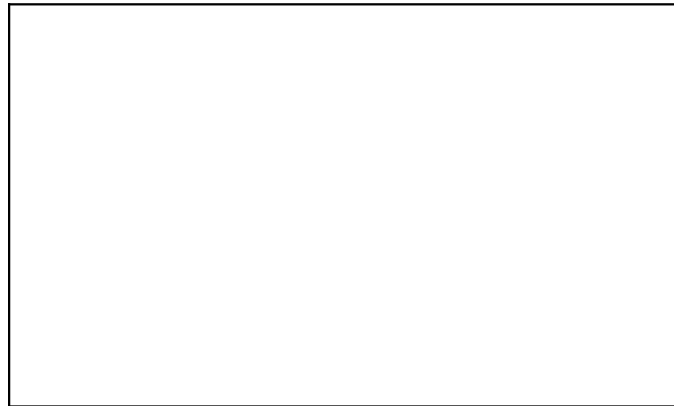


# National Teacher Survey on Children



Sponsored by the Administration for Children and Families  
U.S. Department of Health and Human Services

**This questionnaire asks about the school performance of the student named in the letter that was included with this questionnaire. Your responses are extremely important. You may consult other teachers, administrators, and school records, as necessary, to complete this survey. Please return the survey even if you are unable to complete all of the questions. Note that you may complete the questionnaire on the Internet if you prefer (see enclosed instruction sheet)**



Thank you for answering these questions!

RTI International  
P.O. Box 12194  
Research Triangle Park  
North Carolina 27709-2194 USA

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0202. The time required to complete this collection is estimated to be 30 minutes.

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**A. Your Relationship With the Student**

You were selected to participate in this study because you teach the student named on the cover of this questionnaire. Your responses to these questions will help us obtain a complete picture of the student's academic performance, social skills, and relationships with peers.

Please note that some questions ask about your knowledge of the student in **Athis class@**, specifically. However, most of the questions ask you to report based on your full knowledge of the student.

**1. Which subject areas do you teach the student currently? Mark an X in each box that applies.**

- Self-contained classroom.....  1
- Language arts.....  2
- Reading.....  3
- Social studies.....  4
- Science.....  5
- Mathematics.....  6
- Arts (e.g., art, music).....  7
- Enrichment or gifted.....  8
- Health.....  9
- Electives or exploratories.....  10
- Physical education.....  11
- Vocational or technical.....  12
- Resource.....  13
- Other.....  14

**2. What is the average size of the classes you teach that include this student?**

- Less than 10 students.....  1
- 10 - 15 students.....  2
- 16 - 20 students.....  3
- 21 - 25 students.....  4
- More than 25 students.....  5

**3. How long have you known the student?**

Months

**4. How well do you know this student?**

- Not well.....  1
- Moderately well.....  2
- Very well.....  3**

**B. Peer Relationships**

The next questions ask about how this student relates to other peers in his/her class.

1. How often are each of the following statements true about the student?

	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Some- times <input type="checkbox"/>	Often <input type="checkbox"/>	Very Often <input type="checkbox"/>
1. When this child has been teased or threatened, he/she gets angry easily and strikes back.....	<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. The child claims that other children are to blame in a fight and feels that they started the trouble.....	<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. When a peer accidentally hurts this child, such as by bumping into him/her, this child assumes that the peer meant to do it, and then overreacts with anger and fighting.....	<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. The child gets other kids to gang up on a peer that he/she does not like.....	<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. The child uses physical force (or threatens to use force) in order to dominate other kids.....	<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. The child threatens or bullies others in order to get his/her own way.....	<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. What grade do you (or did you) teach the student?

- K to 6.....
- 7 to 12.....

CONTINUE TO SECTION C ON PAGE 5  
SKIP TO SECTION D ON PAGE 6

### C. Social Skills: Grades K-6

(Complete Section C only if you instructed the student in grades K-6. If you instructed the student in grades 7-12, go to Section D.)

Please read each of the following items and think about this student's behavior during the past month or two. Decide how often the student does the behavior described.

If the student never does this behavior, mark an X in the box for **ANever@ (0)**.

If the student sometimes does this behavior, mark an X in the box for **ASometimes@ (1)**.

If the student very often does this behavior, mark an X in the box for **AVery often@ (2)**.

	Never	Sometimes	Very Often
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.Controls temper in conflict situations with peers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2.Introduces herself or himself to new people without being told	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3.Appropriately questions rules that may be unfair	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4.Compromises in conflict situations by changing own ideas to reach agreement	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5.Responds appropriately to peer pressure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6.Says nice things about himself or herself when appropriate	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7.Invites others to join in activities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8.Uses free time in an acceptable way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9.Finishes class assignments within time limits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10.Makes friends easily	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11.Responds appropriately to teasing by peers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12.Controls temper in conflict situations with adults	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13.Receives criticism well	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14.Initiates conversations with peers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15.Uses time appropriately while waiting for help	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16.Produces correct schoolwork	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17.Appropriately tells you when he or she thinks you have treated him or her unfairly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18.Accepts peers' ideas for group activities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
19.Gives compliments to peers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20.Follows your directions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
21.Puts work materials or school property away	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
22.Cooperates with peers without prompting	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
23.Volunteers to help peers with classroom tasks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
24.Joins ongoing activity or group without being told to do so	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25.Responds appropriately when pushed or hit by other children	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
26.Ignores peer distractions when doing class work	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
27.Keeps desk clean and neat without being reminded	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
28.Attends to your instructions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
29.Easily makes transition from one classroom activity to another	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
30.Gets along with people who are different	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**SKIP TO SECTION E  
ON PAGE 7**

**D. Social Skills: Grades 7-12**

(Complete Section D only if you instructed the student in grades 7-12. Otherwise, go to Section E on page 7.)

Please read each of the following items and think about this student's behavior during the past month or two. Decide how often the student does the behavior described.

If the student never does this behavior, mark an X in the box for **ANever@ (0)**.

If the student sometimes does this behavior, mark an X in the box for **ASometimes@ (1)**.

If the student very often does this behavior, mark an X in the box for **AVery often@ (2)**.

	Never □ 0	Sometimes □ 1	Very Often □ 2
1.Produces correct schoolwork	□0	□1	□2
2.Keeps his or her work area clean without being reminded	□0	□1	□2
3.Responds appropriately to physical aggression from peers	□0	□1	□2
4.Initiates conversations with peers	□0	□1	□2
5.Volunteers to help peers on classroom tasks	□0	□1	□2
6.Politely refuses unreasonable requests from others	□0	□1	□2
7.Appropriately questions rules that may be unfair	□0	□1	□2
8.Responds appropriately to teasing by peers	□0	□1	□2
9.Accepts peers' ideas for group activities	□0	□1	□2
10.Appropriately expresses feelings when wronged	□0	□1	□2
11.Receives criticism well	□0	□1	□2
12.Attends to your instructions	□0	□1	□2
13.Uses time appropriately while waiting for your help	□0	□1	□2
14.Introduces himself or herself to new people without being told	□0	□1	□2
15.Compromises in conflict situations by changing own ideas to reach agreement	□0	□1	□2
16.Acknowledges compliments or praise from peers	□0	□1	□2
17.Easily makes transition from one classroom activity to another	□0	□1	□2
18.Controls temper in conflict situations with peers	□0	□1	□2
19.Finishes class assignments within time limits	□0	□1	□2
20.Listens to classmates when they present their work or ideas	□0	□1	□2
21.Appears confident in social interactions with opposite-sex peers	□0	□1	□2
22.Invites others to join in activities	□0	□1	□2
23.Controls temper in conflict situations with adults	□0	□1	□2
24.Ignores peer distractions when doing class work	□0	□1	□2
25.Stands up for peers when they have been unfairly criticized	□0	□1	□2
26.Puts work materials or school property away	□0	□1	□2
27.Appropriately tells you when he or she thinks you have treated him or her unfairly	□0	□1	□2
28.Gives compliments to members of the opposite sex	□0	□1	□2
29.Complies with your directions	□0	□1	□2
30.Responds appropriately to peer pressure	□0	□1	□2

**E. Student Behavior**

Below is a list of items that describe students. For each item that describes the student now or within the past 2 months, please code **A2**" if the item is very true or often true. Code **A1**" if the item is somewhat or sometimes true of the student. If the item is not true of the student, code **A0**". Please answer all items as well as you can, even if some do not seem to apply to this student.

	Not True <input type="checkbox"/>	Somewhat or Some times True <input type="checkbox"/>	Very True or Often True <input type="checkbox"/>
1. Acts too young for his/her age.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. Hums or makes other odd noises in class.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Argues a lot.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Fails to finish things he/she starts.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Behaves like opposite sex.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. Defiant, talks back to staff.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Bragging, boasting.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. Can=t concentrate, can=t pay attention for long.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. Can=t get his/her mind off certain thoughts; obsessions.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. Can=t sit still, restless, or hyperactive.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. Clings to adults or too dependent.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. Complains of loneliness.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. Confused or seems to be in a fog.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. Cries a lot.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. Fidgets.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16. Cruelty, bullying, or meanness to others.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17. Daydreams or gets lost in his/her thoughts.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. Deliberately harms self or attempts suicide.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
19. Demands a lot of attention.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20. Destroys his/her own things.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
21. Easily jealous.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
22. Destroys property belonging to others.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
23. Difficulty following directions.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
24. Disobedient at school.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25. Disturbs other pupils.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
26. Doesn't get along with other pupils.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
27. Doesn't seem to feel guilty after misbehaving.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
28. Eats or drinks things that are not food - don=t include sweets.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
29. Fears certain animals, situations, or places other than school.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

	<b>Not True</b>	<b>Somewhat or Some- times True</b>	<b>Very True or Often True</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Fears going to school.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
31. Fears he/she might think or do something bad.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
32. Feels he/she has to be perfect.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
33. Feels or complains that no one loves him/her.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
34. Feels worthless or inferior.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
35. Feels others are out to get him/her.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
36. Gets hurt a lot, accident-prone.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
37. Gets in many fights.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
38. Gets teased a lot.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39. Impulsive or acts without thinking.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40. Hangs around with others who get in trouble.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41. Hears sounds or voices that aren't there .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42. Would rather be alone than with others.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43. Lying or cheating.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44. Bites fingernails.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45. Nervous, high-strung, or tense.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46. Nervous movements or twitching.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47. Overconforms to rules.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48. Not liked by other pupils.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49. Has difficulty learning.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50. Too fearful or anxious.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
51. Feels dizzy.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
52. Feels too guilty.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
53. Talks out of turn.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
54. Overtired.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
55. Overweight.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
56. Physical problems <i>without known medical cause</i> :.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
a. Aches or pains ( <i>not</i> stomach or headaches).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Headaches.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Nausea, feel sick.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Problems with eyes ( <i>not</i> if corrected by glasses).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Rashes or other skin problems.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Stomachaches or cramps.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Vomiting, throwing up.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2



	<b>Not True</b> <input type="checkbox"/>	<b>Somewhat or Some times True</b> <input type="checkbox"/>	<b>Very True or Often True</b> <input type="checkbox"/>
57. Physically attacks people.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
58. Picks nose, skin, or other parts of body.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
59. Sleeps in class.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
60. Apathetic or unmotivated.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
61. Poor school work.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
62. Poorly coordinated or clumsy.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
63. Prefers being with older children or youths.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
64. Prefers being with younger children.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
65. Refuses to talk.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
66. Repeats certain acts over and over; compulsions.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
67. Disrupts class discipline.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
68. Screams a lot.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
69. Secretive, keeps things to self.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
70. Sees things that aren't there.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
71. Self-conscious or easily embarrassed.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
72. Messy work.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
73. Behaves irresponsibly.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
74. Showing off or clowning.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
75. Shy or timid.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
76. Explosive and unpredictable behavior.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
77. Demands must be met immediately, easily frustrated.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
78. Inattentive, easily distracted.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
79. Speech problem.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
80. Stares blankly.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
81. Feels hurt when criticized.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
82. Steals	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
83. Stores up things he/she doesn't need.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
84. Strange behavior.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
85. Strange ideas.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
86. Stubborn, sullen, or irritable .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
87. Sudden changes in mood or feelings.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
88. Sulks a lot.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
89. Suspicious.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
90. Swearing or obscene language.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

		<b>Not True</b>	<b>Somewhat or Sometimes True</b>	<b>Very True or Often True</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91.	Talks about killing self.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
92.	Underachieving, not working up to potential.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
93.	Talks too much.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
94.	Teases a lot.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
95.	Temper tantrums or hot temper.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
96.	Seems preoccupied with sex.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
97.	Threatens people.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
98.	Tardy to school or class.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
99.	Too concerned with neatness or cleanliness.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
100.	Fails to carry out assigned tasks.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
101.	Truancy or unexplained absence.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
102.	Underactive, slow moving, or lacks energy.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
103.	Unhappy, sad, or depressed.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
104.	Unusually loud.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
105.	Uses alcohol or drugs for nonmedical purposes.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
106.	Overly anxious to please.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
107.	Dislikes school.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
108.	Is afraid of making mistakes.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
109.	Whining.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
110.	Unclean personal appearance.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
111.	Withdrawn, doesn't get involved with others.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
112.	Worries.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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**F. Grade Progression/Academic Performance**

1. Has this student skipped any grades?

Yes.....  1  Which grades? \_\_\_\_\_  
No.....  2

2. Is this student a member of your school's gifted/talented program?

Yes.....  1  
No.....  2  
Don't know.....  99

3. Has this student repeated any grades?

Yes.....  1  Which grades? \_\_\_\_\_  
No.....  2  **Skip to Question 5**  
Don't know (not available)....  99  **Skip to Question 5**

4. Will retention be recommended for this student this year?

Yes.....  1  
No.....  2  
Don't know.....  99

5. Please rate this child's overall academic skills in each of the following areas, compared to other children at the same grade level. Mark an X in the box that indicates the student's performance in each subject area. Consult student records and the child's other teachers if you do not have direct knowledge. **Do not** include performance in areas outside those listed, such as physical education and sports, performing arts, practical arts (e.g. business), computers, and vocational education.

	Far below average	Below average	Average	Above Average	Far above average
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language and literacy skills (Reading, Writing, Spelling, Phonics, Grammar, English, Foreign Languages).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Science (Biology, Chemistry, Physics, Environmental or Earth Science).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Social Studies (Civics, Economics, Geography, Government, History, Humanities, Sociology).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Mathematical skills (Counting, Basic Math, Pre-Algebra, Algebra, Geometry, Trigonometry, Calculus).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6. Since the beginning of the school year, how many days in total has this student been absent?

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 Days

7. In this school year, has the student had any behavior or discipline problems at this school which resulted in suspension or expulsion?

Yes.....1

No.....2  Skip to Question 10

Don=t know.....99  Skip to Question 10

8. Has this happened just once or more than once?

Once.....1

More than once.....2

Don=t know.....99

9. Have you had any other contact (in person, on the phone, or by a note sent home) with this student's parents?

Yes.....  1

What was the reason for this contact?

No .....  2

Don't know.....  99

10. Is this student's reading level...

On grade.....  1

Below grade.....  2

Above grade.....  3

Don't know.....  99

**G. Special Educational Needs of the Child**

Please consult the student's folder, as necessary, in order to answer the special education items below.

1. Does this student have any physical, emotional or mental condition which interferes with or limits his/her ability to do regular school work at grade level?

Yes..... 1  
No..... 2  
Don=t Know..... 99

2. Does this student have any physical, emotional or mental condition which interferes with or limits his/her ability to take part in sports, games, or other activities with students his/her age?

Yes..... 1  
No..... 2  
Don=t Know..... 99

3. Has this student EVER been classified as needing special education? That is, has he/she ever been given an Individual Education Plan (I.E.P.) or an Individualized Family Services Plan (I.F.S.P.)?

Yes..... 1  
No..... 2  
Don=t Know..... 99

**Go to THANK YOU on Page 18**

4. Is this student currently receiving special education? That is, does he/she currently have an Individual Education Plan (I.E.P.) or an Individualized Family Services Plan (I.F.S.P.)?

Yes..... 1  
No..... 2  
Don=t Know..... 99

Questions 5 through 13 should only be answered if you responded **Ayes@** to Question 3 above (that is, the student has special educational needs).

5. How is the student classified? What is the **PRIMARY** special education handicapping code? Mark an X in one box.

- a) Autism.  1
- b) Deafness.  2
- c) Emotional disturbance.....  3
- d) Hearing impaired.....  4
- e) Mental retardation.....  5
- f) `Multiply disabled.....  6
- g) Orthopedic impairment.....  7
- h) Specific learning disability.....  8
- i) Speech or language impairment.....  9
- j) Traumatic brain injury.....  10
- k) Visual impairment including blindness.....  11
- l) ADHD (Attention deficient hyperactive disorder).....  12
- m) Developmental disability.....  13
- n) Other health impairment.....  14

6. As part of the Individual Education Plan (I.E.P), does this student have any **SECONDARY** handicapping codes or problems? Mark an X in each box that applies.

- a) Autism.  1
- b) Deafness.  2
- c) Emotional disturbance.....  3
- d) Hearing impaired.....  4
- e) Mental retardation.....  5
- f) Multiply disabled.....  6
- g) Orthopedic impairment.....  7
- h) Specific learning disability.....  8
- i) Speech or language impairment.....  9
- j) Traumatic brain injury.....  10
- k) Visual impairment including blindness.....  11
- l) ADHD (Attention deficient hyperactive disorder).....  12
- m) Developmental disability.....  13
- n) Other health impairment.....  14

**7. Is this child being educated in a:**

	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
a) Regular class (i.e., general education)?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Special school?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Special class in a regular school (i.e., self-contained)?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d) Resource room (i.e., special education/services are provided outside the regular classroom for 21-60% of the day)?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**8. About what portion of the school day is this student served by special education?**

0%.....	<input type="checkbox"/> 1
25%.....	<input type="checkbox"/> 2
50%.....	<input type="checkbox"/> 3
75%.....	<input type="checkbox"/> 4
100%.....	<input type="checkbox"/> 5
Don=t know.....	<input type="checkbox"/> 99

**9. Approximately how many years of special education instruction have been provided for this student, including kindergarten?**

1 year or less.....	<input type="checkbox"/> 1
2 - 4 years.....	<input type="checkbox"/> 2
5 years or more.....	<input type="checkbox"/> 3
Don=t know.....	<input type="checkbox"/> 99

**10. What agency provides (delivers) the special education instruction to the student? Select as many agencies as apply.**

Public school.....	<input type="checkbox"/> 1
Private school or program.....	<input type="checkbox"/> 2
Social Service (child or family welfare) agency.....	<input type="checkbox"/> 3
Mental health agency.....	<input type="checkbox"/> 4
Public health (including substance abuse) agency.....	<input type="checkbox"/> 5
Private community-based agency.....	<input type="checkbox"/> 6
Other agency.....	<input type="checkbox"/> 7



The next questions are about other services the student or his/her family may be receiving to support his/her disability or special educational needs.

**11. Which of the following services is the student or his/her family receiving? Mark an X in each box that applies**

- a) Speech-language pathology and/or audiology services?.....  1
- b) Psychological services?.....  2
- c) Physical and/or occupational therapy?.....  3
- d) Recreation/therapeutic recreation services?.....  4
- e) Social work services?.....  5
- f) Counseling services, including rehabilitation services?.....  6
- g) Orientation and mobility services.....  7
- h) Medical services for diagnostic and evaluation purposes?.....  8
- i) Special transportation services.....  9
- j) Parenting classes?.....  10
- k) Assistive technology services?.....  11
- l) Assistive technology devices.....  12
- m) Transition from preschool to elementary school services?.....  13
- n) Transition from secondary school to post-secondary school services?.....  14
- o) Any other services to address the student's disability or special educational needs?.....  15

**12. What is the involvement of the child=s parent or caregiver in the decision-making regarding the child=s special education and related services? Mark an X for all that apply.**

- Participates in meetings regarding the child=s Individualized Education Program (IEP).....  1
- Is actively and regularly involved with the school.....  2
- Is actively and regularly involved with other agencies providing services to the child.....  3
- Receives assistance or services from a training center for parents of children with disabilities.  4
- Not involved at all.....  5

**13. Overall, do you believe the student is receiving the appropriate special education and related services needed to address his/her disability?**

- Yes, definitely.....  1
- This child is receiving some education and services, but they could be improved.....  2
- No, this child is not receiving the education and services he/she needs.....  3

**THANK YOU -- FOR YOUR PARTICIPATION IN THIS VERY IMPORTANT SURVEY!**

**PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE IN THE POSTAGE-PAID ENVELOPE PROVIDED.**