

TEACHER QUESTIONNAIRE PACKET

Child's Name: _____

Teacher's Name: _____

Teacher's Phone Numbers: Home _____ Best Time _____

Work _____ Best Time _____

Dear Teacher:

Thank you for taking the time to complete the enclosed forms and Questionnaires regarding the child named above. Your input is *valuable* in our assessment of the child's learning and behavioral needs. Please complete every item on each behavioral rating scale on the lines or in the boxes, so that valid scoring is possible. Date each form and return as soon as possible either to the child's parent or if it is more comfortable, to the address or fax number below. Finally, please provide a telephone number(s) and the best time(s), if it proves necessary to contact you regarding this child.

Please remember to describe the child's behavior while off medication.

Thank you in advance for your help and timely cooperation.

Stephen J. Harris, Ph.D., MFCC, FPPR, FSMI

Licensed Psychologist #PSY7722

Licensed Marriage, Family & Child Counselor #MFC17359

Board Certified, Diplomate-Fellow in Psychopharmacology and Serious Mental Illness# 007722CA

Phone/Fax: 949-544-4621 E-mail: sjh855@cox.net Web: drsharris.com

Address: 26461 Crown Valley Parkway, Suite 100, Mission Viejo, CA 92691

School Performance and Achievement

Child's Name: _____ Grade: _____

School Name: _____

School Address: _____

Type of Classroom (SDC, RSP, etc.): _____

Number of Children in Class: _____

School Performance (including social behavior)

Briefly describe the child's academic work habits: _____

How does the child respond to instruction from the teacher or classroom rules: _____

Describe the child's interactions with other children. How many friends does he or she have?

School Achievement

Most recent achievement test scores (CTBS or equivalent): _____

Date of Test: _____ **Name of Test:** _____

Current level of daily achievement in class:

Subject:

Grade Level:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subject (continued):

Grade Level (continued):

Comments:

Directions: Listed below are items concerning children's behavior or problems they sometimes have. Read each item carefully and decide how much you think this child is bothered by this problem at this time. Check the column which best describes the child.

Conners Parent-Teacher Questionnaire

	Ratings			
	Not at All	Just a Little	Pretty Much	Very Much
1. Restless or overactive	_____	_____	_____	_____
2. Excitable, impulsive	_____	_____	_____	_____
3. Disturbs other children	_____	_____	_____	_____
4. Fails to finish things he starts...short attention span	_____	_____	_____	_____
5. Constant fidgeting	_____	_____	_____	_____
6. Inattentive, easily distracted	_____	_____	_____	_____
7. Demands must be met immediately ...easily frustrated	_____	_____	_____	_____
8. Cries often and easily	_____	_____	_____	_____
9. Mood changes quickly and drastically	_____	_____	_____	_____
10. Temper outburst, explosive and unpredictable behavior	_____	_____	_____	_____

SNAP Questionnaire

	Ratings			
	Not at All	Just a Little	Pretty Much	Very Much
INATTENTION				
1. Often fails to finish things he or she starts	_____	_____	_____	_____
2. Often doesn't seem to listen	_____	_____	_____	_____
3. Easily distracted	_____	_____	_____	_____

Ratings

Not at All Just a Little Pretty Much Very Much

- 4. Has difficulty concentrating on school work or other tasks requiring sustained attention _____
- 5. Has difficulty sticking to a play activity _____

IMPULSIVITY

- 1. Often acts before thinking _____
- 2. Shifts excessively from one activity to another _____
- 3. Has difficulty organizing work (this not due to cognitive impairment) _____
- 4. Needs a lot of supervision _____
- 5. Frequently calls out in class _____
- 6. Has difficulty awaiting turn in games or group situations _____

HYPERACT IV ITY

- 1. Excessively runs about or climbs on things _____
- 2. Has difficulty sitting still or fidgets excessively _____
- 3. Has difficulty staying seated _____
- 4. Moves about excessively during sleep _____
- 5. Is always "on the go" or acts as if "driven by a motor" _____

PEER INTERACTIONS

- 1. Fights, hits, punches, etc. _____
- 2. Is disliked by other children _____
- 3. Frequently interrupts other children's activities _____
- 4. Bossy, always tells other children what to do _____
- 5. Teases or calls other children names _____
- 6. Refuses to participate in group activities _____
- 7. Loses temper often and easily _____

The Iowa Conners Teacher's Rating Scale

Behavior	Not at all	Just a little	Pretty Much	Very Much
Fidgeting				
Hums and makes other odd noises				
Excitable, impulsive				
Inattentive, easily distracted				
Fails to finish things he starts (short attention span)				
Quarrelsome				
Acts "smart"				
Temper outbursts (explosive and unpredictable behavior)				
Defiant				
Uncooperative				

Comments (Please use back for additional comments): _____
