

1. Is she/he now able to talk using short phrases or sentences?  
If *no*, skip to question 8. .... yes      no
2. Do you have a to and fro "conversation" with her/him that involves  
taking turns or building on what you have said? .... yes      no
3. Does she/he ever use odd phrases or say the same thing over and  
over in almost exactly the same way (either phrases that she/he  
hears other people use or ones that she/he makes up)? .... yes      no
4. Does she/he ever use socially inappropriate questions or statements?  
For example, does she/he ever regularly ask personal questions or  
make personal comments at awkward times? .... yes      no
5. Does she/he ever get her/his pronouns mixed up  
(e.g., saying *you* or *she/he* for *I*)? .... yes      no
6. Does she/he ever use words that she/he seems to have invented  
or made up her/himself; put things in odd, indirect ways; or use  
metaphorical ways of saying things (e.g., saying *hot rain* for *steam*)? .... yes      no
7. Does she/he ever say the same thing over and over  
in exactly the same way or insist that you say the same thing  
over and over again? .... yes      no
8. Does she/he ever have things that she/he seems to have to do  
in a very particular way or order or rituals that she/he insists  
that you go through? .... yes      no
9. Does her/his facial expression usually seem appropriate to  
the particular situation, as far as you can tell? .... yes      no
10. Does she/he ever use your hand like a tool or as if it were part of  
her/his own body (e.g., pointing with your finger or putting your  
hand on a doorknob to get you to open the door)? .... yes      no
11. Does she/he ever have any interests that preoccupy her/him and  
might seem odd to other people (e.g., traffic lights, drainpipes,  
or timetables)? .... yes      no
12. Does she/he ever seem to be more interested in parts of a toy  
or an object (e.g., spinning the wheels of a car), rather than  
in using the object as it was intended? .... yes      no
13. Does she/he ever have any special interests that are *unusual*  
in their intensity but otherwise appropriate for her/his age and  
peer group (e.g., trains or dinosaurs)? .... yes      no
14. Does she/he ever seem to be *unusually* interested in the sight,  
feel, sound, taste, or smell of things or people? .... yes      no
15. Does she/he ever have any mannerisms or odd ways of moving  
her/his hands or fingers, such as flapping or moving her/his fingers  
in front of her/his eyes? .... yes      no
16. Does she/he ever have any complicated movements of  
her/his whole body, such as spinning or repeatedly bouncing  
up and down? .... yes      no
17. Does she/he ever injure her/himself deliberately,  
such as by biting her/his arm or banging her/his head? .... yes      no

**CURRENT**

## Social Communication Questionnaire (SCQ™)

### AutoScore™ Form

Michael Rutter, M.D., F.R.S., Anthony Bailey, M.D.,  
Sibel Kazak Berument, Ph.D., Catherine Lord, Ph.D.,  
and Andrew Pickles, Ph.D.

**wps**

Name of Subject

Date of Birth

Date of Interview

Chronological Age \_\_\_\_\_ Gender ☐ F ☐ M

Name of Respondent

Relation to Subject

Clinician Name

School/Clinic

### Directions

Thank you for taking the time to complete this questionnaire. Please answer each question by circling *yes* or *no*. A few questions ask about several related types of behavior; please circle *yes* if *any* of these behaviors were present during the past 3 months. Although you may be uncertain about whether some behaviors were present or not, please answer *yes* or *no* to every question on the basis of what you think.

The SCQ is available online at [platform.wpspublish.com](http://platform.wpspublish.com).

Additional copies of this form (W-381A) may be purchased from WPS. Please contact us at 800.648.8857 or [www.wpspublish.com](http://www.wpspublish.com).

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All rights reserved. Printed in USA. 15 14 13 12 11 10 9 8 7

18. Does she/he ever have any objects (*other* than a soft toy or comfort blanket) that she/he *has* to carry around? ..... yes no
19. Does she/he have any particular friends or a best friend? ..... yes no
20. Does she/he ever talk with you just to be friendly (rather than to get something)? ..... yes no
21. Does she/he ever *spontaneously* copy you (or other people) or what you are doing (such as vacuuming, gardening, or mending things)? ..... yes no
22. Does she/he ever spontaneously point at things around her/him just to show you things (not because she/he wants them)? ..... yes no
23. Does she/he ever use gestures, other than pointing or pulling your hand, to let you know what she/he wants? ..... yes no
24. Does she/he nod her/his head to indicate *yes*? ..... yes no
25. Does she/he shake her/his head to indicate *no*? ..... yes no
26. Does she/he usually look at you directly in the face when doing things with you or talking with you? ..... yes no
27. Does she/he smile back if someone smiles at her/him? ..... yes no
28. Does she/he ever show you things that interest her/him to engage your attention? ..... yes no
29. Does she/he ever offer to share things other than food with you? ..... yes no
30. Does she/he ever seem to want you to join in her/his enjoyment of something? ..... yes no
31. Does she/he ever try to comfort you if you are sad or hurt? ..... yes no
32. If she/he wants something or wants help, does she/he look at you and use gestures with sounds or words to get your attention? ..... yes no
33. Does she/he show a normal range of facial expressions? ..... yes no
34. Does she/he ever spontaneously join in and try to copy the actions in social games, such as *The Mulberry Bush* or *London Bridge Is Falling Down*? ..... yes no
35. Does she/he play any pretend or make-believe games? ..... yes no
36. Does she/he seem interested in other children of approximately the same age whom she/he does not know? ..... yes no
37. Does she/he respond positively when another child approaches her/him? ..... yes no
38. If you come into a room and start talking to her/him without calling her/his name, does she/he usually look up and pay attention to you? ..... yes no
39. Does she/he ever play imaginative games with another child in such a way that you can tell that each child understands what the other is pretending? ..... yes no
40. Does she/he play cooperatively in games that need some form of joining in with a group of other children, such as hide-and-seek or ball games? ..... yes no



Please print

**CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**For office use only  
ID #

CHILD'S FULL NAME First Middle Last

CHILD'S GENDER

☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S ETHNIC GROUP  
OR RACE

TODAY'S DATE

Mo. Day Year

CHILD'S BIRTHDATE

Mo. Day Year

GRADE IN  
SCHOOLNOT ATTENDING  
SCHOOL ☐Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.****PARENTS' USUAL TYPE OF WORK, even if not working now.**

(Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

PARENT 1 (or FATHER)

TYPE OF WORK

PARENT 2 (or MOTHER)

TYPE OF WORK

**THIS FORM FILLED OUT BY: (print your full name)**Your gender: ☐ Male ☐ Female

Your relation to the child:

☐ Biological Parent ☐ Step Parent ☐ Grandparent☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify)**I. Please list the sports your child most likes to take part in.** For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.☐ None

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Compared to others of the same age, about how much time does he/she spend in each?**Less Than  
Average

Average

More Than  
AverageDon't  
Know☐☐☐☐☐☐☐☐☐☐☐☐**Compared to others of the same age, how well does he/she do each one?**Below  
Average

Average

Above  
AverageDon't  
Know☐☐☐☐☐☐☐☐☐☐☐☐**II. Please list your child's favorite hobbies, activities, and games, other than sports.** For example: video games, dolls, reading, piano, crafts, cars, computers, singing, etc. (Do **not** include listening to radio, TV, or other media.)☐ None

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Compared to others of the same age, about how much time does he/she spend in each?**Less Than  
Average

Average

More Than  
AverageDon't  
Know☐☐☐☐☐☐☐☐☐☐☐☐**Compared to others of the same age, how well does he/she do each one?**Below  
Average

Average

Above  
AverageDon't  
Know☐☐☐☐☐☐☐☐☐☐☐☐**III. Please list any organizations, clubs, teams, or groups your child belongs to.**☐ None

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Compared to others of the same age, how active is he/she in each?**Less  
Active

Average

More  
ActiveDon't  
Know☐☐☐☐☐☐☐☐☐☐☐☐**IV. Please list any jobs or chores your child has.** For example: doing dishes, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)☐ None

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Compared to others of the same age, how well does he/she carry them out?**Below  
Average

Average

Above  
AverageDon't  
Know☐☐☐☐☐☐☐☐☐☐☐☐**Be sure you answered all items. Then see other side.**

**Please print. Be sure to answer all items.**


Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child

**0 = Not True (as far as you know)**

**1 = Somewhat or Sometimes True**

**2 = Very True or Often True**

0 1 2	1	Acts too young for his/her age	0 1 2	32.	Feels he/she has to be perfect
0 1 2	2.	Drinks alcohol without parents' approval (describe): _____	0 1 2	33.	Feels or complains that no one loves him/her
0 1 2	3.	Argues a lot	0 1 2	34.	Feels others are out to get him/her
0 1 2	4.	Fails to finish things he/she starts	0 1 2	35.	Feels worthless or inferior
0 1 2	5.	There is very little he/she enjoys	0 1 2	36.	Gets hurt a lot, accident-prone
0 1 2	6.	Bowel movements outside toilet	0 1 2	37.	Gets in many fights
0 1 2	7.	Bragging, boasting	0 1 2	38.	Gets teased a lot
0 1 2	8.	Can't concentrate, can't pay attention for long	0 1 2	39.	Hangs around with others who get in trouble
0 1 2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	0 1 2	40.	Hears sound or voices that aren't there (describe): _____
0 1 2	10.	Can't sit still, restless, or hyperactive	0 1 2	41.	Impulsive or acts without thinking
0 1 2	11.	Clings to adults or too dependent	0 1 2	42.	Would rather be alone than with others
0 1 2	12.	Complains of loneliness	0 1 2	43.	Lying or cheating
0 1 2	13.	Confused or seems to be in a fog	0 1 2	44.	Bites fingernails
0 1 2	14.	Cries a lot	0 1 2	45.	Nervous, highstrung, or tense
0 1 2	15.	Cruel to animals	0 1 2	46.	Nervous movements or twitching (describe): _____
0 1 2	16.	Cruelty, bullying, or meanness to others	0 1 2	47.	Nightmares
0 1 2	17.	Daydreams or gets lost in his/her thoughts	0 1 2	48.	Not liked by other kids
0 1 2	18.	Deliberately harms self or attempts suicide	0 1 2	49.	Constipated, doesn't move bowels
0 1 2	19.	Demands a lot of attention	0 1 2	50.	Too fearful or anxious
0 1 2	20.	Destroys his/her own things	0 1 2	51.	Feels dizzy or lightheaded
0 1 2	21.	Destroys things belonging to his/her family or others	0 1 2	52.	Feels too guilty
0 1 2	22.	Disobedient at home	0 1 2	53.	Overeating
0 1 2	23.	Disobedient at school	0 1 2	54.	Overtired without good reason
0 1 2	24.	Doesn't eat well	0 1 2	55.	Overweight
0 1 2	25.	Doesn't get along with other kids	0 1 2	56.	Physical problems <b>without known medical cause:</b>
0 1 2	26.	Doesn't seem to feel guilty after misbehaving	0 1 2	a.	Aches or pains ( <b>not</b> stomach or headaches)
0 1 2	27.	Easily jealous	0 1 2	b.	Headaches
0 1 2	28.	Breaks rules at home, school, or elsewhere	0 1 2	c.	Nausea, feels sick
0 1 2	29.	Fears certain animals, situations, or places, other than school (describe): _____	0 1 2	d.	Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____
0 1 2	30.	Fears going to school	0 1 2	e.	Rashes or other skin problems
0 1 2	31.	Fears he/she might think or do something bad	0 1 2	f.	Stomachaches
			0 1 2	g.	Vomiting, throwing up
			0 1 2	h.	Other (describe): _____

 **Please print**

# YOUTH SELF-REPORT FOR AGES 11-18

For office use only  
ID # \_\_\_\_\_

YOUR FULL NAME First Middle Last

YOUR GENDER  
☐ Boy ☐ Girl

YOUR AGE \_\_\_\_\_

YOUR ETHNIC GROUP  
OR RACE \_\_\_\_\_

TODAY'S DATE

Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

YOUR BIRTHDATE

Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

GRADE IN  
SCHOOL \_\_\_\_\_

IF YOU ARE WORKING, PLEASE  
STATE YOUR TYPE OF WORK:

NOT ATTENDING  
SCHOOL ☐

**PARENTS' USUAL TYPE OF WORK, even if not working now.**  
(Please be specific — for example, auto mechanic, high school teacher,  
homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

PARENT 1  
(or father) \_\_\_\_\_

PARENT 2  
(or mother) \_\_\_\_\_

Please fill out this form to reflect *your* views, even if other  
people might not agree. Feel free to print additional comments  
beside each item and in the spaces provided on pages 2 and  
4. **Be sure to answer all items.**

**I. Please list the sports you most like  
to take part in.** For example: swimming,  
baseball, skating, skate boarding, bike  
riding, fishing, etc.

☐ None

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

Compared to others of your age,  
about how much time do you  
spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age,  
how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Please list your favorite hobbies,  
activities, and games, other than sports.**  
For example: video games, cards, reading,  
piano, cars, computers, crafts, etc. (Do **not**  
include listening to radio, watching TV, or  
other media.)

☐ None

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

Compared to others of your age,  
about how much time do you  
spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age,  
how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. Please list any organizations, clubs,  
teams, or groups you belong to.**

☐ None

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

Compared to others of your age,  
how active are you in each?

Less Active	Average	More Active
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Please list any jobs or chores you have.**  
For example: doing dishes, babysitting,  
making bed, working in store, etc. (Include  
**both** paid and unpaid jobs and chores.)

☐ None

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

Compared to others of your age,  
how well do you carry them out?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Be sure you answered all  
items. Then see other side.**





Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you **now or within the past 6 months**, please circle the 1 if the item is **very true or often true** of you. Circle the 0 if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, circle the 2.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- |   |   |   |  |
|---|---|---|--|
| 0 | 1 | 2 | 1. I act too young for my age  |
| 0 | 1 | 2 | 2. I drink alcohol without my parents' approval (describe): _____                              |
| 0 | 1 | 2 | 3. I argue a lot   |
| 0 | 1 | 2 | 4. I fail to finish things that I start  |
| 0 | 1 | 2 | 5. There is very little that I enjoy   |
| 0 | 1 | 2 | 6. I like animals  |
| 0 | 1 | 2 | 7. I brag  |
| 0 | 1 | 2 | 8. I have trouble concentrating or paying attention  |
| 0 | 1 | 2 | 9. I can't get my mind off certain thoughts; (describe): _____                                 |
| 0 | 1 | 2 | 10. I have trouble sitting still   |
| 0 | 1 | 2 | 11. I'm too dependent on adults  |
| 0 | 1 | 2 | 12. I feel lonely  |
| 0 | 1 | 2 | 13. I feel confused or in a fog  |
| 0 | 1 | 2 | 14. I cry a lot  |
| 0 | 1 | 2 | 15. I am pretty honest   |
| 0 | 1 | 2 | 16. I am mean to others  |
| 0 | 1 | 2 | 17. I daydream a lot   |
| 0 | 1 | 2 | 18. I deliberately try to hurt or kill myself  |
| 0 | 1 | 2 | 19. I try to get a lot of attention  |
| 0 | 1 | 2 | 20. I destroy my own things  |
| 0 | 1 | 2 | 21. I destroy things belonging to others   |
| 0 | 1 | 2 | 22. I disobey my parents   |
| 0 | 1 | 2 | 23. I disobey at school  |
| 0 | 1 | 2 | 24. I don't eat as well as I should  |
| 0 | 1 | 2 | 25. I don't get along with other kids  |
| 0 | 1 | 2 | 26. I don't feel guilty after doing something I shouldn't                                      |
| 0 | 1 | 2 | 27. I am jealous of others   |
| 0 | 1 | 2 | 28. I break rules at home, school, or elsewhere  |
| 0 | 1 | 2 | 29. I am afraid of certain animals, situations, or places, other than school (describe): _____ |
| 0 | 1 | 2 | 30. I am afraid of going to school   |
| 0 | 1 | 2 | 31. I am afraid I might think or do something bad  |
| 0 | 1 | 2 | 32. I feel that I have to be perfect   |

- |   |   |   |  |
|---|---|---|--|
| 0 | 1 | 2 | 33. I feel that no one loves me  |
| 0 | 1 | 2 | 34. I feel that others are out to get me   |
| 0 | 1 | 2 | 35. I feel worthless or inferior   |
| 0 | 1 | 2 | 36. I accidentally get hurt a lot  |
| 0 | 1 | 2 | 37. I get in many fights   |
| 0 | 1 | 2 | 38. I get teased a lot   |
| 0 | 1 | 2 | 39. I hang around with kids who get in trouble                                     |
| 0 | 1 | 2 | 40. I hear sounds or voices that other people think aren't there (describe): _____ |
| 0 | 1 | 2 | 41. I act without stopping to think  |
| 0 | 1 | 2 | 42. I would rather be alone than with others                                       |
| 0 | 1 | 2 | 43. I lie or cheat   |
| 0 | 1 | 2 | 44. I bite my fingernails  |
| 0 | 1 | 2 | 45. I am nervous or tense  |
| 0 | 1 | 2 | 46. Parts of my body twitch or make nervous movements (describe): _____            |
| 0 | 1 | 2 | 47. I have nightmares  |
| 0 | 1 | 2 | 48. I am not liked by other kids   |
| 0 | 1 | 2 | 49. I can do certain things better than most kids                                  |
| 0 | 1 | 2 | 50. I am too fearful or anxious  |
| 0 | 1 | 2 | 51. I feel dizzy or lightheaded  |
| 0 | 1 | 2 | 52. I feel too guilty  |
| 0 | 1 | 2 | 53. I eat too much   |
| 0 | 1 | 2 | 54. I feel overtired without good reason   |
| 0 | 1 | 2 | 55. I am overweight  |
| 0 | 1 | 2 | 56. Physical problems <b>without known medical cause:</b>                          |
| 0 | 1 | 2 | a. Aches or pains ( <b>not</b> stomach or headaches)                               |
| 0 | 1 | 2 | b. Headaches   |
| 0 | 1 | 2 | c. Nausea, feel sick   |
| 0 | 1 | 2 | d. Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____      |
| 0 | 1 | 2 | e. Rashes or other skin problems   |
| 0 | 1 | 2 | f. Stomachaches  |
| 0 | 1 | 2 | g. Vomiting, throwing up   |
| 0 | 1 | 2 | h. Other (describe): _____   |



# TEACHER'S REPORT FORM FOR AGES 6-18

For office use only  
ID #

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free to print additional comments beside each item and in the spaces provided on page 2. **Please print, and answer all items.**

PUPIL'S FULL NAME First Middle Last			PARENTS' USUAL TYPE OF WORK, even if not working now (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.) PARENT 1 (or FATHER) TYPE OF WORK _____ PARENT 2 (or MOTHER) TYPE OF WORK _____
PUPIL'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	PUPIL'S AGE	PUPIL'S ETHNIC GROUP OR RACE	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		PUPIL'S BIRTHDATE (if known) Mo. _____ Date _____ Yr. _____	THIS FORM FILLED OUT BY: (print your full name) _____  Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Your role at the school: <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Special Educator <input type="checkbox"/> Administrator <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Other (specify): _____
GRADE IN SCHOOL	NAME AND ADDRESS OF SCHOOL _____ _____ _____		

- I. For how many months have you known this pupil? \_\_\_\_\_ months
- II. How well do you know him/her? 1. ☐ Not Well 2. ☐ Moderately Well 3. ☐ Very Well
- III. How much time does he/she spend in your class or service per week? \_\_\_\_\_
- IV. What kind of class or service is it? (Please be specific, e.g., regular 5th grade, 7th grade math, learning disability, counseling, etc.) \_\_\_\_\_
- V. Has he/she ever been referred for special class placement, services, or tutoring?  
☐ Don't Know 0. ☐ No 1. ☐ Yes — what kind and when? \_\_\_\_\_
- VI. Has he/she repeated any grades? ☐ Don't Know 0. ☐ No 1. ☐ Yes — grades and reasons: \_\_\_\_\_
- VII. Current academic performance — list academic subjects and check box that indicates pupil's performance for each subject:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Be sure you answered all items. Then see other side.**

**Please print. Be sure to answer all items.**

Below is a list of items that describe pupils. For each item that describes the pupil **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the pupil. Circle the **1** if the item is **somewhat or sometimes true** of the pupil. If the item is **not true** of the pupil, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

**0 = Not True (as far as you know)**

**1 = Somewhat or Sometimes True**

**2 = Very True or Often True**

- |   |   |   |  |
|---|---|---|--|
| 0 | 1 | 2 | 1. Acts too young for his/her age  |
| 0 | 1 | 2 | 2. Hums or makes other odd noises in class   |
| 0 | 1 | 2 | 3. Argues a lot  |
| 0 | 1 | 2 | 4. Fails to finish things he/she starts  |
| 0 | 1 | 2 | 5. There is very little that he/she enjoys   |
| 0 | 1 | 2 | 6. Defiant, talks back to staff  |
| 0 | 1 | 2 | 7. Bragging, boasting  |
| 0 | 1 | 2 | 8. Can't concentrate, can't pay attention for long                                   |
| 0 | 1 | 2 | 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____         |
| 0 | 1 | 2 | 10. Can't sit still, restless, or hyperactive  |
| 0 | 1 | 2 | 11. Clings to adults or too dependent  |
| 0 | 1 | 2 | 12. Complains of loneliness  |
| 0 | 1 | 2 | 13. Confused or seems to be in a fog   |
| 0 | 1 | 2 | 14. Cries a lot  |
| 0 | 1 | 2 | 15. Fidgets  |
| 0 | 1 | 2 | 16. Cruelty, bullying, or meanness to others   |
| 0 | 1 | 2 | 17. Daydreams or gets lost in his/her thoughts                                       |
| 0 | 1 | 2 | 18. Deliberately harms self or attempts suicide                                      |
| 0 | 1 | 2 | 19. Demands a lot of attention   |
| 0 | 1 | 2 | 20. Destroys his/her own things  |
| 0 | 1 | 2 | 21. Destroys property belonging to others  |
| 0 | 1 | 2 | 22. Difficulty following directions  |
| 0 | 1 | 2 | 23. Disobedient at school  |
| 0 | 1 | 2 | 24. Disturbs other pupils  |
| 0 | 1 | 2 | 25. Doesn't get along with other pupils  |
| 0 | 1 | 2 | 26. Doesn't seem to feel guilty after misbehaving                                    |
| 0 | 1 | 2 | 27. Easily jealous   |
| 0 | 1 | 2 | 28. Breaks school rules  |
| 0 | 1 | 2 | 29. Fears certain animals, situations, or places other than school (describe): _____ |
| 0 | 1 | 2 | 30. Fears going to school  |
| 0 | 1 | 2 | 31. Fears he/she might think or do something bad                                     |
| 0 | 1 | 2 | 32. Feels he/she has to be perfect   |
| 0 | 1 | 2 | 33. Feels or complains that no one loves him/her                                     |

- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | 34. Feels others are out to get him/her                                 |
| 0 | 1 | 2 | 35. Feels worthless or inferior   |
| 0 | 1 | 2 | 36. Gets hurt a lot, accident-prone                                     |
| 0 | 1 | 2 | 37. Gets in many fights   |
| 0 | 1 | 2 | 38. Gets teased a lot   |
| 0 | 1 | 2 | 39. Hangs around with others who get in trouble                         |
| 0 | 1 | 2 | 40. Hears sounds or voices that aren't there (describe): _____          |
| 0 | 1 | 2 | 41. Impulsive or acts without thinking                                  |
| 0 | 1 | 2 | 42. Would rather be alone than with others                              |
| 0 | 1 | 2 | 43. Lying or cheating   |
| 0 | 1 | 2 | 44. Bites fingernails   |
| 0 | 1 | 2 | 45. Nervous, high-strung, or tense                                      |
| 0 | 1 | 2 | 46. Nervous movements or twitching (describe): _____                    |
| 0 | 1 | 2 | 47. Overconforms to rules   |
| 0 | 1 | 2 | 48. Not liked by other pupils   |
| 0 | 1 | 2 | 49. Has difficulty learning   |
| 0 | 1 | 2 | 50. Too fearful or anxious  |
| 0 | 1 | 2 | 51. Feels dizzy or lightheaded  |
| 0 | 1 | 2 | 52. Feels too guilty  |
| 0 | 1 | 2 | 53. Talks out of turn   |
| 0 | 1 | 2 | 54. Overtired without good reason                                       |
| 0 | 1 | 2 | 55. Overweight  |
|   |   |   | 56. Physical problems <b>without known medical cause:</b>               |
| 0 | 1 | 2 | a. Aches or pains ( <b>not</b> stomach or headaches)                    |
| 0 | 1 | 2 | b. Headaches  |
| 0 | 1 | 2 | c. Nausea, feels sick   |
| 0 | 1 | 2 | d. Eye problems ( <b>not</b> if corrected by glasses) (describe): _____ |
| 0 | 1 | 2 | e. Rashes or other skin problems  |
| 0 | 1 | 2 | f. Stomachaches   |
| 0 | 1 | 2 | g. Vomiting, throwing up  |
| 0 | 1 | 2 | h. Other (describe): _____  |