



Please print

TEACHER'S REPORT FORM FOR AGES 6-18For office use only
ID #

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free to print additional comments beside each item and in the spaces provided on page 2. **Please print, and answer all items.**

PUPIL'S FULL NAME		First	Middle	Last	PARENTS' USUAL TYPE OF WORK, even if not working now. <i>(Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)</i> FATHER'S TYPE OF WORK _____ MOTHER'S TYPE OF WORK _____ THIS FORM FILLED OUT BY: (print your full name) _____ Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Your role at the school: <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Special Educator <input type="checkbox"/> Administrator <input type="checkbox"/> Other (specify) _____
PUPIL'S GENDER		PUPIL'S AGE		PUPIL'S ETHNIC GROUP OR RACE	
<input type="checkbox"/> Boy <input type="checkbox"/> Girl					
TODAY'S DATE		PUPIL'S BIRTHDATE (if known)			
Mo. ____ Day ____ Year ____		Mo. ____ Day ____ Year ____			
GRADE IN SCHOOL	NAME AND ADDRESS OF SCHOOL				
_____	_____				

I. For how many months have you known this pupil? _____ months

II. How well do you know him/her? 1. ☐ Not Well 2. ☐ Moderately Well 3. ☐ Very Well

III. How much time does he/she spend in your class or service per week?

IV. What kind of class or service is it? (Please be specific, e.g., regular 5th grade, 7th grade math, learning disability, counseling, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?

☐ Don't know 0. ☐ No 1. ☐ Yes — what kind and when?

VI. Has he/she ever repeated any grades? ☐ Don't Know 0. ☐ No 1. ☐ Yes — grades and reasons:

VII. Current academic performance — list academic subjects and check box that indicates pupil's performance for each subject:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

VIII. Compared to typical pupils of the same age:

1. Much less

2. Somewhat less

3. Slightly less

4. About average

5. Slightly more

6. Somewhat more

7. Much more

- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How hard is he/she working? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How appropriately is he/she behaving? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How much is he/she learning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How happy is he/she? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IX. Most recent achievement test scores (optional):

Name of test	Subject	Date	Percentile or grade level obtained

X. IQ, readiness, or aptitude tests (optional):

Name of test	Date	IQ or equivalent scores

Does this pupil have any illness or disability (either physical or mental)? ☐ No ☐ Yes — please describe:

What concerns you most about this pupil?

Please describe the best things about this pupil:

Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary.

Below is a list of items that describe pupils. For each item that describes the pupil **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the pupil. Circle the **1** if the item is **somewhat or sometimes true** of the pupil. If the item is **not true** of the pupil, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know)	1 = Somewhat or Sometimes True	2 = Very True or Often True
0 1 2		1. Acts too young for his/her age
0 1 2		2. Hums or makes other odd noises in class
0 1 2		3. Argues a lot
0 1 2		4. Fails to finish things he/she starts
0 1 2		5. There is very little he/she enjoys
0 1 2		6. Defiant, talks back to staff
0 1 2		7. Bragging, boasting
0 1 2		8. Can't concentrate, can't pay attention for long
0 1 2		9. Can't get his/her mind off certain thoughts; obsessions (describe): _____
0 1 2		10. Can't sit still, restless, or hyperactive
0 1 2		11. Clings to adults or too dependent
0 1 2		12. Complains of loneliness
0 1 2		13. Confused or seems to be in a fog
0 1 2		14. Cries a lot
0 1 2		15. Fidgets
0 1 2		16. Cruelty, bullying, or meanness to others
0 1 2		17. Daydreams or gets lost in his/her thoughts
0 1 2		18. Deliberately harms self or attempts suicide
0 1 2		19. Demands a lot of attention
0 1 2		20. Destroys his/her own things
0 1 2		21. Destroys property belonging to others
0 1 2		22. Difficulty following directions
0 1 2		23. Disobedient at school
0 1 2		24. Disturbs other pupils
0 1 2		25. Doesn't get along with other pupils
0 1 2		26. Doesn't seem to feel guilty after misbehaving
0 1 2		27. Easily jealous
0 1 2		28. Breaks school rules
0 1 2		29. Fears certain animals, situations, or places, other than school (describe): _____
0 1 2		30. Fears going to school
0 1 2		31. Fears he/she might think or do something bad
0 1 2		32. Feels he/she has to be perfect
0 1 2		33. Feels or complains that no one loves him/her
0 1 2		34. Feels others are out to get him/her
0 1 2		35. Feels worthless or inferior
0 1 2		36. Gets hurt a lot, accident-prone
0 1 2		37. Gets in many fights
0 1 2		38. Gets teased a lot
0 1 2		39. Hangs around with others who get in trouble
0 1 2		40. Hears sound or voices that aren't there (describe): _____
0 1 2		41. Impulsive or acts without thinking
0 1 2		42. Would rather be alone than with others
0 1 2		43. Lying or cheating
0 1 2		44. Bites fingernails
0 1 2		45. Nervous, highstrung, or tense
0 1 2		46. Nervous movements or twitching (describe): _____
0 1 2		47. Overconforms to rules
0 1 2		48. Not liked by other pupils
0 1 2		49. Has difficulty learning
0 1 2		50. Too fearful or anxious
0 1 2		51. Feels dizzy or lightheaded
0 1 2		52. Feels too guilty
0 1 2		53. Talks out of turn
0 1 2		54. Overtired without good reason
0 1 2		55. Overweight
		56. Physical problems without known medical cause:
0 1 2		a. Aches or pains (not stomach or headaches)
0 1 2		b. Headaches
0 1 2		c. Nausea, feels sick
0 1 2		d. Eye problems (not if corrected by glasses) (describe): _____
0 1 2		e. Rashes or other skin problems
0 1 2		f. Stomachaches
0 1 2		g. Vomiting, throwing up
0 1 2		h. Other (describe): _____

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body (describe): _____
- 0 1 2 59. Sleeps in class
- 0 1 2 60. Apathetic or unmotivated
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older children or youths
- 0 1 2 64. Prefers being with younger children
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____
- 0 1 2 67. Disrupts class discipline
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Messy work
- 0 1 2 73. Behaves irresponsibly (describe): _____
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Explosive or unpredictable behavior
- 0 1 2 77. Demands must be met immediately, easily frustrated
- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____
- 0 1 2 80. Stares blankly
- 0 1 2 81. Feels hurt when criticized
- 0 1 2 82. Steals
- 0 1 2 83. Stores up too many things he/she doesn't need (describe): _____

- 0 1 2 84. Strange behavior (describe): _____
- 0 1 2 85. Strange ideas (describe): _____
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Underachieving, not working up to potential
- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Seems preoccupied with sex
- 0 1 2 97. Threatens people
- 0 1 2 98. Tardy to school or class
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Fails to carry out assigned tasks
- 0 1 2 101. Truancy or unexplained absence
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't* include tobacco) (describe): _____
- 0 1 2 106. Overly anxious to please
- 0 1 2 107. Dislikes school
- 0 1 2 108. Is afraid of making mistakes
- 0 1 2 109. Whining
- 0 1 2 110. Unclean personal appearance
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems the pupil has that were not listed above:
- 0 1 2 _____
- 0 1 2 _____
- 0 1 2 _____