

Program Site: _____ Classroom: _____ Teacher: _____

Child's Name: _____ Child's Birth Date: / / Sex of Child: M F
m m d d y y

Form Completed By: Teacher Parent Other Today's Date: / /
m m d d y y

A. During the past month has this child had a problem that seriously concerns you with any of the following...? (Mark X in box to indicate yes, no or do not know)	Yes	No	Don't Know
2) Hurting others, starting fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Acting too fearful; avoiding things that cannot hurt him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Talking poorly; not easy to understand when he /she speaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Some other problem? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. If you have marked "Yes" for more than 1 item, what is the number of the most serious problem? _____

C. Below are some statements about your concern. (Mark X in box to indicate true, not true or don't know)	True	Not True	Don't Know
1) This has been a concern for 6 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) The child is much worse on this than other children the same age or in the same daycare/pre-school program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Nothing seems to help this problem get better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) This problem has gotten worse in the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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A. Below are some descriptions of behaviors this child might have. How much this has been a problem with your child during the past month?	(Circle the number that best describes the response)				
1— is <u>not a problem</u> with this child 2— is <u>mild problem</u> 3— is <u>moderate problem</u> 4— is <u>serious problem</u> 5— is <u>very serious problem</u>	Not a Problem	Mild Problem	Moderate Problem	Serious Problem	Very Serious Problem
5) Is s/he difficult to understand when s/he talks?	1	2	3	4	5
6) Does s/he cry a lot?	1	2	3	4	5
7) Is s/he restless or overly active, and unable to sit still?	1	2	3	4	5
8) Is s/he stubborn, uncooperative or disobedient?	1	2	3	4	5
9) Does s/he have a strong temper and loses it easily?	1	2	3	4	5
10) Does s/he move very quickly from one activity to another without finishing anything?	1	2	3	4	5
11) Does s/he pick fights, threaten others?	1	2	3	4	5
39) Is s/he not sorry after misbehaving?	1	2	3	4	5
40) Is s/he easily confused?	1	2	3	4	5

	Tot	ATT	AGG	BEH	LAN	EMO
Score						
Sum	100	35	10	36	22	16