

Teacher Rating Scale

Adapted from C & W Mental Health Programme

Please send the completed form to rwingerin@monarchhouse.ca and vsholukhova@monarchhouse.ca

To the teacher: Please complete this form and return to Monarch House as soon as possible.

Child/Youth's Name	Age	Gender
School	Grade	Date

Name of person completing this form: _____

Contact information: _____

Length of time you have known student: _____ Length of time spent each day with this student _____

Type of Class (e.g. Gr. 8 English, Resource Room, Special Education): _____

Current Special education Services (e.g. Resource Room, Speech Therapy): _____

Current Education Designation (e.g. Behaviour disorder, Learning Disabled, IEP): _____

Current Classroom Performance: Check each box based on your experience with this student compared to other students at this grade level [N/A if not aware]:

ABILITIES	>2 years below	1-2 years below	Average	1-2 years above	>2 years above
Reading					
Writing					
Mathematics					
Spelling					
	Poor	Below Average	Average	Above Average	Superior
Homework					
Classroom assignments					
Classroom Behaviour					
Class Participation					

Self-Help Skills (ties own shoes, gathers belongings, etc.): _____

Motor Skills (gross motor, fine motor, written output): _____

Primary Areas of Concern: What are your major areas of concern/worry for this child? How long has this been a concern for you? To what extent are these difficulties for the child/youth upsetting or distressing to this child/youth? Or to you or the other students? _____

Medications: If this child/youth is on medication, is there anything you would like to highlight about the differences when s/he is on medication compared to off? _____

Other Information: Is there any other information you would like to share with us? Do you have any questions for us? _____

What are this child/youth's greatest strengths? _____

Student Achievement

Tel (604)205-9204 Fax (778) 331-0341

To the teacher: Please complete this form and return to Monarch House as soon as possible.

Child/Youth's Name	Age	Gender
School	Grade	Date

Name of person completing this form: _____

Contact information: _____

Length of time you have known student: _____ Length of time spent each day with this student _____

Please complete the following form (use additional paper if needed) in order for us to get a better understanding of the child/youth's overall functioning in the school setting.

1. Classroom Behaviour - Transitions- How does this child/youth handle transitions such as going in and out for recess, changing classes or changing activities? Does s/he follow routines well? What amount of supervision or reminders does s/her need? _____

2. Social Interactions – How does this child/youth get along with others? Does this child/youth have friends that seek him/her out? Does s/he initiate play successfully? What types of activities does s/he participate in with others? _____

3. Conflict and Aggression – Is s/he often in conflict with adults or peers? How does s/he resolve arguments? Is this child/youth verbally or physically aggressive? Is s/he the target of verbal or physical aggression by peers? _____

4. Academic Abilities – We would like to know about his child/youth's general abilities and skills. Please comment. Has this child/youth been assessed for learning disabilities? (If yes, please include copies of the Psycho-Educational Testing and Academic Achievement Testing and the Individualized education Plan). _____

Teacher Rating Scale

To the teacher: Please complete this form and return to Monarch House as soon as possible.

Child/Youth's Name	Age	Gender
School	Grade	Date

Name of person completing this form: _____

Contact information: _____

Length of time you have known student: _____ Length of time spent each day with this student _____

DIRECTIONS: Check which rating best describes this child's overall behaviour in or around school. Answer each question to the best of your ability.

CATEGORY A

	Never	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty paying attention to tasks or play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has difficulty following through on instructions and fails to finish things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids doing tasks that require a lot of mental effort (schoolwork, homework, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by other things going on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has difficulty remaining seated when asked to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs on things when asked not to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is "on the go" or acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers to questions before they have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty awaiting turn in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts people or butts into other children's activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY B

	Never	Sometimes	Often	Very Often
19. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Defies or refuses what you tell him/her to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does things to deliberately annoy others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Blames others for own misbehaviour or mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is angry and resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Takes anger out on others or tried to get even	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY C

	Never	Sometimes	Often	Very Often
27. Plays hooky from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Lies to get things or to avoid responsibility ("cons others")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Starts physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. has stolen things when others were not looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has deliberately destroyed other's property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Has stolen things from others using physical force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has used a weapon when fighting (bat, brick, bottle, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Has been physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY D

	Never	Sometimes	Often	Very Often
36. Is over-concerned about abilities in academic, athletic, or social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Has difficulty controlling worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Acts restless or edgy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is irritable for most of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is extremely tense or unable to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY E

	Never	Sometimes	Often	Very Often
41. Shows excessive fear to specific objects or situations (animals, heights, storms, insects etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Cannot get distressing thoughts out of his/her mind (worries about germs or doing things perfectly, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Feels compelled to perform unusual habits (hand washing, checking locks, repeating things in a set number of times)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Has experienced an extremely upsetting event and continues to be bothered by it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Does unusual movements for no apparent reason (eye blinking, twitching, lip licking, head jerking etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY F

	Never	Sometimes	Often	Very Often
47. Has strange ideas or beliefs that are not real (child's food is poisoned, people are trying to get him/her, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Has auditory hallucinations – hears voices talking to or telling him/her to do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Has extremely strange and illogical thoughts or ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Laughs or cried at inappropriate times or shows no emotion in situations where most others of same age would react	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Does extremely off things (excessive preoccupation with fantasy friends, talks to self in a strange way, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY G

	Never	Sometimes	Often	Very Often
52. Is depressed for most of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Shows little interest in (or enjoyment of) pleasurable activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Has recurrent thoughts of death or suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. feels worthless or guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Has low energy level or is tired for no apparent reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Has little confidence or is very self conscious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Feels that things never work out right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NO	YES		
59. Has experienced a big change in his/her normal activity level				
60. has experienced a big change in his/her ability to concentrate				
61. Has experienced a big drop in school grades or schoolwork				

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CATEGORY H

	Never	Sometimes	Often	Very Often
62. Has a peculiar way of relating to others (avoids eye contact, odd facial expressions or gestures, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Does not play or relate well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Not interested in making friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Is unaware or takes no interest in other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Has a significant problem with language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Has difficulty making socially appropriate conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Talks in a strange way (repeats what others say; confuses words like "you" and "I"; uses odd words or phrases, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Is unable to "pretend" or "make believe" when playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Shows excessive preoccupation with one topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Gets very upset over small changes in routine or surroundings (class schedule, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Makes strange repetitive movements (flapping arms, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Has strange fascination for parts of objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY I

	Never	Sometimes	Often	Very Often
74. Tries to avoid contact with strangers; abnormally shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Is excessively shy with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Is generally warm and outgoing with familiar adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. When put in an uncomfortable social situation, child cries, freezes, or withdraws from interacting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER PROBLEMS OR COMMENTS (ATTACH ADDITIONAL PAGE IF NEEDED):

