

**INITIAL PARENT QUESTIONNAIRE: Behavioral Health and Learning Evaluation.**  
**Part 3: Child Behavior**



Child's Name & last 4 of [Sponsor's] Social:				
Check the box that best describes your child's behavior over the past 6 months. <i>If your child is currently taking medication, please rate your child's behavior NOT on medication.</i>	Never Rarely 0	Occasionally 1	Often 2	Very often 3
1. <b>Fails to give close attention</b> to detail or <b>makes careless mistakes</b> (e.g., homework).				
2. Has <b>difficulty attending</b> to what needs to be done.				
3. <b>Does not seem to listen</b> when spoken to directly.				
4. <b>Does not follow through</b> when given directions.				
5. Has <b>difficulties organizing</b> tasks and activities.				
6. <b>Avoids, dislikes,</b> or does not want to start tasks.				
7. <b>Loses things</b> necessary for tasks or activities (school assignments, pencils, books).				
8. Is <b>easily distracted</b> by noises or other things.				
9. Is <b>forgetful</b> in daily activities.				
10. <b>Fidgets</b> with hands or feet or squirms in seat.				
11. <b>Leaves seat</b> when he/she is supposed to stay in seat.				
12. <b>Runs about or climbs</b> too much when he/she is supposed to stay seated.				
13. Has <b>difficulty playing</b> or starting quiet games.				
14. Is <b>“on the go”</b> or acts as if “driven by a motor”.				
15. <b>Talks too much.</b>				
16. <b>Blurts out answers</b> before questions have been completed.				
17. Has <b>difficulty waiting his/her turn.</b>				
18. <b>Interrupts</b> or bothers others when they are talking or playing games.				
19. <b>Argues</b> with adults.				
20. <b>Loses temper.</b>				
21. Actively <b>disobeys or refuses</b> to follow adult's request or rules.				
22. <b>Bothers people</b> on purpose.				
23. <b>Blames others</b> for his or her mistakes or misbehaviors.				
24. Is <b>touchy or easily annoyed</b> by others.				
25. Is <b>angry or bitter.</b>				
26. Is <b>hateful</b> and wants to get even.				
27. <b>Bullies,</b> threatens, or scares others.				
28. <b>Starts physical fights.</b>				
29. <b>Lies</b> to get out of trouble or to avoid jobs (i.e. “cons” others).				
30. <b>Skips school</b> without permission.				
31. Is <b>physically unkind</b> to people.				
32. Has <b>stolen things</b> that have value.				
33. <b>Destroys others' property</b> on purpose.				

Medical Provider Use ONLY [Often & Very Often count as 1] 1-9=Inattentive; diagnosis >=6/9: \_\_\_/9 10-18=Hyperactive; diagnosis >=6/9: \_\_\_/9 19-26=Oppositional Defiant Disorder; diagnosis >=4/8: \_\_\_/8

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34. Is physically <b>mean to animals</b> .				
35. Has <b>set fires</b> on purpose to cause damage.				
36. Has <b>broken into</b> someone else's home, business, or car.				
37. Has <b>stayed out all night</b> without permission or <b>runaway</b> from home overnight.				
38. Has <b>used a weapon</b> that can cause serious physical harm (e.g. bat, broken bottle, brick).				
39. Is <b>fearful, anxious, or worried</b> .				
40. Is <b>afraid to try new things</b> for fear of making mistakes.				
41. Feels <b>useless or inferior</b> .				
42. <b>Blames self</b> for problems, feels at fault.				
43. Feels <b>lonely, unwanted, or unloved</b> ; complains that "no one loves me."				
44. Is <b>sad or unhappy</b> .				
45. Feels <b>different and easily embarrassed</b> .				
46. Has problems getting along with <b>you</b> .				
47. Has problems getting along with <b>others his/her own age</b> .				
48. Has problems getting along with <b>his / her own siblings</b> .				
49. Has problems in <b>group activities</b> such as games or team play.				
50. <b>Decreased interest or pleasure in all</b> , or almost all, activities of the day.				
51. Has <b>said things like "I wish I were dead"</b> or has tried to hurt self.				
52. <b>Recurrent excessive distress</b> when separation from home or caretakers.				
53. Has <b>distinct periods of unusually irritable or unusually cheerful mood</b> (different from normal).				
54. Has <b>prolonged temper tantrums</b> (greater than 20-30 minutes).				
55. <b>Hears voices</b> others do not hear.				
56. Has <b>compulsions</b> (e.g. child seems driven to wash hands, count, erase until holes appear).				
57. Has <b>obsessions</b> (e.g. persistent or repetitive distressing thoughts: germs, doors left unlocked).				
58. Has <b>tics or nervous twitches</b> (e.g. repeated eye blinking, head jerking, shrugging, or throat clearing).				
59. Has <b>recurrent recollections or dreams</b> of a traumatic event.				
60. Seems to <b>avoid or have phobias</b> of specific people, animals, things or situations.				
61. Seems <b>unaware of others existence</b> , is <b>uninterested in interacting with others</b> .				
62. Has <b>odd, eccentric or unusual preoccupations</b> (e.g. clothing items, toys, neatness)				
63. Appears <b>uninterested in activities</b> children his or her age usually like or participate in.				
64. Has experimented with or abused <b>drugs or alcohol</b> .				

**Medical Provider Use ONLY** [Often & Very Often count as 1]      27-38=Conduct Disorder; diagnosis >=3/12: \_\_\_/12      Below are SCREENINGS for Mental Health Areas Noted:  
 SCREENS:    39-45=Anxiety/Depression; concerns if >=3/7 : \_\_\_/7    46-49=Social Functioning; concerns if >=1/4: \_\_\_/4    50-64=OTHER Mental Health Concerns - any may be significant: \_\_\_/15

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Child's Name & last 4 of [Sponsor's] Social:		
Name of School:		School District:
Teacher (main):		Principal:
Length of time at present school:	Current Grade:	School Phone:
1. Please describe this child's <b>strongest</b> areas in his/her <b>schoolwork</b> :		2. Please describe this child's <b>weakest</b> areas in his/her <b>schoolwork</b> :
a.		a.
b.		b.
c.		c.

**HISTORY: School Intervention**

Y	N	1. Has this child been in an <b>Early Intervention program or Special Day Care/Preschool</b> ?
Y	N	2. Has this child had <b>speech, occupational or physical therapy, or an adaptive physical education program</b> ?
Y	N	3. Has this child <b>attended summer school</b> ? If Yes, specify subject(s) / grade(s)?
Y	N	4. Has the school ever <b>discussed this child attending summer school</b> with you? Specify:
Y	N	5. Has this child <b>repeated a grade</b> ? If Yes, specify subject(s) / grade(s)?
Y	N	6. Has the school ever <b>discussed this child repeating a grade</b> with you? Specify:
Y	N	7. Is there a possibility that <b>current grade or subjects will need repeating</b> ? Specify:
Y	N	8. Has this child ever received any <b>special education services</b> (like a 504 Plan or IEP)? Specify:
Y	N	9. Is this child <b>currently receiving any special education services</b> (like a 504 Plan or IEP)? Specify:
Y	N	10. Have any <b>disciplinary actions</b> been taken (detentions, suspension, or expulsion)? Specify:
Y	N	11. Does this child need any <b>special medical assistance</b> ? Specify:

**HISTORY: School Problems** For each of the following grades this child has completed, were any **problems reported**?  
 If Yes, please **describe** the teacher or parent concerns in the space provided.

		Academics	Behavior
Y	N	1. Preschool	
Y	N	2. Kindergarten and First Grade	
Y	N	3. Second and Third Grade	
Y	N	4. Fourth and Fifth Grade	
Y	N	5. Sixth through Eighth Grade	
Y	N	6. High School	

	Above Average	Average	Problematic		Above Average	Average	Problematic				
1. Classroom Assignment Completion	1	2	3	4	5	8. Science	1	2	3	4	5
2. Homework Completion	1	2	3	4	5	9. Written Expression	1	2	3	4	5
3. Getting Homework to and from school	1	2	3	4	5	10. Handwriting	1	2	3	4	5
4. Organizational Skills	1	2	3	4	5	11. Social Studies/History	1	2	3	4	5
5. Reading	1	2	3	4	5	12. Art	1	2	3	4	5
6. Spelling	1	2	3	4	5	13. Other:	1	2	3	4	5
7. Mathematics	1	2	3	4	5						

**Medical Provider Use ONLY** School Intervention: Y N Academic School Problems: Y N Behavior School Problems: Y N School Performance: Y N

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Child's Name & last 4 of [Sponsor's] Social:

***HISTORY: Summary***

1. Please **summarize your child's OVERALL functioning** (i.e., emotionally, behaviorally, socially, academically, etc.) by choosing **ONE** number below. Compare your child's functioning in 3 settings-- home, school, and with peers, to "average children" his/her age that you are familiar with from your experience. **Please circle only one number.**

- |   |  |
|---|--|
| 1 | <b>Excellent</b> functioning / No impairment in settings   |
| 2 | <b>Good</b> functioning / Rarely shows impairment in settings  |
| 3 | <b>Mild</b> difficulty in functioning / Sometimes shows impairment in settings                       |
| 4 | <b>Moderate</b> difficulty in functioning / Usually shows impairment in settings                     |
| 5 | <b>Severe</b> difficulties in functioning / Most of the time shows impairment in settings            |
| 6 | <b>Needs considerable supervision</b> in <b>all</b> settings to prevent from hurting self or others  |
| 7 | <b>Needs 24-hour professional care and supervision</b> due to severe behavior or gross impairment(s) |

**Do you have any other comments that you think would be helpful?**

**Medical Provider Use Only** [Summary = any score of 4 or higher is significant & needs addressing] Impairment of Functioning: Y N

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **BP:** \_\_\_\_\_ / \_\_\_\_\_

**Pulse:** \_\_\_\_\_ **Vision:** \_\_\_\_\_ **Hearing:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_