

Dear Teacher/Principal/Educator:

_____ is a client of _____ with
COMPREHENSIVE PSYCHIATRIC ASSOCIATES. At this time, we request your assistance in completing the
following School information on your student as well as the School Questionnaire enclosed. We would like for any
educator having direct knowledge of the above student to complete a copy of this questionnaire. Any additional
feedback is appreciated!!! Please return to:

COMPREHENSIVE PSYCHIATRIC ASSOCIATES

305 NW Englewood Ct., Suite 300
Gladstone, Missouri 64118
Office: 816-453-7473 • Fax: 816-453-1940

(For parent of guardian to complete before turning in to school)

I _____ provide consent for the school to provide information about the
above named individual to Comprehensive Psychiatric Associates.

Signature of Parent/Guardian

Relationship to Patient

Date: _____

Child's Name: _____ **Birthdate:** _____

Teacher's Name: _____ **Grade:** _____

School: _____ **Class:** _____

Address: _____

Telephone Number: _____

Is this special education? Yes No BD _____ LD _____ EMH _____

1. Performance in Structured Setting:

A. Seat Behavior: _____

B. Concentration: _____

2. Performance in Unstructured Setting:

A. Bus: _____

B. Playground: _____

C. Cafeteria: _____

3. Attitude Toward Teacher(s) and Peers: _____

4. Any Special Problems: _____

5. Attendance: _____

6. Academic Grades (please enclose grade card if possible): _____

7. Overall Mood of Child: _____

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8. Date and Results of Last IEP/504 evaluation (please include a copy of these):

9. Recent testing completed by the school or other outside source:

Name of Test:	Administered By:	Date Administered:	Score/Percentile:
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10. Additional Comments: _____

11. Are you aware of any past behavioral therapy or medication therapy your student has received. Have you noticed any improvement or worsening of student’s behavior with treatment. (please explain!)

Teacher's Questionnaire

Name of Child: _____ Grade: _____

Date of Evaluation: _____ Name of Teacher: _____

What class(es) do you teach? _____

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark. Thanks!

	Not at ALL	Just A Little	Pretty Much	Very Much
1. Restless in the "squirmy" sense.				
2. Makes inappropriate noises when he shouldn't.				
3. Demands must be met immediately.				
4. Acts "smart" (impudent or sassy).				
5. Temper outbursts and unpredictable behavior.				
6. Overly sensitive to criticism.				
7. Distractibility or attention span a problem.				
8. Disturbs other children.				
9. Daydreams.				
10. Pouts and sulks.				
11. Mood changes quickly and drastically.				
12. Quarrelsome.				
13. Submissive attitude toward authority.				
14. Restless, always "up and on the go."				
15. Excitable, impulsive.				
16. Excessive demands for teacher's attention.				
17. Appears to be unaccepted by group.				
18. Appears to be easily led by other children.				
19. No sense of fair play.				
20. Appears to lack leadership.				
21. Fails to finish things that he starts.				
22. Childish and immature.				
23. Denies mistakes or blames others.				
24. Does not get along well with other children.				
25. Uncooperative with classmates.				
26. Easily frustrated in efforts.				
27. Uncooperative with teacher.				
28. Difficulty in learning.				