

Oakridge Pediatrics
Early Childhood Inventory-IV: Teacher Rating Scale
 Adapted from C&W Mental Health Programme

To the teacher: Please complete this form in pen and return to parents to bring with them to their appointment or fax to us directly (604)266-1583

Child/youth's name:	Age:	Gender:
School:	Year:	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. Y. Kalkov <input type="checkbox"/>	Dr. M. Clarke <input type="checkbox"/>	Dr. M. Deevska <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 speech each day with student: _____

Type of class (e.g. Montessori): _____

Current Special Education Services (e.g. Supported Child Development, Speech Therapy):

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 classroom 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 upsetting or distressing to the child? Or to you and the other students?

2. Behaviour:

Transitions – How does this child handle transitions such as going in and out for outdoor activities, putting toys away 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 get along with others? Does this child 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 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's general abilities and skills. Please comment:

Self-Help Skills (puts on own jacket, gathers belongings, etc.):

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

4. 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?

Directions: Compared with other children who are the same age, how often does this child:

Category A

	Never	Some-times	Often	Very Often
1. Use words efficiently to communicate his/her needs				
2. Understands what other people say to him/her				
3. Has conversations with you about events or activities				
4. Pronounces words in a way that other people can understand				
5. Seems clumsy or poorly coordinated				
6. Has difficulty with hand coordination such as using scissors, crayons, blocks, or manipulating small objects				
7. Has difficulty taking care of self (washing, eating, dressing, toileting)				
8. Enjoys make believe play with other children				
9. Enjoys make believe play by himself/herself				
10. Plays with other children the same age				
11. Seeks comfort when hurt				
12. Wants to please adults				

Category B

	Never	Some-times	Often	Very Often
13. Rushes through tasks or activities paying little attention to details				
14. Has difficulty paying attention to tasks or play activities (looking at picture books, etc.)				
15. Does not seem to listen when spoken to directly				
16. Shifts from one uncompleted activity to another				
17. Has difficulty organizing tasks and activities				
18. Avoids doing tasks that require mental effort (puzzles, art projects, etc.)				
19. Loses things necessary for activities				
20. Is easily distracted by other things going on				

21. Is forgetful in daily activities				
22. Fidgets with hands or feet or squirms in seat				
23. Has difficulty remaining seated when asked to do so				
24. Runs about or climbs on things when asked not to do so				
25. Has difficulty playing quietly				
26. Is "on the go" or acts as if "driven by a motor"				
27. Talks excessively				
28. Blurts out answers to questions before they have been completed				
29. Has difficulty awaiting turn in group activities				
30. Interrupts people or disrupts other children's activities				
31. When asked to change an activity, has difficulty attending to new task				
32. Daydreams; acts spaced out				

Category C

	Never	Some- times	Often	Very Often
33. Loses temper				
34. Argues with adults				
35. Defies or refuses what you tell him/her to do				
36. Does things to deliberately annoy others				
37. Blames others for own misbehaviour or mistakes				
38. Is touchy or easily annoyed by others				
39. Is angry or resentful				
40. Takes anger out on others or tries to get even				

Category D

	Never	Some- times	Often	Very Often
41. Does serious lying				

42. Bullies, threatens, or intimidates others				
43. Starts physical fights				
44. Steals things				
45. Deliberately starts fires				
46. Deliberately destroys others' property				
47. Uses a weapon when fighting (scissors, rock, stick, etc.)				
48. Is physically cruel to animals				
49. Is physically cruel to people				
50. Is preoccupied with or is involved in sexual activity				
51. Grabs things from other children				
52. Throws things at other children				
53. Smashes or destroys things				
54. Gives dirty looks or makes threatening gestures to other children				
55. Curses at or teases children to provoke conflict				
56. Damages other children's property				
57. Hits, pushes, or trips other children				
58. Threatens to hurt other children				
59. Engages in physical fights with other children				
60. Annoys other children to provoke them				

Category E

	Never	Some-times	Often	Very Often
61. Is overly fearful of (or tries to avoid) specific objects or situations				
62. Cannot get distressing thoughts out of his/her mind (worries about germs or doing things perfectly, etc.)				
63. Feels compelled to perform unusual habits (lines up toys in a particular way, etc) or do things in a set or rigid way				
64. Does unusual movements for no apparent reason (eye blinking, twitching, lip licking, head jerking, etc)				

65. Makes vocal sounds for no apparent reason (throat clearing, coughing, sniffing, grunting, etc)				
66. Worries that other children can do things better than he/she can				
67. Worries more than other children				
68. Complains about physical problems (upset stomach, aches and pains, etc.) for which there is no apparent cause				
69. Refuses to speak other than to family members				
70. Separation difficulties when dropped off				
71. Needs parent to be present in classroom				

Category F

	Never	Some-times	Often	Very Often
72. Is sad for most of the day				
73. Is irritable for most of the day				
74. Shows little interest in fun activities or playing with other children				
75. Talks about death or suicide				
76. Feels bad about self (e.g. says he/she is a bad child)				
77. Has low energy level or is tired for no apparent reason				

78. Has experienced a change in his/her normal activity level - overactive or inactive	No	Yes
79. Has experienced a change in his/her ability to concentrate or make decisions	No	Yes
80. Has become more sensitive or tearful than usual	No	Yes
81. Has experienced a very stressful event such as parents' divorce, death of a friend or relative, serious illness	No	Yes

Category G

	Never	Some-times	Often	Very Often
82. Is excessively shy with peers				
83. Is generally warm and outgoing with familiar adults				
84. When put in an uncomfortable social situation, child cries, freezes, or withdraws from interacting				

Category H

	Never	Some-times	Often	Very Often
85. Has experienced an extremely upsetting event and continues to be bothered by it				
86. Repeatedly talks about or acts out in play an extremely upsetting event				
87. Seems like he/she is in a trance				
88. Has extremely rigid eating habits (e.g. won't eat solid food, only eats baby food)				

Category I

	Never	Some-times	Often	Very Often
89. Seems to be afraid or distrustful, even with familiar people (e.g. avoids contact or comforting, watches from the sidelines)				
90. Seeks affection from ost adults and even strangers				

Category J

	Never	Some-times	Often	Very Often
91. Has a peculiar way or relating to others (avoids eye contact, odd facial expressions or gestures, etc.)				
92. Does not play or relate well with other children				
93. Not interested in making friends				
94. Is unaware or takes no interest in other people's feelings				
95. Has significant problem with language				
96. Has difficulty making socially appropriate conversation				
97. Talks in a strange way (repeats what others say; confuses words like "you" and "I"; uses odd words or phrases, etc.)				
98. Is unable to "pretend" or "make believe" when playing				
99. Shows excessive preoccupation with one topic				
100. Gets very upset over small changes in routine or surroundings				
101. Makes strange repetitive movements (flapping arms, etc.)				
102. Has strange fascination for parts of object				

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

Thank you!