

# FILL IN INFORMATION AT TOP OF FORM BEFORE OBSERVING CLASSROOM

## SPECIALINK PRACTICES SCORE SHEET

Observer: \_\_\_\_\_ Observer Code: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Centre/School: \_\_\_\_\_ Centre Code: \_\_\_\_\_ Number of Children with Identified Disabilities: \_\_\_\_\_

Room: \_\_\_\_\_ Room Code: \_\_\_\_\_ Check Type(s)  Physical/Sensory  Cognitive/Language

Teacher(s): \_\_\_\_\_ Teacher Code: \_\_\_\_\_ of Disability:  Social/Emotional  Autism Spectrum Disorder

Combination (Please List) \_\_\_\_\_

Other \_\_\_\_\_

Number of Staff Present: \_\_\_\_\_ Birthdates of Children Enrolled: Youngest \_\_\_\_\_

Number of Children Enrolled in Class: \_\_\_\_\_ Oldest \_\_\_\_\_

Number of Children Present: \_\_\_\_\_ Time Observation Began: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

Time Observation Ended: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

Any Unusual Occurrence During Observation: \_\_\_\_\_

1. Physical Environment and Special Needs				1 2 3 4 5 6 7								
Y	N	Y	N	Y	N	Y	N	Y	N	Notes:		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	<input type="checkbox"/>	<input type="checkbox"/>	3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>	
2. Equipment and Materials				1 2 3 4 5 6 7								
Y	N	Y	N	Y	N	Y	N	Y	N	Notes:		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>	
			3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>	
			3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>	
3. Director and Inclusion				1 2 3 4 5 6 7								
Y	N	Y	N	Y	N	Y	N	Y	N	Notes:		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	<input type="checkbox"/>	<input type="checkbox"/>	3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	<input type="checkbox"/>	<input type="checkbox"/>	3.5	<input type="checkbox"/>	<input type="checkbox"/>	5.5	<input type="checkbox"/>	<input type="checkbox"/>	7.5	<input type="checkbox"/>	<input type="checkbox"/>	

4. Staff Support								1	2	3	4	5	6	7	
Y	N	Y	N	Y	N	Y	N	Notes:							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>				
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>				
			3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>				
						5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>				

  

5. Staff Training								1	2	3	4	5	6	7	
Y	N	Y	N	Y	N	Y	N	Notes:							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>				
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>				
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>				
7.4	<input type="checkbox"/>	<input type="checkbox"/>													
7.5	<input type="checkbox"/>	<input type="checkbox"/>													

  

6. Therapies: PT; OT; S&L; Behavioural								1	2	3	4	5	6	7	
Y	N	Y	N	Y	N	Y	N	Notes:							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>				
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>				
			3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>				
			3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>				
			3.5	<input type="checkbox"/>	<input type="checkbox"/>	5.5	<input type="checkbox"/>	<input type="checkbox"/>	7.5	<input type="checkbox"/>	<input type="checkbox"/>				

  

7. Individual Program Plans (IPPs)								1	2	3	4	5	6	7	
Y	N	Y	N	Y	N	Y	N	Notes:							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>				
			3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>				
			3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>				
			3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>				
						5.5	<input type="checkbox"/>	<input type="checkbox"/>	7.5	<input type="checkbox"/>	<input type="checkbox"/>				

  

8. Parents of Children with Special Needs								1	2	3	4	5	6	7	
Y	N	Y	N	Y	N	Y	N	Notes:							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>				
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>				
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>				
1.4	<input type="checkbox"/>	<input type="checkbox"/>	3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>				

<b>9. Involvement of Typical Children</b>				<b>1 2 3 4 5 6 7</b>		
<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Notes:</b>		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1		<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2		<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3		<input type="checkbox"/>	<input type="checkbox"/>
			5.1		<input type="checkbox"/>	<input type="checkbox"/>
			5.2	<input type="checkbox"/>	<input type="checkbox"/>	
			5.3	<input type="checkbox"/>	<input type="checkbox"/>	
			7.1	<input type="checkbox"/>	<input type="checkbox"/>	
			7.2	<input type="checkbox"/>	<input type="checkbox"/>	
			7.3	<input type="checkbox"/>	<input type="checkbox"/>	
			7.4	<input type="checkbox"/>	<input type="checkbox"/>	

  

<b>10. Board of Directors and Similar Units</b>				<b>1 2 3 4 5 6 7</b>		
<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Notes:</b>		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1		<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2		<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3		<input type="checkbox"/>	<input type="checkbox"/>
			5.1		<input type="checkbox"/>	<input type="checkbox"/>
			5.2	<input type="checkbox"/>	<input type="checkbox"/>	
			5.3	<input type="checkbox"/>	<input type="checkbox"/>	
			7.1	<input type="checkbox"/>	<input type="checkbox"/>	
			7.2	<input type="checkbox"/>	<input type="checkbox"/>	
			7.3	<input type="checkbox"/>	<input type="checkbox"/>	

  

<b>11. Preparing for Transition to School</b>				<b>1 2 3 4 5 6 7</b>		
<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Notes:</b>		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1		<input type="checkbox"/>	<input type="checkbox"/>
			3.2		<input type="checkbox"/>	<input type="checkbox"/>
			5.1		<input type="checkbox"/>	<input type="checkbox"/>
			5.2		<input type="checkbox"/>	<input type="checkbox"/>
			7.1	<input type="checkbox"/>	<input type="checkbox"/>	
			7.2	<input type="checkbox"/>	<input type="checkbox"/>	
			7.3	<input type="checkbox"/>	<input type="checkbox"/>	

**Total and Average Scores**

- Physical Environment and Special Needs
- Equipment and Materials
- Director and Inclusion
- Staff Support
- Staff Training
- Therapies
- Individual Program Plans
- Parents of Children with Special Needs
- Involvement of Typical Children
- Board of Directors and Similar Units
- Preparing for Transition to School

Total Score

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# of Items Scored      Average Score

**TOTAL:**      \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_

**EXAMPLE:** Let's say a classroom gets a mix of items scores from 3 to 7 – and it adds up to 63. The average score will be 63 divided by 11 Practice items, which gives an average score of 5.73

**Total score 63 ÷ 11 = 5.73**

**FILL IN INFORMATION AT TOP OF FORM BEFORE CONDUCTING INTERVIEWS ABOUT THE CENTRE**

## ***SPECIALINK PRINCIPLES SCORE SHEET***

Observer: \_\_\_\_\_ Observer Code: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Centre/School: \_\_\_\_\_ Centre Code: \_\_\_\_\_ Number of Children with Identified Disabilities: \_\_\_\_\_

Room: \_\_\_\_\_ Room Code: \_\_\_\_\_ Check Type(s)  Physical/Sensory  Cognitive/Language

Teacher(s): \_\_\_\_\_ Teacher Code: \_\_\_\_\_ of Disability:  Social/Emotional  Autism Spectrum Disorder

Combination (Please List) \_\_\_\_\_

Other \_\_\_\_\_

Number of Staff Present: \_\_\_\_\_ Birthdates of Children Enrolled: Youngest \_\_\_\_\_

Number of Children Enrolled in Centre: \_\_\_\_\_ Oldest \_\_\_\_\_

Number of Children Present: \_\_\_\_\_ Time Observation Began: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

Time Observation Ended: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

Any Unusual Occurrence During Observation: \_\_\_\_\_

<b>1. Zero Reject</b>					<b>1 2 3 4 5 6 7</b>							
Y	N	Y	N	Y	N	Y	N	Y	N	Notes:		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Natural Proportions</b>					<b>1 2 3 4 5 6 7</b>							
Y	N	Y	N	Y	N	Y	N	Y	N	Notes:		
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	<input type="checkbox"/>	<input type="checkbox"/>							7.4	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	<input type="checkbox"/>	<input type="checkbox"/>										
<b>3. Same Hours/Days of Attendance Available to All Children</b>					<b>1 2 3 4 5 6 7</b>							
Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Notes:	
1.1	<input type="checkbox"/>	<input type="checkbox"/>	3.1	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.2	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	<input type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	<input type="checkbox"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	<input type="checkbox"/>	<input type="checkbox"/>	3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>	<input type="checkbox"/>	7.4	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	<input type="checkbox"/>	<input type="checkbox"/>	3.5	<input type="checkbox"/>	<input type="checkbox"/>	5.5	<input type="checkbox"/>	<input type="checkbox"/>	7.5	<input type="checkbox"/>	<input type="checkbox"/>	

<b>4. Full Participation</b>										<b>1 2 3 4 5 6 7</b>						
	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>	<b>N/A</b>		<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>	<b>Notes:</b>			
1.1	<input type="checkbox"/>	<input type="checkbox"/>		3.1	<input type="checkbox"/>	<input type="checkbox"/>		5.1	<input type="checkbox"/>	<input type="checkbox"/>		7.1	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	<input type="checkbox"/>	<input type="checkbox"/>		3.2	<input type="checkbox"/>	<input type="checkbox"/>		5.2	<input type="checkbox"/>	<input type="checkbox"/>		7.2	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	<input type="checkbox"/>	<input type="checkbox"/>		3.3	<input type="checkbox"/>	<input type="checkbox"/>		5.3	<input type="checkbox"/>	<input type="checkbox"/>		7.3	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	<input type="checkbox"/>	<input type="checkbox"/>		3.4	<input type="checkbox"/>	<input type="checkbox"/>		5.4	<input type="checkbox"/>	<input type="checkbox"/>		7.4	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Maximum Feasible Parent Participation</b>										<b>1 2 3 4 5 6 7</b>						
	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>	<b>Notes:</b>				
1.1	<input type="checkbox"/>	<input type="checkbox"/>		3.1	<input type="checkbox"/>	<input type="checkbox"/>		5.1	<input type="checkbox"/>	<input type="checkbox"/>		7.1	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	<input type="checkbox"/>	<input type="checkbox"/>		3.2	<input type="checkbox"/>	<input type="checkbox"/>		5.2	<input type="checkbox"/>	<input type="checkbox"/>		7.2	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	<input type="checkbox"/>	<input type="checkbox"/>		3.3	<input type="checkbox"/>	<input type="checkbox"/>		5.3	<input type="checkbox"/>	<input type="checkbox"/>		7.3	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	<input type="checkbox"/>	<input type="checkbox"/>		3.4	<input type="checkbox"/>	<input type="checkbox"/>		5.4	<input type="checkbox"/>	<input type="checkbox"/>		7.4	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6. Leadership, Pro-active Strategies and Advocacy</b>										<b>1 2 3 4 5 6 7</b>						
	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>	<b>Notes:</b>				
1.1	<input type="checkbox"/>	<input type="checkbox"/>		3.1	<input type="checkbox"/>	<input type="checkbox"/>		5.1	<input type="checkbox"/>	<input type="checkbox"/>		7.1	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	<input type="checkbox"/>	<input type="checkbox"/>		3.2	<input type="checkbox"/>	<input type="checkbox"/>		5.2	<input type="checkbox"/>	<input type="checkbox"/>		7.2	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	<input type="checkbox"/>	<input type="checkbox"/>		3.3	<input type="checkbox"/>	<input type="checkbox"/>		5.3	<input type="checkbox"/>	<input type="checkbox"/>		7.3	<input type="checkbox"/>	<input type="checkbox"/>		
												7.4	<input type="checkbox"/>	<input type="checkbox"/>		

**Total and Average Scores**

- Zero Reject
- Natural Proportions
- Same Hours/Days of Attendance to All Children
- Full Participation
- Maximum Feasible Parent Participation
- Leadership, Pro-active Strategies and Advocacy

Total Score

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Items Scored

Average Score

**TOTAL:** \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_

**EXAMPLE:** Let's say a centre gets a mix of items scores from 3 to 7 – and it adds up to 27. The average score will be 27 divided by 6 Principal items, which gives an average score of 4.5

**Total score 27 ÷ 6 = 4.5**

# ***PRACTICES AND PRINCIPLES COMBINED SCORE SHEET***

**Total and Average Scores**

- Physical Environment and Special Needs
- Equipment and Materials
- Director and Inclusion
- Staff Support
- Staff Training
- Therapies
- Individual Program Plans
- Parents of Children with Special Needs
- Involvement of Typical Children
- Board of Directors and Similar Units
- Preparing for Transition to School
- Zero Reject
- Natural Proportions
- Same Hours/Days of Attendance to All Children
- Full Participation
- Maximum Feasible Parent Participation
- Leadership, Pro-active Strategies and Advocacy

**Total Score**

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**TOTAL:**

	<u><b># of Items Scored</b></u>		<u><b>Average Score</b></u>
_____	÷ _____	=	_____

**EXAMPLE:** Let's say a classroom gets a mix of Practice and Principle items that scores from 3 to 7 – and add up to 75. The average score will be 75 divided by 17 items, which gives an average score of 4.41

**Total score 75 ÷ 17 = 4.41**