



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	CHILD'S AGE
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	_____
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.**

Name & address of school or care facility: _____

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.

- 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

- | | |
|--|---|
| <p>0 1 2 1. Aches or pains (without medical cause; do not include stomach or headaches)</p> <p>0 1 2 2. Acts too young for age</p> <p>0 1 2 3. Afraid to try new things</p> <p>0 1 2 4. Avoids looking others in the eye</p> <p>0 1 2 5. Can't concentrate, can't pay attention for long</p> <p>0 1 2 6. Can't sit still, restless or hyperactive</p> <p>0 1 2 7. Can't stand having things out of place</p> <p>0 1 2 8. Can't stand waiting; wants everything now</p> <p>0 1 2 9. Chews on things that aren't edible</p> <p>0 1 2 10. Clings to adults or too dependent</p> <p>0 1 2 11. Constantly seeks help</p> <p>0 1 2 12. Apathetic or unmotivated</p> <p>0 1 2 13. Cries a lot</p> <p>0 1 2 14. Cruel to animals</p> <p>0 1 2 15. Defiant</p> <p>0 1 2 16. Demands must be met immediately</p> <p>0 1 2 17. Destroys his/her own things</p> <p>0 1 2 18. Destroys property belonging to others</p> <p>0 1 2 19. Daydreams or gets lost in his/her thoughts</p> <p>0 1 2 20. Disobedient</p> <p>0 1 2 21. Disturbed by any change in routine</p> | <p>0 1 2 22. Cruelty, bullying, or meanness to others</p> <p>0 1 2 23. Doesn't answer when people talk to him/her</p> <p>0 1 2 24. Difficulty following directions</p> <p>0 1 2 25. Doesn't get along with other children</p> <p>0 1 2 26. Doesn't know how to have fun; acts like a little adult</p> <p>0 1 2 27. Doesn't seem to feel guilty after misbehaving</p> <p>0 1 2 28. Disturbs other children</p> <p>0 1 2 29. Easily frustrated</p> <p>0 1 2 30. Easily jealous</p> <p>0 1 2 31. Eats or drinks things that are not food – do not include sweets (describe): _____</p> <p>0 1 2 32. Fears certain animals, situations, or places other than daycare or school (describe): _____</p> <p>0 1 2 33. Feelings are easily hurt</p> <p>0 1 2 34. Gets hurt a lot, accident-prone</p> <p>0 1 2 35. Gets in many fights</p> <p>0 1 2 36. Gets into everything</p> <p>0 1 2 37. Gets too upset when separated from parents</p> |
|--|---|

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:

