SCHOOL FOR AUTISTICALLY IMPAIRED LEARNERS, S.A.I.L.

Student's Name _____ Date_____

S.T.A.R. (Student / Teacher Acquisition Record)©

Skills are to document according to frequency of use. 1 = Skill not used 2 = Skilled used some 3 = Skill used often

SOCIAL SKILLS	1	2	3	S.A.I.L. INSTRUCTOR COMMENTS
1. Plays cooperatively, share toys				
2. Interacts with others				
3.				
COMMUNICATION SKILLS				
1. Expressive – communicates wants and needs				
2. Receptive – follows simple direction				
3.				
PHYSICAL / MOTOR SKILLS				
1. Uses gross motor skills (running, hopping, etc.)				
2. Uses fine motor skills (cutting, tracing, writing, etc.)				
3.				
COGNITIVE SKILLS: Inductive and Deductive				
1. Math				
2. Writing				
3. Reading				
CREATIVE SKILLS				
1. Shows interest in music				
2. Shows interest in art projects				
3.				
4.				
FUNCTIONAL / INDEPENDENCE SKILLS				
1. Handles toileting or attempts training skills				
2. Takes care of personal belongings				
3.				
4				
ADDITIONAL SKILLS				
1.				
2.				
3.				
4.				
5.				
				SIGN (S.A.I.L. INSTRUCTOR)

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