

SCOTT ROSEMAN, Ph.D. CONSULTING PSYCHOLOGIST
INTAKE INFORMATION

Date: _____

PLEASE PRINT LEGIBLY

Person completing this form : _____ DOB _____ Age: _____ SS# _____

Patient: (if different) _____ Date of Birth _____ Age: _____ SS# _____
School/Grade (if patient is a minor) or Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Mobile Phone: () _____

Contact Email Address: _____

Occupation: _____ Employer: _____

Marital Status; ___Single ___Married ___Separated ___Divorced ___Widowed

Name of Spouse _____ Date of Birth _____ Age _____

Occupation: _____ Employer: _____

Home Phone: () _____ Work Phone: () _____ SS# _____

Child's Other Parent (if different from above) _____ DOB _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ SS# _____

Occupation: _____ Employer: _____

Children in the family (Do not include the patient)

Name _____ DOB ___/___/___ Age _____ School/Grade/Occupation _____

Person Responsible for Payment: _____ Referred By: _____

Name of Person who is the primary insured: _____ Relation to patient: _____

Insurance Company _____ ID# _____

Initial Authorization # _____ # of Visits _____ Co-pay Amount _____

Contact Telephone # for Insurance Company _____

*****No less than 24 hour notice must be provided in the event that an appointment needs to be cancelled. Failure to provide such notification will result in the assessment of a \$85 Fee. Insurance cannot be billed for a no show or cancellation*****

Please remember that insurance is considered a method of reimbursing the patient for fees to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay the deductible amount, co-insurance, or any balance not paid by your insurance. In an effort to keep fees to a minimum, full payment or approved co-payment is required at the time of each appointment. I understand that in the event this account is assigned to an agency or attorney for collection and/or suit, I am responsible for reasonable attorney's fees, costs of collection, and court costs.

Signed _____ Date: _____

Background Information

Patient Name: _____ Sex: _____ Age: _____

Reason for seeking Treatment at this time:

Are you currently under the care of a psychiatrist ___ Yes ___ No

If yes, please provide name and contact information:

Please provide name(s) of any current or prior therapists and dates seen:

Previous Psychiatric Hospitalizations?

Are you currently being treated for any health problems? ___ Yes ___ No

If yes, please list _____

Current Medications and Dosage: _____

Medications you have taken in the past: _____

Do you now, or have you ever in the past used alcohol, prescription drugs or illegal substances to excess?
___ Yes ___ No

If yes, please provide details: _____

I attest that this information is correct to the best of my knowledge:

Signature: _____ Date: _____

SCOTT ROSEMAN, Ph.D.

CONSULTING PSYCHOLOGIST
FLORIDA LICENSE PY0003306

2499 GLADES ROAD • SUITE 203
BOCA RATON, FLORIDA 33431
Telephone: (561) 869-3311
Fax: (877) 868-7602

Consent for Treatment

This form is to document that I, _____, give my permission and consent to Scott Roseman, Ph.D. to provide psychotherapeutic treatment and/or psychological assessment to me and/or _____, who is/are my spouse/child/children.

While I expect benefits from this treatment I fully understand that because of the factors beyond our control or other factors, such benefits and particular outcomes cannot be guaranteed.

I understand that because of the counseling or therapy I/he/she/we may experience emotional strains, feel worse during treatment, and make life changes which could be distressing.

I understand that this therapist is not providing an emergency service and that I have been informed of whom to call upon in an emergency or during weekend and evening hours.

I understand that regular attendance of scheduled sessions will produce the maximum benefits but that I or we are free to discontinue treatment at any time. If I decide to do so I will notify Dr. Roseman at least two weeks in advance so that effective planning for continued care can be implemented.

I understand that conversations with Dr. Roseman will almost always be confidential. I further understand that all therapists, by law, must report actual or suspected child or elder abuse or domestic violence to the appropriate authorities. In addition all therapists have a legal responsibility to protect anyone I/he/she /we may threaten with violence, harmful or dangerous acts (including those to myself) and may break the confidentiality of our communications if such a situation arises. I understand that Dr. Roseman will make reasonable efforts to resolve these situations before breaking confidentiality.

I understand that I am financially responsible for this treatment/assessment and for any portion of the fees not reimbursed or covered by my health insurance or managed care plan. I further understand that if my care is being governed by an insurance or managed care plan that this entity will be entitled to review my ongoing treatment plan and have input into my plan of care so long I participate in this managed care plan.

I understand that I, or my legal representatives have the right to access my medical record with notification of at least 48 hours. I understand that I may not make any changes to the record, however I may add information to the record for the purposes of clarification.

I know of no reasons I/he/she/we should not undertake this therapy and I/he/she/we agree to participate fully and voluntarily.

Signature: _____ Date ____/____/____
(of client or a person authorized to consent for client)

Print Name: _____

NOTICE OF PRIVACY PRACTICES OF Scott Roseman, Ph.D.

2499 Glades Road Suite 203 Boca Raton, Florida 33431 Tel: (561)869-3311 Fax: (877) 868-7602

This notice, effective as of April 14, 2003, describes how mental health information about you may be used & disclosed & how you can get access to this information

PLEASE REVIEW THIS DOCUMENT CAREFULLY

1. PURPOSE: Dr. Roseman & his professional staff follow the privacy practices described in this Notice. Your mental health information will be kept in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care & treatment, all staff involved in your treatment and employees involved in the health care operations of my office may have access to your records.

2. WHAT ARE TREATMENTS & HEALTH CARE OPERATIONS?

Your treatment includes sharing information between mental health care providers who are involved in your treatment. For example, if you are seeing a physician, a psychiatrist & a psychotherapist, they may share information in the process of coordinating your care. Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of the psychotherapy practice.

3. HOW WILL DR. ROSEMAN'S PRACTICE USE PROTECTED HEALTH INFORMATION?

Dr. Roseman will retain your personal mental health record for approximately 7 years after your last clinical contact. After that, the record will be shredded or burned or otherwise destroyed in a way that protects your privacy.

Until the records are destroyed, they may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- + Appointment reminders
- + Notification when an appointment is cancelled or rescheduled.
- + As may be required by law.
- + For public health purposes such as reporting of child or elder abuse or neglect: reporting reactions to medications; notifying authorities of suspected abuse, neglect, or domestic violence as required by the law.
- + Mental Health oversight activities such as audits, inspections or investigations.
- + Lawsuits & disputes. (I will attempt to provide you advance notice of subpoenas before disclosing information from your records.)
- + Right to accounting disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations in the last 6 years, but not prior to April 14, 2003.
- + Right to a copy of this Notice. You may request a paper copy of this Notice at any time.
- + Law enforcement. (Such as in response to a court order or other legal process.)
- + To prevent a serious threat to health or safety.
- + To carry out treatment & health care operations such as through medical transcription services..
- + To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- + National security & intelligence activities.
- + Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.

Alcohol & drug abuse information has special privacy protections. Dr. Roseman will not disclose any information identifying an individual as being a client or provide any mental health information relating to a client's substance abuse treatment unless: (1) the client consents in writing; (2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting research; management audits, or program evaluation; or (5) it is necessary to report a crime-or-a threat to commit a crime or to report abuse or neglect as required by law.

4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES:

Except as described previously, we will not use or disclose information from your record unless you authorize it in writing for me to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION. You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form I provide.

- + Right to request restrictions. You may request limitations on your mental health information that we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- + Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted, (Such as calling your home/office to confirm an appointment.)
- + Right to inspect & copy. You have the right to inspect & copy your mental health information regarding decisions about your care; however, psychotherapy notes may not be inspected & copied. We may charge a fee for copying, mailing, & supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by me, I will comply with the outcome of the review.
- + Right to request clarified records. If you believe the information I have about you is incorrect or incomplete you may ask to add clarifying information. You may ask for a form for that purpose. I am not required to accept the information that you propose.

6. REQUIREMENT REGARDING THIS NOTICE

Dr. Roseman is required to provide you with this Notice that govern our privacy practices. Dr. Roseman may change his policies or procedures in regard to privacy practices. If & when this occurs, the changes will be effective for mental health information I have about you as well as any information I receive in the future. Any time you come into my psychotherapy practice for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.

7. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me. You will not be penalized or retaliated against in any way for making a complaint.

Contact me if:

- + You have a complaint
- + You have any questions about this notice
- + You wish to request restrictions on uses & disclosures for health care treatment or,
- + You wish to obtain any forms mentioned to exercise your individual rights described above.

I acknowledge that I have received a copy of Dr. Roseman’s Notice of Privacy Practices and consent to the use and disclosure of my Health Information for the purposes and activities permitted under the Federal Privacy Law

Patient’s Signature _____ **Date:** _____

Just so that there are no misunderstandings about fees.....

I am a professional who has been in private practice as a psychologist for over twenty years. I look forward to be able to provide assistance to you and I appreciate the trust that you place in me. Since I began in the practice of psychology, I have always accepted insurance reimbursement, and my name may have even been provided to you by your insurance company as a participating provider in your plan. As the nature of insurance coverage has changed over the years I find that it is best to clarify the roles and responsibilities of all parties involved in this manner of payment for services rendered. Keep in mind that *Insurers routinely indicate that authorization for services does not guarantee payment, which is only determined at the time that a claim is submitted and reviewed by the insurance company claims department*

Your insurance carrier is responsible for:

1. Providing you with the specific details of your coverage for mental health services including your out of pocket expenses such as deductible amounts, co-pay amounts, and services that are not covered; prior authorization requirements and rights of appeal for denial of payment for services.
2. Payment for services covered under the terms of your contract.

Dr. Roseman is responsible for:

1. Providing your insurance carrier with all the information they require including treatment plans in a timely manner in order for them to make a determination as to what services they will pay for.
2. Abiding by the terms set forth in your insurance policy.

You are responsible for:

1. Understanding the provisions as well as limitations of your particular policy. Keeping the policy in effect throughout the course of treatment and/or informing this office of any changes in coverage.
2. Obtaining initial authorization for services when required by your policy.
3. Timely notification of a cancellation of a scheduled appointment to avoid assessment of a fee. *
4. Payment of all deductible amounts and co-pay amounts at the time that services are rendered.
5. Payment for any services rendered that are not covered by your policy or denied for payment upon review by your insurance carrier **

* No insurance company will pay for a missed or cancelled appointment; however it is my policy to assess a fee of \$85 for any session missed with less than 24 hours notice. I respect the time you set aside to meet with me and I ask that you respect my time as well. The assessment of this fee is discretionary on my part, based on the circumstances of a missed appointment; however I reserve the right to not set further appointments until the matter of a missed appointment is resolved.

** Insurance companies do not pay for reports, letter writing, telephone consultations, school consultations or legal proceedings. While certain correspondence will be provided as a courtesy (i.e. a brief letter to excuse someone from work or school), other, more involved correspondence prepared at your request, the request of an attorney or outside agency or ordered by a court will result in a fee for time involved, in much the same way that an attorney or accountant would charge you for services rendered. If the psychological services requested are for matters involving legal proceedings, i.e. custody, visitation, probation, expert testimony, etc., a retainer may be required.

In most instances insurance covers only therapy sessions and in some instances only individual, but not marital or family therapy. Rarely do insurance companies pay for psychological testing, particularly IQ testing and other psycho-educational testing. In certain instances an insurance company may pay for testing, but the rate of reimbursement is so low that I will not accept those fees as payment in full and it must be supplemented with out of pocket expenses. I reserve the right to decline to accept the rate for reimbursement your insurance company will pay for psychological testing. No report will be released until payment in full has been received for psychological testing.

*In order to minimize disruption of services and to avoid conflicts in advance, this office requires that you provide valid credit or debit card information. This manner of payment may be used to cover fees associated with a missed appointment without adequate notification or valid fees for services rendered but denied for payment by your insurance carrier. **No charges will ever be made unless you have been specifically informed of the charge and reason for it.** If you are unable or unwilling to provide this information, or provide an alternative means of assuring payment, Dr. Roseman reserves the right not to initiate services. It has been his experience that adherence to this policy dramatically reduces problems in the future.*

I have read the information in this document and I agree to be responsible for all fees associated with my care and treatment provided by Dr. Roseman that are not paid for by an insurance company or any other third party. In order to minimize bookkeeping or disruption of services I authorize Dr. Roseman to post appropriate charges to my credit or debit card. I understand that I will be informed in advance of any charges and I recognize that I will be responsible for payment by other means if the credit card charge is not approved.

Signature of Responsible Party: _____ Date _____

(circle one) Credit Card Debit Card (circle one) Visa Master Card Amex Discover

Name on Card _____

Card Number _____

Expires _____

Parent's Checklist



Child's Name (Last) _____ (First) _____ Date _____

Respondent's Name (Last) _____ (First) _____

Preferred Form of Address: Mr. Mrs. Ms. Miss

Relationship:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Mother | <input type="checkbox"/> 5. Stepfather | <input type="checkbox"/> 9. Brother |
| <input type="checkbox"/> 2. Father | <input type="checkbox"/> 6. Grandmother | <input type="checkbox"/> 10. Aunt |
| <input type="checkbox"/> 3. Guardian | <input type="checkbox"/> 7. Grandfather | <input type="checkbox"/> 11. Uncle |
| <input type="checkbox"/> 4. Stepmother | <input type="checkbox"/> 8. Sister | <input type="checkbox"/> 12. Other (specify) _____ |

Part I: Current Home and Health Status

Please check one item for each category.

A. With whom does your child live?

- 1. Both mother and father (together in one home)
- 2. Mother
- 3. Father
- 4. Mother and stepfather
- 5. Father and stepmother
- 6. Both parents (in two different homes)
- 7. Foster parents
- 8. Other (specify) _____

B. Was your child adopted?

- 0. I don't know
- 1. No
- 2. Yes (At what age? _____)

C. Are any languages other than English spoken in your home?

- 1. No
- 2. Yes (If yes, please complete the Language Exposure and Use Questionnaire.)

D. How many other children live in your home?

- 0. None
- 1. One (age _____)
- 2. Two (ages _____, _____)
- 3. Three (ages _____, _____, _____)
- 4. Four (ages _____, _____, _____, _____)
- 5. Other (ages _____, _____, _____, _____, _____)

E. Have there been any recent changes in family life (for example, a birth, a divorce, or a move to a new home)?

- 1. No
- 2. Yes (specify) _____

F. What is your child's overall physical health?

- 0. I don't know
- 1. Is usually in good health and physically fit
- 2. Is generally in good health
- 3. Has a health condition but does not require medication (specify health condition) _____
- 4. Has a health condition that requires medication (specify health condition) _____

G. Has your child ever sustained a head injury?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a, b, and c below.

a. How serious was this injury?

- 1. Not serious
- 2. Slightly serious
- 3. Serious
- 4. Very Serious

b. How long ago did the injury occur?

- 1. Within the past year
- 2. 1 to 2 years ago
- 3. 2 to 3 years ago
- 4. 3 to 4 years ago
- 5. More than 4 years ago

c. Was the child unconscious?

- 0. I don't know
- 1. No
- 2. Yes, for how long? (specify the amount of time) _____

H. Has your child ever had a serious illness?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

a. What was the most serious illness? _____

b. At what age did the illness initially occur? _____

I. Does your child have seizures?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, how frequent are the seizures?

- a. I don't know
- b. Less than once a month
- c. About once a month
- d. More than once a month
- e. About once a week
- f. More than once a week

J. How would you describe your child's vision?

- 0. I don't know
- 1. Has normal or near normal vision without corrective lenses
- 2. Has normal or near normal vision when corrective lenses are worn
- 3. Has visual difficulties but does not wear corrective lenses
- 4. Has visual difficulties despite wearing corrective lenses
- 5. Has severe visual impairment

K. Has your child had a recent vision test?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (___/___)
- b. What type of vision test did your child receive? (Check only one.)
 - 1. Screening only
 - 2. Optometrist's evaluation
 - 3. Ophthalmologist's examination

L. How would you describe your child's hearing?

- 0. I don't know
- 1. Can hear in most situations (does not use hearing aid)
- 2. Can hear in most situations with a hearing aid
- 3. Has difficulty hearing but does not use a hearing aid
- 4. Has difficulty hearing even when using a hearing aid

M. Has your child had a recent hearing test?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (___/___)
- b. What type of hearing test did your child receive? (Check only one.)
 - 1. Screening only
 - 2. Audiologist's evaluation
 - 3. Ear, nose, and throat physician's exam

N. How much sleep does your child typically get each night?

- 0. I don't know
- 1. Less than 6 hours
- 2. 6 to 7 hours
- 3. 7 to 8 hours
- 4. 8 to 9 hours
- 5. 9 to 10 hours
- 6. More than 10 hours
- 7. He or she has no typical amount of sleep

O. How soundly does your child sleep?

- 0. I don't know
- 1. Sleeps so soundly that he or she cannot be woken easily
- 2. Usually sleeps soundly (typical for age)
- 3. Usually wakes at least once during the night
- 4. Doesn't seem able to sleep soundly
- 5. Does not apply

P. Has your child shown any recent changes in appetite?

- 0. I don't know
- 1. No
- 2. Yes (specify) _____

Q. Does your child frequently complain about not feeling well?

- 0. I don't know
- 1. No
- 2. Yes (specify) _____

R. Has any other member of your child's immediate family experienced personal, social, or learning problems?

- 0. I don't know
- 1. No
- 2. Yes (specify) _____
- 3. Does not apply

Part II: Birth History

Please check one item for each category, unless specified otherwise.

A. What was the birth mother's condition during pregnancy?

- 0. I don't know
- 1. Normal; no health problems
- 2. Mother had health problems (specify) _____
- 3. Mother had health problems related to substance-abuse (specify) _____

B. How would you describe your child's birth? (Check all that apply.)

- 0. I don't know
- 1. Normal (no unusual problems)
- 2. Premature birth (weeks premature: _____)
- 3. Lengthy labor (more than 24 hours)
- 4. Complications at delivery (specify) _____

C. What was your child's condition immediately after birth? (Check all that apply.)

- 0. I don't know
- 1. Healthy (normal)
- 2. Injured at birth
- 3. Had difficulty starting to breathe
- 4. Jaundice
- 5. Had an infection
- 6. Seizures
- 7. Drug-dependent
- 8. Placed in incubator
- 9. Critical; placed in intensive care
- 10. Low birth weight (specify weight, if known _____)
- 11. High birth weight (specify weight, if known _____)
- 12. Low Apgar score (qualify, if needed) _____
- 13. Had a blood transfusion
- 14. Other (specify) _____

Part III: Infancy and Early Childhood History

A. Choose up to three words that best describe your child's temperament (personality) during infancy and early childhood.

- 0. I don't know
- 1. Active
- 2. Affectionate
- 3. Alert
- 4. Attentive
- 5. Calm
- 6. Colicky
- 7. Curious
- 8. Demanding
- 9. Determined
- 10. Difficult
- 11. Fearful
- 12. Fussy
- 13. Happy
- 14. Imitative
- 15. Independent
- 16. Irritable
- 17. Loving
- 18. Observant
- 19. Playful
- 20. Screaming
- 21. Shy
- 22. Stubborn
- 23. Withdrawn

B. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk?

- 0. I don't know
- 1. Developed earlier than most other children
- 2. Seemed to be typical
- 3. Developed later than most other children
- 4. Does not apply

C. How would you rate your child's early language development, such as first words, asking simple questions, and talking in sentences?

- 0. I don't know
- 1. Developed earlier than most other children
- 2. Seemed to be typical
- 3. Developed later than most other children
- 4. Does not apply

D. Did your child have frequent ear infections (more than four within a twelve-month period)?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, at what age(s)? (Check all that apply.)

- a. <1
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5

Part IV: Child's Preschool History

Please check one item for each category.

A. Did your child attend preschool (not daycare)?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, beginning at what age?

- a. 2
- b. 3
- c. 4
- d. 5

B. During ages 3 through 5, how would you rate your child's cognitive development, such as counting, knowledge of the alphabet, and general knowledge and understanding?

- 0. I don't know
- 1. Seemed to learn more easily (or sooner) than most other children
- 2. Seemed to be typical
- 3. Seemed to have more difficulty learning (or learned later) than most other children
- 4. Does not apply

C. During ages 3 through 5, how would you rate your child's social development, such as ability to play with others, development of friendships, and relationships with adults?

- 0. I don't know
- 1. Seemed to develop social skills more easily (or sooner) than most other children
- 2. Seemed to be typical
- 3. Seemed to have more difficulty developing social skills (or learned later) than most other children
- 4. Does not apply

D. How difficult to manage was his or her behavior during the preschool years?

- 0. I don't know
- 1. Very easy to manage
- 2. Seemed to be typical
- 3. Somewhat difficult to manage
- 4. Very difficult to manage
- 5. Does not apply

Part V: School History

Please check one item for each category.

A. Has your child ever repeated a grade?

- 0. I don't know
- 1. No
- 2. Yes (If Yes, what grade was, or is being, repeated? _____)
- 3. Does not apply

B. Has your child ever received special educational services, such as resource room instruction, speech therapy, or an individualized education program?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

a. Describe the special educational services your child received _____

b. At what age did your child first receive these services? _____

- 3. Does not apply

C. Do you believe that your child has learning problems?

- 0. I don't know
- 1. No
- 2. Maybe
- 3. Yes (describe) _____

- 4. Does not apply

D. If you believe your child has learning problems, how long have you been concerned about this?

- 0. I don't know
- 1. For a couple of months
- 2. For about 6 months
- 3. For about 9 months
- 4. For about 1 year
- 5. For about 2 years
- 6. For about 3 years
- 7. For about 4 years
- 8. For about 5 or more years
- 9. Does not apply

Part VI: Current Temperament and Mood

A. Choose up to three words that best describe this child's current temperament (personality).

- 0. I don't know
- 1. Accommodating
- 2. Active
- 3. Affectionate
- 4. Argumentative
- 5. Attentive
- 6. Calm
- 7. Caring
- 8. Conscientious
- 9. Demanding
- 10. Determined
- 11. Difficult
- 12. Emotional
- 13. Enthusiastic
- 14. Happy
- 15. Hyperactive
- 16. Impatient
- 17. Impulsive
- 18. Independent
- 19. Insecure
- 20. Intelligent
- 21. Irritable
- 22. Motivated
- 23. Obedient
- 24. Outgoing
- 25. Playful
- 26. Reserved
- 27. Self-reliant
- 28. Shy
- 29. Sociable
- 30. Stubborn
- 31. Trusting
- 32. Undisciplined
- 33. Unhappy
- 34. Unmotivated
- 35. Other (specify) _____

B. Which of the following best describes this child's typical mood?

- 0. I don't know
- 1. Usually happy
- 2. Mood is typical for age
- 3. Seems unhappy at times
- 4. Seems unhappy most of the time
- 5. None of the above (describe) _____

C. How consistent is his or her mood?

- 0. I don't know
- 1. Mood is consistent
- 2. Shows normal "highs and lows" (typical for age)
- 3. Shows intense "highs" of energy followed by periods of sadness or depression
- 4. Does not apply

Part VII: Current Behaviors

Please base your ratings on your typical observations over the past year. Check one category for each item.

A. What is his or her attitude toward school?

- 0. I don't know
- 1. Very enthusiastic about school
- 2. Generally likes school
- 3. Likes some things about school and dislikes other things
- 4. Generally dislikes school
- 5. Dislikes school so much that he or she does not want to go
- 6. Does not apply

B. How would you rate his or her level of effort toward schoolwork?

- 0. I don't know
- 1. Tries very hard to succeed
- 2. Generally tries to succeed
- 3. Effort varies
- 4. Seems like he or she doesn't try to succeed
- 5. Does not apply

C. When helping or working at home, how attentive is he or she to details?

- 0. I don't know
- 1. Extremely attentive to details
- 2. Usually attends to details and concentrates when working (typical for age)
- 3. Often fails to pay close attention to details or makes careless mistakes
- 4. Does not apply

D. How would you rate his or her attention span?

- 0. I don't know
- 1. Unusually high degree of sustained attention in tasks or play activities
- 2. Usually maintains attention in tasks or play activities (typical for age)
- 3. Often has difficulty sustaining attention in tasks or play activities
- 4. Does not apply

E. How would you rate his or her listening ability?

- 0. I don't know
- 1. Always, or almost always, listens when spoken to directly
- 2. Usually listens when spoken to directly (typical for age)
- 3. Often does not seem to listen when spoken to directly
- 4. Does not apply

F. How would you rate his or her follow-through on homework?

- 0. I don't know
- 1. Always, or almost always, follows instructions and finishes homework
- 2. Usually follows instructions and finishes homework (typical for age)
- 3. Often does not follow instructions and fails to finish homework
- 4. Does not apply

G. How would you rate his or her level of organization?

- 0. I don't know
- 1. Is highly organized
- 2. Usually organizes tasks and activities (typical for age)
- 3. Often has difficulty organizing tasks and activities
- 4. Does not apply

H. How would you rate his or her response to tasks that are difficult for him or her?

- 0. I don't know
- 1. Noticeably increases level of effort
- 2. Generally persists (typical for age)
- 3. Attempts but gives up easily
- 4. Often avoids, dislikes, or is reluctant to engage in difficult tasks
- 5. Does not apply

I. How well does he or she maintain personal belongings?

- 0. I don't know
- 1. Always, or almost always, keeps personal belongings in order
- 2. Usually keeps personal belongings in order (typical for age)
- 3. Often loses personal belongings
- 4. Does not apply

J. How does he or she typically respond to distractions?

- 0. I don't know
- 1. Generally not distracted
- 2. Usually shows normal reactions and adapts (typical for age)
- 3. Often easily distracted
- 4. Does not apply

- K. How often does he or she remember to do assigned chores at home?**
- 0. I don't know
 - 1. Always, or almost always, remembers chores he or she is supposed to do
 - 2. Usually remembers chores he or she is supposed to do (typical for age)
 - 3. Often forgets chores he or she is supposed to do
 - 4. Does not apply
- L. What is his or her typical activity level when watching television, eating meals, or doing homework?**
- 0. I don't know
 - 1. Seems less active than others of same age and sex
 - 2. Activity level is similar to others of same age and sex
 - 3. Often fidgets with hands or feet, or squirms (more than others of same age and sex)
 - 4. Does not apply
- M. What is his or her typical activity level in social situations outside of the home?**
- 0. I don't know
 - 1. Seems sluggish or lacks energy
 - 2. Activity level is similar to others of same age and sex
 - 3. Often runs about or climbs excessively in situations in which it is inappropriate
 - 4. Does not apply
- N. Can he or she play quietly when required?**
- 0. I don't know
 - 1. Yes, can play quietly when required (typical for age)
 - 2. Often has difficulty playing quietly
 - 3. Does not apply
- O. What is his or her style of motor activity?**
- 0. I don't know
 - 1. Awkward, seemingly clumsy
 - 2. Slow
 - 3. Seems similar to others of same age and sex
 - 4. Is often "on the go" or acts as if "driven by a motor"
 - 5. Does not apply
- P. How much talking does he or she do?**
- 0. I don't know
 - 1. Generally talks much less than age peers of the same sex
 - 2. Amount of talking is age appropriate
 - 3. Often talks excessively
 - 4. Does not apply
- Q. How good is he or she at taking turns?**
- 0. I don't know
 - 1. Typically withdraws from activities that involve taking turns
 - 2. Takes turns appropriately for age
 - 3. Often has difficulty waiting for a turn
 - 4. Does not apply

R. How well does he or she interact with peers?

- 0. I don't know
- 1. Typically avoids interacting with peers
- 2. Social interaction skills are typical for age
- 3. Often interrupts or intrudes on others (butts into conversations or games)
- 4. Does not apply

Part VIII: Behavior Problems at Home

Some of the following behaviors are common at certain ages and are not serious problems. Sometimes they can cause serious problems at home. If your child does not exhibit the problem behavior at home, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior, then rate how serious the behavior is.

A. Inattentiveness. Does your child have difficulty paying attention or concentrating at home? For example, does he or she fail to listen to specific instructions or become distracted from what he or she is doing by just about anything that happens?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

B. Overactivity. Is your child overly active for his or her age? For example, does he or she seem unable to remain seated in the car or at the dinner table, run around the house excessively, or act as if "driven by a motor"?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

C. Impulsiveness. Does your child act in impulsive ways that would be considered immature for his or her age? For example, does he or she interrupt others who are talking, blurt things out before thinking, act without thinking, butt into conversations or games, or become unreasonably impatient when asked to wait?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

D. Uncooperative behavior. Is your child uncooperative?

For example, does he or she frequently refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share with other children, or cheat at games?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

E. Anxiousness. Does your child seem more nervous than other children of his or her age? For example, does he or she seem to cry a lot or frequently complain of a stomachache? Does he or she seem to always have a tense or worried expression? Does he or she demonstrate hair pulling, nail biting, twitching, pacing, or trembling?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

F. Withdrawal. Does your child seem to withdraw from other children rather than interact or play with them? For example, does he or she appear sullen or detached or prefer to be alone rather than with others?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

G. Aggressiveness. Does your child act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at or spit at another; threaten, bully, or verbally abuse another; or break, deface, or destroy things?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

H. Other inappropriate behaviors (nonaggressive). Does your child behave in ways that are socially inappropriate or offensive to others? For example, does he or she swear or use vulgar language, tease others, tattler on others, talk too loudly, bother others who do not want to be annoyed, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

Teacher's Checklist



Student's Name (Last) _____ (First) _____ Date _____

Teacher's Name (Last) _____ (First) _____

Preferred Form of Address: Mr. Mrs. Ms. Miss

Part I: Ratings of Academic Achievement

Please rate this student's level of academic achievement in the following areas. Check only one item for each category. If you have not had the opportunity to observe the student in one or more of these areas, or if you do not have enough information on which to base a rating, please check I don't know. If one of these areas does not apply to this student, please check Does not apply.

A. Level of oral expression

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

B. Level of listening comprehension

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

C. Level of basic reading skill (sight vocabulary and phonic and structural analysis skills)

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

D. Level of reading comprehension

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

E. Level of mathematics calculation

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

F. Level of mathematics reasoning (ability to analyze and solve practical problems in mathematics)

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

G. Level of basic writing skill (spelling and identification of writing errors)

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

H. Level of written expression

- 0. I don't know
- 1. Very advanced
- 2. Advanced
- 3. Average
- 4. Limited
- 5. Very limited
- 6. Negligible
- 7. Does not apply

Part II: Current Level of Instruction

Please indicate the grade level at which this student is being instructed in each applicable area.

Area of Instruction	Grade Level of Instruction
1. Oral Expression	_____
2. Listening Comprehension	_____
3. Basic Reading Skills	_____
4. Reading Comprehension	_____
5. Math Calculation	_____
6. Math Reasoning	_____
7. Basic Writing Skills	_____
8. Written Expression	_____

Part III: Student's Temperament and Mood

A. Choose up to three words that best describe this student's temperament (personality).

- 0. I don't know
- 1. Accommodating
- 2. Active
- 3. Affectionate
- 4. Argumentative
- 5. Attentive
- 6. Caring
- 7. Conscientious
- 8. Defiant
- 9. Determined
- 10. Difficult
- 11. Disobedient
- 12. Distractible
- 13. Emotional
- 14. Enthusiastic
- 15. Happy
- 16. Hyperactive
- 17. Impulsive
- 18. Independent
- 19. Insecure
- 20. Intelligent
- 21. Introverted
- 22. Irritable
- 23. Motivated
- 24. Obedient
- 25. Outgoing
- 26. Playful
- 27. Reserved
- 28. Self-reliant
- 29. Serious
- 30. Shy
- 31. Sociable
- 32. Stubborn
- 33. Troubled
- 34. Trusting
- 35. Unhappy
- 36. Unmotivated
- 37. Withdrawn

B. Which of the following best describes this student's typical mood?

- 0. I don't know
- 1. Usually happy
- 2. Mood is typical for age or grade
- 3. Seems unhappy at times
- 4. Seems unhappy most of the time
- 5. None of the above (describe) _____

C. How consistent is his or her mood?

- 0. I don't know
- 1. Mood is consistent
- 2. Shows normal "highs and lows" (typical for age)
- 3. Shows intense "highs" of energy followed by periods of sadness or depression
- 4. Does not apply

Part IV: Current Classroom Functioning

Please rate this student's classroom functioning by responding to these items. Base the ratings on your direct observations or typical experience with him or her over the past month. Check only one item for each category. If you have not had the opportunity to observe the student in one or more of these areas, or if you do not have enough information on which to base a rating, please check I don't know. If an item does not apply to this student, please check Does not apply.

A. Amount of one-to-one attention required in the classroom

- 0. I don't know
- 1. Less than most students of same grade and sex
- 2. About the same as typical students of same grade and sex
- 3. More than most students of same grade and sex
- 4. Does not apply

B. Average amount of schoolwork completed

- 0. I don't know
- 1. Less than most students of same grade and sex
- 2. About the same as typical students of same grade and sex
- 3. More than most students of same grade and sex
- 4. Does not apply

C. Attention to details in schoolwork (selective attention)

- 0. I don't know
- 1. Extremely attentive to details
- 2. Usually attends to details in schoolwork and concentrates when working (typical for age or grade)
- 3. Often fails to pay close attention to details or makes careless mistakes in schoolwork
- 4. Does not apply

D. Sustained attention

- 0. I don't know
- 1. Unusually high degree of sustained attention in tasks or play activities
- 2. Usually maintains attention in tasks or play activities (typical for age or grade)
- 3. Often has difficulty sustaining attention in tasks or play activities
- 4. Does not apply

E. Listening ability

- 0. I don't know
- 1. Always, or almost always, listens when spoken to directly
- 2. Usually listens when spoken to directly (typical for age or grade)
- 3. Often does not seem to listen when spoken to directly
- 4. Does not apply

F. Follow-through on schoolwork (conscientiousness)

- 0. I don't know
- 1. Always, or almost always, follows instructions and finishes schoolwork
- 2. Usually follows instructions and finishes schoolwork (typical for age or grade)
- 3. Often does not follow through on instructions and fails to finish schoolwork
- 4. Does not apply

G. Organization

- 0. I don't know
- 1. Is highly organized
- 2. Usually organizes his or her tasks and activities (typical for age or grade)
- 3. Often has difficulty organizing his or her tasks and activities
- 4. Does not apply

H. Response to academic tasks requiring sustained mental effort

- 0. I don't know
- 1. Noticeably increases level of effort
- 2. Generally persists (typical for age or grade)
- 3. Attempts but gives up easily
- 4. Often avoids, dislikes, or is reluctant to engage in these types of tasks
- 5. Does not apply

I. Orderliness or self-maintenance

- 0. I don't know
- 1. Always, or almost always, keeps school assignments, pencils, books, or other supplies in order
- 2. Usually keeps school assignments, pencils, books, or other supplies in order (typical for age or grade)
- 3. Often loses school assignments, pencils, books, or other supplies
- 4. Does not apply

J. Response to extraneous stimuli (distractibility)

- 0. I don't know
- 1. Generally not distracted
- 2. Usually shows normal reactions and adapts (typical for age or grade)
- 3. Often easily distracted
- 4. Does not apply

K. Remembering or forgetfulness

- 0. I don't know
- 1. Always, or almost always, remembers what he or she is supposed to do
- 2. Usually remembers what he or she is supposed to do (typical for age or grade)
- 3. Often forgets what he or she is supposed to do
- 4. Does not apply

L. Activity level when seated

- 0. I don't know
- 1. Often lethargic
- 2. Typical for age or grade
- 3. Often fidgets with hands or feet or squirms in seat (more than others of age or grade)
- 4. Does not apply

M. Out-of-seat behavior

- 0. I don't know
- 1. Usually remains seated when expected to (typical for age or grade)
- 2. Often leaves seat in classroom or other situations in which remaining seated is expected
- 3. Does not apply

N. Activity level outside the classroom

- 0. I don't know
- 1. Seems sluggish or lacking in energy
- 2. Activity level is similar to others of same sex and age or grade
- 3. Often runs about or climbs excessively in situations in which it is inappropriate
- 4. Does not apply

O. Quiet play

- 0. I don't know
- 1. Can play quietly when required (typical for age or grade)
- 2. Often has difficulty playing quietly
- 3. Does not apply

P. Style of motor activity

- 0. I don't know
- 1. Awkward, seemingly clumsy
- 2. Slow, overly careful motor behavior
- 3. Typical for age or grade
- 4. Is often "on the go" or acts as if "driven by a motor"
- 5. Does not apply

Q. Amount of talking

- 0. I don't know
- 1. Generally talks much less than age or grade peers
- 2. Amount of talking is age or grade appropriate
- 3. Often talks excessively
- 4. Does not apply

R. Oral responses to questions

- 0. I don't know
- 1. Very slow and hesitant in responding
- 2. Slow and careful in responding
- 3. Prompt but careful in responding (typical for age or grade)
- 4. Responds too quickly at times
- 5. Often blurts out answers before the questions have been completed
- 6. Does not apply

S. Taking turns

- 0. I don't know
- 1. Typically withdraws from activities that involve taking turns
- 2. Takes turns appropriately for age or grade
- 3. Often has difficulty waiting for a turn
- 4. Does not apply

T. Interaction with peers

- 0. I don't know
- 1. Typically avoids interacting with peers
- 2. Social interaction skills are typical for age or grade
- 3. Often interrupts or intrudes on others (butts into conversations or games)
- 4. Does not apply

Part V: Primary Concern

This section has two parts. Please answer each part.

A. Review your responses to Part IV. If applicable, circle the letter (A through T) that corresponds to the area or problem that causes the most concern.

Letter circled ____ or check None ____

B. Rate the impact of this problem on the student's classroom performance.

- 1. No significant impact on performance
- 2. Interferes from time to time
- 3. Generally impairs performance
- 4. Seriously impairs performance
- 5. Does not apply

Part VI: Problem Behaviors in the Classroom

Some of the following behaviors are common at certain ages and are not of concern. Sometimes they can cause serious problems. If the student does not exhibit problem behaviors in a category, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior and rate the levels of severity (to self) and disruptiveness (to others).

A. Inattentiveness. Does the student have difficulty paying attention, sustaining alertness, or maintaining effort? For example, does he or she look around, fail to listen to instructions or lessons or become distracted by extraneous stimuli?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

B. Overactivity. Is the student overly active for his or her age or grade? For example, does he or she fidget in or jump out of his or her seat, walk or run around the classroom inappropriately, or sit or stand on a desk?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

C. Impulsiveness. Does the student act impulsively? For example, does he or she blurt out answers before questions have been completed, interrupt others, butt into conversations or games, or fail to wait for a turn?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

D. Uncooperative behavior. Is the student uncooperative? For example, does he or she refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share, or cheat?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

E. Anxiousness. Does the student appear overtly anxious? For example, does he or she pull his or her hair, bite his or her nails, twitch, pace, shake, repetitively tap his or her hands or feet, show a tense or worried expression, tremble, complain of a stomachache, or cry?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

F. Withdrawal. Does the student seem to withdraw from others or from the classroom activities? For example, does he or she stare blankly or daydream, inappropriately fiddle with objects, or appear sullen or detached?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

G. Aggressiveness. Does the student act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at, or spit at another; threaten, bully, or verbally abuse another; or break, deface, or destroy things?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

H. Other inappropriate behaviors (nonaggressive).

Does the student behave in ways that are socially inappropriate or offensive to others? For example, does he or she swear or use vulgar language, tease others, tattle on others, talk too loudly, bother others who are trying to work, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

- 1. No
- 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

25. Is angry or resentful 0 1 2 3
26. Is spiteful and vindictive 0 1 2 3
27. Bullies, threatens, or intimidates others 0 1 2 3
28. Initiates physical fights 0 1 2 3
29. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others) 0 1 2 3
30. Is truant from school (skips school) without permission 0 1 2 3
31. Is physically cruel to people 0 1 2 3
32. Has stolen items of nontrivial value 0 1 2 3
33. Deliberately destroys others' property 0 1 2 3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun) 0 1 2 3
35. Is physically cruel to animals 0 1 2 3
36. Has deliberately set fires to cause damage 0 1 2 3
37. Has broken into someone else's home, business, or car 0 1 2 3
38. Has stayed out at night without permission 0 1 2 3
39. Has run away from home overnight 0 1 2 3
40. Has forced someone into sexual activity 0 1 2 3
41. Is fearful, anxious, or worried 0 1 2 3
42. Is afraid to try new things for fear of making mistakes 0 1 2 3
43. Feels worthless or inferior 0 1 2 3
44. Blames self for problems, feels guilty 0 1 2 3
45. Feels lonely, unwanted, or unloved: complains that "no one loves him/her" 0 1 2 3
46. Is sad, unhappy, or depressed 0 1 2 3
47. Is self-conscious or easily embarrassed 0 1 2 3
-

PERFORMANCE

	Problematic		Average	Above Average	
1. Overall Academic Performance	1	2	3	4	5
a. Reading	1	2	3	4	5
b. Mathematics	1	2	3	4	5
c. Written Expression	1	2	3	4	5

PERFORMANCE

	Problematic		Average	Above Average	
2. Overall Classroom Behavior	1	2	3	4	5
a. Relationship with peers	1	2	3	4	5
b. Following Directions/Rules	1	2	3	4	5
c. Disrupting Class	1	2	3	4	5
d. Assignment Completion	1	2	3	4	5
e. Organizational Skills	1	2	3	4	5

Scoring Instructions for the ADTRS

***Predominately inattentive subtype** requires 6 or 9 behaviors, (scores of 2 or 3 are positive) on items 1 through 9, and a performance problem (scores of 1 or 2) in any of the items on the performance section.

***Predominately hyperactive/Impulsive subtype** requires 6 or 9 behaviors (scores of 2 or 3 are positive) on items 10 through 18 and a problem (scores of 1 or 2) in any of the items on the performance section.

***The Combined Subtype** requires the above criteria on both inattention and hyperactivity/impulsivity.

***Oppositional-defiant disorder** is screened by 4 of 8 behaviors, (scores of 2 or 3 are positive) (19 through 26).

***Conduct disorder** is screened by 3 of 15 behaviors, (scores of 2 or 3 are positive) (27 through 40).

***Anxiety or depression** are screened by behaviors 41 through 47, scores of 3 of 7 are required, (scores of 2 or 3 are positive).

VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE (VTBES)

Name: _____ Grade: _____

Date of Birth: _____ Teacher: _____ School: _____

Each rating should be considered in the context of what is appropriate for the age of the children you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors _____

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

1. Fails to give attention to details or makes careless mistakes in schoolwork 0 1 2 3
2. Has difficulty sustaining attention to tasks or activities 0 1 2 3
3. Does not seem to listen when spoken to directly 0 1 2 3
4. Does not follow through on instructions and fails to finish schoolwork (*not due to oppositional behavior or failure to understand*) 0 1 2 3
5. Has difficulty organizing tasks and activities 0 1 2 3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort 0 1 2 3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books) 0 1 2 3
8. Is easily distracted by extraneous stimuli 0 1 2 3
9. Is forgetful in daily activities 0 1 2 3
10. Fidgets with hands or feet or squirms in seat 0 1 2 3
11. Leaves seat in classroom or in other situations in which remaining seated is expected 0 1 2 3
12. Runs about or climbs excessively in situations in which remaining seated is expected 0 1 2 3
13. Has difficulty playing or engaging in leisure activities quietly 0 1 2 3
14. Is "on the go" or often acts as if "driven by a motor" 0 1 2 3
15. Talks excessively 0 1 2 3
16. Blurts out answers before questions have been completed 0 1 2 3
17. Has difficulty waiting in line 0 1 2 3
18. Interrupts or intrudes on others (e.g., butts into conversations or games) 0 1 2 3
19. Loses temper 0 1 2 3
20. Actively defies or refuses to comply with adults' requests or rules 0 1 2 3
21. Is angry or resentful 0 1 2 3
22. Is spiteful and vindictive 0 1 2 3
23. Bullies, threatens, or intimidates others 0 1 2 3

24. Initiates physical fights 0 1 2 3
25. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others) 0 1 2 3
26. Is physically cruel to people 0 1 2 3
27. Has stolen items of nontrivial value 0 1 2 3
28. Deliberately destroys others' property 0 1 2 3
29. Is fearful, anxious, or worried 0 1 2 3
30. Is self-conscious or easily embarrassed 0 1 2 3
31. Is afraid to try new things for fear of making mistakes 0 1 2 3
32. Feels worthless or inferior 0 1 2 3
33. Blames self for problems, feels guilty 0 1 2 3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her" 0 1 2 3
35. Is sad, unhappy, or depressed 0 1 2 3

ACADEMIC PERFORMANCE

	Problematic		Average	Above Average	
Reading	1	2	3	4	5
Mathematics	1	2	3	4	5
Written Expression	1	2	3	4	5
Homework Completion	1	2	3	4	5

CLASSROOM BEHAVIOR

	Problematic		Average	Above Average	
Relationship with peers	1	2	3	4	5
Following directions/rules	1	2	3	4	5
Disrupting class	1	2	3	4	5
Assignment completion	1	2	3	4	5
Organizational skills	1	2	3	4	5

Please include any observations you feel are pertinent:

Scoring Instructions for the VTBES

Attention-Deficit Hyperactivity Disorder

***Predominantly inattentive subtype** requires 6 of 9 behaviors, (scores of 2 or 3 are positive) on items 1 through 9, and a performance problem (scores of 1 or 2) in any of the items on the performance section.

***Predominantly hyperactive/impulsive subtype** requires 6 of 9 behaviors (scores of 2 or 3 are positive) on items 10 through 18 and a performance problem (scores of 1 or 2) in any of the items on the performance section.

***The combined subtype** requires 6 of 9 behaviors each on both the inattention and hyperactivity/impulsivity dimensions.

Screening for Co-morbid Conditions

***Oppositional-defiant and conduct behaviors** are screened by behaviors 19 through 28, scores of 3 of 10 are required, (scores of 3 are positive).

***Anxiety or depression symptoms** are screened by behaviors 29 through 35, scores of 3 of 7 are required, (scores of 2 or 3 are positive).

Child's Name _____ Sex _____ School _____ Grade _____ DOB _____

Rater's Name _____ Relationship to Child _____ How long known child _____

0=Never 1=Rarely 2=Occasionally 3=Frequently 4=Very Frequently

N R O F VF

	<i>During the past four weeks, how often did the child.... (Circle best answer)</i>						
1.	Annoy others?	0	1	2	3	4	1.
2.	Fail to participate in activities?	0	1	2	3	4	2.
3.	Say others were picking on him/her?	0	1	2	3	4	3.
4.	Become disruptive or get in trouble while he/she was playing?	0	1	2	3	4	4.
5.	Appear discouraged or depressed?	0	1	2	3	4	5.
6.	Say that people were against him/her (spreading rumors, planning harm, etc.)	0	1	2	3	4	6.
7.	Initiate or pick fights?	0	1	2	3	4	7.
8.	Not show joy or gladness at a happy occasion?	0	1	2	3	4	8.
9.	Have difficulty making or keeping friends?	0	1	2	3	4	9.
10.	Have temper tantrums?	0	1	2	3	4	10.
11.	Appear unemotional or without feelings?	0	1	2	3	4	11.
12.	Exploit or take advantage of others?	0	1	2	3	4	12.
13.	Hurt (hit, bite, kick), push, or physically threaten others?	0	1	2	3	4	13.
14.	Provoke others into hitting or attacking him/her?	0	1	2	3	4	14.
15.	Fail to show pride in his/her accomplishments?	0	1	2	3	4	15.
16.	Appear unconcerned about how others felt about him/her?	0	1	2	3	4	16.
17.	Have difficulty playing or working quietly?	0	1	2	3	4	17.
18.	Remain alone or isolated?	0	1	2	3	4	18.
19.	Suddenly change moods?	0	1	2	3	4	19.
20.	Appear uncomfortable or anxious with others?	0	1	2	3	4	20.
21.	Act unpredictably?	0	1	2	3	4	21.
22.	Avoid physical contact with others?	0	1	2	3	4	22.
23.	Appear unaware of how others felt toward him/her?	0	1	2	3	4	23.
24.	Show an interest in violence, death, accidents, etc.?	0	1	2	3	4	24.
25.	Refuse to go to school?	0	1	2	3	4	25.
26.	Destroy or damage property?	0	1	2	3	4	26.
27.	Act impatient?	0	1	2	3	4	27.
28.	Withdraw from or avoid social contacts?	0	1	2	3	4	28.
29.	Talk too much?	0	1	2	3	4	29.
30.	Resist or refuse to do what was asked of him/her?	0	1	2	3	4	30.
31.	Fail to control his/her anger?	0	1	2	3	4	31.
32.	Complain of being treated unfairly ?	0	1	2	3	4	32.
33.	Have a blank expression?	0	1	2	3	4	33.
34.	Act without thinking (impulsively)?	0	1	2	3	4	34.
35.	Demand attention from adults?	0	1	2	3	4	35.
36.	Have difficulty following rules?	0	1	2	3	4	36.
37.	Become easily upset?	0	1	2	3	4	37.
38.	Become irritable?	0	1	2	3	4	38.
39.	Refuse to speak?	0	1	2	3	4	39.
40.	Tell lies?	0	1	2	3	4	40.
41.	Become easily upset or angry when frustrated?	0	1	2	3	4	41.
42.	Act bossy or dominate others?	0	1	2	3	4	42.
43.	Jump from one thing to another while talking or doing things?	0	1	2	3	4	43.
44.	Refuse to participate in activities that used to be enjoyable?	0	1	2	3	4	44.
45.	Cheat or steal?	0	1	2	3	4	45.
46.	Appear angry?	0	1	2	3	4	46.
47.	Hold a grudge?	0	1	2	3	4	47.
48.	Blame others for his/her own actions?	0	1	2	3	4	48.
49.	Swear or curse?	0	1	2	3	4	49.
50.	Threaten or attempt suicide?	0	1	2	3	4	50.
51.	Sulk or pout?	0	1	2	3	4	51.
52.	Insist on doing things his/her own way?	0	1	2	3	4	52.
53.	Argue with adults?	0	1	2	3	4	53.
54.	Show no interest in adult approval or praise?	0	1	2	3	4	54.
55.	Have difficulty sleeping?	0	1	2	3	4	55.

0=Never 1=Rarely 2=Occasionally 3=Frequently 4=Very Frequently		N	R	O	F	VF	
	<i>During the past four weeks, how often did the child.... (Circle best answer)</i>						
56.	Fidget or appear restless?	0	1	2	3	4	56.
57.	Show a strong fear of rejection?	0	1	2	3	4	57.
58.	Urinate in a place other than a toilet?	0	1	2	3	4	58.
59.	Act preoccupied with his/her own thoughts (daydream)?	0	1	2	3	4	59.
60.	Refuse to eat?	0	1	2	3	4	60.
61.	Have considerable and sustained interest in sexual activities?	0	1	2	3	4	61.
62.	Show an exaggerated fear of getting hurt in physical activities (play, sports, etc)	0	1	2	3	4	62.
63.	Eat excessively?	0	1	2	3	4	63.
64.	Get easily distracted?	0	1	2	3	4	64.
65.	Become easily overexcited?	0	1	2	3	4	65.
66.	Express fears that were unreasonable?	0	1	2	3	4	66.
67.	Appear obsessed or preoccupied with a specific object or idea?	0	1	2	3	4	67.
68.	Appear sleepy or tired during the day?	0	1	2	3	4	68.
69.	Request the help of adults when not necessary?	0	1	2	3	4	69.
70.	Hurt or injure himself/herself?	0	1	2	3	4	70.
71.	Appear overly high in mood?	0	1	2	3	4	71.
72.	Say negative or critical things about himself/herself?	0	1	2	3	4	72.
73.	Interact with strangers inappropriately (touch them, ask many questions, etc.)?	0	1	2	3	4	73.
74.	Become distressed when separated from parent/guardian?	0	1	2	3	4	74.
75.	Repeatedly make odd movements?	0	1	2	3	4	75.
76.	Appear bossed or dominated by peers?	0	1	2	3	4	76.
77.	Fail to pay attention to others or things in his/her environment?	0	1	2	3	4	77.
78.	Complain of physical problems (headaches, nausea, dizziness, etc.)?	0	1	2	3	4	78.
79.	Speak in a disorganized way that did not make sense?	0	1	2	3	4	79.
80.	Repeat words spoken in his/her presence in an automatic (parrot-like) manner?	0	1	2	3	4	80.
81.	Show unreasonable fear of strangers?	0	1	2	3	4	81.
82.	Act extremely jealous?	0	1	2	3	4	82.
83.	Overreact to changes in the environment or his/her routine?	0	1	2	3	4	83.
84.	Make up or use words in a strange way that had no meaning to others?	0	1	2	3	4	84.
85.	Eat or attempt to eat inedible objects (dirt, pins, garbage, sticks, etc.)?	0	1	2	3	4	85.
86.	Insist on following a fixed routine?	0	1	2	3	4	86.
87.	Rock back and forth while sitting or standing?	0	1	2	3	4	87.
88.	Make strange facial expressions?	0	1	2	3	4	88.
89.	Show no interest in more than one activity	0	1	2	3	4	89.
90.	Appear distressed about being a boy/girl?	0	1	2	3	4	90.
91.	Run away from home?	0	1	2	3	4	91.
92.	State that he/she had special powers or was someone else (other than in play)?	0	1	2	3	4	92.
93.	Mumble or make unusual vocal noises?	0	1	2	3	4	93.
94.	Appear confused by things happening around him/her?	0	1	2	3	4	94.
95.	Demand physical contact from others?	0	1	2	3	4	95.
96.	Have a bowel movement in a place other than a toilet?	0	1	2	3	4	96.
97.	Have difficulty separating fact from fantasy?	0	1	2	3	4	97.
98.	Engage in inappropriate sexual activities?	0	1	2	3	4	98.
99.	Make himself/herself throw up?	0	1	2	3	4	99.
100.	Use alcohol or drugs?	0	1	2	3	4	100.
101.	Have trouble concentrating?	0	1	2	3	4	101.
102.	Hurt or torture animals?	0	1	2	3	4	102.
103.	Get taken advantage of by others?	0	1	2	3	4	103.
104.	Set or threaten to set a fire?	0	1	2	3	4	104.
105.	Pull out his/her hair?	0	1	2	3	4	105.
106.	Have hallucinations (report hearing, seeing, etc. things that were not there)?	0	1	2	3	4	106.
107.	Get startled or act jumpy?	0	1	2	3	4	107.
108.	Fail to complete activities or assignments?	0	1	2	3	4	108.
109.	Get overly upset if he/she made a mistake?	0	1	2	3	4	109.
110.	Cling to adults?	0	1	2	3	4	110.
111.	Show a lack of fear of getting hurt in dangerous activities?	0	1	2	3	4	111.