

School Questionnaire For Children 6-18 Years Old

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Thank you for taking the time to complete this survey. It will help us to learn about your child's health so that we will be better able to care for your child. Please fill in the information in the spaces given here, or place a check mark in the boxes that are next to the correct information.

Please return the questionnaire to the child's parent.

Child's Name: _____ Birth Date: _____

Parent or Guardian's Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Child's Current Grade Level or Placement: _____ Size of Class: _____ (# of Students)

Name of School: _____ Phone: _____ Fax: _____

Address of School: _____

Postal Code: _____

Principal or Supervisor: _____ Class Room Teacher: _____

Questionnaire Completed By: _____ Date: _____

Position: _____

1. Please describe this child's present placement (include type of classroom, and remedial support or special programming).

Does this child receive resource help in class? Yes No

For how many hours a day? _____ hours

For how many hours a week? _____ hours

Name of instructor who helps this student: _____

Is this child withdrawn from the class to receive help? Yes No

For how many hours a day? _____ hours

For how many hours a week? _____ hours

Name of the instructor who helps this student: _____

2. To your knowledge who initiated this referral? _____

3. Please list any specific concerns or questions you would like help with for this student.

4. What are the students Learning and behavioral difficulties and strengths at school?

5. Describe this student's social adjustment:

With adults:

With other students:

Is this student currently receiving counseling in school? Yes No

Please explain your answer here:

6. Please list the dates of any previous individual or group testing this student has had done.

Psychological or Psychometric: _____

Speech and Language: _____

Achievement or Academic: _____

Other: _____

Are you aware of any pending evaluation at school? Yes No

If yes, please list the names of these evaluations here.

7. Which of the following services does your school provide or does this student currently receive?

Service Offered	Available at the school?	Student Involved?	Name of Professional if involved
Learning Assistance	Yes No	Yes No	
Resource Room Program	Yes No	Yes No	
Special Education Assistant	Yes No	Yes No	
Speech and Language Therapy	Yes No	Yes No	
Guidance Counseling	Yes No	Yes No	
Occupational or Physical Therapy	Yes No	Yes No	
School Psychologist	Yes No	Yes No	
Social Worker	Yes No	Yes No	
Special Class (Please Describe)	Yes No	Yes No	
Other (Please Describe)	Yes No	Yes No	

8. Please rate the student's performance in each of the following areas as you have observed it on a day to day basis. Please mark the appropriate box and provide an estimate of the student's grade level.

Skill	Major Concern	Minor Concern	No Concern	Advanced For Age	Estimated Grade Level
Reading:					
Word Recognition					
Reading Rate					
Oral Reading					
Silent Reading					
Reading Comprehension					
Language:					
Word pronunciation					
Comprehension of Verbal Instruction					
Oral sentence structure and fluency					
Spelling (i.e. accuracy)					
Writing:					
Punctuation					
Legibility					
Volume Output					
Written Language					
Math:					
Computation					
Problem Solving					
General Knowledge					
Memory					
Art					
Motor Skills					
Gym					
Left-Right Confusion					
Enthusiasm					

9. Does this student have access to computers? Yes No

In the classroom? Yes No In the computer room? Yes No

How would you describe this student's keyboarding skills?

Good Developing Absent

10. What are this student's special interests or talents?

11. Please use this space to write your general comments or any other concerns about this student.

Thank you for taking the time to complete this questionnaire.

Please attach copies of this student's latest assessment or progress reports and include any other information that might help us in our assessment of this student.

CONNERS QUESTIONNAIRE

INSTRUCTIONS:

Listed below are items concerning children's behaviour or the problems they sometimes have. Read each item carefully and decide how much you think this child has been bothered by this problem at this time.

INFORMATION OBTAINED: _____
Month/Day/Year

BY: _____

OBSERVATION	Not at all	Just a little	Pretty Much	Very Much
1. Restless or Overactive				
2. Excitable, Impulsive				
3. Disturbs other children				
4. Fails to finish things he starts- short attention span				
5. Constantly fidgeting				
6. Inattentive, easily distracted				
7. Demands must be met immediately- easily frustrated				
8. Cries often and easily				
9. Mood changes quickly and drastically				
10. Temper outbursts, explosive and unpredictable behaviour.				

How serious a problem do you think this child has at this time?

None	Minor	Moderate	Severe

COMMENTS:

DSM-IV SYMPTOM LIST- SNAP VERSION

OBSERVATION	Not at all	Just a little	Pretty Much	Very Much
HYPERACTIVITY:				
1. Excessive running or climbing				
2. Difficulty sitting still or excessive fidgeting				
3. Difficulty staying seated				
4. Motor restlessness during sleep (Parents) Motor restlessness (Teacher)				
5. Always on the go or acts as if "driven by a motor"				
INATTENTION:				
1. Often fails to finish things he or she starts				
2. Often doesn't seem to listen				
3. Easily distracted				
4. Difficulty sticking to play activity				
5. Difficulty concentrating on school work or other tasks				
IMPULSIVITY:				
1. Often acts before thinking				
2. Excessive shifting from one activity to another				
3. Has difficulty organizing work (not due to cognitive impairment)				
4. Needs a lot of supervision				
5. Frequent calling out in class				
6. Difficulty waiting for turn in games or group situations				
PEER INTERACTIONS:				
1. Fights, hits, punches etc.				
2. Is disliked by other children				
3. Frequently interrupts other children's activities				
4. Bossy, always telling other children what to do				
5. Teases or calls other children names				
6. Refuses to participate in group activities				
7. Loses temper often and easily				