



NeuroMind
Psychological Services 心理評估

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Pediatric Neuropsychology – Teacher Questionnaire

Child's name: _____ **Teacher's name:** _____

Child's date of birth: _____ **Subject taught:** _____

Child's gender: _____ **Class time:** _____

School: _____

How long have you known this child? _____

How well do you feel you know this child? *Please click 1 box below to checkmark.*

_____ **Acquainted** _____ **Familiar** _____ **Very Familiar**

Please describe this child's difficulties and strengths as you see them.

Please list any specific questions and/or areas in which you would like help with this child.

Please read and answer **all** questions. If you are unsure about a response, choose the one that most **nearly** describes this child and check the appropriate box. *Please click 1 box for each item to checkmark.*

| Adaptability | Never | Rarely | Sometimes | Often | Almost Always | Always |
|--|--------------|---------------|------------------|--------------|----------------------|---------------|
| Gets upset by and can't tolerate changes in routine/schedule | | | | | | |
| Problems during transitions-waiting or lining up for bus | | | | | | |
| Takes challenges eagerly-adapts to new tasks | | | | | | |
| Takes a long time to settle down to a new activity | | | | | | |
| Difficulty in manipulating pencil, scissors | | | | | | |

| Social | Never | Rarely | Sometimes | Often | Almost Always | Always |
|---|--------------|---------------|------------------|--------------|----------------------|---------------|
| Interested participant in most class activities | | | | | | |
| Wanders aimlessly around classroom | | | | | | |
| Immature | | | | | | |
| Calls out in class | | | | | | |
| Easily frustrated | | | | | | |
| Able to wait turn | | | | | | |
| Inhibited- needs to be coaxed in order to participate | | | | | | |

| Language | Never | Rarely | Sometimes | Often | Almost Always | Always |
|--|--------------|---------------|------------------|--------------|----------------------|---------------|
| Retells a story in logical sequence | | | | | | |
| Ideas come out jumbled, incomplete, in bits and pieces | | | | | | |
| Trouble expressing thoughts in words | | | | | | |
| Difficult to understand | | | | | | |
| Expresses self physically or through gestures rather than verbally | | | | | | |
| Requires extra help-gestures, repetition to follow verbal directions | | | | | | |

Please click 1 box for each item to checkmark.

Overall, do you think this child:

| | Definitely | Most Probably | Probably | Possibly | Slight Chance | Not at All |
|---|-------------------|----------------------|-----------------|-----------------|----------------------|-------------------|
| Has a problem learning | | | | | | |
| Has a problem in behavior | | | | | | |
| Has a problem getting along with others | | | | | | |
| This child will be ready to go onto the next grade in September | | | | | | |

Current Academic Functions

Please click 1 box below to checkmark.

Within the class, this child's reading is:

___ Highest ___ High ___ Middle ___ Low ___ Lowest

Mastery, at his/her current grade level of the following academic skills:

| | Superior | Above Average | Average | Below Average | Poorest, Lowest 1-2 in class |
|-----------------------|-----------------|----------------------|----------------|----------------------|-------------------------------------|
| Reading decoding | | | | | |
| Reading comprehension | | | | | |
| Arithmetic Processes | | | | | |
| Arithmetic Reasoning | | | | | |
| Written Expression | | | | | |
| Handwriting | | | | | |

Other information:

Child's Name: _____

Teacher's Name: _____

**Rating Scale
School Version**

Please click 1 box per item to checkmark the number that best describes the child's behavior over the past 6 months (or since the beginning of the school year).

| | Never or Rarely | Sometimes | Often | Very Often |
|---|--------------------|-----------|-------|---------------|
| 1. Fails to give close attention to details or makes careless mistakes in school work or other activities | 0 | 1 | 2 | 3 |
| 2. Fidgets with hands or feet or squirms in seat. | 0 | 1 | 2 | 3 |
| 3. Has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations or lengthy reading) | 0 | 1 | 2 | 3 |
| 4. Leaves seat in situations when remaining seated is expected. | 0 | 1 | 2 | 3 |
| 5. Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 6. Runs about or climbs excessively in situations in which it is inappropriate | 0 | 1 | 2 | 3 |
| 7. Does not follow through on instructions and fails to finish work. | 0 | 1 | 2 | 3 |
| 8. Has difficulty playing or engaging in leisure activities quietly. | 0 | 1 | 2 | 3 |
| 9. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 10. Is "on the go" or acts as if "driven by a motor." | 0 | 1 | 2 | 3 |
| 11. Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort. | 0 | 1 | 2 | 3 |
| 12. Talks excessively. | 0 | 1 | 2 | 3 |
| 13. Loses things necessary for tasks or activities (e.g., school materials, pencils, books) | 0 | 1 | 2 | 3 |
| 14. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 15. Is easily distracted. | 0 | 1 | 2 | 3 |
| 16. Has difficulty waiting his or her turn. | 0 | 1 | 2 | 3 |
| 17. Is forgetful in daily activities. | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others. | 0 | 1 | 2 | 3 |

From *ADHD Rating Scale-5 for Children and Adolescents: Checklists, Norms and Clinical Interpretation* by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Copyright 2016 by the authors. Permission to photocopy this form is granted to purchasers of this book for personal use or use with individual clients (see copyright page details).