

DATA ENTRY AND LABELS  
(Print on Avery Labels, form 5160)

Date:

First:

Last:

Address:

City, State, Zip:

Telephone:

DOB:

Current School:

Grade:

Age:

Gender:

Current Program:

School:

Grade: Age:

School:

Grade: Age:

School:

Grade: Age:

School:

Grade: Age:

School:

Grade: Age:

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Grade: Age:

School:

Grade: Age:

School:

Grade: Age:

School:

Grade: Age:

Dr. Jerry Turner

## ACTION LOG

(Cover of File Folder)

Assessment folder for: \_\_\_\_\_

School		DOB: _____
Placement		
Assessment Purpose		Age: _____
AP to Parents	Date: _____	Grade: _____
AP from Parents	Date: _____	
	Referral Date: _____	
	Assessment Date: _____	
	IEP Date: _____	
<b>Area</b>	<b>Assessment used</b>	<b>Date completed</b>
Cognitive		
Academic		
Behavioral		
Parent Input		
Gen. Ed. Teacher Input		
Sp. Ed. Teacher Input		
Classroom Observation		
Records Review		
Vision/Hearing		
Student Interview		
Attendance		
Discipline		

IEP Meeting held on:	
Next Triennial: (mo/yr)	

Notes \_\_\_\_\_

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## Psycho-Ed Cell Data

Parent Input

Teacher Input

Class Observation

School			
First Name		Last Name	
Gender		Ethnicity	
English Proficiency	EO    ELL    EP	Birth Date	
Grade		Program (SAI)	
Disability		Assessment Date	
IQ Score		CAS Planning	
CAS Sim		CAS ATT	
CAS SUCC		CAS FS	
CAS Percentile		VMI Score	
VMI Percentile			
CTOP PA		CTOP PM	
CTOP RN		WIAT Admin by	
Listening Comp		Reading Comp	
Math Problem		Sentence	
Word Reading		Pseudoword	
Numerical Ops		Oral	
Reading Fluency		Spelling	
Math Addition		Math Subtraction	
Math Multiplication			

# NOTES

DDT			
Initial Impression			
5			
10			
15			
20			
25			
30			
35			
40			
45			
50			

Name \_\_\_\_\_ Subject \_\_\_\_\_  
Date \_\_\_\_\_ File \_\_\_\_\_



# STUDENT OBSERVATION FORM

Observation Date: \_\_\_\_\_

Time: \_\_\_\_\_

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Student skills:**

- critical/complex/creative thinking
- deductive/inductive reasoning
- decision making
- demonstrating
- creating
- leading/following
- listening
- observing/viewing
- mentoring
- working collaboratively
- estimating/informed opinion
- other \_\_\_\_\_

**Student activities:**

- reviewing prior learning/skills
- practicing new learning/skills
- reading in text
- reading other materials
- writing
- speaking/presenting
- computations
- hands-on learning
- worksheets/workbooks
- testing
- short/long term research
- oral/group project
- open-ended problem solving
- discussion of self/peer assessments
- studying/memorizing
- other \_\_\_\_\_

**Student:**

- asked questions
- participated in discussions
- read aloud
- read independently
- wrote independently
- wrote collaboratively
- took notes
- short verbal responses to questions
- used whiteboard
- used calculators
- used computers
- used measuring & mapping tools
- others \_\_\_\_\_

**Student created products:**

\_\_\_\_\_

\_\_\_\_\_

**Multiple Intelligence activities:**

- visual/spatial
- verbal/linguistic
- logical/mathematical
- bodily/kinesthetic
- musical/rhythmic
- interpersonal
- intrapersonal

**Student:**

- worked at desk
- moved to different desks/groups
- worked away from desks
- worked outside the classroom
- other \_\_\_\_\_

**Classroom set up:**

- theater/traditional style
- desks in pods
- desks in an arc or a circle
- other \_\_\_\_\_

**Taxonomic levels observed:**

- knowledge
- comprehension
- application
- analysis
- synthesis
- evaluation

**Teacher:**

- lectured
- questioned
- discussed
- facilitated activities
- used the whiteboard
- used the overhead
- used the TV/VCR
- used audio equipment
- others \_\_\_\_\_

**Lesson:**

- followed the original plan
- was modified in class
- other \_\_\_\_\_

**Topic(s) Posted Y N**

Classroom  
observed:  
 RSP  
 SDC  
 GenEd

√ indicates 1<sup>st</sup>  
half of  
observation

+ indicates 2<sup>nd</sup>  
half of  
observation

**Student involvement:**

	High		Low
Students on task	---	---	---
Student actively participating	---	---	---

Sentence Completion

Name: \_\_\_\_\_

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I wish \_\_\_\_\_

The thing that bothers me most \_\_\_\_\_

I used to be afraid \_\_\_\_\_

If I could only \_\_\_\_\_

My father \_\_\_\_\_

I cannot understand \_\_\_\_\_

Most of all \_\_\_\_\_

It is wrong \_\_\_\_\_

I get so mad \_\_\_\_\_

Sometimes I hate \_\_\_\_\_

I need \_\_\_\_\_

My mother \_\_\_\_\_

I often wonder \_\_\_\_\_

I am sad when \_\_\_\_\_

If I were a parent \_\_\_\_\_

When I am in trouble \_\_\_\_\_

Sometimes I think \_\_\_\_\_

I like \_\_\_\_\_

I am \_\_\_\_\_

# Student Questionnaire and Assessment Observation

Student lives at home with: 1. Mom 2. Dad 3. Both 4. \_\_\_\_\_

Number of siblings: \_\_\_\_\_

**Homework:** How much time do you spend on homework: \_\_\_\_\_

Usually complete when: 1. Right after School 2. Just before bed. 3. \_\_\_\_\_

Where is homework completed: 1: bedroom 2: kitchen 3. Living room

4: \_\_\_\_\_

Homework is turned in: 1. Sometimes 2. Often 3. Never

College Plan: 1. Yes 2. No

Drug use: 1. Yes 2. No

Smoking 1. Yes 2. No

Alcohol 1. Yes 2. No

On a scale of 1 to 10 (with 10 being the most difficult) how difficulty is:

Reading \_\_\_\_\_ School \_\_\_\_\_ 1-3 = 1

4-6 = 2

Math \_\_\_\_\_ Homework \_\_\_\_\_ 7-10 = 3

Writing \_\_\_\_\_

## **Observation:**

**Appearance:** 1 Dirty 2 Unkempt 3 neat/clean

**Handiness:** 1 Left 2 Right

**Cleanliness:** 1 Dirty 2 Average 3 Very Clean

**Odor:** 1 Unpleasantly 2 Strong 3 Slight 4 None 5 Pleasant

**Sitting Still:** *Initially:* 1 Lots for movement 2 Squirming 3 Appropriate

*During:* 1 Movement increases 2 Maintained 3 Same 4. Decreased

**Volume:** 1 Soft 2 Appropriate 3 Loud

**Speed:** 1 Slow 2 Appropriate 3 fast

**Use of Sentence Structure:** 1 one or two word responses 2 appropriate 3 awkward

**Pencil grip:** 1 poor 2 slightly off 3 appropriate

**Asking question:** 1 clarification 2 off topic 3 inappropriate 4 challenging  
5 defensive



# IEP TEAM MEETING AGENDA

For

- Introductions
- Purpose of the IEP Meeting
- Establishment of time parameters, if any (e.g. 2 hours, done by 4:00pm)
- Parent Rights
- Update student information on IEP cover page (phone, address, etc.)
- Review of current assessments from the district
- Review of current independent assessments, if any
- Present levels of performance
- Review/determination of eligibility criteria for all areas of suspected disability.  
(If assessed for SLD be sure to complete sections A, B, and C of page F.)
- If student is not eligible for special education
  - IEP should consist of
    1. Cover Sheet (A)
    2. Present Levels (B)
    3. Program Considerations (F)
    4. Signature Page
    5. Summary Page(s) as needed

For a student who is eligible, continue with all IEP pages

- Proposed goals and objectives, discuss, and arrive at consensus
- Individual transition plan, if required
- Special factors page
- Designated placement continuum, include at least three
- Review IEP team notes
- Sign all forms

# Parent's Checklist



Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date \_\_\_\_\_

Respondent's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Preferred Form of Address:  Mr.  Mrs.  Ms.  Miss

Relationship:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Mother     | <input type="checkbox"/> 5. Stepfather  | <input type="checkbox"/> 9. Brother                |
| <input type="checkbox"/> 2. Father     | <input type="checkbox"/> 6. Grandmother | <input type="checkbox"/> 10. Aunt                  |
| <input type="checkbox"/> 3. Guardian   | <input type="checkbox"/> 7. Grandfather | <input type="checkbox"/> 11. Uncle                 |
| <input type="checkbox"/> 4. Stepmother | <input type="checkbox"/> 8. Sister      | <input type="checkbox"/> 12. Other (specify) _____ |

## Part I: Current Home and Health Status

Please check one item for each category.

### A. With whom does your child live?

- 1. Both mother and father (together in one home)
- 2. Mother
- 3. Father
- 4. Mother and stepfather
- 5. Father and stepmother
- 6. Both parents (in two different homes)
- 7. Foster parents
- 8. Other (specify) \_\_\_\_\_

### B. Was your child adopted?

- 0. I don't know
- 1. No
- 2. Yes (At what age? \_\_\_\_\_)

### C. Are any languages other than English spoken in your home?

- 1. No
- 2. Yes (If yes, please complete the Language Exposure and Use Questionnaire.)

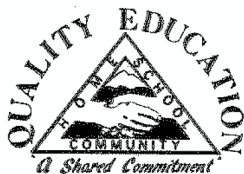
### D. How many other children live in your home?

- 0. None
- 1. One (age \_\_\_\_\_)
- 2. Two (ages \_\_\_\_\_, \_\_\_\_\_)
- 3. Three (ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)
- 4. Four (ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)
- 5. Other (ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

### E. Have there been any recent changes in family life (for example, a birth, a divorce, or a move to a new home)?

- 1. No
- 2. Yes (specify) \_\_\_\_\_

BEAUMONT UNIFIED SCHOOL DISTRICT



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### F. What is your child's overall physical health?

- 0. I don't know
- 1. Is usually in good health and physically fit
- 2. Is generally in good health
- 3. Has a health condition but does not require medication (specify health condition) \_\_\_\_\_
- 4. Has a health condition that requires medication (specify health condition) \_\_\_\_\_

### G. Has your child ever sustained a head injury?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a, b, and c below.

a. How serious was this injury?

- 1. Not serious
- 2. Slightly serious
- 3. Serious
- 4. Very Serious

b. How long ago did the injury occur?

- 1. Within the past year
- 2. 1 to 2 years ago
- 3. 2 to 3 years ago
- 4. 3 to 4 years ago
- 5. More than 4 years ago

c. Was the child unconscious?

- 0. I don't know
- 1. No
- 2. Yes, for how long? (specify the amount of time) \_\_\_\_\_

### H. Has your child ever had a serious illness?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

a. What was the most serious illness? \_\_\_\_\_

b. At what age did the illness initially occur? \_\_\_\_\_

Please provide your email address:

Email: \_\_\_\_\_

**I. Does your child have seizures?**

- 0. I don't know
- 1. No
- 2. Yes

If Yes, how frequent are the seizures?

- a. I don't know
- b. Less than once a month
- c. About once a month
- d. More than once a month
- e. About once a week
- f. More than once a week

**J. How would you describe your child's vision?**

- 0. I don't know
- 1. Has normal or near normal vision without corrective lenses
- 2. Has normal or near normal vision when corrective lenses are worn
- 3. Has visual difficulties but does not wear corrective lenses
- 4. Has visual difficulties despite wearing corrective lenses
- 5. Has severe visual impairment

**K. Has your child had a recent vision test?**

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (\_\_\_/\_\_\_)
- b. What type of vision test did your child receive? (Check only one.)
  - 1. Screening only
  - 2. Optometrist's evaluation
  - 3. Ophthalmologist's examination

**L. How would you describe your child's hearing?**

- 0. I don't know
- 1. Can hear in most situations (does not use hearing aid)
- 2. Can hear in most situations with a hearing aid
- 3. Has difficulty hearing but does not use a hearing aid
- 4. Has difficulty hearing even when using a hearing aid

**M. Has your child had a recent hearing test?**

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (\_\_\_/\_\_\_)
- b. What type of hearing test did your child receive? (Check only one.)
  - 1. Screening only
  - 2. Audiologist's evaluation
  - 3. Ear, nose, and throat physician's exam

**N. How much sleep does your child typically get each night?**

- 0. I don't know
- 1. Less than 6 hours
- 2. 6 to 7 hours
- 3. 7 to 8 hours
- 4. 8 to 9 hours
- 5. 9 to 10 hours
- 6. More than 10 hours
- 7. He or she has no typical amount of sleep

**O. How soundly does your child sleep?**

- 0. I don't know
- 1. Sleeps so soundly that he or she cannot be woken easily
- 2. Usually sleeps soundly (typical for age)
- 3. Usually wakes at least once during the night
- 4. Doesn't seem able to sleep soundly
- 5. Does not apply

**P. Has your child shown any recent changes in appetite?**

- 0. I don't know
- 1. No
- 2. Yes (specify) \_\_\_\_\_

**Q. Does your child frequently complain about not feeling well?**

- 0. I don't know
- 1. No
- 2. Yes (specify) \_\_\_\_\_

**R. Has any other member of your child's immediate family experienced personal, social, or learning problems?**

- 0. I don't know
- 1. No
- 2. Yes (specify) \_\_\_\_\_
- 3. Does not apply

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**Part II: Birth History**

*Please check one item for each category, unless specified otherwise.*

**A. What was the birth mother's condition during pregnancy?**

- 0. I don't know
- 1. Normal; no health problems
- 2. Mother had health problems (specify) \_\_\_\_\_
- 3. Mother had health problems related to substance-abuse (specify) \_\_\_\_\_

**B. How would you describe your child's birth?** (Check all that apply.)

- 0. I don't know
- 1. Normal (no unusual problems)
- 2. Premature birth (weeks premature: \_\_\_\_\_)
- 3. Lengthy labor (more than 24 hours)
- 4. Complications at delivery (specify) \_\_\_\_\_

**C. What was your child's condition immediately after birth?** (Check all that apply.)

- 0. I don't know
- 1. Healthy (normal)
- 2. Injured at birth
- 3. Had difficulty starting to breathe
- 4. Jaundice
- 5. Had an infection
- 6. Seizures
- 7. Drug-dependent
- 8. Placed in incubator
- 9. Critical; placed in intensive care
- 10. Low birth weight (specify weight, if known \_\_\_\_\_)
- 11. High birth weight (specify weight, if known \_\_\_\_\_)
- 12. Low Apgar score (qualify, if needed) \_\_\_\_\_
- 13. Had a blood transfusion
- 14. Other (specify) \_\_\_\_\_

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### Part III: Infancy and Early Childhood History

**A. Choose up to three words that best describe your child's temperament (personality) during infancy and early childhood.**

- 0. I don't know
- 1. Active
- 2. Affectionate
- 3. Alert
- 4. Attentive
- 5. Calm
- 6. Colicky
- 7. Curious
- 8. Demanding
- 9. Determined
- 10. Difficult
- 11. Fearful
- 12. Fussy
- 13. Happy
- 14. Imitative
- 15. Independent
- 16. Irritable
- 17. Loving
- 18. Observant
- 19. Playful
- 20. Screaming
- 21. Shy
- 22. Stubborn
- 23. Withdrawn

**B. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk?**

- 0. I don't know
- 1. Developed earlier than most other children
- 2. Seemed to be typical
- 3. Developed later than most other children
- 4. Does not apply

**C. How would you rate your child's early language development, such as first words, asking simple questions, and talking in sentences?**

- 0. I don't know
- 1. Developed earlier than most other children
- 2. Seemed to be typical
- 3. Developed later than most other children
- 4. Does not apply

**D. Did your child have frequent ear infections (more than four within a twelve-month period)?**

- 0. I don't know
- 1. No
- 2. Yes

If Yes, at what age(s)? (Check all that apply.)

- a. <1
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5

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### Part IV: Child's Preschool History

*Please check one item for each category.*

**A. Did your child attend preschool (not daycare)?**

- 0. I don't know
- 1. No
- 2. Yes

If Yes, beginning at what age?

- a. 2
- b. 3
- c. 4
- d. 5

**B. During ages 3 through 5, how would you rate your child's cognitive development, such as counting, knowledge of the alphabet, and general knowledge and understanding?**

- 0. I don't know
- 1. Seemed to learn more easily (or sooner) than most other children
- 2. Seemed to be typical
- 3. Seemed to have more difficulty learning (or learned later) than most other children
- 4. Does not apply

**C. During ages 3 through 5, how would you rate your child's social development, such as ability to play with others, development of friendships, and relationships with adults?**

- 0. I don't know
- 1. Seemed to develop social skills more easily (or sooner) than most other children
- 2. Seemed to be typical
- 3. Seemed to have more difficulty developing social skills (or learned later) than most other children
- 4. Does not apply

**D. How difficult to manage was his or her behavior during the preschool years?**

- 0. I don't know
- 1. Very easy to manage
- 2. Seemed to be typical
- 3. Somewhat difficult to manage
- 4. Very difficult to manage
- 5. Does not apply

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**Part V: School History**

*Please check one item for each category.*

**A. Has your child ever repeated a grade?**

- 0. I don't know
- 1. No
- 2. Yes (If Yes, what grade was, or is being, repeated?\_\_\_\_\_)
- 3. Does not apply

**B. Has your child ever received special educational services, such as resource room instruction, speech therapy, or an individualized education program?**

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

a. Describe the special educational services your child received\_\_\_\_\_

\_\_\_\_\_

b. At what age did your child first receive these services?\_\_\_\_\_

- 3. Does not apply

**C. Do you believe that your child has learning problems?**

- 0. I don't know
- 1. No
- 2. Maybe
- 3. Yes (describe) \_\_\_\_\_
- 4. Does not apply

**D. If you believe your child has learning problems, how long have you been concerned about this?**

- 0. I don't know
- 1. For a couple of months
- 2. For about 6 months
- 3. For about 9 months
- 4. For about 1 year
- 5. For about 2 years
- 6. For about 3 years
- 7. For about 4 years
- 8. For about 5 or more years
- 9. Does not apply

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**Part VI: Current Temperament and Mood**

**A. Choose up to three words that best describe this child's current temperament (personality).**

- 0. I don't know
- 1. Accommodating
- 2. Active
- 3. Affectionate
- 4. Argumentative
- 5. Attentive
- 6. Calm
- 7. Caring
- 8. Conscientious
- 9. Demanding
- 10. Determined
- 11. Difficult
- 12. Emotional
- 13. Enthusiastic
- 14. Happy
- 15. Hyperactive
- 16. Impatient
- 17. Impulsive
- 18. Independent
- 19. Insecure
- 20. Intelligent
- 21. Irritable
- 22. Motivated
- 23. Obedient
- 24. Outgoing
- 25. Playful
- 26. Reserved
- 27. Self-reliant
- 28. Shy
- 29. Sociable
- 30. Stubborn
- 31. Trusting
- 32. Undisciplined
- 33. Unhappy
- 34. Unmotivated
- 35. Other (specify)\_\_\_\_\_

**B. Which of the following best describes this child's typical mood?**

- 0. I don't know
- 1. Usually happy
- 2. Mood is typical for age
- 3. Seems unhappy at times
- 4. Seems unhappy most of the time
- 5. None of the above (describe) \_\_\_\_\_

**C. How consistent is his or her mood?**

- 0. I don't know
- 1. Mood is consistent
- 2. Shows normal "highs and lows" (typical for age)
- 3. Shows intense "highs" of energy followed by periods of sadness or depression
- 4. Does not apply

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**Part VII: Current Behaviors**

*Please base your ratings on your typical observations over the past year. Check one category for each item.*

**A. What is his or her attitude toward school?**

- 0. I don't know
- 1. Very enthusiastic about school
- 2. Generally likes school
- 3. Likes some things about school and dislikes other things
- 4. Generally dislikes school
- 5. Dislikes school so much that he or she does not want to go
- 6. Does not apply

**B. How would you rate his or her level of effort toward schoolwork?**

- 0. I don't know
- 1. Tries very hard to succeed
- 2. Generally tries to succeed
- 3. Effort varies
- 4. Seems like he or she doesn't try to succeed
- 5. Does not apply

**C. When helping or working at home, how attentive is he or she to details?**

- 0. I don't know
- 1. Extremely attentive to details
- 2. Usually attends to details and concentrates when working (typical for age)
- 3. Often fails to pay close attention to details or makes careless mistakes
- 4. Does not apply

**D. How would you rate his or her attention span?**

- 0. I don't know
- 1. Unusually high degree of sustained attention in tasks or play activities
- 2. Usually maintains attention in tasks or play activities (typical for age)
- 3. Often has difficulty sustaining attention in tasks or play activities
- 4. Does not apply

**E. How would you rate his or her listening ability?**

- 0. I don't know
- 1. Always, or almost always, listens when spoken to directly
- 2. Usually listens when spoken to directly (typical for age)
- 3. Often does not seem to listen when spoken to directly
- 4. Does not apply

**F. How would you rate his or her follow-through on homework?**

- 0. I don't know
- 1. Always, or almost always, follows instructions and finishes homework
- 2. Usually follows instructions and finishes homework (typical for age)
- 3. Often does not follow instructions and fails to finish homework
- 4. Does not apply

**G. How would you rate his or her level of organization?**

- 0. I don't know
- 1. Is highly organized
- 2. Usually organizes tasks and activities (typical for age)
- 3. Often has difficulty organizing tasks and activities
- 4. Does not apply

**H. How would you rate his or her response to tasks that are difficult for him or her?**

- 0. I don't know
- 1. Noticeably increases level of effort
- 2. Generally persists (typical for age)
- 3. Attempts but gives up easily
- 4. Often avoids, dislikes, or is reluctant to engage in difficult tasks
- 5. Does not apply

**I. How well does he or she maintain personal belongings?**

- 0. I don't know
- 1. Always, or almost always, keeps personal belongings in order
- 2. Usually keeps personal belongings in order (typical for age)
- 3. Often loses personal belongings
- 4. Does not apply

**J. How does he or she typically respond to distractions?**

- 0. I don't know
- 1. Generally not distracted
- 2. Usually shows normal reactions and adapts (typical for age)
- 3. Often easily distracted
- 4. Does not apply

- K. How often does he or she remember to do assigned chores at home?**
- 0. I don't know
  - 1. Always, or almost always, remembers chores he or she is supposed to do
  - 2. Usually remembers chores he or she is supposed to do (typical for age)
  - 3. Often forgets chores he or she is supposed to do
  - 4. Does not apply
- L. What is his or her typical activity level when watching television, eating meals, or doing homework?**
- 0. I don't know
  - 1. Seems less active than others of same age and sex
  - 2. Activity level is similar to others of same age and sex
  - 3. Often fidgets with hands or feet, or squirms (more than others of same age and sex)
  - 4. Does not apply
- M. What is his or her typical activity level in social situations outside of the home?**
- 0. I don't know
  - 1. Seems sluggish or lacks energy
  - 2. Activity level is similar to others of same age and sex
  - 3. Often runs about or climbs excessively in situations in which it is inappropriate
  - 4. Does not apply
- N. Can he or she play quietly when required?**
- 0. I don't know
  - 1. Yes, can play quietly when required (typical for age)
  - 2. Often has difficulty playing quietly
  - 3. Does not apply
- O. What is his or her style of motor activity?**
- 0. I don't know
  - 1. Awkward, seemingly clumsy
  - 2. Slow
  - 3. Seems similar to others of same age and sex
  - 4. Is often "on the go" or acts as if "driven by a motor"
  - 5. Does not apply
- P. How much talking does he or she do?**
- 0. I don't know
  - 1. Generally talks much less than age peers of the same sex
  - 2. Amount of talking is age appropriate
  - 3. Often talks excessively
  - 4. Does not apply
- Q. How good is he or she at taking turns?**
- 0. I don't know
  - 1. Typically withdraws from activities that involve taking turns
  - 2. Takes turns appropriately for age
  - 3. Often has difficulty waiting for a turn
  - 4. Does not apply

**R. How well does he or she interact with peers?**

- 0. I don't know
- 1. Typically avoids interacting with peers
- 2. Social interaction skills are typical for age
- 3. Often interrupts or intrudes on others (butts into conversations or games)
- 4. Does not apply

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**Part VIII: Behavior Problems at Home**

*Some of the following behaviors are common at certain ages and are not serious problems. Sometimes they can cause serious problems at home. If your child does not exhibit the problem behavior at home, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior, then rate how serious the behavior is.*

**A. Inattentiveness.** Does your child have difficulty paying attention or concentrating at home? For example, does he or she fail to listen to specific instructions or become distracted from what he or she is doing by just about anything that happens?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

**B. Overactivity.** Is your child overly active for his or her age? For example, does he or she seem unable to remain seated in the car or at the dinner table, run around the house excessively, or act as if "driven by a motor"?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

**C. Impulsiveness.** Does your child act in impulsive ways that would be considered immature for his or her age? For example, does he or she interrupt others who are talking, blurt things out before thinking, act without thinking, butt into conversations or games, or become unreasonably impatient when asked to wait?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

**D. Uncooperative behavior.** Is your child uncooperative?

For example, does he or she frequently refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share with other children, or cheat at games?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

**E. Anxiousness.** Does your child seem more nervous than other children of his or her age? For example, does he or she seem to cry a lot or frequently complain of a stomachache? Does he or she seem to always have a tense or worried expression? Does he or she demonstrate hair pulling, nail biting, twitching, pacing, or trembling?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

**F. Withdrawal.** Does your child seem to withdraw from other children rather than interact or play with them? For example, does he or she appear sullen or detached or prefer to be alone rather than with others?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

**G. Aggressiveness.** Does your child act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at or spit at another; threaten, bully, or verbally abuse another; or break, deface, or destroy things?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

**H. Other inappropriate behaviors (nonaggressive).** Does your child behave in ways that are socially inappropriate or offensive to others? For example, does he or she swear or use vulgar language, tease others, tattle on others, talk too loudly, bother others who do not want to be annoyed, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

- 1. No
- 2. Yes (describe) \_\_\_\_\_

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious