

Narrative Description of Child -- Teacher

Child's Name: _____

Teacher's Name: _____

Date Completed: _____

Instructions: In the space below, please describe what you see as this child's primary problems. Also, please describe how this child's problems have affected the following areas and complete the rating at the end of each: (1) his or her relationship with other children, (2) your relationship with him or her, (3) his or her academic progress, (4) your classroom in general, and (5) his or her self-esteem. Continue on a separate sheet if necessary. **For the ratings, please mark an "X" on the lines at the points that you believe reflect the impact of the child's problems on this area and whether he or she needs treatment or special services for the problems. PLEASE COMPLETE BOTH SIDES OF THIS FORM.**

(1) How this child's problems affect his or her relationship with other children

No Problem |
Definitely does not need
treatment or special services

| Extreme Problem
Definitely needs treatment
or special services

Regardless of whether this child is popular or unpopular with peers, does he or she have a special, close "best friend" that he or she has kept for more than a few months? (Please circle)

YES NO

(2) How this child's problems affect his or her relationship with the teacher

No Problem |
Definitely does not need
treatment or special services

| Extreme Problem
Definitely needs treatment
or special services

Please complete reverse page

(3) How this child's problems affect his or her academic progress

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services

(4) How this child's problems affect your classroom in general

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services

(5) How this child's problems affect his or her self-esteem

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services

Please mark an "X" on the following line at the point that you believe reflects the overall severity of this child's problem in functioning and overall need for treatment.

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services

Narrative Description of Child -- Parent

Child's name: _____

Form completed by: _____

Date completed: _____

Instructions: In the space below, please describe what you see as your child's primary problems, both at home and at school. Also, please describe how your child's problems have affected the following areas and complete the rating at the end of each: (1) his or her relationships with playmates and brothers or sisters, (2) his or her relationship with you (and your spouse if present), (3) his or her academic progress at school, (4) his or her self-esteem, and (5) your family in general. Continue on a separate sheet if necessary. **For the ratings, please mark an "X" on the lines at the points that you believe reflect the impact of the child's problems on this area and whether he or she needs treatment or special services for the problems. PLEASE COMPLETE BOTH SIDES OF THIS FORM.**

(1) How your child's problems affect his or her relationship with playmates

No Problem | _____
Definitely does not need
treatment or special services

Extreme Problem
Definitely needs treatment
or special services

Regardless of whether this child is popular or unpopular with peers, does he or she have a special, close "best friend" that he or she has kept for more than a few months? (Please circle)

YES NO

How your child's problems affect his or her relationship with brothers or sisters
(If has no brothers or sisters, check here and skip to #2 _____)

No Problem | _____
Definitely does not need
treatment or special services

Extreme Problem
Definitely needs treatment
or special services

(2) How your child's problems affect his or her relationship with you (and your spouse if present)

No Problem | _____
Definitely does not need
treatment or special services

Extreme Problem
Definitely needs treatment
or special services

(3) How your child's problems affect his or her academic progress at school

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services

(4) How your child's problems affect his or her self-esteem

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services

(5) How your child's problems affect your family in general

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services

Please mark an "X" on the following line at the point that you believe reflects the overall severity of this child's problem in functioning and overall need for treatment.

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | Definitely needs treatment or special services