

Teacher Survey

OMB Number:
Exp Date:

PLEASE COMPLETE THE FOLLOWING:

Student Name:

Grade of Student:

Pre-K K 1st 2nd 3rd 4th 5th

ID #:

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Remove label before returning form.

6th 7th 8th 9th 10th 11th 12th

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior **since the beginning of the school year**. Please, (1) fill in only one bubble (answer) per question, (2) use a #2 pencil or black pen to complete the form, and (3) do not write or place any stray marks on the form except where specified.

BEHAVIOR:	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty sustaining attention to tasks or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, or books).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by extraneous stimuli.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Fidgets with hands or feet or squirms in seat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or engaging in leisure activities quietly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks excessively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting in line.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes on others (e.g., butts into conversations or games).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Loses temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Actively defies or refuses to comply with adult's requests or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Is angry or resentful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Is spiteful and vindictive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Bullies, threatens, or intimidates others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Initiates physical fights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Is physically cruel to people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

	Never	Occasionally	Often	Very Often
27. Has stolen items of nontrivial value.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Deliberately destroys others' property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Is fearful, anxious, or worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Is self-conscious or easily embarrassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Is afraid to try new things for fear of making mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Feels worthless or inferior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Blames self for problems, feels guilty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Is sad, unhappy, or depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PERFORMANCE:				
Academic Performance	Problematic		Average	Above Average
1. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Written Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom Behavioral Performance	Problematic		Average	Above Average
1. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impairment and Burden				
1. Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people?	No <input type="radio"/>	Yes - minor difficulties <input type="radio"/>	Yes - definite difficulties <input type="radio"/>	Yes - severe difficulties <input type="radio"/>
2. If yes, what type of burden have the difficulties caused:	Not at all	A little	A medium amount	A great deal
• Put a burden on you or the class as a whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Interfering with other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Time spent getting his/her attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Time spent getting him/her to settle down or sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Having to devote extra attention to him/her to protect him/her or classmates from impulsive actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do the difficulties interfere with the child's everyday life in the following areas?				
• Peer relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Classroom learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Events: Answer the following questions about THIS school year.				
How many days was this child absent from school?	Total Number:			
How many different times was this student in detention ?	Total Number:			
Why?	Behavioral <input type="radio"/>	Academic <input type="radio"/>	Other <input type="radio"/>	Don't Know <input type="radio"/>
How many different times was this student suspended or received in-school suspension ?	Total Number:			
Why?	Behavioral <input type="radio"/>	Academic <input type="radio"/>	Other <input type="radio"/>	Don't Know <input type="radio"/>
How many different times was this student expelled ?	Total Number:			
Why?	Behavioral <input type="radio"/>	Academic <input type="radio"/>	Other <input type="radio"/>	Don't Know <input type="radio"/>
Does this child have a 504 Plan for this school year?	YES <input type="radio"/>	NO <input type="radio"/>	Don't Know	

			<input type="radio"/>	
Why?	Behavioral <input type="radio"/>	Academic <input type="radio"/>	Other <input type="radio"/>	Don't Know <input type="radio"/>
Does this child have an IEP Plan for this school year?	YES <input type="radio"/>	NO <input type="radio"/>	Don't Know <input type="radio"/>	
Why?	Behavioral <input type="radio"/>	Academic <input type="radio"/>	Other <input type="radio"/>	Don't Know <input type="radio"/>
Is this child in any resource or special education classes this school year?	YES <input type="radio"/>	NO <input type="radio"/>	Don't Know <input type="radio"/>	
Type:	Behavioral <input type="radio"/>	Academic <input type="radio"/>	Other <input type="radio"/>	Don't Know <input type="radio"/>
Do you consider this child an:	A student <input type="radio"/>	B student <input type="radio"/>	C student <input type="radio"/>	D student <input type="radio"/>
	F student <input type="radio"/>	Don't Know <input type="radio"/>		