



Please print

# CAREGIVER-TEACHER REPORT FORM FOR AGES 1½-5

For office use only  
ID # \_\_\_\_\_

CHILD'S FULL NAME First Middle Last

CHILD'S GENDER  Boy  Girl CHILD'S AGE CHILD'S ETHNIC GROUP OR RACE

TODAY'S DATE CHILD'S BIRTHDATE  
Mo. \_\_\_ Day \_\_\_ Year \_\_\_ Mo. \_\_\_ Day \_\_\_ Year \_\_\_

**PARENTS' USUAL TYPE OF WORK, even if not working now.**  
*Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.*  
PARENT 1 (or MOTHER) \_\_\_\_\_  
PARENT 2 (or FATHER) \_\_\_\_\_

**THIS FORM FILLED OUT BY: (print your full name)**  
\_\_\_\_\_

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

Your role at the school or care facility:  
 primarily educational (teacher)  primarily care (caregiver)  
Your training for this position: \_\_\_\_\_  
Your experience in child care or early education: \_\_\_\_\_ years.

**Name & address of school or care facility:** \_\_\_\_\_  
\_\_\_\_\_

- I. What kind of a facility is it? (Please be specific, e.g., home day care, day care center, nursery school, preschool, school readiness class, Early Childhood Special Education, Headstart, Kindergarten, etc.) \_\_\_\_\_
- II. What is the average number of children in the child's group or class? \_\_\_\_\_ children in the child's group or class.
- III. How many hours per week does this child spend at the facility? \_\_\_\_\_ hours per week.
- IV. For how many months have you known this child? \_\_\_\_\_ months.
- V. How well do you know him/her? 1.  Not well 2.  Moderately well 3.  Very well
- VI. Has he/she ever been referred for a special education program or special services?  
 Don't know 0.  No 1.  Yes – what kind and when?

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

**0 = Not True (as far as you know)      1 = Somewhat or Sometimes True      2 = Very True or Often True**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>0 1 2 1. Aches or pains (without medical cause; <b>do not</b> include stomach or headaches)</li> <li>0 1 2 2. Acts too young for age</li> <li>0 1 2 3. Afraid to try new things</li> <li>0 1 2 4. Avoids looking others in the eye</li> <li>0 1 2 5. Can't concentrate, can't pay attention for long</li> <li>0 1 2 6. Can't sit still, restless or hyperactive</li> <li>0 1 2 7. Can't stand having things out of place</li> <li>0 1 2 8. Can't stand waiting; wants everything now</li> <li>0 1 2 9. Chews on things that aren't edible</li> <li>0 1 2 10. Clings to adults or too dependent</li> <li>0 1 2 11. Constantly seeks help</li> <li>0 1 2 12. Apathetic or unmotivated</li> <li>0 1 2 13. Cries a lot</li> <li>0 1 2 14. Cruel to animals</li> <li>0 1 2 15. Defiant</li> <li>0 1 2 16. Demands must be met immediately</li> <li>0 1 2 17. Destroys his/her own things</li> <li>0 1 2 18. Destroys property belonging to others</li> <li>0 1 2 19. Daydreams or gets lost in his/her thoughts</li> <li>0 1 2 20. Disobedient</li> <li>0 1 2 21. Disturbed by any change in routine</li> </ul> | <ul style="list-style-type: none"> <li>0 1 2 22. Cruelty, bullying, or meanness to others</li> <li>0 1 2 23. Doesn't answer when people talk to him/her</li> <li>0 1 2 24. Difficulty following directions</li> <li>0 1 2 25. Doesn't get along with other children</li> <li>0 1 2 26. Doesn't know how to have fun; acts like a little adult</li> <li>0 1 2 27. Doesn't seem to feel guilty after misbehaving</li> <li>0 1 2 28. Disturbs other children</li> <li>0 1 2 29. Easily frustrated</li> <li>0 1 2 30. Easily jealous</li> <li>0 1 2 31. Eats or drinks things that are not food – <b>do not</b> include sweets (describe): _____</li> <li>0 1 2 32. Fears certain animals, situations, or places other than daycare or school (describe): _____</li> <li>0 1 2 33. Feelings are easily hurt</li> <li>0 1 2 34. Gets hurt a lot, accident-prone</li> <li>0 1 2 35. Gets in many fights</li> <li>0 1 2 36. Gets into everything</li> <li>0 1 2 37. Gets too upset when separated from parents</li> </ul> |
|---|--|

Please print your answers. 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 38. Explosive and unpredictable behavior
- 0 1 2 39. Headaches (without medical cause)
- 0 1 2 40. Hits others
- 0 1 2 41. Holds his/her breath
- 0 1 2 42. Hurts animals or people without meaning to
- 0 1 2 43. Looks unhappy without good reason
- 0 1 2 44. Angry moods
- 0 1 2 45. Nausea, feels sick (without medical cause)
- 0 1 2 46. Nervous movements or twitching (describe):  
\_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 47. Nervous, highstrung, or tense
- 0 1 2 48. Fails to carry out assigned tasks
- 0 1 2 49. Fears daycare or school
- 0 1 2 50. Overtired
- 0 1 2 51. Fidgets
- 0 1 2 52. Gets teased by other children
- 0 1 2 53. Physically attacks people
- 0 1 2 54. Picks nose, skin, or other parts of body  
(describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 55. Plays with own sex parts too much
- 0 1 2 56. Poorly coordinated or clumsy
- 0 1 2 57. Problems with eyes without medical cause  
(describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 58. Punishment doesn't change his/her behavior
- 0 1 2 59. Quickly shifts from one activity to another
- 0 1 2 60. Rashes or other skin problems (without  
medical cause)
- 0 1 2 61. Refuses to eat
- 0 1 2 62. Refuses to play active games
- 0 1 2 63. Repeatedly rocks head or body
- 0 1 2 64. Inattentive, easily distracted
- 0 1 2 65. Lying or cheating
- 0 1 2 66. Screams a lot
- 0 1 2 67. Seems unresponsive to affection
- 0 1 2 68. Self-conscious or easily embarrassed
- 0 1 2 69. Selfish or won't share
- 0 1 2 70. Shows little affection toward people

- 0 1 2 71. Shows little interest in things around him/her
- 0 1 2 72. Shows too little fear of getting hurt
- 0 1 2 73. Too shy or timid
- 0 1 2 74. Not liked by other children
- 0 1 2 75. Overactive
- 0 1 2 76. Speech problem (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 77. Stares into space or seems preoccupied
- 0 1 2 78. Stomachaches or cramps (without medical  
cause)
- 0 1 2 79. Overconforms to rules
- 0 1 2 80. Strange behavior (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 81. Stubborn, sullen, or irritable
- 0 1 2 82. Sudden changes in mood or feelings
- 0 1 2 83. Sulks a lot
- 0 1 2 84. Teases a lot
- 0 1 2 85. Temper tantrums or hot temper
- 0 1 2 86. Too concerned with neatness or cleanliness
- 0 1 2 87. Too fearful or anxious
- 0 1 2 88. Uncooperative
- 0 1 2 89. Underactive, slow moving, or lacks energy
- 0 1 2 90. Unhappy, sad, or depressed
- 0 1 2 91. Unusually loud
- 0 1 2 92. Upset by new people or situations  
(describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 93. Vomiting, throwing up (without medical cause)
- 0 1 2 94. Unclean personal appearance
- 0 1 2 95. Wanders away
- 0 1 2 96. Wants a lot of attention
- 0 1 2 97. Whining
- 0 1 2 98. Withdrawn, doesn't get involved with others
- 0 1 2 99. Worries
100. Please write in any problems the child has that  
were not listed above.  
0 1 2 \_\_\_\_\_  
0 1 2 \_\_\_\_\_  
0 1 2 \_\_\_\_\_

*Please be sure you answered all items.  
Underline any you are concerned about.*

Does the child have any illness or disability (either physical or mental)?  No  Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child:

