

SCHOOL AMPS SCORE FORM

OCCUPATIONAL THERAPIST: _____

STUDENT NAME: _____

STUDENT ID: _____

DATE OF BIRTH: _____ AGE: _____ / _____
years months

GENDER: MALE ___ FEMALE ___

MAJOR DIAGNOSIS: _____

SECONDARY DIAGNOSIS: _____

DATE OF EVALUATION: _____

TASK OBSERVATION NUMBER: 1 ___ 2 ___ 3 ___ 4 ___

TASK#: _____

TASK: _____

RATE THE STUDENT'S OVERALL QUALITY OF PERFORMANCE ON THIS TASK:

	NO PROBLEM			INORDINATE		
INCREASED EFFORT	1	2	3	4	5	6
DECREASED EFFICIENCY	1	2	3	4	5	6
DECREASED SAFETY	1	2	3	4	5	6
NEED FOR ASSISTANCE PROVIDED	1	2	3	4	5	6

CLASSROOM ENVIRONMENT:

EXTREME QUIET ___ INCONSISTENT ___

RELAXED ORDER ___ CHAOTIC ___

ITEM RAW SCORES

COMPETENT = 4 QUESTIONABLE = 3 INEFFECTIVE = 2 DEFICIT = 1

BODY POSITION

Stabilizes 4 3 2 1

Aligns 4 3 2 1

Positions 4 3 2 1

OBTAINING AND HOLDING OBJECTS

Reaches 4 3 2 1

Bends 4 3 2 1

Grips 4 3 2 1

Manipulates 4 3 2 1

Coordinates 4 3 2 1

MOVING SELF AND OBJECTS

Moves 4 3 2 1

Lifts 4 3 2 1

Walks 4 3 2 1

Transports 4 3 2 1

Calibrates 4 3 2 1

Flows 4 3 2 1

SUSTAINING PERFORMANCE

Endures 4 3 2 1

Paces 4 3 2 1

Attends 4 3 2 1

Heeds 4 3 2 1

APPLYING KNOWLEDGE

Chooses 4 3 2 1

Uses 4 3 2 1

Handles 4 3 2 1

Inquires 4 3 2 1

TEMPORAL ORGANIZATION

Initiates 4 3 2 1

Continues 4 3 2 1

Sequences 4 3 2 1

Terminates 4 3 2 1

ORGANIZING SPACE AND OBJECTS

Searches/Locates 4 3 2 1

Gathers 4 3 2 1

Organizes 4 3 2 1

Restores 4 3 2 1

Navigates 4 3 2 1

ADAPTING PERFORMANCE

Notices/Responds 4 3 2 1

Adjusts 4 3 2 1

Accommodates 4 3 2 1

Benefits 4 3 2 1

TRACKING TEACHER DIRECTIONS AND COMMENTS

Teacher directions to class/student before task	General educational instructions or comments given to the class/student
Teacher directions to student/class during task	Specific verbal cues/assistance given to the student observed related to a task performance problem