Melissa B Nelson, MD
Mental and Behavioral Health
Children, Teens and Young Adults

Thank you for taking the time to complete this questionnaire. Because this document will be part of this child's medical record, feel free to contact me if you have any questions or concerns about answering any of the questions.

SCHOOL OBSERVATIONS

Date:
Name of Student:
Name of School:
Teacher's Name:

How long have you had this child in your classroom or program?

Do you have any concerns about this child's development? (ex:growth, speech, motor skills)

Share a positive behavior or quality about this child.

Do you have any concerns about this child's social skills or behaviors? Please explain if yes.

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Does this child talk or try to join other children in their activities or play at recess? How do other children respond to this child?

Is there a time of day that is more challenging for this child ?

Is this child argumentative with adults? If so, what is the usual trigger or antecedent?

Does this child have difficulty following directions or instructions? Do you often need to provide additional support for this child? If so, what situations require that support?

Does this child prefer to play with other children or does he/she prefer to play alone?

Does this child have 'obsessions' or get fixated on certain topics, objects or subjects? If yes, please describe.

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Does this child have any difficulty with certain noises or sounds? Are there any other sensory issues you have noticed?

Does this child lose things necessary for tasks or activities like assignments or books? Or do they struggle to pay attention to instructions?

Does this child have difficulty waiting in line? Do they interrupt or talk excessively?

Does this child have any motor tics, hand flapping, repetitive phrases, or echo words/phrases?

Is this child rigid about routines or struggle with change or transitions during the day?

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Are there any other concerns you have about this child?

Thank you for taking the time to complete this questionnaire. Because this document will be part of this child's medical record, feel free to contact me if you have any questions or concerns about answering any of the questions. I can be reached at 804-286-2195

Sincerely,

Melissa Nelson, MD
melissa@mnelsonmd.com
mnelsonmd.com
(804) 286-2195