

# CHILD SYMPTOM INVENTORY- 4: TEACHER CHECKLIST

*Please return checklist to the office prior to your appointment*

<b>CHILD'S NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>SCHOOL</b>	<b>GRADE</b>	<b>DATE</b>

NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_ POSITION \_\_\_\_\_

LENGTH OF TIME YOU HAVE KNOWN STUDENT \_\_\_\_\_ LENGTH OF TIME EACH DAY WITH STUDENT \_\_\_\_\_

TYPE OF CLASS (EG. REGULAR 2<sup>ND</sup> GRADE, RESOURCE ROOM, 6<sup>TH</sup> GRADE ENGLISH): \_\_\_\_\_

CURRENT SPECIAL EDUCATION SERVICES (E.G., RESOURCE ROOM, SPEECH THERAPY): \_\_\_\_\_

CURRENT SPECIAL EDUCATION LABEL (E.G., LEARNING DISABILITY): \_\_\_\_\_

CURRENT ACADEMIC PERFORMANCE: CHECK APPROPRIATE GRADE LEVEL (G.L.)

SUBJECT	2 OR MORE YRS BELOW G.L.	1 TO 2 YEARS BELOW G.L.	AT OR ABOUT G.L.	1 TO 2 YEARS ABOVE G.L.	2 OR MORE YEARS ABOVE G.L.
READING					
WRITING					
SPELLING					
ARITHMETIC					

**DIRECTIONS: CHECK WHICH RATING BEST DESCRIBES THIS CHILD'S OVERALL BEHAVIOR IN OR AROUND SCHOOL. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.**

## CATEGORY A

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
1. FAILS TO GIVE CLOSE ATTENTION TO DETAILS OR 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				

**CATEGORY A**

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
10. FIDGETS WITH HANDS OR 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				

**CATEGORY B**

19. LOSES TEMPER				
20. ARGUES WITH ADULTS				
21. DEFIES OR REFUSES WHAT YOU TELL HIM/HER TO DO				
22. DOES THINGS TO DELIBERATELY ANNOY OTHERS				
23. BLAMES OTHERS FOR OWN MISBEHAVIOR 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**

27. PLAYS HOOKEY FROM SCHOOL				
29. LIES TO GET THINGS OR TO AVOID RESPONSIBILITY ("CONS OTHERS")				
30. BULLIES, THREATENS, OR INTIMIDATES OTHERS				
31. STARTS PHYSICAL FIGHTS				
33. HAS STOLEN THINGS WHEN OTHERS WERE NOT LOOKING				
34. HAS DELIBERATELY DESTROYED OTHER'				
36. HAS STOLEN THINGS FROM OTHERS USING PHYSICAL FORCE				
38. HAS USED A WEAPON WHEN FIGHTING (BAT, BRICK, BOTTLE, ETC.)				
40. HAS BEEN PHYSICALLY CRUEL TO PEOPLE				

**CATEGORY D**

42. IS OVERCONCERNED ABOUT ABILITIES IN ACADEMIC, ATHLETIC, OR SOCIAL ACTIVITIES				
43. HAS DIFFICULTY CONTROLLING WORRIES				
44. ACTS RESTLESS OR EDGY				
45. IS IRRITABLE FOR MOST OF THE DAY				
46. IS EXTREMELY TENSE OR UNABLE TO RELAX				

**CATEGORY E**

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
49. SHOWS EXCESSIVE FEAR TO SPECIFIC OBJECTS OR SITUATIONS (ANIMALS, HEIGHTS, STORMS, INSECTS, ETC.)				
50. CANNOT GET DISTRESSING THOUGHTS OUT OF HIS/HER MIND (WORRIES ABOUT GERMS OR DOING THINGS PERFECTLY, ETC.)				
51. FEELS COMPELLED TO PERFORM UNUSUAL HABITS (HAND WASHING, CHECKING LOCKS, REPEATING THINGS IN A SET NUMBER OF TIMES)				
52. HAS EXPERIENCED AN EXTREMELY UPSETTING EVENT AND CONTINUES TO BE BOTHERED BY IT				
53. DOES UNUSUAL MOVEMENTS FOR NO APPARENT REASON (EYE BLINKING, TWITCHING, LIP LICKING, HEAD JERKING, ETC.)				
54. MAKES VOCAL SOUNDS FOR NO APPARENT REASON (COUGHING, THROAT CLEARING, SNIFFLING, GRUNTING, ETC.)				

**CATEGORY F**

55. HAS STRANGE IDEAS OR BELIEFS THAT ARE NOT REAL (CHILD'S FOOD IS POISONED, PEOPLE ARE TRYING TO GET HIM/HER, ETC.)				
56. HAS AUDITORY HALLUCINATIONS—HEARS VOICES TALKING TO OR TELLING HIM/HER TO DO THINGS				
57. HAS EXTREMELY STRANGE AND ILLOGICAL THOUGHTS OR IDEAS				
58. LAUGHS OR CRIES AT INAPPROPRIATE TIMES OR SHOWS NO EMOTION IN SITUATIONS WHERE MOST OTHERS OF SAME AGE WOULD REACT				
59. DOES EXTREMELY ODD THINGS (EXCESSIVE PREOCCUPATION WITH FANTASY FRIENDS, TALKS TO SELF IN A STRANGE WAY, ETC.)				

**CATEGORY G**

60. IS DEPRESSED FOR MOST OF THE DAY				
61. SHOWS LITTLE INTEREST IN (OR ENJOYMENT OF) PLEASURABLE ACTIVITIES				
62. HAS RECURRENT THOUGHTS OF DEATH OR SUICIDE				
63. FEELS WORTHLESS OR GUILTY				
64. HAS LOW ENERGY LEVEL OR IS TIRED FOR NO APPARENT REASON				
65. HAS LITTLE CONFIDENCE OR IS VERY SELF CONSCIOUS				
66. FEELS THAT THINGS NEVER WORK OUT RIGHT				
69. HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL ACTIVITY LEVEL (CIRCLE YES OR NO)		<b>NO</b>		<b>YES</b>
70. HAS EXPERIENCED A BIG CHANGE IN HIS/HER ABILITY TO CONCENTRATE (CIRCLE YES OR NO)		<b>NO</b>		<b>YES</b>
71. HAS EXPERIENCED A BIG DROP IN SCHOOL GRADES OR SCHOOLWORK (CIRCLE YES OR NO)		<b>NO</b>		<b>YES</b>

