

## b-Calm Evaluation Form

**Student (first name only):** Matthew

**Age:** 10

**Grade:** 5

**Diagnosis:** Autism Spectrum

**Purpose Used:** Concentration and Math

**# of Times Used (or duration):** Everyday; 60 mins; Math Class

**Reason(s) for Initial Use:** The student is off task; and requires numerous prompts to remain on task. The student will engage in off-task behaviors.

**Observations Before Use:** This student will remain off task, for extended periods of time and will become off task directly after being redirected by an adult staff member.

**Observations After Use:** The student remained on the teacher directed task for the duration of the task. The student was able to transition to other tasks within the classroom as directed by the teacher.

	Not Effective		Some Effect		Very Effective	
<b>Overall Effectiveness:</b>	0	1	2	3	4	<b>5+</b>

**Additional Comments:** I was astounded by the difference the b-Calm headset made in this student that I conducted two informal on-task observations; one while the student was not wearing the b-Calm and one where the student was. What an amazing difference! Now the student requests the headset.