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.