Today's Date: _______________  Date of Orientation: _____________
Teacher Name: _______________
Student’s Name: ________________ Grade Level: ________________

1. When the student entered the room had academic testing been completed? (circle one)       YES   NO

2. How helpful was it that the academic testing had been done? (circle one)       not done       not helpful       helpful       extremely helpful

3. Was the student able to state the school-wide expectations? (circle one)         YES   NO

4. Was the student able to state the school-wide rules?  (circle one)       YES   NO

5. Did the student understand how to earn points? (circle one)        YES   NO

6. Did the student understand how to use the points at the point store?  (circle one)        YES   NO

7. Has the orientation program been helpful in the student making a smooth transition?    not helpful        helpful        extremely helpful

8. Overall, I feel that the orientation program is  ……..
    (circle one)       not helpful        helpful        extremely helpful

9. What if any way has the orientation program made an effect on the child’s behavior?

10. What are some things that you like about the orientation program?

11. What are some things that can be done to improve the orientation program?

Thank you for your feedback!
Please return to Dana Rehm by ________________.