Are the parents positive?	_____	_____
3. Are the parents aware of difficulties in the classroom?	_____	_____
4. In your opinion, is there a supportive home environment?	_____	_____

**Usually indicates below average performance.*

STUDENT HISTORY

CONFIDENTIAL

Child's name _____ Child's C.A. _____

Parent's Name _____

Tell me about your child. How do you see his strengths and weaknesses? What do you think of his progress in school? How do you see his personality? Please write responses on back of this sheet.

I. Prenatal

Difficulty during pregnancy Yes _____ No _____
____ illness of mother
____ accident or injury of mother
____ threatened miscarriage
____ medication of mother

II. Delivery

____ Full term _____ Premature
Length of labor _____
Birth Weight _____ Length _____
Problem in Breathing Yes _____ No _____
Jaundice Yes _____ No _____
Incubator Yes _____ No _____
Feeding Problems Yes _____ No _____
Sleeping Problems Yes _____ No _____
Health Problems Yes _____ No _____
Other _____

III. Developmental History (Birth to 5)

Accidents _____

Illness _____

Injury _____

Age
Sat up _____
Crawl _____
Walk _____
Talk _____

Speech Problems?

Child's health Good _____ Fair _____ Poor _____

Chronic Problems Yes _____ No _____

IV. School History

Preschool attendance Yes _____ No _____

	Above Average	Average	Below Average
Preschool Adjustment			
Preschool Skill			
Development			

Areas of weakness, if any _____

Areas of strength _____

Early Grades (1-2)

	Above Average	Average	Below Average
Adjustment			

Teacher complaints, if any: _____

V. Family History

Allergies (food, sinus, hay fever) _____

Low blood sugar _____

Diabetes (early or late onset) _____

Reading or learning problems _____

Other _____

Comments _____
