

INITIAL SCHOOL QUESTIONNAIRE: Part 1

Behavioral Health and Learning Evaluation



Child's Name: _____ Age: _____ Sex: M F Today's Date: _____

Person(s) completing form: _____ Title/Position: _____

The above named child has been referred for evaluation. Since a large part of the child's day is spent in school, a description of the child's behavior and school environment will be extremely useful in our assessment. The parent / guardian of this child has signed the following consent form that allows you to release the requested information. *If you desire a copy of this consent, please ask the parent / guardian to contact the school MRBC contact person.

Please complete and return this form as soon as possible. Thank you for your help.

Name of School: _____ School District: _____

Teacher (primary): _____ School Contact: _____

School FAX: _____ School Phone: _____

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

Child's Current Grade: _____ Months/Years at present school: _____ School Type (public, private, etc.): _____

CHIEF CONCERN

1. **How long** have teachers been concerned about this child?

2. What **concerns** do teachers have about this student?

- a. _____
- b. _____
- c. _____

3. Please describe this child's **strongest** areas in school:

- a. _____
- b. _____
- c. _____

4. Please describe this child's **weakest** areas in school:

- a. _____
- b. _____
- c. _____

HISTORY: School Intervention

Y	N	1. Has this child been in an Early Intervention program ?
Y	N	2. Has this child had speech, occupational or physical therapy, or an adaptive physical education program ?
Y	N	3. Has this child repeated a grade ? If Yes, which grade(s)?
Y	N	4. Has this child's repeating a grade been discussed ? Specify:
Y	N	5. Is there a possibility that current grade or subjects will need repeating ? Specify:
Y	N	6. Has this child received any special education services ? Specify:
Y	N	7. Is this child currently receiving any special education services ? Specify:
Y	N	8. Have any disciplinary actions been taken (detentions, suspension, or expulsion)? Specify:

Medical Provider Use ONLY ≥6 months: Y N School Intervention: Y N

Child's Name: _____

HISTORY: School Problems Reported

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For each of the following grades this child has completed, were any **problems reported**? If Yes, please **describe** the concerns in the space provided.

			Academics	Behavior
Y	N	Preschool		
Y	N	Kindergarten		
Y	N	First grade		
Y	N	Second grade		
Y	N	Third grade		
Y	N	Fourth and fifth grade		
Y	N	Sixth through eighth grade		
Y	N	High school		

HISTORY: Testing

Please list any **Aptitude/Psychological or Achievement/Academic tests administered to this child** (Please send copies of diagnostic testing results so that we do not duplicate testing).

Name of Test (no abbreviations, please)	Date Given	Grade/Year	Results
a.			
b.			
c.			
d.			

****Please attach any standardized testing, report cards, school study team summaries or IEP results available for this student.****

Medical Provider Use ONLY Academic School Performance: Y N Behavior School Performance: Y N Tests: Y N

Child's Name:

Check the box that best describes this child's behavior over the past 6 months. <i>If child is on medication, please rate child's behavior NOT on medication.</i>	Never Rarely 0	Occasionally	Often 2	Very often 3
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1. Fails to give close attention to details or makes careless mistakes in schoolwork.				
2. Has difficulty sustaining attention in tasks or activities.				
3. Does not listen when spoken to directly.				
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).				
5. Has difficulties organizing tasks and activities.				
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.				
7. Loses things necessary for tasks or activities (school assignments, pencils, books).				
8. Is easily distracted by extraneous stimuli.				
9. Is forgetful in daily activities.				
10. Fidgets with hands or feet or squirms in seat.				
11. Leaves seat in classroom or in other situations in which remaining seated is expected.				
12. Runs about or climbs excessively in situations in which remaining seated is expected.				
13. Has difficulty playing or engaging in leisure activities quietly.				
14. Is “on the go” or acts as if “driven by a motor.”				
15. Talks excessively.				
16. Blurts out answers before questions have been completed.				
17. Has difficulty waiting in line.				
18. Interrupts or intrudes on others (e.g. butts into conversations or games).				
19. Loses temper.				
20. Actively defies or refuses to comply with adult’s request or rules.				
21. Is angry or resentful.				
22. Is spiteful and vindictive.				
23. Bullies , threatens, or scares others.				
24. Initiates physical fights.				
25. Lies to obtains goods for favors or to avoid obligations (i.e. “cons” others).				
26. Is physically cruel to people.				
27. Has stolen items of nontrivial value.				
28. Deliberately destroys others’ property.				

MEDICAL Provider use ONLY – see Parent Form for scoring: [1 - 9=Inattentive: ____ / 9] [10 – 18=Hyperactive: ____ / 9] [19 – 28= Oppositional Defiant Disorder / Conduct Disorder: ____ / 10]

Check the box that best describes the child’s behavior over the past 6 months. <i>If the child is currently taking medication, please rate the child’s behavior NOT on medication.</i>	Never Rarely 0	Occa- sionally 1	Often 2	Very often 3
29. Is fearful, anxious, or worried.				

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30. Is self-conscious or easily embarrassed.				
31. Is afraid to try new things for fear of making mistakes.				
32. Feels worthless or inferior .				
33. Blames self for problems, feels guilty.				
34. Feels lonely, unwanted, or unloved ; complains that “no one loves me.”				
35. Is sad, unhappy, or depressed .				
36. Is physically mean to animals .				
37. Skips school without permission.				
38. Has set fires on purpose to cause damage.				
39. Has broken into someone else’s home, business, or car.				
40. Has used a weapon that can cause serious physical harm (e.g. bat, broken bottle, brick).				
41. Has said things like “I wish I were dead” or has tried to hurt self.				
42. Has distinct periods where mood is unusually irritable OR unusually good, cheerful, or high which is clearly excessive or different from normal mood.				
43. Seems to have compulsions (repetitive behaviors that this child seems driven to carry out, such as repeated hand washing, counting, or erasing until holes appear).				
44. Seems to have obsessions (persistent or repetitive thoughts that distress this child, such as worry about germs or doors left unlocked).				
45. Has prolonged temper tantrums (greater than 20-30 minutes).				
46. Hears voices telling the child to do bad things.				
47. Seems unaware of others existence , is uninterested in interacting with others .				
48. Has odd, eccentric or unusual preoccupations (e.g. clothing items, toys, neatness).				
49. Appears uninterested in activities children his or her age usually like or participate in.				
50. Does this child’s educational placement seem appropriate? Comments:			Y	N
51. Do this child’s parent(s) appear to be invested in this child’s academic success? Comments:			Y	N
52. Does this child seem motivated to learn? Comments:			Y	N
53 a. Is this child on medication for ADHD? (if yes, please answer 53b- 53e)		Don’t	Y	N
b. Do you know the name of the medication and when the child takes it ?			Y	N
c. If yes, Medication: _____ Times of day child takes medication (specify am/pm): _____				
d. Do you believe medication is helping this child? Comments:			Y	N
e. Does the medication seem to work all school day ? Comments			Y	N

Medical Provider Use ONLY: [29 – 35=Anxiety/Depression: ___/ 7] [36 – 49=Mental Health Concerns: ___/ 16] 50=Education Placement: Y N 51=Invested: Y N 52=Motivation: Y N

TEACHERS: For students in Kindergarten through High School, please completely fill out the rest of the packet.

HISTORY: Learning Problems

We are interested in whether or not this child has learning problems **above and beyond** what would be expected for **his or her developmental age**.

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Check the box that best describes the child's learning problems over the past 6 months.	Never Rarely 0	Occa- sionally 1	Often 2	Very often 3
1. Has trouble learning new material in an appropriate time frame for age and skills.				
2. Has little desire to master new skills.				
3. Unable to tell time , days of the week, months of the year.				
4. Can't repeat information .				
5. Knows material one day; doesn't know it the next .				
6. Has trouble holding several different things in mind while working.				
7. Has trouble following multi-step directions .				
8. Has difficulty copying written material from blackboard.				
9. Difficulty orienting self (i.e., gets lost, can't find way, or gets turned around easily).				
10. Has poor spatial judgment and often bumps into things.				
11. Confuses directionality (up/down, left/right, over/under).				
12. Has poor spatial organization on paper (difficulty staying in lines, maintaining space between words, staying within page margins).				
13. Mixes up capital and lower case letters when writing.				
14. Reverses letters and numbers .				
15. Has trouble expressing words or events in correct order .				
16. Often mispronounces known or familiar words or uses wrong word.				
17. Has trouble verbally expressing thoughts .				
18. Says things that have little or no connection to what others are discussing .				
19. Has difficulty distinguishing long vowel sounds and short vowel sounds .				
20. Depends on teacher or others for repetition of task instructions .				
21. Displays poor word attack skills (can't sound out words).				
22. Puts wrong number of letters in words .				
23. Confuses consonant sounds , for example: d-b, d-t, m-n, p-b, f-v, s-z.				
24. Unable to keep place on page when reading.				

The above section (**History: Learning Problems** questions 1-24) designed by Child & Adolescent Research Center. Used with permission (not copyrighted).

CURRENT: Classroom Behavior

Please check the appropriate box	Above Average		Average	Problematic	
1. Understanding verbal instructions	1	2	3	4	5
2. Classroom assignment completion	1	2	3	4	5
3. Organizational skills	1	2	3	4	5
4. Getting homework to and from school	1	2	3	4	5
5. Homework completion	1	2	3	4	5
6. Relationship with peers	1	2	3	4	5
7. Following directions	1	2	3	4	5
8. Disrupting class	1	2	3	4	5
9. Verbal participation in class	1	2	3	4	5

Medical Provider Use ONLY: [1-8=General: ____ / 8; ≥ 4 / 8] [9-14=Visual/Spatial Processing: ____ / 6; ≥ 3 / 6] [15-20=Language: ____ / 6; ≥ 3 / 6] [21-24=Reading/Writing: ____ / 4; ≥ 2 / 4]

Child's Name: _____

CURRENT: School Performance

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Please check the appropriate box	Above Average		Average	Problematic	
1. Reading decoding	1	2	3	4	5
2. Reading comprehension	1	2	3	4	5
3. Reading rate/fluency	1	2	3	4	5
4. Spelling accuracy	1	2	3	4	5
5. Mathematics concepts	1	2	3	4	5
6. Mathematics computation	1	2	3	4	5
7. Handwriting	1	2	3	4	5
8. Writing rate	1	2	3	4	5
9. Punctuation/grammar	1	2	3	4	5
10. Ability to express thoughts through writing	1	2	3	4	5
11. Gross motor skills	1	2	3	4	5
12. Fine motor skills (using pencil & scissors)	1	2	3	4	5

CURRENT: Summary

Please **summarize this child's OVERALL functioning** (i.e., emotionally, behaviorally, socially, academically, etc.) by choosing **ONE** number below. Compare this child's functioning in 2 settings--at school, and with peers, to "average children" his/her age that you are familiar with from your experience. **Please circle only one number.**

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

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

Medical Provider Use ONLY	Behavior (bottom page 5): Y N	School Performance: Y N	Impairment (4 or greater should be commented on): Y N
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