

CHILD'S FULL NAME
First _____ Middle _____ Last _____

CHILD'S GENDER: Boy Girl
CHILD'S AGE: _____
CHILD'S ETHNIC GROUP OR RACE: _____

TODAY'S DATE: Mo. ____ Day ____ Year ____
CHILD'S BIRTHDATE: Mo. ____ Day ____ Year ____

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

Name & address of school or care facility: _____

PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.

FATHER'S TYPE OF WORK _____

MOTHER'S TYPE OF WORK _____

THIS FORM FILLED OUT BY: (print your full name)

Your role at the school or care facility:
 primarily educational (teacher) primarily care (caregiver)

Your training for this position: _____

Your experience in child care or early education: _____ years.

- I. What kind of a facility is it? (Please be specific, e.g., home day care, day care center, nursery school, preschool, school readiness class, Early Childhood Special Education, Headstart, Kindergarten, etc.) _____
- II. What is the average number of children in the child's group or class? _____ children in the child's group or class.
- III. How many hours per week does this child spend at the facility? _____ hours per week.
- IV. For how many months have you known this child? _____ months.
- V. How well do you know him/her? 1. Not well 2. Moderately well 3. Very well
- VI. Has he/she ever been referred for a special education program or special services?
 Don't know 0. No 1. Yes - what kind and when?

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. Aches or pains (without medical cause; do not include stomach or headaches)	0	1	2	22. Cruelty, bullying, or meanness to others	
0	1	2	2. Acts too young for age	0	1	2	23. Doesn't answer when people talk to him/her	
0	1	2	3. Afraid to try new things	0	1	2	24. Difficulty following directions	
0	1	2	4. Avoids looking others in the eye	0	1	2	25. Doesn't get along with other children	
0	1	2	5. Can't concentrate, can't pay attention for long	0	1	2	26. Doesn't know how to have fun; acts like a little adult	
0	1	2	6. Can't sit still, restless, or hyperactive	0	1	2	27. Doesn't seem to feel guilty after misbehaving	
0	1	2	7. Can't stand having things out of place	0	1	2	28. Disturbs other children	
0	1	2	8. Can't stand waiting; wants everything now	0	1	2	29. Easily frustrated	
0	1	2	9. Chews on things that aren't edible	0	1	2	30. Easily jealous	
0	1	2	10. Clings to adults or too dependent	0	1	2	31. Eats or drinks things that are not food— do not include sweets (describe): _____	
0	1	2	11. Constantly seeks help	0	1	2	32. Fears certain animals, situations, or places other than daycare or school (describe): _____	
0	1	2	12. Apathetic or unmotivated	0	1	2	33. Feelings are easily hurt	
0	1	2	13. Cries a lot	0	1	2	34. Gets hurt a lot, accident-prone	
0	1	2	14. Cruel to animals	0	1	2	35. Gets in many fights	
0	1	2	15. Defiant	0	1	2	36. Gets into everything	
0	1	2	16. Demands must be met immediately	0	1	2	37. Gets too upset when separated from parents	
0	1	2	17. Destroys his/her own things					
0	1	2	18. Destroys property belonging to others					
0	1	2	19. Daydreams or gets lost in his/her thoughts					
0	1	2	20. Disobedient					
0	1	2	21. Disturbed by any change in routine					

Please print your answers. Be sure to answer all items.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True			
0	1	2	38.	Explosive and unpredictable behavior	0	1	2	71.	Shows little interest in things around him/her
0	1	2	39.	Headaches (without medical cause)	0	1	2	72.	Shows too little fear of getting hurt
0	1	2	40.	Hits others	0	1	2	73.	Too shy or timid
0	1	2	41.	Holds his/her breath	0	1	2	74.	Not liked by other children
0	1	2	42.	Hurts animals or people without meaning to	0	1	2	75.	Overactive
0	1	2	43.	Looks unhappy without good reason	0	1	2	76.	Speech problem (describe): _____
0	1	2	44.	Angry moods					_____
0	1	2	45.	Nausea, feels sick (without medical cause)	0	1	2	77.	Stares into space or seems preoccupied
0	1	2	46.	Nervous movements or twitching (describe): _____	0	1	2	78.	Stomachaches or cramps (without medical cause)
				_____	0	1	2	79.	Overconforms to rules
				_____	0	1	2	80.	Strange behavior (describe): _____
0	1	2	47.	Nervous, highstrung, or tense					_____
0	1	2	48.	Fails to carry out assigned tasks	0	1	2	81.	Stubborn, sullen, or irritable
0	1	2	49.	Fears daycare or school	0	1	2	82.	Sudden changes in mood or feelings
0	1	2	50.	Overtired	0	1	2	83.	Sulks a lot
0	1	2	51.	Fidgets	0	1	2	84.	Teases a lot
0	1	2	52.	Gets teased by other children	0	1	2	85.	Temper tantrums or hot temper
0	1	2	53.	Physically attacks people	0	1	2	86.	Too concerned with neatness or cleanliness
0	1	2	54.	Picks nose, skin, or other parts of body (describe): _____	0	1	2	87.	Too fearful or anxious
				_____	0	1	2	88.	Uncooperative
0	1	2	55.	Plays with own sex parts too much	0	1	2	89.	Underactive, slow moving, or lacks energy
0	1	2	56.	Poorly coordinated or clumsy	0	1	2	90.	Unhappy, sad, or depressed
0	1	2	57.	Problems with eyes without medical cause (describe): _____	0	1	2	91.	Unusually loud
				_____	0	1	2	92.	Upset by new people or situations (describe): _____
0	1	2	58.	Punishment doesn't change his/her behavior					_____
0	1	2	59.	Quickly shifts from one activity to another	0	1	2	93.	Vomiting, throwing up (without medical cause)
0	1	2	60.	Rashes or other skin problems (without medical cause)	0	1	2	94.	Unclean personal appearance
0	1	2	61.	Refuses to eat	0	1	2	95.	Wanders away
0	1	2	62.	Refuses to play active games	0	1	2	96.	Wants a lot of attention
0	1	2	63.	Repeatedly rocks head or body	0	1	2	97.	Whining
0	1	2	64.	Inattentive, easily distracted	0	1	2	98.	Withdrawn, doesn't get involved with others
0	1	2	65.	Lying or cheating	0	1	2	99.	Worries
0	1	2	66.	Screams a lot				100.	Please write in any problems the child has that were not listed above.
0	1	2	67.	Seems unresponsive to affection	0	1	2		_____
0	1	2	68.	Self-conscious or easily embarrassed	0	1	2		_____
0	1	2	69.	Selfish or won't share	0	1	2		_____
0	1	2	70.	Shows little affection toward people					

Please be sure you have answered all items.
Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)? No Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child: