

# *Comprehensive Psychiatric Associates*

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Mental Health Services for  
Children, Adolescents, Adults, and Families

DEAR PARENT(S):

If your child's school has recommended psychiatric evaluation, or if your child has had any emotional, behavioral, or academic difficulties in school, please ask his or her teacher or principal to complete the enclosed "School Questionnaire" and return it to you so that you may bring it in when you bring your child for his or her appointment. If the teacher prefers to mail or fax it to us directly, he or she may do so at the address above, but it is very important that we receive the questionnaire by the time of your child's first appointment.

## SCHOOL QUESTIONNAIRE

FOR TEACHER OR SCHOOL COUNSELOR TO COMPLETE: Children spend many of their waking hours in school. Educational professionals who know a child well can provide very important information in the evaluation of a child with emotional, behavioral, or learning difficulties. We would very much appreciate your assistance in our evaluation of this child. Please complete this questionnaire and return it to the child's parent to bring to us. Because parents have a right to be aware of all information we gather regarding their children, please understand that any information you provide to us may be shared with the child's parents. Thank you very much for your assistance.

Child's name \_\_\_\_\_ Date \_\_\_\_\_

School attended \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Teacher \_\_\_\_\_

School Principal \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

I. How long have you known this child? \_\_\_\_\_

In your own words, please describe briefly any behavioral, emotional, or learning problems this child has exhibited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. STANDARDIZED TEST RESULTS

#### A. Intelligence Tests

Name of Test	Date	C.A.	M.A.	I.Q.

B. Most Recent Achievement Test Results

Subject	Grade When Tested	Achievement Grade Level
Reading		
Spelling		
Arithmetic		

III. ACHIEVEMENT IN SCHOOL SUBJECTS

A. Please list subjects in the appropriate category

Very Good	Average	Barely Passing	Failing

B. Please indicate special placement or help this child has received

- Ungraded   
  Special class   
 Level \_\_\_\_   
  Remedial reading   
  Speech correction  
 Tutoring   
 Specify subjects \_\_\_\_\_  
 Other   
 Specify \_\_\_\_\_

IV. Listed below are descriptive terms of behavior. Place a check mark in the column which best describes this child.

PLEASE ANSWER ALL ITEMS

Observation	Not at all	Just a little	Pretty much	Very much
<b>CLASSROOM BEHAVIOR</b>				
1. Constantly fidgeting				
2. Hums and makes other odd noises				
3. Demands must be met immediately - easily frustrated				
4. Coordination poor				
5. Restless or overactive				
6. Excitable, impulsive				
7. Inattentive, easily distracted				
8. Fails to finish things he starts - short attention span				
9. Overly sensitive				
10. Overly serious or sad				

PLEASE ANSWER ALL ITEMS

Observation	Not at all	Just a little	Pretty much	Very much
11. Daydreams				
12. Sullen or sulky				
13. Cries often and easily				
14. Disturbs other children				
15. Quarrelsome				
16. Mood changes quickly and drastically				
17. Acts "smart"				
18. Destructive				
19. Steals				
20. Lies				
21. Temper outbursts, explosive and unpredictable behavior				
<b>GROUP PARTICIPATION</b>				
22. Isolates himself from other children				
23. Appears to be unaccepted by group				
24. Appears to be easily led				
25. No sense of fair play				
26. Appears to lack leadership				
27. Does not get along with opposite sex				
28. Does not get along with same sex				
29. Teases other children or interferes with their activities				
<b>ATTITUDE TOWARD AUTHORITY</b>				
30. Submissive				
31. Defiant				
32. Impudent				
33. Shy				
34. Fearful				
35. Excessive demands for teacher's attention				
36. Stubborn				
37. Overly anxious to please				
38. Uncooperative				
39. Attendance problem				

V. CAP Rating Scale

Below is a list of items that describes pupils. Check whether each item is Not True, Somewhat or Sometimes True, or Very or Often True for this pupil now or within the past week. Please check all items as well as you can, even if some do not seem to apply to this pupil.

	<i>Not True</i>	<i>Somewhat or Sometimes True</i>	<i>Very or Often True</i>
1. Fails to finish things he/she starts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can't concentrate, can't pay attention for long .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can't sit still, restless or hyperactive .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgets .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Daydreams or gets lost in his/her thoughts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Impulsive or acts without thinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Difficulty following directions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Talks out of turn .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Messy work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Inattentive, easily distracted .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Talks too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Fails to carry out assigned tasks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Please add any other information which you feel might be helpful in understanding this child's difficulties or suggestions for improving the child's behavior or adjustment (use back of page if necessary).