

**School Questionnaire For Children 6-18 Years Old**

**Sohail Khattak MD. FRCP(C) ADHD Clinic**

**Phone: (905) 436-1600 Fax: (905) 436-7600**

Thank you for taking the time to complete this survey. It will help us learn more about your student's health, and allow us to better care for him/her. Please fill in the information with the space provided, or place a check mark in the boxes for the appropriate answer.

Please return the questionnaire to the child's parent.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Child's Current Grade Level or Placement: \_\_\_\_\_ Size of Class: \_\_\_\_\_ (# of Students)

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of School: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Principal or Supervisor: \_\_\_\_\_ Class Room Teacher: \_\_\_\_\_

Questionnaire Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

1. Please describe this child's present placement (include type of classroom, and remedial support or special programming).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child receive resource help in class? Yes  No

For how many hours a day? \_\_\_\_\_ hours

For how many hours a week? \_\_\_\_\_ hours

Name of instructor who helps this student: \_\_\_\_\_

Is this child withdrawn from the class to receive help? Yes      No

For how many hours a day? \_\_\_\_\_ hours

For how many hours a week? \_\_\_\_\_ hours

Name of the instructor who helps this student: \_\_\_\_\_

2. To your knowledge who initiated this referral? \_\_\_\_\_

3. Please list any specific concerns or questions you would like help with for this student.

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4. What are the students learning and behavioral difficulties and strengths at school?

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5. Describe this student's social adjustment:

With adults:

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With other students:

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Is this student currently receiving counseling in school? Yes  No

Please explain your answer here:

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6. Please list the dates of any previous individual or group testing this student has/had done.

Psychological or Psychometric: \_\_\_\_\_

Speech and Language: \_\_\_\_\_

Achievement or Academic: \_\_\_\_\_

Other: \_\_\_\_\_

Are you aware of any pending evaluation at school? Yes  No

If yes, please list the names of these evaluations here.

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7. Which of the following services does your school provide or does this student currently receive?

<b>Service Offered</b>	<b>Available at the school?</b>	<b>Student Involved?</b>	<b>Name of Professional if involved</b>
Learning Assistance	Yes No	Yes No	
Resource Room Program	Yes No	Yes No	
Special Education Assistant	Yes No	Yes No	
Speech and Language Therapy	Yes No	Yes No	
Guidance Counseling	Yes No	Yes No	
Occupational or Physical Therapy	Yes No	Yes No	
School Psychologist	Yes No	Yes No	
Social Worker	Yes No	Yes No	
Special Class (Please Describe)	Yes No	Yes No	
Other (Please Describe)	Yes No	Yes No	



8. Please rate the student's performance in each of the following areas, as you have observed him/her on a day-to-day basis. Please mark the appropriate box and provide an estimate of the student's grade level.

<b>Skill</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Advanced For Age</b>	<b>Estimated Grade Level</b>
<b>Reading:</b> Word Recognition					
Reading Rate					
Oral Reading					
Silent Reading					
Reading Comprehension					
<b>Language:</b> Word pronunciation					
Comprehension of Verbal Instruction					
Oral sentence structure and fluency					
Spelling (i.e. accuracy)					
<b>Writing:</b> Punctuation					
Legibility					
Volume Output					
Written Language					
<b>Math:</b> Computation					
Problem Solving					
General Knowledge					
Memory					
Art					
Motor Skills					
Gym					
Left-Right Confusion					
Enthusiasm					

9. Does this student have access to computers? Yes  No

In the classroom? Yes  No  In the computer room? Yes  No

How would you describe this student's keyboarding skills?

Good  Developing  Absent

10. What are this student's special interests or talents?

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11. Please use this space to write your general comments or any other concerns about his student.

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Thank you for taking the time to complete this questionnaire.

Please attach copies of this student's latest assessment, progress reports, and include any other information that might help us in our assessment for this student.

## CONNERS QUESTIONNAIRE

### INSTRUCTIONS:

Listed below are items concerning children's behaviour or problems they may encounter. Read each item carefully and decide how much you think this child has been affected at this time.

INFORMATION OBTAINED: \_\_\_\_\_  
Month/Day/Year

BY: \_\_\_\_\_

OBSERVATION	Not at all	Just a little	Pretty Much	Very Much
1. Restless or Overactive				
2. Excitable, Impulsive				
3. Disturbs other children				
4. Fails to finish things he starts- short attention span				
5. Constantly fidgeting				
6. Inattentive, easily distracted				
7. Demands must be met immediately- easily frustrated				
8. Cries often and easily				
9. Mood changes quickly and drastically				
10. Temper outbursts, explosive and unpredictable behaviour.				

How serious a problem do you think this child has at this time?

None	Minor	Moderate	Severe

### COMMENTS:

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**DSM-IV SYMPTOM LIST- SNAP VERSION**

<b>OBSERVATION</b>	<b>Not at all</b>	<b>Just a little</b>	<b>Pretty Much</b>	<b>Very Much</b>
<b>HYPERACTIVITY:</b>				
1. Excessive running or climbing				
2. Difficulty sitting still or excessive fidgeting				
3. Difficulty staying seated				
4. Motor restlessness during sleep (Parents) Motor restlessness (Teacher)				
5. Always on the go or acts as if "driven by a motor"				
<b>INATTENTION:</b>				
1. Often fails to finish things he or she starts				
2. Often doesn't seem to listen				
3. Easily distracted				
4. Difficulty sticking to play activity				
5. Difficulty concentrating on school work or other tasks				
<b>IMPULSIVITY:</b>				
1. Often acts before thinking				
2. Excessive shifting from one activity to another				
3. Has difficulty organizing work (not due to cognitive impairment)				
4. Needs a lot of supervision				
5. Frequent calling out in class				
6. Difficulty waiting for turn in games or group situations				
<b>PEER INTERACTIONS:</b>				
1. Fights, hits, punches etc.				
2. Is disliked by other children				
3. Frequently interrupts other children's activities				
4. Bossy, always telling other children what to do				
5. Teases or calls other children names				
6. Refuses to participate in group activities				
7. Loses temper often and easily				