

## SCHOOL PROGRESS REPORT: EVALUATION VERSION

**NAVAL MEDICAL CENTER PORTSMOUTH**  
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**Dear Teacher,**  
**This student is being followed for concerns that may include problems in various aspects of school performance. Your observations of this student's classroom functioning is an important part of the evaluation. Thank you for your valuable time and input.**

**Molinda Chartrand, MD**  
**LtCol, USAF, MC**  
**Developmental Pediatrician**

Student's Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Grade: \_\_\_\_\_ Class/Subject: \_\_\_\_\_

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Good Time to Reach You: \_\_\_\_\_

How long have you known this child? \_\_\_\_\_ Hours with child each day: \_\_\_\_\_

Please indicate student's current services:

- Regular education only  
 Special Education Services/On I.E.P. If checked, what is qualifying handicapping condition? \_\_\_\_\_  
 What special education services does student receive? \_\_\_\_\_

Section 504 Accommodation Plan. If checked, please describe: \_\_\_\_\_

Remedial/Chapter I/LAP services in (specify subject): \_\_\_\_\_

Other: \_\_\_\_\_

What are the **main concerns** you have about this student (Please describe briefly)?

- Academic performance or learning problems:
  
  
  
- Behavior management problems (include any safety concerns- significant aggression, destructive behaviors, self-injury, etc.)
  
  
  
- Mood or emotional problems (e.g., often appears sad or depressed, highly anxious, frequent or severe emotional outbursts, etc.):
  
  
  
- Social interaction problems with peers:

Are there any times of the day where this student *typically* has more problems?

What problems would you most like to see improve?

What do you see as this student's strong points (i.e. best subjects in school, talents, abilities, interests, personality traits):

Current academic skill level:

Subject	Far Below Average	Somewhat Below Average	Average	Somewhat Above Average	Far Above Average
Reading-Decoding					
Reading-Comprehension					
Mathematics					
Written Language					
Spelling					
Handwriting					
Overall knowledge					
Study Skills					
Classwork completion					
Homework completion					
Other subjects (specify)					

Briefly summarize what has been done to help the student with any of the problems noted:

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Please circle the number that *best describes* this student's **typical behavior** at school. Please try to complete all items.

	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
5. Does not seem to listen when spoken to directly	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
7. Does not follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty playing or engaging in activities quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor"	0	1	2	3
11. Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers to questions before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3
19. Loses temper	0	1	2	3
20. Argues with adults	0	1	2	3
21. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his/her mistakes or behavior	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry and resentful	0	1	2	3
26. Is spiteful or vindictive	0	1	2	3
27. Is sad, tearful, or depressed	0	1	2	3
28. Worries excessively or appears very anxious or fearful	0	1	2	3
29. Doesn't show interest in peers; is aloof from others; shows no desire for friends	0	1	2	3
30. Is physically aggressive towards peers	0	1	2	3
31. Bullies others (seeks out others to taunt or harass)	0	1	2	3
32. Withdrawn, shy, or anxious around others	0	1	2	3
33. Teased or rejected by peers	0	1	2	3
34. Intense emotional outbursts/meltdowns/rages	0	1	2	3
35. Peculiar or odd behaviors	0	1	2	3
36. Has motor tics (eye blinking, facial grimacing, head jerking, etc.)	0	1	2	3
37. Makes repeated involuntary noises (barking, grunting, sniffing, etc.)	0	1	2	3
38. Seems out of touch with reality	0	1	2	3
39. Staring spells or spells where doesn't seem aware of responsive	0	1	2	3
40. Complains of physical symptoms or not feeling well	0	1	2	3
41. Seems sleepy or drowsy in class	0	1	2	3
42. Has odd ideas, bizarre preoccupations or fixations, unusual fantasies	0	1	2	3

Please rate this student's typical performance in each of these areas:

Area	Never/rarely	Sometimes	Often	Very Often
Fails to complete class work	0	1	2	3
Fails to turn in homework assignments	0	1	2	3
Problems organizing time and/or materials (e.g., writing assignments in planner, keeping track of assignments, materials)	0	1	2	3
Behavior problems in the classroom	0	1	2	3
Behavior problems on the school bus	0	1	2	3
Behavior problems in sports, clubs, or other activities held at school	0	1	2	3
Problems with peer relationships	0	1	2	3
Behavior problems during breaks, recess, in hallways	0	1	2	3
Behavior problems during lunch at school	0	1	2	3

Please summarize this child's OVERALL functioning (emotionally, behaviorally, socially, academically, etc.) compared to typical children the same age.

1	Excellent function. No impairment.
2	Mild problems. Only sometimes shows problems or only in some situations.
3	Moderate problems. Often shows problems or problems in most situations.
4	Severe problems. Usually shows problems or problems in most situations.

Please add any other comments (feel free to attach additional information):