

**Oakridge Pediatrics
Teacher Rating Scale
Adapted from C&W Mental Health Program**

To the teacher: Please complete this form and fax to (604) 266-1583 or return to parents to bring with them to their appointment. Please do not use pencil.

Child/Youth's Name:	Age:	Gender:
School:	Grade:	Date:

Please indicate physician being seen:

Dr. A. Lipson <input type="checkbox"/>	Dr. R. Wingerin <input type="checkbox"/>	Dr. H. Kitson <input type="checkbox"/>	Dr. S. Ruzic <input type="checkbox"/>	
Dr. M. Clarke <input type="checkbox"/>	Dr. M. Mahal <input type="checkbox"/>			

Name of person completing this form: _____

Contact information: _____

Length of time you have known student: _____ Length of time spent each day with this student: _____

Type of Class (e.g. Gr. 8 English, Resource Room, Special Education): _____

Current Education Designation (e.g. Behaviour Disorder, Learning Disabled, IEP): _____

Current Classroom Performance: Check each box based on your experience with this student compared to other students at this grade level (N/A if not aware):

ABILITIES	>2 yrs below	1-2 yrs below	Average	1-2 yrs above	>2 yrs above
Reading					
Writing					
Mathematics					
Spelling					

	Poor	Below Average	Average	Above Average	Superior
Homework					
Classroom Assignments					
Classroom Behaviour					
Classroom Participation					

Student Achievement Form

Child/Youth's Name: _____ Grade: _____

Please complete the following form (use additional paper if needed) in order for us to get a better understanding of the child/youth's overall functioning in the school setting.

1. Primary Areas of Concern:

What are your major areas of concern/worry for this child? How long has this been a concern for you? To what extent are these difficulties for the child/youth upsetting or distressing to the child/youth? Or to you and the other students?

2. Classroom Behaviour

Transitions – How does this child/youth handle transitions such as going in and out for recess, changing classes or changing activities? Does s/he follow routines well? What amount of supervision or reminders does s/he need?

Social Interactions – How does this child/youth get along with others? Does this child/youth have friends that seek him/her out? Does s/he initiate play successfully? What types of activities does s/he participate in with others?

Conflict and Aggression – Is s/he often in conflict with adults or peers? How does s/he resolve arguments? Is the child/youth verbally or physically aggressive? Is s/he the target of verbal or physical aggression by peers?

3. Academic Abilities

We would like to know about this child/youth's general abilities and skills. Please comment. Has this child/youth been assessed for learning disabilities (If yes, please include copies of the Psycho-Educational Testing and Academic Achievement Testing and the Individualized Education Plan).

Child/Youth's Name: _____ Grade: _____

Self-Help Skills (ties own shoes, gathers belongings, etc.):

Motor Skills (gross motor, fine motor, written output):

4. Medications:

If this child/youth is on medication, is there anything you would like to highlight about the differences when s/he is on medication compared to off?

5. Other Information:

Is there any other information you would like to share with us? Do you have any questions for us?

What are this child's strengths?

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Directions: Check which rating best describes this child's overall behaviour in or around school. Answer each question to the best of your ability.

Child/Youth's Name: _____ Grade: _____

Category A

	Never	Some- times	Often	Very Often
1. Fails to give close attention to details of makes careless Mistakes				
2. Has difficulty paying attention to tasks or play activities				
3. Does not seem to listen when spoken to directly				
4. Has difficulty following through on instructions and fails to finish things				
5. Has difficulty organizing tasks and activities				
6. Avoids doing tasks that require a lot of mental effort (schoolwork, homework, etc.)				
7. Loses things necessary for activities				
8. Is easily distracted by other things going on				
9. Is forgetful in daily activities				
10. Fidgets with hands and feet or squirms in seat				
11. Has difficulty remaining seated when asked to do so				
12. Runs about or climbs on things when asked not to do so				
13. Has difficulty playing quietly				
14. Is "on the go" or acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers to questions before they have been Completed				
17. Has difficulty awaiting turn in group activities				
18. Interrupts people or butts into other children's activities				

Child/Youth's Name: _____

Grade: _____

Category B

	Never	Some-times	Often	Very Often
19. Loses Temper				
20. Argues with adults				
21. Defies or refuses what you tell him/her to do				
22. Does things that deliberately annoy others				
23. Blames others for own misbehaviour or mistakes				
24. Is touchy or easily annoyed by others				
25. Is angry and resentful				
26. Takes anger out on others or tries to get even				

Category C

	Never	Some-times	Often	Very Often
27. Plays hooky from school				
28. Lies to get things or to avoid responsibility ("cons others")				
29. Bullies, threatens, or intimidates others				
30. Starts physical fights				
31. Has stolen things when others were not looking				
32. Has deliberately destroyed others property				
33. Has stolen things from others using physical force				
34. Has used a weapon when fighting (bat, brick, bottle, etc.)				
35. Has been physically cruel to people				

Child/Youth's Name: _____

Grade: _____

Category D

	Never	Some-times	Often	Very Often
36. Is over-concerned about abilities in academics, athletic, or social activities				
37. Has difficulty controlling worries				
38. Acts restless or edgy				
39. Is irritable for most of the day				
40. Is extremely tense or unable to relax				

Category E

	Never	Some-times	Often	Very Often
41. Shows excessive fear to specific objects or situations (animals, heights, storms, insects, etc.)				
42. Cannot get distressing thoughts out of his/her mind (worries about germs or doing things perfectly, etc.)				
43. Feels compelled to perform unusual habits (handwashing, checking locks, repeating things in a set of number of times)				
44. Has experienced an extremely upsetting event and continues to be bothered by it				
45. Does unusual movements for no apparent reason (eye blinking, twitching, lip licking, head jerking, etc.)				
46. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)				

Category F

	Never	Some-times	Often	Very Often
47. Has strange ideas or beliefs that are not real (child's food is poisoned, people are trying to get him/her, etc.)				
48. Has auditory hallucinations – hears voices talking to or telling him/her to do things				
49. Has extremely strange and illogical thoughts or ideas				
50. Laughs or cries at inappropriate times or shows no emotion in situations where most others of same age would react				
51. Does extremely odd things (excessive preoccupation with fantasy friends, talks to self in a strange way, etc.)				

Child/Youth's Name: _____

Grade: _____

Category G

	Never	Some-times	Often	Very Often
52. Is depressed for most of the day				
53. Shows little interest in (or enjoyment of) pleasurable activities				
54. Has recurrent thoughts of death or suicide				
55. Feels worthless or guilty				
56. Has low energy level or is tired for no apparent reason				
57. Has little confidence or is very self-conscious				
58. Feels that things never work out right				

	No	Yes
59. Has experienced a big change in his/her normal activity level		
60. Has experienced a big change in his/her ability to concentrate		
61. Has experienced a big drop in school grades or schoolwork		

Category H

	Never	Some-times	Often	Very Often
62. Has a peculiar way of relating to others (avoids eye contact, odd facial expressions or gestures, etc.)				
63. Does not play or relate well with other children				
64. Not interested in making friends				
65. Is unaware or takes no interest in other people's feelings				
66. Has a significant problem with language development				
67. Has difficulty making socially appropriate conversation				
68. Talks in a strange way (repeats what others say; confuses words like "you" and "I"; uses odd words or phrases, etc.)				
69. Is unable to "pretend" or make believe" when playing				
70. Shows excessive preoccupation with one topic				

Child/Youth's Name: _____

Grade: _____

71. Gets very upset over small changes in routine or surroundings (class schedule, etc.)				
72. Makes strange repetitive movements (flapping arms, etc.)				
73. Has strange fascination for parts of objects				

Category I

	Never	Some-times	Often	Very Often
74. Tries to avoid contact with strangers; abnormally shy				
75. Is excessively shy with peers				
76. Is generally warm and outgoing with familiar adults				
77. When put in an uncomfortable social situation, child cries, freezes or withdraws from interacting				

Other problems or comments (attach additional page if needed):

Thank you!