A. Please explain your student's ideal learning environment.

STUDENT ASSESSMENT

| | (E | xample: One-on-one, small group, visual, auditory, experiential, etc. |
|----|----|--|
| | | |
| | | |
| | | |
| | | |
| В. | | ocial Judgement |
| | | n a scale of 0-10, 0 being NEVER and 10 being ALWAYS, please answer the llowing questions. |
| | 1. | In your opinion, how well does your student demonstrate good judgement and maturity? |
| | | At school/work (0-10) |
| | | With peers (0-10) |
| | | At home (0-10) |
| | | |
| | 2. | How well is your student receptive to constructive criticism? (0-10) |
| | | Please explain any approach that may work well with your student receiving constructive criticism. |
| | | |

| C. | Focus/Sensory/Motor Coordination |
|----|---|
| | Please explain any medical or behavioral conditions that may prevent your student from paying attention and understanding the material taught in class. |
| D. | Please explain any physical limitations (if applicable) that may prevent your student from driving safely: |
| E. | Primary Disability/Diagnosis: |
| | Secondary Disability/Diagnosis: |
| | |

| F. | Does your student demonstrate rules of the road knowledge and other skills taught in driver education classes? |
|----|---|
| G. | Is your student agreeable to practicing driving with a skilled adult prior to driving independently? |
| н. | What are your child's areas of strength? |
| I. | What types of things work best for your child in terms of rewards and motivation? |
| J. | Do changes in routine or transitions to new activities affect your child's behavior? If yes, what types of classroom accommodation can I make to help your child adapt to change and transitions? |
| | |

MAXWELL MOTORSPORTS AND DRIVING SCHOOL, INC
7777 Walnut Grove Road – Agricenter International - Wing C Memphis, TN 38120
maxwelldriving.com

| K. | If applicable, what behaviors related to autism spectrum disorder am I most likely to see at school? Are there triggers for these behaviors? In your experience, what are the best ways to cope with these challenges and get your child back on task? |
|----|--|
| L. | Are there any medical or behavioral conditions (such as untreated seizures) that may prevent your child from driving safely? Are there medical interventions that may be needed to ensure safe driving behaviors? |
| М. | Is there anything else you would like for me know about your student? |
| | |