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

Name: \_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To Whom It May Concern:

The above-named student has been referred to our office. Your input is valuable to our evaluation and/or treatment. You may be assured that your responses will be held in the strictest confidence, pursuant to laws regarding confidential information. When complete, please return this to the parents in a sealed envelope, marked “Confidential”, or mail/email it directly to us at **shoersting@hoerstingpsych.com**

Is the child/adolescent working up to his/her ability? Yes  No

If not, what factors do you think account for the difficulty?

Please indicate your assessment of the following for this student using the following terms:

Below Average = BA Average = A Above Average = AA

Reading BA A AA

Math BA A AA

Written expression Articulation BA A AA

Understanding verbal directions BA A AA

Social skills BA A AA

Follows classroom rules Organizational skills BA A AA

Fine-motor skills BA A AA

Gross motor skills BA A AA

Use of time BA A AA

Working in groups BA A AA

Moody BA A AA

Anger BA A AA

Aggression BA A AA

Is the student’s behavior significantly different from the morning to the afternoon?

Yes  No

Does the student display widely different behavior in structured versus less structured settings? Yes  No

Does the student display any repetitive involuntary motor movements or vocalizations?

Yes  No

If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does the student sit in the classroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student learning style: Visual Auditory Tactile Mixed

Interventions tried (assignment book, ESS, behavioral program, etc.) and their

results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special programs participating:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the child/adolescent as compared to other children/adolescents of the same age and gender as : (“3” Very Often) ( “2” Often) ( “1” Rarely) (“0” Never)

Fails to give close attention to details, makes careless mistakes in schoolwork, 0 1 2 3

or other activities.

Has difficulty sustaining attention in tasks or play activities 0 1 2 3

Daydreams 0 1 2 3

Does not seem to listen when spoken to directly 0 1 2 3

Does not follow through on instructions but is not because he/she is refusing 0 1 2 3

(chores, schoolwork etc.,)

is distracted easily

Has difficulty organizing tasks and activities 0 1 2 3

Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort: 0 1 2 3

(homework, schoolwork)

Loses things necessary for tasks or activities (homework, books, pencils, paper. etc.) 0 1 2 3

Is easily distracted by things around him/her 0 1 2 3

Is forgetful in daily activities 0 1 2 3

Fidgets with hands and feet or squirms in the seat 0 1 2 3

Leaves the seat in the classroom or in other situations in which remaining seated 0 1 2 3

is expected

Runs or climbs excessively in situations in which it is inappropriate 0 1 2 3

Has difficulty playing or engaging in leisure activities quietly 0 1 2 3

Is “on the go” or often driven as if “driven by a motor” 0 1 2 3

Talks excessively 0 1 2 3

Blurts out answers to questions before they are completed 0 1 2 3

Has difficulty awaiting his/her turn 0 1 2 3

Interrupts or intrudes on others (conversations, games, etc.) 0 1 2 3

Stomach aches 0 1 2 3

Headaches 0 1 2 3

Problems separating from his/her parents 0 1 2 3

Complains of nervousness 0 1 2 3

Nightmares 0 1 2 3

Overly sensitive to criticism 0 1 2 3

Easily frustrated 0 1 2 3

Loses temper 0 1 2 3

Moods change quickly 0 1 2 3

Argues with adults 0 1 2 3

Defies or refuses adult requests 0 1 2 3

Deliberately annoys others 0 1 2 3

Blames others for his/her own mistakes 0 1 2 3

Touchy or easily annoyed 0 1 2 3

Angry, resentful 0 1 2 3

Spiteful, vindictive 0 1 2 3

Sad 0 1 2 3

Irritable or grumpy 0 1 2 3

Cries 0 1 2 3

Says “I’m dumb” 0 1 2 3

Gives up easily 0 1 2 3

Will not try new things 0 1 2 3

Loss of appetite 0 1 2 3

Tired 0 1 2 3

Feels lonely 0 1 2 3

Has stopped activities once enjoyed activities 0 1 2 3

Avoids friends 0 1 2 3

Grades have dropped 0 1 2 3

Other Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We thank you for your time and consideration in filling out this questionnaire.