**Lesson Title: Mealtime Manners**

**Pre and Post Assessment**

**Student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_**

**Dates \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Form completed by: \_\_\_\_\_\_\_\_\_\_\_**

**Place a + in the column if the student completes the skill**

**Place a / in the column if the student partially completes the skill**

**Place a – in the column if the student is unable to complete the skill**

**Provide a comment for each skill if needed on the C line**

|  |  |  |
| --- | --- | --- |
| **Skills observed & Comments (C:)** | **Pre-test** | **Post-test** |
| 1. Student observed to use manners at lunch time w/no negative reports for a 4 week period |  |  |
| **C:** |  |  |
| 1. Identifies a minimum of 5 mealtime manners (sit, chew w/mouth closed, don’t stuff, use napkin, say ‘excuse me’, say ‘please/’thank you’, eat own food, don’t be rude, clean up) |  |  |
| **C:** |  |  |
| 1. Identifies reasons for a minimum of 5 mealtime manners (could choke, could offend, how others may feel, hygiene issues, social aspect) |  |  |
| **C:** |  |  |
| 1. If applicable student completes homework page accurately & w/minimal assists (post lesson) |  |  |
| **C:** |  |  |