



Please print

# TEACHER'S REPORT FORM FOR AGES 6-18

For 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 _____	<b>PARENTS' USUAL TYPE OF WORK, even if not working now.</b> <i>(Please be specific —for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)</i> PARENT 1 (or father) TYPE OF WORK _____ PARENT 2 (or mother) TYPE OF WORK _____  <b>THIS FORM FILLED OUT BY: (print your full name)</b> _____  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.____ Date____ Year____	Mo.____ Date____ 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.

**Please print. Be sure to answer all items.**

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.

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

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	84.	Strange behavior (describe): _____
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____	0	1	2	85.	Strange ideas (describe): _____
0	1	2	59.	Sleeps in class	0	1	2	86.	Stubborn, sullen, or irritable
0	1	2	60.	Apathetic or unmotivated	0	1	2	87.	Sudden changes in mood or feelings
0	1	2	61.	Poor school work	0	1	2	88.	Sulks a lot
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	89.	Suspicious
0	1	2	63.	Prefers being with older children or youths	0	1	2	90.	Swearing or obscene language
0	1	2	64.	Prefers being with younger children	0	1	2	91.	Talks about killing self
0	1	2	65.	Refuses to talk	0	1	2	92.	Underachieving, not working up to potential
0	1	2	66.	Repeats certain acts over and over; compulsions (describe): _____	0	1	2	93.	Talks too much
0	1	2	67.	Disrupts class discipline	0	1	2	94.	Teases a lot
0	1	2	68.	Screams a lot	0	1	2	95.	Temper tantrums or hot temper
0	1	2	69.	Secretive, keeps things to self	0	1	2	96.	Seems preoccupied with sex
0	1	2	70.	Sees things that aren't there (describe): _____	0	1	2	97.	Threatens people
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	98.	Tardy to school or class
0	1	2	72.	Messy work	0	1	2	99.	Smokes, chews, sniffs tobacco, or uses e-cigs
0	1	2	73.	Behaves irresponsibly (describe): _____	0	1	2	100.	Fails to carry out assigned tasks
0	1	2	74.	Showing off or clowning	0	1	2	101.	Truancy or unexplained absence
0	1	2	75.	Too shy or timid	0	1	2	102.	Underactive, slow moving, or lacks energy
0	1	2	76.	Explosive or unpredictable behavior	0	1	2	103.	Unhappy, sad, or depressed
0	1	2	77.	Demands must be met immediately, easily frustrated	0	1	2	104.	Unusually loud
0	1	2	78.	Inattentive or easily distracted	0	1	2	105.	Uses drugs for nonmedical purposes (don't include tobacco) (describe): _____
0	1	2	79.	Speech problem (describe): _____	0	1	2	106.	Overly anxious to please
0	1	2	80.	Stares blankly	0	1	2	107.	Dislikes school
0	1	2	81.	Feels hurt when criticized	0	1	2	108.	Is afraid of making mistakes
0	1	2	82.	Steals	0	1	2	109.	Whining
0	1	2	83.	Stores up too many things he/she doesn't need (describe): _____	0	1	2	110.	Unclean personal appearance
					0	1	2	111.	Withdrawn, doesn't get involved with others
					0	1	2	112.	Worries
					0	1	2	113.	Please write in any problems the pupil has that were not listed above:
									_____
									_____
									_____