

Murray County Schools
Revised February 2019

Murray County School RTI/MTSS Handbook and Manual for School-Based
Intervention Teams

*MTSS/RTI is a preventative model that ensures all students receive the
academic and behavioral support necessary for a successful school experience.*

It is not enough for schools to wait until parents ask about or request a special education evaluation based on suspicion that their child may have a disability and struggling in school as a result. Schools must maintain a system of notices, outreach efforts, staff training, and referral processes designed to ascertain when there are reasonable grounds to suspect disability and the potential need for special education services.

Table of Contents

Subject	Page
History of MTSS/RTI	3
MTSS/RTI Defined	4
Georgia's Pyramid of Interventions	5
MTSS/RTI Meeting Content	6
Core Team Member	6
Decisions along the Pyramid	9
Initial MTSS/RTI Meeting Agenda	11
Follow Up MTSS/RTI Meeting Agenda	12
MTSS/RTI Checklist for Academic/Behavior	13
MTSS/RTI Checklist for Speech Only	14
Behavior Data Collection	15
Academic Data Collection Sheet	16

History and Explanation of MTSS/RTI

What is Georgia's Multi-Tiered System of Supports

Georgia's Multi-Tiered System of Supports (MTSS/RTI) is a continuum of evidence-based, system-wide practices to support a rapid response to academic and behavioral needs, with frequent data-based monitoring for decision making to empower each Georgia student to achieve high standards.

Georgia's MTSS/RTI provides multi-phase training and ongoing support for refinement and sustainability purposes to districts to implement the integrated academic, behavior, and social framework. To achieve Georgia's MTSS/RTI, resources must be used effectively and efficiently to enable students to be successful. The Georgia MTSS/RTI does not automatically require additional resources or add on to existing practices. Instead, it involves evaluating current practices, identifying practices that yield evidence of effectiveness, addressing areas that are missing, and replacing ineffective or inefficient approaches with those that are supported by research. The Georgia MTSS/RTI becomes one of the primary guiding frameworks for a continuous, data based, school improvement process supports academic, social emotional and behavioral achievement of all students to prepare them to be successful high school graduates.

MTSS/RTI and Section 504 In 1991, the US Office of Education released a landmark memo that appropriate service for most students with ADHD was in the regular classroom, with any needed modifications for them. They stated that Section 504 of the 1973 Rehabilitation Act was the ticket to those modifications. Thus, the MTSS/RTI immediately became the logical vehicle to carry out the requirements of 504, since this was essentially what they were doing already.

MTSS/RTI Defined

The National Research Center on Learning Disabilities (NRCLD, 2006) defines MTSS/RTI as:

“...an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications of increasingly intensified services using progress monitoring data.”

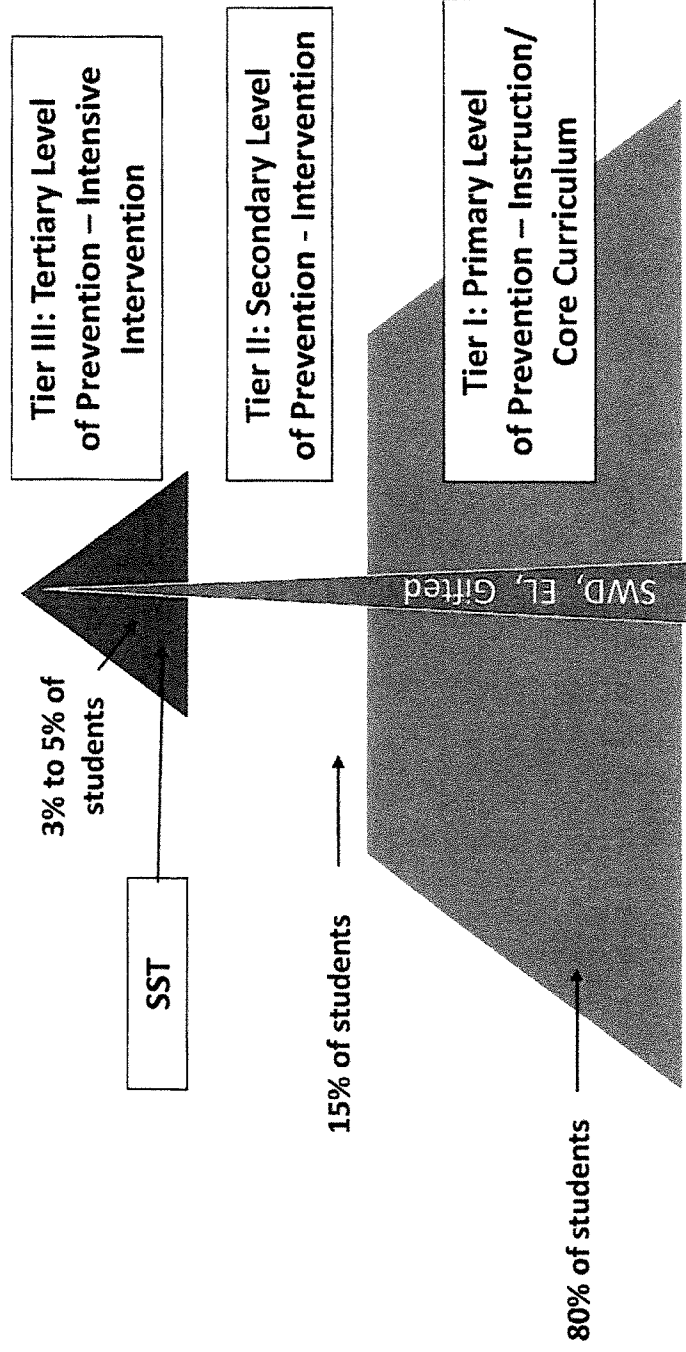
MTSS/RTI is an integrated approach to service delivery that encompasses general, remedial and special education through a multi-tiered service delivery model. It utilizes a problem-solving framework to identify and address academic and behavioral difficulties for all students using scientific, research-based instruction. Essentially, MTSS/RTI is the practice of: (a) providing high quality instruction. Intervention matched to all student's needs and (b) using learning rate over time and level of performance to make important educational decisions to guide instruction (National Association of State Directors of Special education, 2005). MTSS/RTI practices are proactive, incorporating both prevention and intervention for all levels from early childhood to high school.

MTSS/RTI is intended to reduce the incidence of “instructional causalities” by ensuring that students are provided high quality instruction with fidelity. By using MTSS/RTI, districts can provide interventions to students as soon as a need arises. This is very different from methods associated with aptitude-achievement discrepancy models a traditionally utilized for SLD identification, which have been criticized as a “wait to fail” approach.

MTSS/RTI Pyramid of Intervention

The following pyramid illustrates the process of the MTSS/RTI, with services beginning in the bottom tier of the pyramid, including: 1) Standards based instruction in the classroom, 2) pre-designed, organized, building-based strategies that are small group/flexible group and short-term in nature 3) individually designed interventions in the following level (MTSS/RTI) that lead to the discussion of research based problem solving interventions, and 4) specially designed instruction to address the child's needs. As the intensity of the interventions increases, the number of students in the process should decrease. Beyond the MTSS/RTI level is specially designed instruction required to meet the needs of the individual child.

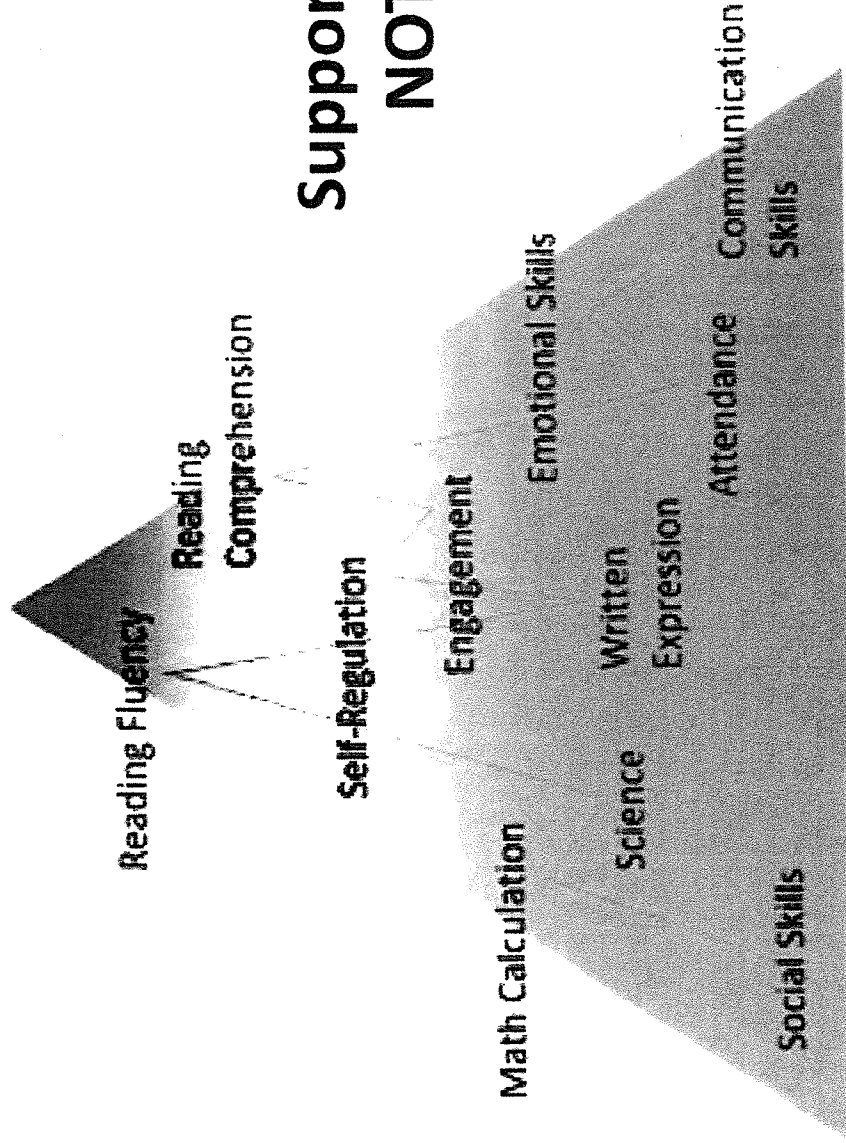
Essential Component #1: Multi-Level Prevention System



Students receive services at all levels, depending on need.



Richard Woods,
Georgia's School Superintendent
"Educating Georgia's Future"
rwoods@doe.org



**Supports are tiered,
NOT students.**

Students receive services at all levels, depending on need.

Decision Making Along the Continuum of the Pyramid of Intervention

TIER 1 Classroom Instruction based on Grade Level Standards

1. Fidelity of implementation of Georgia Standards of Excellent
2. Universal screening conducted at school level. MAP Growth Assessment
3. Evidence- based curricula and strategies in place for all students and differentiation is documented by general education teachers through the general education environment

TIER 2 Needs-Based Classroom Instruction for All (Intervention)

1. Parents notified that supplemental instructional services are necessary to support on-grade level achievement.
2. Engage the tier 2 protocol and set follow-up meeting date
3. Progress Monitoring administered as needed to determine effectiveness of the intervention.
4. Record all progress monitoring data on the student data sheet. Make sure to include date of progress monitoring assessment.
5. Send follow-up notification to parents, if not in attendance

TIER 3 Targeted Remediation/Acceleration

1. Hearing and vision screening completed with parent permission
2. Student intervention data is reviewed by the core team and determinations are made as to placement in RTI, referral, return to tier 2, stay in tier 3, etc. Determinations will be based on student data performance.
3. MTSS/RTI may determine the need for additional information on student. This may include the use or administration of informal or formal measures to gather individual data on the area of concern
4. Members of MTSS/RTI collaborate to identify no more than 2 specific interventions to utilize with student

*The plan for implementation includes a timeline detailing how long the intervention will be implemented and dates for progress monitoring

5. If the child is making progress using the MTSS/RTI interventions, the interventions are continued for the required number of weeks. If progress toward goal is minimal and at a rate that the student will not catch up to his grade level peers in a reasonable amount of time, MTSS/RTI members will revise or change the intervention
6. The MTSS/RTI may make a referral to special education if the intervention plan and its revisions are not successful in helping the child meet the goals identified by the MTSS/RTI

Clarifying Misconceptions



Richard Woods,
Georgia's School Superintendent
"Educating Georgia's Future"
gaDOE.org

What Georgia's Tiered System of Supports for Students <u>IS</u>	What Georgia's Tiered System of Supports for Students is <u>NOT</u>
A PREVENTION framework for district and school improvement made up of core components and features	A program or curriculum
For ALL students, including those students in need of enrichment	Just for struggling students or students with disabilities
Flexible for schools and districts to customize to meet their unique circumstances	A one-size-fits-all prescriptive model
Collaborative and incorporates a team-based approach of representative stakeholders	The responsibility of one teacher or one specialist
Data driven, using multiple valid and reliable data sources	Based on assumptions or unreliable data
Framework that can be used to assist with special education decisions	Pre-referral process for special education

The MTSS/RTI School-based Intervention Members

Core Team Members

Each School will have an MTSS/RTI Core team. Recommended team members may include the following:

- The Principal or their designee
- School guidance counselor
- Grade chair or team lead
- General Education Teacher(s)
- ELL or ESS Teacher if applicable
- The school psychologist assigned to the school
- Support teachers such as EIP
- SLP (when appropriate)
- Instructional Coach-when appropriate

Each team will need to appoint a team lead. It is the responsibility of the team lead to schedule meetings and notify teachers and parents of meetings. Each team meeting should also have a designated secretary to ensure proper minutes are recorded for each meeting.

Intervention team meetings must be attended by a minimum of 3 members. Classroom teacher and support teachers must attend. Additional support teachers/members may also attend. The team lead may ask another member of the intervention team to lead the actual meeting but each meeting must have the required number of members.

MTSS/RTI Meetings

A minimum of three MTSS/RTI meetings are required before a student is referred for testing. This is to ensure that a minimum of 12 weeks of tier 3 remediation has occurred prior to referral. Teams should meet at 4-week intervals to ensure that interventions are occurring, student progress is being monitored, and adjustments in interventions are occurring as needed. *Unless there is a significant and documented need for students to by-pass the established steps of the MTSS/RTI process, the core team may consult with their assigned school psychologist to determine if conditions exist to expediate testing. These conditions should serve as exceptions to the process and not as general guidance for all students.*

Initial Intervention Team Meeting

- Invite the parent, teacher and at least three members of the core team to the meeting. Notify parent of the meeting and meeting date and time. It is recommended that the parent notification letter be copied and place in the RTI file. Parent attendance is recommended but not required
- Review the referral form with the referring teacher, review data as available.
- Review concerns regarding academic, behavioral, social or emotional progress
- Determine specific area of need (identify the problem)
- Set next meeting date for 4 weeks from the date of the first meeting.
- Notify parents of next meeting.
- Complete all minutes and have participants sign and date.

Second Intervention Team Meeting (4 weeks)

- Invite the parent, teacher and at least three additional MTSS/RTI Core Team member
- Review the data collection since the last meeting
- Determine if the student is making progress toward meeting expectations
- Review student data sheet, intervention summary sheet, and intervention instructional planning sheet.
- Make determination for next steps based on all evidence and documentation submitted for review.
- Schedule next meeting and send parent notification.
- If it is determined that potential exist for referral, teacher is given the Teacher's Checklist and the parents are provided with the Parent Checklist. Both must be completed prior to any evaluation for testing.

Third Intervention Team Meeting (8 weeks)

- Invite the parent, teacher, and at least three Intervention Team member.
- Review all data collected in the intervention process, testing information, background information
- Review all submitted student data, intervention summary sheets and intervention instructional planning documents.
- Continue with tier 3 remediation, return to tier 2 and monitor closely, set meeting for referral process to begin. Continue in tier 3 with data collection to ensure all data points have been obtained.
- Set meeting date and inform parents. Parents must attend all referral meetings.
- Ensure that hearing and vision screenings have been completed.
- Notify school psychologist of meeting date.
- Submit student RTI file to school psychologist for review prior to next intervention meeting.

Fourth Intervention Team Meeting (12 weeks)

- Ensure that parents will be in attendance for referral meeting.
- Ensure that parent and teacher checklists are complete and included in the RTI file.
- Ensure that all tier 2 documentation is complete
- Ensure that all tier 3 Easy CBM data is complete and graph is included in the RTI file.

At the conclusion of the intervention cycle (12 weeks at tier 3), the intervention team may determine:

- Discontinue tier 3 due to adequate progress
- Continue tier 3 due to some progress
- Refer for testing due to very little progress

Reasons for Denial of Testing

- Student is making an A, B or C on their report card. These grades would indicate that students are successful in the classroom with the support that is currently being provided. No additional support is necessary.
 - Student is making adequate progress with interventions as prescribed.
 - Documentation of measurable data is not included.
 - All required forms are not included in the packet.
- All forms are not filled out completely. This also includes the correct intervention dates that must include month, day and year of interventions.
- Appropriate instruction and/or interventions were not attempted by the interventionist assigned to the student.
 - The interventions were not evidence-based interventions.
- The interventions did not occur as required either in length of time or duration of session.
 - Student did not attend enough intervention days to warrant referral.
- A 504 plan could accommodate the student without placing him/her in special education.
- Intervention provider failed to complete all required tier 2 and/or tier 3 data collection requirements.
- Parent consent was not given for testing or screening. Parents were not notified of meetings regarding their student.

Process Document for Speech and Behavioral Referrals for MTSS/RTI
Murray County Schools 2019

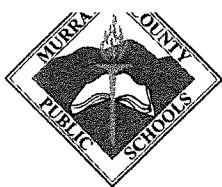
Below is a step-by-step guidance document for teachers to follow when there are concerns regarding speech/language and behavior referrals. Although each area functions differently, once a referral is made the teacher is required to begin progress monitor for academics. This will ensure that services and testing is not delayed.

Speech	Behavior
1. Teacher has concerns regarding the speech and/or language processes of a student.	Teacher ensures that classroom management routines and procedures are in place for all students. Teacher has a behavior system in place and is following PBIS procedures.
2. Teacher completes an initial referral form, gives to the intervention team lead, and begins collecting academic progress monitoring data for tier 2 and/or tier 3.	Teacher has concerns about a specific student related to behavior and has actively engaged in intervention to re-direct and support the student.
3. Intervention team lead/teacher sends Consent to Screen form to parents and sets date for initial meeting.	Student behaviors are still concerning, the teacher completes an initial referral form and gives to the Assistant Principal. Academic interventions must be documented, progress monitored, and collected during this process.
4. SLP receives the consent form and administers initial screening.	Assistant Principal, serving as the team lead for PBIS, will then engage the process for behavior interventions.
5. Results are shared with team lead, parent and teacher.	Teacher meets with the PBIS team and process moves forward.
6. Students who require intervention will be provided an intervention packet from the SLP which provides appropriate interventions. These interventions must occur for 8 weeks. Speech intervention progress monitoring MUST be completed and documented. If not, the process will not continue.	
7. Upon completion of the intervention and MTSS meeting, the SLP may determine a need for re-screening prior to testing.	
8. If no re-screening is determined, then SLP will recommend testing, continue with interventions, or no services needed at this time.	
9. SLP and school psychologist will proceed with the full evaluation.	

Response to Intervention Checklist: Speech Only (Tier III)

This checklist serves as a guide to completing the Response to Intervention process. This checklist is a guide and may not be all inclusive for all MTSS/RTI cases. This checklist is to be used for student that are being monitored for **SPEECH ONLY**.

- _____ 1. Teacher notifies the school MTSS/RTI coordinator by email that there is a need to open an MTSS/RTI case for an unresolved speech or language issue
- _____ Hearing and Vision screening is requested
- _____ Date passed ____/____/____
- _____ 2. MTSS/RTI coordinator activates the MTSS/RTI file on EdPlan and provides the teacher with the Background Information Form
- _____ 3. Teacher will go into EdPlan and create the Initial Parent Invitation Letter
- _____ 4. Teacher mails or sends home the Parent Invitation Letter
- _____ Date Mailed: ____/____/____
- _____ 5. Teacher holds initial MTSS/RTI meeting with Core Team member and parent
- _____ Date Meeting Held ____/____/____
- _____ Review classroom performance as related to suspected speech/language problem
- _____ Review Baseline Data
- _____ Select Target Skill(s)
- _____ Review interventions specifically related to student's speech issue (SLP interventions sheet)
- _____ Select interventions
- _____ Select schedule of interventions
- _____ Select progress monitoring assessment and schedule
- _____ 6. Interventions implemented with fidelity and progress monitored regularly
- _____ 7. Follow up MTSS/RTI meeting scheduled
- _____ Parent Invitation sent home or mailed ____/____/____
- _____ 8. Follow up MTSS/RTI meeting held
- _____ Date Meeting Held: ____/____/____
- _____ Review DATA from progress monitoring plan
- _____ If progress *is* being made continue with intervention and set a new goal
- _____ If progress *is not* being made review other interventions and create new intervention and progress monitoring plan with a new schedule
- (Interventions must be delivered for a minimum of 8 weeks. Multiple meetings may be held to review and adjust goals and interventions during those 12 weeks as deemed appropriate for the student by the MTSS/RTI team.)
- _____ 9. Conduct additional MTSS/RTI meeting as needed following steps 7 and 8 above.
- _____ 10. If the student is not making adequate progress and a disability is suspected, the MTSS/RTI coordinator will contact the speech therapist to arrange attendance at a one of the above follow up meetings to determine if a special education evaluation is needed to address the student's continuing lack of progress.



MURRAY COUNTY SCHOOLS

MTSS/RTI Referral Checklist

Please attach to the inside of the student file and complete

Student: _____ DOB _____ Grade _____
Teacher _____

Item	Date of Completion			
<input type="checkbox"/> Hearing & Vision Permission to Screen				
<input type="checkbox"/> Permission to Screen/Re-Screen Speech and Language skills				
<input type="checkbox"/> Hearing & Vision Screening provided by school team. Kindergarten students should have in perm. record. Make sure it will not expire during Tier 3. If so, get permission to re-screen. Must be valid for the duration of testing.	HEARING DATE:		VISION DATE:	
	PASS	FAIL	PASS	FAIL
<input type="checkbox"/> Speech and Language Screening completed.	PASSED? _____ FAILED? _____ Date speech/language interventions provided to teacher _____			
<input type="checkbox"/> MTSS/RTI initial referral completed by the teacher and given to MTSS/RTI coordinator for next steps.				
<input type="checkbox"/> Parent invitation to meeting #1 (Add date sent to parent)				
<input type="checkbox"/> Meeting #1 scheduled. Parents invited to attend.	Was Background Information Returned?		Was the Physician's Report returned?	
<input type="checkbox"/> Provide Background Information Forms and/or Physician's Report to parent.	Returned	Date Returned	Date Returned	Date faxed to doctor
<input type="checkbox"/> Background Information-Sent home? _____	Yes			
<input type="checkbox"/> If there are medical needs:	No			
<input type="checkbox"/> Physician's report sent home? _____ Signed? _____				
<input type="checkbox"/> Meeting 2 scheduled for 4 weeks. Set date				
<input type="checkbox"/> Send parent invite for meeting 2				
<input type="checkbox"/> Data Collection: Teacher is collecting tier 2 data and will include on referral form. Tier 3 is collected and logged on Excel sheet. Tier 3 data collected bi-weekly for 12 weeks.				
<input type="checkbox"/> Meeting #2 with parent, teacher, & MTSS/RTI Coordinator to review data collected during 4week period. SLP should also attend to review speech/language interventions if implemented.				
<input type="checkbox"/> Data Collection: 4-week period Documentation required. Tier 2 data collected on referral form, tier 3 collected on Excel spreadsheet				
<input type="checkbox"/> Parent invitation to meeting #3				
<input type="checkbox"/> Meeting #3 with parent, teacher, & MTSS/RTI Coordinator to review data collected during 4-week period. SLP should also attend to review speech/language interventions if implemented.				
<input type="checkbox"/> Data Collection: 4-week period Documentation required; bring data to Meeting #4. *Make sure hearing/vision is within 1 year before moving to next meeting.				
<input type="checkbox"/> Parent invitation to meeting #4				
<input type="checkbox"/> Meeting #4: Data Evaluation Meeting (with parent, teacher, MTSS/RTI Coordinator, SLP, and school psychologist to review data collected during the MTSS/RTI process and to determine next steps)	IF REFERRING TO ESS, MTSS/RTI COORDINATOR SHOULD HAVE 009 FORM SIGNED BY PRINCIPAL			
	REFERRAL MADE		NOT REFERRING	
<input type="checkbox"/> Please indicate if S/L teacher will evaluate	Yes		No	

MTSS/RTI Intervention team must meet every 4 weeks prior to referral for ESS testing. Data should be collected for 12 weeks.

MTSS/RTI File Hand-off/ Share Documentation

Must be completed at the beginning of each school year to ensure services and supports proceed without interruption. If student is moving to a new Murray County school, please share with RTI team lead at new building.

Student Name _____

Grade Completed _____ Teacher _____

Promoted, Placed, or Retained (circle one) for _____ school year 504 Plan? Yes No

Number of MTSS/RTI meeting completed this year: 1 2 3 4 (Please Circle)

Recommended by the MTSS/RTI team for further testing: YES NO

Continue with MTSS/RTI for _____ (the next school year) YES NO

Did student finish Tier 3 this year? (12 weeks) YES NO

Did the student receive testing, but failed to qualify for ESS services? YES NO

MTSS/RTI team recommends the following for new school year.

1. Continue needs-based intervention (tier 2) during core instruction. Monitor for progress and document.
2. Place student in tier 3 remediation and begin 12-week intervention/progress monitoring. Intervention team to meet regularly to discuss progress. Set first meeting date.
3. Return student to core instruction, monitor closely, and refer to intervention team if necessary.
4. Tier 3 is complete and proceed with referral for testing.

Intervention Team Lead Signature and Date

Classroom Teacher Signature and Date

File was delivered to new school and shared with RTI team lead. Please date and sign.

Additional comments:

Murray County Schools RTI Intervention Team Referral Form

Date _____ School _____ Grade _____

Student _____ DOB _____

Teacher(s) _____

of Absences _____ # of late arrivals and/or early dismissals _____

of Office Referrals _____

Does this student have a 504 plan? Yes/No

Is this student being served in EIP? Yes /No Current EIP Teacher _____

Is this student an EL? Yes/No

Area(s) of Concern

Academic ☐ Behavior ☐ Speech/Language ☐ Medical ☐

Retained: Yes ☐ or No ☐ Grade(s) _____

Hearing and Vision Status: Passed (yes or no) Near _____ Far _____

Medications: Yes ☐ No ☐ Reason for Medication _____

Attendance _____ Discipline _____

Attach Report Card

MAP Growth Assessment Data for School Year _____

Fall ELA RIT	Fall Math RIT	Winter ELA RIT	Winter Math RIT	Spring ELA RIT	Spring Math RIT

Murray County Schools RTI Intervention Team Referral Form

Tier 2 Needs-Based Intervention Data (please keep copy of student assessments)

In the chart below, please list the exact dates of the intervention (month, date and year) and collect assessment data as needed to monitor progress toward the goal.

Date	Skill	Intervention	Group Size	Duration of Intervention (minutes)	Assessment Score

Reason for Referral

Murray County Schools RTI Intervention Team Referral Form

RTI Intervention Team Meeting (Please remember that you are engaged in a process to first determine the appropriateness of instruction and intervention and then to determine the need for additional support services. You will want to ensure that your team is problem-solving not only academic or behavior issues, but also concerns such as attendance.)

Date: _____ Meeting #1

Intervention Team Members

Present:

Meeting Minutes-Please report on the follow. Plan next steps when appropriate.

Attendance:

Behavior:

Content: Team will review all data from tier 2 and tier 3 before determining next steps.

Intervention Team Recommendations

Murray County Schools RTI Intervention Team Referral Form

Next Meeting Date _____

Signatures of Attendees and Role

RTI Intervention Team Meeting

Date: _____ Meeting #2

Intervention Team Members

Present: _____

Meeting Minutes

Attendance _____

Behavior _____

Content _____

Murray County Schools RTI Intervention Team Referral Form

Intervention Team Recommendations

Next Meeting Date _____

Signatures of Attendees and Role

Murray County Schools RTI Intervention Team Referral Form

RTI Intervention Team Meeting

Date: _____ Meeting #3

Intervention Team Members

Present: _____

Meeting Minutes

Attendance _____

Behavior _____

Content _____

Intervention Team Recommendations

Murray County Schools RTI Intervention Team Referral Form

Next Meeting Date _____

Signatures of Attendees and Role

RTI Intervention Team Meeting

Date: _____ Meeting #4

Intervention Team Members

Present: _____

Meeting Minutes

Attendance _____

Behavior _____

Content _____

Murray County Schools RTI Intervention Team Referral Form

Intervention Team Recommendations

Signatures of Attendees and Role

Murray County School System Attendance Protocol

II. SYSTEM STANDARDS

The Murray County Board of Education has adopted procedures outlining the specific steps to be taken to monitor and address student attendance. The Murray County School System will monitor student attendance daily. Codes for attendance used in the student records database will be consistent between schools to indicate excused absences, unexcused absences, excused tardies, unexcused tardies, early withdrawals, in-school suspensions, out-of-school suspensions, etc. Excused absences shall be delineated by the reason for excuse. Absences stemming from out of school suspensions, while concerning, shall not warrant a School Social Work referral unless deemed necessary by school administration.

Upon enrollment and registration and at the beginning of each school year, parents will be given a copy of the *Parent and Student Notification Form*. This form includes the Georgia Compulsory Attendance Law pursuant to O.C.G.A. Code 20-2-690.1 and the Murray County Board of Education student absence and excuses policy JBD and other state attendance laws as applicable. The school will make reasonable efforts to ensure receipt and comprehension of the protocol by requesting signatures from parents that this notice was received and understood. At the middle and high schools, students will also receive this notice and provide a signature. At the Elementary schools, this notice will be signed by all students who have reached age ten (10) or above by September 1 of that school year. This notice shall also be included in each school's Student Handbook.

Referrals to the School Social Worker(s) may be made during any point of the attendance monitoring process as appropriate. These referrals are appropriate when the family and student would benefit from the involvement of Social Service Agencies or when there are immediate needs, which must be addressed.

A parent note will be accepted for state defined excusable absences not to exceed 3 notes per semester. Each parent note is not to exceed 2 days of absences.

III. SYSTEM PROCEDURES

AFTER THREE (3) ABSENCES

After three absences, excused or unexcused, in any school year, the homeroom teacher or administrative designee will call parent(s)/guardian(s). The contact will be recorded on the *Attendance Documentation Form*. The *Attendance Documentation Form* will be forwarded to the School Principal for assignment to appropriate school personnel and/ documentation. If the reason for the absences is known and the excuses are justified as excused, the teacher may simply make a notation on the *Attendance Documentation Form* without contacting the parent/guardian.

AFTER FIVE (5) ABSENCES

A *Murray County Schools Attendance Letter* will be mailed at five cumulative excused or unexcused absences in any school year. The contact will be recorded on the *Attendance Documentation Form*.

AFTER FIVE (5) UNEXCUSED ABSENCES

After a student has accumulated five unexcused absences, the Principal schedule an Attendance Review Committee (ARC) meeting will be held.

The ARC shall be chaired by each school's principal or designee and may include faculty/staff having direct contact with the student(s) to be discussed, the School Counselor, the District Attendance Coordinator, and the School Social Worker. School Social Workers will be informed of all ARC meetings, but will attend on an as needed basis. School Resource Officer may be invited to participate, as appropriate.

Each school will take reasonable steps to ensure that parent(s) are invited and encouraged to attend the ARC meeting. The ARC invitation should be in writing (*Attendance Review Committee Notice*) or by direct contact with the parent/guardian.

The *Attendance Review Committee Notice* sent to the parent(s) shall include the following statement: *Decisions as to appropriate actions and recommendations will be made at an Attendance Review Committee. These decisions could include recommendations for criminal prosecution, referral to Juvenile Court or the Department of Family and Children Services for you or your child. Parent(s) may be charged with a misdemeanor if they are causing the child's absence from school. The penalty can be up to \$100.00 fine and up to 30 days in jail for each day the child has an unexcused absence from school.*

Three documented attempts to invite the parent(s) to the ARC meeting will be made. The third attempt must be sent by certified mail with return receipt requested or by regular first class mail. The signature of receipt of this notice will be kept with the student's attendance documentation. If invited to the ARC meeting by a phone call, the parent(s) signature will be obtained on the *Attendance Review Committee Notice* during the ARC meeting. Students may participate in the ARC meeting as deemed appropriate by the ARC.

If the three documented attempts to invite the parent(s) to the ARC meeting are unsuccessful, the meeting will be held without the parent(s) present. The results of the meeting and attendance data will be mailed to the parent(s) by regular first class mail.

The ARC will meet and assess the student's absences and determine strategies to address attendance. The *ARC Meeting Agenda and Record* will be used to document and guide the meeting as needed. Available options for the ARC meeting include, but are not limited to:

- Request for further medical documentation as appropriate
- Requirement of an attendance contract
- Referral of the child and/or parent to the appropriate social services

- Referral of the child and/or parent to the Murray County Referral Committee at any time after the student accumulates ten unexcused absences
- Note: The above referrals are at the discretion of the ARC and the School Social Worker. The School Social Worker will make the referral(s).

AFTER SEVEN (7) UNEXCUSED ABSENCES AND/OR TEN (10) TOTAL ABSENCES

After seven (7) unexcused absences and/or 10 total absences, the Principal or school level designee shall notify the District's Attendance Coordinator who will call the parent(s) and record the results of the contact on the *Attendance Documentation Form*. The Principal or other designated administrator may make a referral to the School Social Worker, if appropriate. The principal may call a meeting of the ARC when a student has excessive excused absences if the principal determines that the meeting would benefit the student or the student's family.

AFTER TEN (10) UNEXCUSED ABSENCES

After a student has 10 unexcused absences from school, the Principal or school level designee will notify the District's Attendance Coordinator who will complete/submit a School Social Worker referral form and notify a SSW. The District's Attendance Coordinator will then schedule a Murray County Referral Committee (MCRC) meeting.

IV. GENERAL INFORMATION

MURRAY COUNTY REFERRAL COMMITTEE

The Murray County Referral Committee (MCRC) is a group, which may include, but is not limited, to the District's Attendance Coordinator, a School Social Worker, a representative of the Department of Juvenile Justice, a representative from the Murray County Juvenile Court, a representative of the Department of Family and Children Services, a representative from the Murray County Health Department, Mental Health Agency(ies), Family Support Agency(ies) and the parent(s) as appropriate. This committee will conduct at least one system wide meeting once a month and will use the fall meeting each year to review the effectiveness of this protocol during the previous school year and to formulate any proposed improvements. If a committee member is unable to attend a scheduled meeting, that member will be informed of the matters considered at the meeting and his/her input will be considered prior to referral by the committee.

The Murray County Referral Committee is empowered to refer:

- Students ages 10 to 16 to Juvenile Court for truancy.
- Parents to Juvenile Court for failure to comply with Compulsory Attendance Laws or deprivation proceedings.
- Parent(s) of students ages 6 to 16 to the Magistrate Court for failure to comply with Compulsory Attendance Laws.

- The family to the Department of Family and Children Services for suspicion or indicators of abuse and/or neglect. If a referral is necessary, the local Child Abuse Protocol will take precedence regarding further action.

In most cases, the MCRC will make one of the above mentioned referrals or will make a referral immediately following the next unexcused absence of the student.

At the end of each school year, the District Attendance Coordinator will review end of year attendance records with each school's Principal and determine a list of active referrals for the beginning of the next school year.

Students known to be on probation for truancy and students with excess of 10 unexcused absences, 20 total absences, or any combination of tardies and early checkouts totaling 25, will be monitored at the school level, and referred to the District Attendance Coordinator as appropriate.

DOE Data Collection Requirements for RTI/ESS Testing

Required Data Collection

(1) In order to determine the existence of Specific Learning Disability, the group must

summarize the multiple sources of evidence to conclude that the child exhibits a pattern of

strengths and weaknesses in performance, achievement, or both, relative to age, State-approved

grade level standards and intellectual development. Ultimately, specific learning disability is

determined through professional judgment using multiple supporting evidences that must

include:

(a) Data are collected that include:

(i) At least two current (within twelve months) assessments such as the results of the CRCT or

other state-required assessment, norm-referenced achievement tests or benchmarks indicating

performance that does not meet expectations for State-approved grade-level standards;

(ii) Information from the teacher related to routine classroom instruction and monitoring of the child's performance. The report must document the child's academic

performance and behavior in the areas of difficulty.

(iii) Results from supplementary instruction that has been or is being provided:

(a) that uses scientific, research or evidence-based interventions selected to correct or reduce

the problem(s) the student is having and was in the identified areas of concern;

(b) such instruction has been implemented as designed for the period of time indicated by the

instructional strategy(ies). **If the instructional strategies do not indicate a period of time the**

strategies should be implemented, the instructional strategies shall be implemented for a

minimum of 12 weeks to show the instructional strategies' effect or lack of effect that

demonstrates the child is not making sufficient progress to meet age or State-approved grade level standards within a reasonable time frame;

(iv) the interventions used and the data based progress monitoring results are presented to the

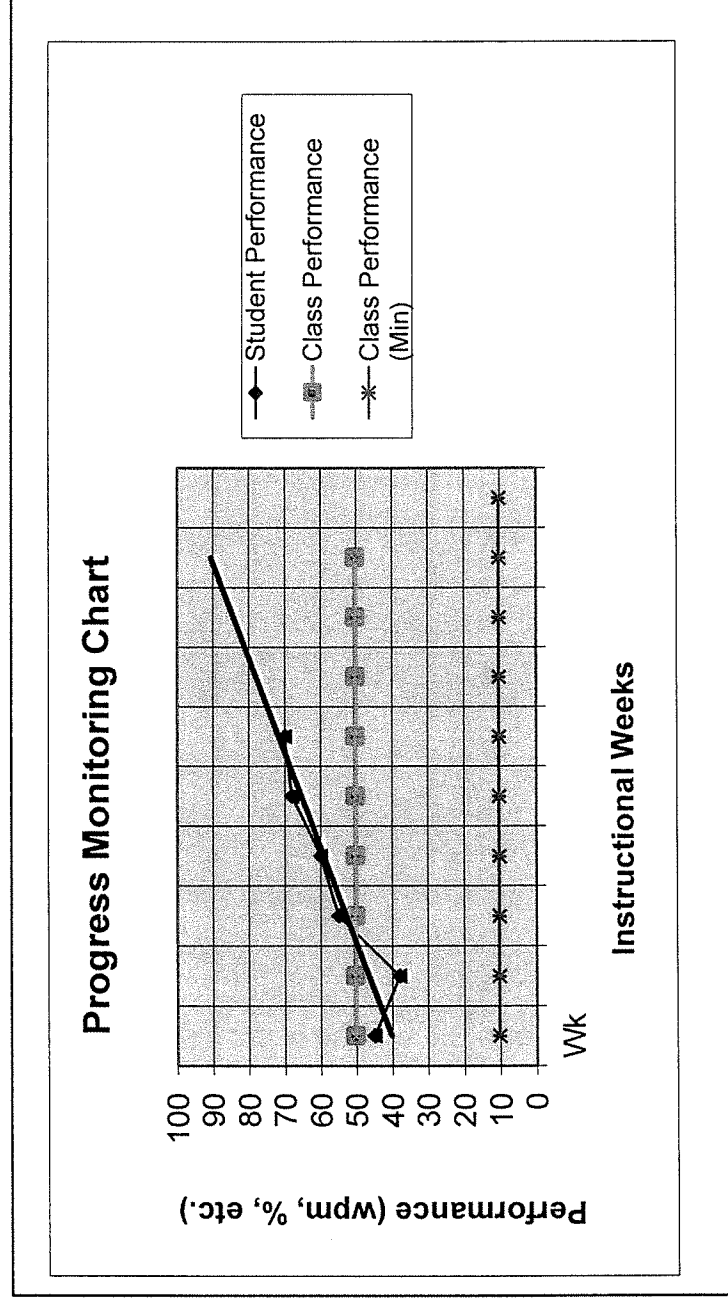
parents at regular intervals throughout the interventions.

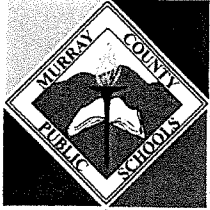
(b) Any educationally relevant medical findings that would impact achievement

Student Name		Grade	Intervention Provider	
Sample Student Report		3	Kelly Rogers	
Intervention	Skill	Group Size	Duration	Tier 3 Guidance
Week 2				Tier 3-12 weeks/4 days/30 minutes
Word Journeys	decoding		5 30 min	
				Assessed using Easy CBM
week 4				
Word Journey	Decoding	5	30	Scores recorded on Excel file
week 6				Complete all information
Word Journeys	Decoding	8	30	
week 8				
Word Journeys	Decoding	8	30	
week 10				
Word Journeys	Decoding	5	30	
week 12				
Word Journeys	Decoding	8	30	
Easy CBM	Date	Score	Baseline	Class Performance (Min)
Word Reading	10/5/2018	45	50	10
Word Reading	10/15/2018	38	50	10
Word Reading	10/22/2018	55	50	10
Word Reading	11/4/2018	60	50	10
Word Reading	11/15/2018	68	50	10
Word Reading	11/25/2018	70	50	10
			50	10
			50	10
			50	10

Easy CBM Guidance for Teachers

Students must complete 12 weeks at tier 3 unless otherwise determined.
Student scores must be recorded on the Excel sheet along with interventions.
Students scoring between the 10th and 50th percentile should continue in tier 3.
Scores below the 10th percentile should warrant consideration of working below-level skills
Scores above the 50th percentile-skill is no longer a concern. Student exits tier 3 support





Murray County Schools

P.O. Box 40 / 1006 Green Rd.

Chatsworth, GA 30705

Phone: 706-695-4531 / Fax: 706-695-8425

"Committed to Student Success! No Exceptions, No Excuses!"

Parent/Guardian Notification Letter for Response to Intervention (RTI)

Dear Parents/Guardians,

Murray County Schools is committed to providing the highest quality of education for every student. Response to Intervention (RTI), also referred to as MTSS, is a multi-level approach to providing differentiated support for all students. Therefore, to determine if students are meeting grade-level expectations, every child will be screened three times per year (fall, winter, spring) to measure progress in reading and math. Our teachers provide a variety of approaches to ensure each student's success. When screenings show that interventions are needed, some make take place within the classroom and some may take place during an additional learning time within the school day.

Murray County Schools' model for student support uses a three-tier approach to instruction/interventions:

- Tier 1-Classroom teachers use a variety of strategies within the classroom curriculum to address individual instructional needs.
- Tier 2-Based on classroom performance, students who need additional support will be provided needs-based instruction during class.
- Tier 3-Students who continue to struggle in class or who need remediation will receive more intensive interventions in addition to their regular classroom instruction.

Interventions will continue as needed to ensure student become successful in their regular classroom setting. Based on your child's classroom performance, the school will be providing additional support services to better meet their needs.

The school intervention team will be meeting on _____ at _____ AM/PM at your child's school. The meeting will be held in room _____.

You are welcome to attend this meeting, as parent input is always an important element of student success.

Attached to this information letter is a consent to test for hearing and vision and/or a consent to test for speech and language. Please complete and return to school as soon as possible.

If you have any additional questions concerning this process of support, please contact the school.

Sincerely,

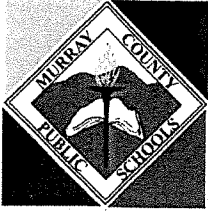
RTI Intervention Team Coordinator

Please sign and return.

_____ I will attend the intervention team meeting as scheduled.

_____ I will not attend the intervention team meeting. Parent

Signature: _____ Date: _____



Murray County Schools

P.O. Box 40 / 1006 Green Rd.

Chatsworth, GA 30705

Phone: 706-695-4531 / Fax: 706-695-8425

"Committed to Student Success! No Exceptions, No Excuses!"

Dear Parents and Families:

An important goal set by Murray County Schools is to ensure that all our students achieve academic success. Reading at grade level and having a solid foundation in mathematics skills is essential for succeeding in school and beyond. Research supports early intervention as a key to promoting on level reading and math skills in the elementary grades. Therefore, we provide opportunities for our students to engage in interventions based on their specific areas of need.

Your child will be receiving additional instruction in either reading/math during the regular school day. The interventions are designed to close the gap for children performing below grade level. Your child was chosen for these interventions based on classroom performance, test scores, and teacher recommendation.

Your child will be receiving an additional reading/math intervention daily. This intervention will target the following skill(s):

- Early Literacy Skills
- Decoding
- Fluency
- Comprehension
- fact fluency and computation
- Speech
- Behavior

During the school year we will continue to monitor the progress of your child and will inform you of additional meetings throughout the school year. You are an important part of the success of your child and we look forward to working together to ensure a successful school experience.

Interventions will continue as needed to ensure student become successful in their regular classroom setting. The next meeting has been set for the intervention team to meet and discuss the progress of your child. You are invited to attend.

The school intervention team will be meeting on _____ at _____ AM/PM at your child's school. The meeting will be held in room _____.

If you have any questions, please contact the RTI coordinator at your local school.

Sincerely,

RTI Coordinator



Murray County Schools

715 Chestnut Street
Chatsworth, GA 30705
706-695-4531

Estimados Señores _____,

Estamos solicitando su asistencia a nuestro grupo de RTI en favor de _____. Este es un proceso regular de educación de quien la función es proveer intuición y sugerencias específicas para ayudar a su maestra de clases a tratar más efectivamente con cada estudiante. Razón requerida: hablar del progreso académico de **Ulysses**.

Una reunión ha sido decidido para el día _____ de _____ del 2011 ala _____. A través de los esfuerzos colectivos de el equipo de RTI, que consisten de maestros, administradores, y otros que esperamos desarrollen exitosamente métodos que ayuden a su hijo a tener un año escolar más productivo. La presencia de los padres es considerada muy importante y su asistencia es invitada y apreciada.

Adjunto usted podrá encontrar una forma de información de antecedentes la cual esta diseñada para darnos mas información acerca de su hijo(a). Nosotros estamos interesados en cualquier información que usted sienta que nos puede ayudar a entender mejor a su hijo. Por favor complete el cuestionario y devuélvalo lo antes posible. Toda la información será tomada confidencialmente, y es solo accesible solo para esas personas que nosotros legítimamente conocemos.

Nosotros apreciamos su ayuda y esfuerzos. Si usted tiene alguna pregunta, por favor comuníquese conmigo al (706) 695-2525

Sinceramente,

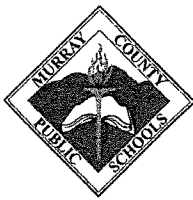
Presidente del Equipo de Ayuda al Estudiante

_____ **Si, Yo estaré atendiendo a la reunión.**

_____ **No, Yo no puedo atender a esta reunión. Por favor comuníqueme los Resultados.**

Firma del Padre / guardián

Fecha



MURRAY COUNTY SCHOOLS
Student Services Department
Consent to Screen/Re-Screen Speech and Language

P.O. Box 40
Chatsworth, GA 30705
Phone: 706-695-2252 FAX: 706-695-3289

Dear Parents,

As you are aware your child, _____, is currently in the RTI (Response to Intervention) process. At this time, Murray County Schools would like to get your permission to screen your child for speech/language difficulties. You will be notified of the results at our next meeting. Please note that it may become necessary to re-screen your child during this evaluation process. This form also gives consent to re-screen when necessary.

_____ Yes, I agree to have my child screened/re-screened for Speech/Language.

_____ No, I do not agree to have my child screened/re-screened for Speech/Language.

(Parent Signature)

(Date)

(Homeroom Teacher)

NOTE: This section is to be completed by the Speech/Language Pathologist after screening.

ARTICULATION:

☐ Passed

☐ Failed _____

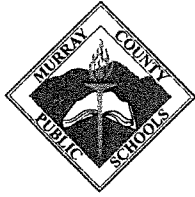
LANGUAGE

☐ Passed

☐ Failed _____

(Speech/Language Pathologist)

Date: _____



MURRAY COUNTY SCHOOLS
Student Services Department

P.O. Box 40

Chatsworth, GA 30705

Phone: 706-695-2252 FAX: 706-695-3289

**PARENTAL CONSENT TO TEST
HEARING AND VISION**

Student: _____

DOB: _____

Grade: _____

Teacher: _____

Date: _____

Please sign and return this form indicating whether you agree or disagree to have your child tested as checked below:

☒ Vision

☒ Hearing

_____ I agree for a Murray County School Nurse to test my child as indicated.

_____ I do not agree for the following reasons:

Parent/Legal Guardian

Telephone Number

Date Signed

MURRAY COUNTY SCHOOLS
FUNCTIONAL BEHAVIORAL ASSESSMENT
PERMISSION TO ASSESS

Date: _____

Student's Name: _____ DOB _____ GTID: _____
School: _____ Grade: _____
Parent/Guardian: _____ Phone _____
Address: _____
City: _____ State: _____ ZIP: _____

Your child, _____ has been referred for a functional behavioral assessment to be used in developing a behavioral plan, should one be needed.

Name: _____ Position: _____

We believe that an assessment of your child is needed for educational planning. The evaluator(s) who work with your child may use the following:

- | | | |
|---------------------|--|------------------------|
| * Social History | *Interviews | *Behavioral Checklists |
| * Observation | *Review of Records | *Other _____ |
| * Differential Test | * SAED (Scale to Access Emotional Disturbance) | |

Within 30 school days following the assessment, you will be given the opportunity to discuss the results with someone knowledgeable about the assessment.

Signed _____ Title _____

Please check one:

_____ I agree for the Murray County School System to conduct a Functional Behavioral Assessment on my child.

_____ I do not agree for the following reasons: _____

Please check one:

_____ I have received a copy of my parental rights.

_____ No, I did not receive a copy of my parental rights

Parent/Guardian: _____

MURRAY COUNTY SCHOOLS
EXCEPTIONAL STUDENTS DEPARTMENT
EDUCATIONAL/BEHAVIORAL SPECIALIST SERVICES
Tier III
REFERRAL

Student: _____ Date: _____

Date of Birth: _____ Grade: _____

Referring Teacher: _____ School: _____

Reason for Referral: _____

Is the student enrolled in Special Education? _____ YES _____ NO

Does the student have an MTSS/RTI File? _____ YES _____ NO

Does the student have a 504 Plan? _____ YES _____ NO

PLEASE INCLUDE THE FOLLOWING WITH THIS REFERRAL:

- _____ Signed Parent Permission to Observe form...
- _____ Copy of student's Emergency Card (Updated)
- _____ Behavior Intervention Plan (if in place...)
- _____ Documentation of intervention strategies (Ten school days on separate sheets)
- _____ Documentation of missed instructional times that have resulted in Disciplinary action

Principal: _____

STUDENT SUPPORT TEAM BEHAVIOR INTERVENTION DOCUMENTATION

Student Name _____ Completed by: _____

Day/Date: _____

Please use the bottom table to document behavior activity. If possible, use one sheet, per day, for the 10 days of documentation.

Antecedent	Behavior	Consequences	Function
<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>
<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>
<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>
<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>
<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>
<u>6.</u>	<u>6.</u>	<u>6.</u>	<u>6.</u>
<u>7.</u>	<u>7.</u>	<u>7.</u>	<u>7.</u>
<u>Examples:</u> <ul style="list-style-type: none"> unstructured time in... when given a verbal direction to... when in proximity to... when able to... figeting, moving, rocking 	<u>Examples:</u> <ul style="list-style-type: none"> not following directions accepting feedback accepting "no" getting teacher attention making request disagree appropriately giving criticism greeting others 	<u>Examples:</u> <ul style="list-style-type: none"> teacher attention verbal warning loss of privilege peer attention time out (when, where?) removal from class ISS (how long?) detention 	<u>Examples:</u> <ul style="list-style-type: none"> escape/avoid seek attention express anger revenge seek/power/control intimidate sensory relief of fear/anxiety

**Murray County Schools
Exceptional Student Services Department**

P.O. Box 40

715 Chestnut St.

Chatsworth, GA 30705

Phone: 706-695-2252 FAX: 706-695-3289

PERMISSION TO SCREEN

Student _____ DOB _____

Parent/Guardian _____ Phone _____

Address _____

City _____ State _____ Zip _____

Daycare/Preschool Program _____

Dear Parents,

Your preschool child has been referred to Murray County Schools for screening to determine the possibility of developmental delays. Before formal evaluation can take place, certain screenings must be completed. These screenings **may** involve observation, interview, speech/language screening, vision and hearing screening, behavior rating forms, adaptive behavior rating forms, and/or developmental rating forms. Please indicate below if you agree for your child to receive appropriate screenings.

Please check one:

_____ Yes, I agree for Murray County Schools to screen my child.

_____ No, I do not agree for Murray County Schools to screen my child for the following reasons:

Parent/Guardian

Date

MURRAY COUNTY SCHOOLS
FUNCTIONAL BEHAVIORAL ASSESSMENT
PERMISSION TO ASSESS

Date: _____

Student's Name: _____ DOB _____ GTID: _____
School: _____ Grade: _____
Parent/Guardian: _____ Phone _____
Address: _____
City: _____ State: _____ ZIP: _____

Your child, _____ has been referred for a functional behavioral assessment to be used in developing a behavioral plan, should one be needed.

Name: _____ Position: _____

We believe that an assessment of your child is needed for educational planning. The evaluator(s) who work with your child may use the following:

- | | | |
|---------------------|--|------------------------|
| * Social History | *Interviews | *Behavioral Checklists |
| * Observation | *Review of Records | *Other _____ |
| * Differential Test | * SAED (Scale to Access Emotional Disturbance) | |

Within 30 school days following the assessment, you will be given the opportunity to discuss the results with someone knowledgeable about the assessment.

Signed _____ Title _____

Please check one:

_____ I agree for the Murray County School System to conduct a Functional Behavioral Assessment on my child.

_____ I do not agree for the following reasons: _____

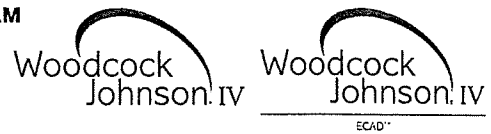
Please check one:

_____ I have received a copy of my parental rights.

_____ No, I did not receive a copy of my parental rights

Parent/Guardian: _____

Teacher's Checklist: School Age



Student's Name (Last) _____ (First) _____ Date _____

Teacher's Name (Last) _____ (First) _____

Preferred Form of Address: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Part I: Ratings of Oral Language Ability and Achievement

Please rate this student's level of oral language ability and achievement in the following areas. Check only one item for each category. If you have not had the opportunity to observe the student in one or more of these areas, or if you do not have enough information on which to base a rating, please check I don't know. If one of these areas does not apply to this student, please check Does not apply.

A. Level of oral expression

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

B. Level of listening comprehension

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

C. Level of basic reading skill (sight vocabulary and phonic and structural analysis skills)

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

D. Level of reading comprehension

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

E. Level of reading fluency (oral reading ability and reading rate)

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

F. Level of mathematics calculation

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

G. Level of mathematics problem solving (ability to analyze and solve practical problems in mathematics)

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

H. Level of basic writing skill (spelling and identification of writing errors)

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

I. Level of written expression

- ☐ 0. I don't know
- ☐ 1. Very advanced
- ☐ 2. Advanced
- ☐ 3. Average
- ☐ 4. Limited
- ☐ 5. Very limited
- ☐ 6. Extremely limited
- ☐ 7. Does not apply

Part II: Current Level of Instruction

Please indicate the grade level at which this student is being instructed in each applicable area.

Area of Instruction	Grade Level of Instruction
1. Oral Language	_____
2. Reading	_____
3. Mathematics	_____
4. Writing	_____

Part III: Student's Temperament and Mood

A. Choose up to three words that best describe this student's temperament (personality).

- ☐ 0. I don't know
- ☐ 1. Accommodating
- ☐ 2. Active
- ☐ 3. Affectionate
- ☐ 4. Argumentative
- ☐ 5. Attentive
- ☐ 6. Caring
- ☐ 7. Conscientious
- ☐ 8. Defiant
- ☐ 9. Determined
- ☐ 10. Difficult
- ☐ 11. Disobedient
- ☐ 12. Distractible
- ☐ 13. Emotional
- ☐ 14. Enthusiastic
- ☐ 15. Happy
- ☐ 16. Hyperactive
- ☐ 17. Impulsive
- ☐ 18. Independent
- ☐ 19. Insecure
- ☐ 20. Intelligent
- ☐ 21. Introverted
- ☐ 22. Irritable
- ☐ 23. Motivated
- ☐ 24. Obedient
- ☐ 25. Outgoing
- ☐ 26. Playful
- ☐ 27. Reserved
- ☐ 28. Self-reliant
- ☐ 29. Serious
- ☐ 30. Shy
- ☐ 31. Sociable
- ☐ 32. Stubborn
- ☐ 33. Troubled
- ☐ 34. Trusting
- ☐ 35. Unhappy
- ☐ 36. Unmotivated
- ☐ 37. Withdrawn

B. Which of the following best describes this student's typical mood?

- ☐ 0. I don't know
- ☐ 1. Usually happy
- ☐ 2. Mood is typical for age or grade
- ☐ 3. Seems unhappy at times
- ☐ 4. Seems unhappy most of the time
- ☐ 5. None of the above (describe) _____

C. How consistent is his or her mood?

- ☐ 0. I don't know
- ☐ 1. Mood is consistent
- ☐ 2. Shows normal "highs and lows" (typical for age)
- ☐ 3. Shows intense "highs" of energy followed by periods of sadness or depression
- ☐ 4. Does not apply

Part IV: Current Classroom Functioning

Please rate this student's classroom functioning by responding to these items. Base the ratings on your direct observations or typical experience with him or her over the past month. Check only one item for each category. If you have not had the opportunity to observe the student in one or more of these areas, or if you do not have enough information on which to base a rating, please check I don't know. If an item does not apply to this student, please check Does not apply.

A. Amount of one-to-one attention required in the classroom

- ☐ 0. I don't know
- ☐ 1. Less than most students of same grade and sex
- ☐ 2. About the same as typical students of same grade and sex
- ☐ 3. More than most students of same grade and sex
- ☐ 4. Does not apply

B. Average amount of schoolwork completed

- ☐ 0. I don't know
- ☐ 1. Less than most students of same grade and sex
- ☐ 2. About the same as typical students of same grade and sex
- ☐ 3. More than most students of same grade and sex
- ☐ 4. Does not apply

C. Attention to details in schoolwork (selective attention)

- ☐ 0. I don't know
- ☐ 1. Extremely attentive to details
- ☐ 2. Usually attends to details in schoolwork and concentrates when working (typical for age or grade)
- ☐ 3. Often fails to pay close attention to details or makes careless mistakes in schoolwork
- ☐ 4. Does not apply

D. Sustained attention

- ☐ 0. I don't know
- ☐ 1. Unusually high degree of sustained attention in tasks or play activities
- ☐ 2. Usually maintains attention in tasks or play activities (typical for age or grade)
- ☐ 3. Often has difficulty sustaining attention in tasks or play activities
- ☐ 4. Does not apply

E. Listening ability

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, listens when spoken to directly
- ☐ 2. Usually listens when spoken to directly (typical for age or grade)
- ☐ 3. Often does not seem to listen when spoken to directly
- ☐ 4. Does not apply

F. Follow-through on schoolwork (conscientiousness)

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, follows instructions and finishes schoolwork
- ☐ 2. Usually follows instructions and finishes schoolwork (typical for age or grade)
- ☐ 3. Often does not follow instructions and fails to finish schoolwork
- ☐ 4. Does not apply

G. Organization

- ☐ 0. I don't know
- ☐ 1. Is highly organized
- ☐ 2. Usually organizes tasks and activities (typical for age or grade)
- ☐ 3. Often has difficulty organizing tasks and activities
- ☐ 4. Does not apply

H. Response to academic tasks requiring sustained mental effort

- ☐ 0. I don't know
- ☐ 1. Noticeably increases level of effort
- ☐ 2. Generally persists (typical for age or grade)
- ☐ 3. Attempts but gives up easily
- ☐ 4. Often avoids, dislikes, or is reluctant to engage in these types of tasks
- ☐ 5. Does not apply

I. Orderliness or self-maintenance

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, keeps school assignments, pencils, books, or other supplies in order
- ☐ 2. Usually keeps school assignments, pencils, books, or other supplies in order (typical for age or grade)
- ☐ 3. Often loses school assignments, pencils, books, or other supplies
- ☐ 4. Does not apply

J. Response to extraneous stimuli (distractibility)

- ☐ 0. I don't know
- ☐ 1. Generally not distracted
- ☐ 2. Usually shows normal reactions and adapts (typical for age or grade)
- ☐ 3. Often easily distracted
- ☐ 4. Does not apply

K. Remembering or forgetfulness

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, remembers what he or she is supposed to do
- ☐ 2. Usually remembers what he or she is supposed to do (typical for age or grade)
- ☐ 3. Often forgets what he or she is supposed to do
- ☐ 4. Does not apply

L. Activity level when seated

- ☐ 0. I don't know
- ☐ 1. Often lethargic
- ☐ 2. Typical for age or grade
- ☐ 3. Often fidgets with hands or feet or squirms in seat (more than others of age or grade)
- ☐ 4. Does not apply

M. Out-of-seat behavior

- ☐ 0. I don't know
- ☐ 1. Usually remains seated when expected to (typical for age or grade)
- ☐ 2. Often leaves seat in classroom or other situations in which remaining seated is expected
- ☐ 3. Does not apply

N. Activity level outside the classroom

- ☐ 0. I don't know
- ☐ 1. Seems sluggish or lacking in energy
- ☐ 2. Activity level is similar to others of same sex and age or grade
- ☐ 3. Often runs about or climbs excessively in situations in which it is inappropriate
- ☐ 4. Does not apply

O. Quiet play

- ☐ 0. I don't know
- ☐ 1. Can play quietly when required (typical for age or grade)
- ☐ 2. Often has difficulty playing quietly
- ☐ 3. Does not apply

P. Style of motor activity

- ☐ 0. I don't know
- ☐ 1. Awkward, seemingly clumsy
- ☐ 2. Slow, overly careful motor behavior
- ☐ 3. Typical for age or grade
- ☐ 4. Is often "on the go" or acts as if "driven by a motor"
- ☐ 5. Does not apply

Q. Amount of talking

- ☐ 0. I don't know
- ☐ 1. Generally talks much less than age or grade peers
- ☐ 2. Amount of talking is age or grade appropriate
- ☐ 3. Often talks excessively
- ☐ 4. Does not apply

R. Oral responses to questions

- ☐ 0. I don't know
- ☐ 1. Very slow and hesitant in responding
- ☐ 2. Slow and careful in responding
- ☐ 3. Prompt but careful in responding (typical for age or grade)
- ☐ 4. Responds too quickly at times
- ☐ 5. Often blurts out answers before questions have been completed
- ☐ 6. Does not apply

S. Taking turns

- ☐ 0. I don't know
- ☐ 1. Typically withdraws from activities that involve taking turns
- ☐ 2. Takes turns appropriately for age or grade
- ☐ 3. Often has difficulty waiting for a turn
- ☐ 4. Does not apply

T. Interaction with peers

- ☐ 0. I don't know
- ☐ 1. Typically avoids interacting with peers
- ☐ 2. Social interaction skills are typical for age or grade
- ☐ 3. Often interrupts or intrudes on others (butts into conversations or games)
- ☐ 4. Does not apply

Part V: Primary Concern

This section has two parts. Please answer each part.

A. Review your responses to Part IV. Choose the statement that best describes the area or problem that causes the most concern.

- ☐ 0. There is no area that causes the most concern
- ☐ 1. The area that causes the most concern is _____ (letter A through T)

B. Rate the impact of this problem on the student's classroom performance.

- ☐ 1. No significant impact on performance
- ☐ 2. Interferes from time to time
- ☐ 3. Generally impairs performance
- ☐ 4. Seriously impairs performance
- ☐ 5. Does not apply

Part VI: Problem Behaviors in the Classroom

Some of the following behaviors are common at certain ages and are not of concern. Sometimes they can cause serious problems. If the student does not exhibit problem behaviors in a category, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior and rate the level of severity (for the student) and disruptiveness (to others).

A. Inattentiveness. Does the student have difficulty paying attention, sustaining alertness, or maintaining effort? For example, does he or she look around, fail to listen to instructions or lessons, or become distracted by extraneous stimuli?

- ☐ 1. No
- ☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- ☐ 1. Not seriously
- ☐ 2. Slightly seriously
- ☐ 3. Seriously
- ☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- ☐ 1. Not disruptive
- ☐ 2. Slightly disruptive
- ☐ 3. Moderately disruptive
- ☐ 4. Very disruptive

B. Overactivity. Is the student overly active for his or her age or grade? For example, does he or she fidget or jump out of his or her seat, walk or run around the classroom inappropriately, or sit or stand on a desk?

- ☐ 1. No
☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- ☐ 1. Not seriously
☐ 2. Slightly seriously
☐ 3. Seriously
☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- ☐ 1. Not disruptive
☐ 2. Slightly disruptive
☐ 3. Moderately disruptive
☐ 4. Very disruptive

C. Impulsiveness. Does the student act impulsively?

For example, does he or she blurt out answers before questions have been completed, interrupt others, butt into conversations or games, or fail to wait for a turn?

- ☐ 1. No
☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- ☐ 1. Not seriously
☐ 2. Slightly seriously
☐ 3. Seriously
☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- ☐ 1. Not disruptive
☐ 2. Slightly disruptive
☐ 3. Moderately disruptive
☐ 4. Very disruptive

D. Uncooperative behavior. Is the student uncooperative?

For example, does he or she refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share, or cheat?

- ☐ 1. No
☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- ☐ 1. Not seriously
☐ 2. Slightly seriously
☐ 3. Seriously
☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- ☐ 1. Not disruptive
☐ 2. Slightly disruptive
☐ 3. Moderately disruptive
☐ 4. Very disruptive

E. Anxiousness. Does the student appear overtly anxious?

For example, does he or she pull his or her hair, bite his or her nails, twitch, pace, shake, repetitively tap his or her hands or feet, show a tense or worried expression, tremble, complain of a stomachache, or cry?

- ☐ 1. No
☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- ☐ 1. Not seriously
☐ 2. Slightly seriously
☐ 3. Seriously
☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- ☐ 1. Not disruptive
☐ 2. Slightly disruptive
☐ 3. Moderately disruptive
☐ 4. Very disruptive

F. Withdrawal. Does the student seem to withdraw from others or from classroom activities? For example, does he or she stare blankly or daydream, inappropriately fiddle with objects, or appear sullen or detached?

- ☐ 1. No
☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- ☐ 1. Not seriously
☐ 2. Slightly seriously
☐ 3. Seriously
☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- ☐ 1. Not disruptive
☐ 2. Slightly disruptive
☐ 3. Moderately disruptive
☐ 4. Very disruptive

G. Aggressiveness. Does the student act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at, or spit at others; threaten, bully, or verbally abuse others; or break, deface, or destroy things?

- ☐ 1. No
☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

- ☐ 1. Not seriously
☐ 2. Slightly seriously
☐ 3. Seriously
☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

- ☐ 1. Not disruptive
☐ 2. Slightly disruptive
☐ 3. Moderately disruptive
☐ 4. Very disruptive

H. Other inappropriate (nonaggressive) behaviors. Does the student behave in ways that are socially inappropriate or offensive to others? For example, does he or she swear or use vulgar language, tease others, tatttle on others, talk too loudly, bother others, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

☐ 1. No

☐ 2. Yes (describe) _____

a. Severity. How seriously does this behavior impede the student's opportunity to learn?

☐ 1. Not seriously

☐ 2. Slightly seriously

☐ 3. Seriously

☐ 4. Very seriously

b. Disruptiveness. How disruptive is this behavior to others?

☐ 1. Not disruptive

☐ 2. Slightly disruptive

☐ 3. Moderately disruptive

☐ 4. Very disruptive

Parent's Checklist: School Age

Woodcock
Johnson[®] IVWoodcock
Johnson[®] IV

ECAD™

Child's Name (Last) _____ (First) _____ Date _____

Respondent's Name (Last) _____ (First) _____

Preferred Form of Address: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Relationship:

- ☐ 1. Mother
☐ 2. Father
☐ 3. Guardian
☐ 4. Stepmother

- ☐ 5. Stepfather
☐ 6. Grandmother
☐ 7. Grandfather
☐ 8. Sister

- ☐ 9. Brother
☐ 10. Aunt
☐ 11. Uncle

☐ 12. Other (specify) _____

Part I: Current Home and Health Status

Please check one item for each category.

A. With whom does your child live?

- ☐ 1. Both parents (together in one home)
☐ 2. Mother
☐ 3. Father
☐ 4. Mother and stepfather
☐ 5. Father and stepmother
☐ 6. Both parents (in two different homes)
☐ 7. Foster parents
☐ 8. Other (specify) _____

B. Was your child adopted?

- ☐ 0. I don't know
☐ 1. No
☐ 2. Yes (At what age? _____)

C. Are any languages other than English spoken in your home?

- ☐ 1. No
☐ 2. Yes (specify language[s]) _____

D. How many other children live in your home?

- ☐ 0. None
☐ 1. One (age _____)
☐ 2. Two (ages _____, _____)
☐ 3. Three (ages _____, _____, _____)
☐ 4. Four (ages _____, _____, _____, _____)
☐ 5. Other (ages _____, _____, _____, _____)

E. Have there been any recent changes in family life (for example, a birth, a divorce, or a move to a new home)?

- ☐ 1. No
☐ 2. Yes (specify) _____

F. What is your child's overall physical health?

- ☐ 0. I don't know
☐ 1. Is usually in good health and physically fit
☐ 2. Is generally in good health
☐ 3. Has a health condition that does not require medication (specify health condition) _____
☐ 4. Has a health condition that requires medication (specify health condition) _____

G. Has your child ever sustained a head injury?

- ☐ 0. I don't know
☐ 1. No
☐ 2. Yes

If Yes, please answer parts a, b, and c below.

a. How serious was this injury?

- ☐ 1. Not serious
☐ 2. Slightly serious
☐ 3. Serious
☐ 4. Very serious

b. How long ago did the injury occur?

- ☐ 1. Within the past year
☐ 2. 1 to 2 years ago
☐ 3. 2 to 3 years ago
☐ 4. 3 to 4 years ago
☐ 5. More than 4 years ago

c. Was the child unconscious?

- ☐ 0. I don't know
☐ 1. No
☐ 2. Yes (specify amount of time) _____

H. Has your child ever had a serious illness?

- ☐ 0. I don't know
☐ 1. No
☐ 2. Yes

If Yes, please answer parts a and b below.

a. What was the most serious illness? _____

b. At what age did the illness initially occur? _____

I. Does your child have seizures?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes

If Yes, how frequent are the seizures?

- ☐ a. I don't know
- ☐ b. Less than once a month
- ☐ c. About once a month
- ☐ d. More than once a month
- ☐ e. About once a week
- ☐ f. More than once a week

J. How would you describe your child's vision?

- ☐ 0. I don't know
- ☐ 1. Has normal or near normal vision without corrective lenses
- ☐ 2. Has normal or near normal vision when corrective lenses are worn
- ☐ 3. Has visual difficulties but does not wear corrective lenses
- ☐ 4. Has visual difficulties despite wearing corrective lenses
- ☐ 5. Has severe visual impairment

K. Has your child had a recent vision test?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes

If Yes, please answer parts a and b below.

a. Specify month and year of test (____/____)

b. What type of vision test did your child receive? (Check only one.)

- ☐ 1. Screening only
- ☐ 2. Optometrist's evaluation
- ☐ 3. Ophthalmologist's examination

L. How would you describe your child's hearing?

- ☐ 0. I don't know
- ☐ 1. Can hear in most situations (does not use a hearing aid)
- ☐ 2. Can hear in most situations with a hearing aid
- ☐ 3. Has difficulty hearing but does not use a hearing aid
- ☐ 4. Has difficulty hearing even when using a hearing aid
- ☐ 5. Has severe hearing impairment

M. Has your child had a recent hearing test?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes

If Yes, please answer parts a and b below.

a. Specify month and year of test (____/____)

b. What type of hearing test did your child receive? (Check only one.)

- ☐ 1. Screening only
- ☐ 2. Audiologist's evaluation
- ☐ 3. Ear, nose, and throat physician's examination

N. How much sleep does your child typically get each night?

- ☐ 0. I don't know
- ☐ 1. Less than 6 hours
- ☐ 2. 6 to 7 hours
- ☐ 3. 7 to 8 hours
- ☐ 4. 8 to 9 hours
- ☐ 5. 9 to 10 hours
- ☐ 6. More than 10 hours
- ☐ 7. Amount of sleep varies from night to night

O. How soundly does your child sleep?

- ☐ 0. I don't know
- ☐ 1. Sleeps so soundly that he or she cannot be woken easily
- ☐ 2. Usually sleeps soundly (typical for age)
- ☐ 3. Usually wakes at least once during the night
- ☐ 4. Doesn't seem able to sleep soundly
- ☐ 5. Does not apply

P. Has your child shown any recent changes in appetite?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes (specify) _____

Q. Does your child frequently complain about not feeling well?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes (specify) _____

R. Has any other member of your child's immediate family experienced personal, social, or learning problems?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes (specify) _____
- ☐ 3. Does not apply

Part II: Birth History

Please check one item for each category, unless specified otherwise.

A. What was the birth mother's condition during pregnancy?

- ☐ 0. I don't know
- ☐ 1. Normal; no health problems
- ☐ 2. Mother had health problems (specify) _____
- ☐ 3. Mother had health problems related to substance abuse (specify) _____

B. How would you describe your child's birth? (Check all that apply.)

- ☐ 0. I don't know
- ☐ 1. Normal (no unusual problems)
- ☐ 2. Premature birth (weeks premature: _____)
- ☐ 3. Lengthy labor (more than 24 hours)
- ☐ 4. Complications at delivery (specify) _____

C. What was your child's condition immediately after birth? (Check all that apply.)

- ☐ 0. I don't know
- ☐ 1. Healthy (normal)
- ☐ 2. Injured at birth
- ☐ 3. Had difficulty starting to breathe
- ☐ 4. Jaundice
- ☐ 5. Had an infection
- ☐ 6. Seizures
- ☐ 7. Drug-dependent
- ☐ 8. Placed in incubator
- ☐ 9. Critical; placed in intensive care
- ☐ 10. Low birth weight (specify weight, if known _____)
- ☐ 11. High birth weight (specify weight, if known _____)
- ☐ 12. Low Apgar score (qualify, if needed) _____
- ☐ 13. Had a blood transfusion
- ☐ 14. Other (specify) _____

Part III: Infancy and Early Childhood History

A. Choose up to three words that best describe your child's temperament (personality) during infancy and early childhood.

- ☐ 0. I don't know
- ☐ 1. Active
- ☐ 2. Affectionate
- ☐ 3. Alert
- ☐ 4. Attentive
- ☐ 5. Calm
- ☐ 6. Colicky
- ☐ 7. Curious
- ☐ 8. Demanding
- ☐ 9. Determined
- ☐ 10. Difficult
- ☐ 11. Fearful
- ☐ 12. Fussy
- ☐ 13. Happy
- ☐ 14. Imitative
- ☐ 15. Independent
- ☐ 16. Irritable
- ☐ 17. Loving
- ☐ 18. Observant
- ☐ 19. Playful
- ☐ 20. Screaming
- ☐ 21. Shy
- ☐ 22. Stubborn
- ☐ 23. Withdrawn

B. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk?

- ☐ 0. I don't know
- ☐ 1. Developed earlier than most other children
- ☐ 2. Seemed to be typical
- ☐ 3. Developed later than most other children
- ☐ 4. Does not apply

C. How would you rate your child's early language development, such as speaking first words, asking simple questions, and talking in sentences?

- ☐ 0. I don't know
- ☐ 1. Developed earlier than most other children
- ☐ 2. Seemed to be typical
- ☐ 3. Developed later than most other children
- ☐ 4. Does not apply

D. Did your child have frequent ear infections (more than four within a 12-month period)?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes

If Yes, at what age(s)? (Check all that apply.)

- ☐ a. <1
- ☐ b. 1
- ☐ c. 2
- ☐ d. 3
- ☐ e. 4
- ☐ f. 5

Part IV: Child's Preschool History

Please check one item for each category.

A. Did your child attend preschool (not daycare)?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes

If Yes, beginning at what age?

- ☐ a. 2
- ☐ b. 3
- ☐ c. 4
- ☐ d. 5

B. During ages 3 through 5, how would you rate your child's cognitive development, such as counting, knowledge of the alphabet, and general knowledge and understanding?

- ☐ 0. I don't know
- ☐ 1. Seemed to learn more easily (or sooner) than most other children
- ☐ 2. Seemed to be typical
- ☐ 3. Seemed to have more difficulty learning (or learned later) than most other children
- ☐ 4. Does not apply

C. During ages 3 through 5, how would you rate your child's social development, such as ability to play with others, development of friendships, and relationships with adults?

- ☐ 0. I don't know
- ☐ 1. Seemed to develop social skills more easily (or sooner) than most other children
- ☐ 2. Seemed to be typical
- ☐ 3. Seemed to have more difficulty developing social skills (or learned later) than most other children
- ☐ 4. Does not apply

D. How difficult was your child's behavior to manage during the preschool years?

- ☐ 0. I don't know
- ☐ 1. Very easy to manage
- ☐ 2. Seemed to be typical
- ☐ 3. Somewhat difficult to manage
- ☐ 4. Very difficult to manage
- ☐ 5. Does not apply

Part V: School History

Please check one item for each category.

A. Has your child ever repeated a grade?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes (If Yes, what grade was, or is being, repeated? _____)
- ☐ 3. Does not apply

B. Has your child ever received special educational services, such as resource room instruction, speech therapy, or an individualized education program?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Yes

If Yes, please answer parts a and b below.

a. Briefly describe special education services received

b. When did your child first receive these services?
Age/grade (circle one) _____

- ☐ 3. Does not apply

C. Do you believe that your child has learning problems?

- ☐ 0. I don't know
- ☐ 1. No
- ☐ 2. Maybe
- ☐ 3. Yes (describe) _____
- ☐ 4. Does not apply

D. If you believe your child has learning problems, how long have you been concerned about this?

- ☐ 0. I don't know
- ☐ 1. For a couple of months
- ☐ 2. For about 6 months
- ☐ 3. For about 9 months
- ☐ 4. For about 1 year
- ☐ 5. For about 2 years
- ☐ 6. For about 3 years
- ☐ 7. For about 4 years
- ☐ 8. For about 5 or more years
- ☐ 9. Does not apply

Part VI: Current Temperament and Mood

A. Choose up to three words that best describe your child's current temperament (personality).

- ☐ 0. I don't know
- ☐ 1. Accommodating
- ☐ 2. Active
- ☐ 3. Affectionate
- ☐ 4. Argumentative
- ☐ 5. Attentive
- ☐ 6. Calm
- ☐ 7. Caring
- ☐ 8. Conscientious
- ☐ 9. Demanding
- ☐ 10. Determined
- ☐ 11. Difficult
- ☐ 12. Emotional
- ☐ 13. Enthusiastic
- ☐ 14. Happy
- ☐ 15. Hyperactive
- ☐ 16. Impatient
- ☐ 17. Impulsive
- ☐ 18. Independent
- ☐ 19. Insecure
- ☐ 20. Intelligent
- ☐ 21. Irritable
- ☐ 22. Motivated
- ☐ 23. Obedient
- ☐ 24. Outgoing
- ☐ 25. Playful
- ☐ 26. Reserved
- ☐ 27. Self-reliant
- ☐ 28. Shy
- ☐ 29. Sociable
- ☐ 30. Stubborn
- ☐ 31. Trusting
- ☐ 32. Undisciplined
- ☐ 33. Unhappy
- ☐ 34. Unmotivated
- ☐ 35. Other (specify) _____

B. Which of the following best describes your child's typical mood?

- ☐ 0. I don't know
- ☐ 1. Usually happy
- ☐ 2. Mood is typical for age
- ☐ 3. Seems unhappy at times
- ☐ 4. Seems unhappy most of the time
- ☐ 5. None of the above (describe) _____

C. How consistent is his or her mood?

- ☐ 0. I don't know
- ☐ 1. Mood is consistent
- ☐ 2. Shows normal "highs and lows" (typical for age)
- ☐ 3. Shows intense "highs" of energy followed by periods of sadness or depression
- ☐ 4. Does not apply

Part VII: Current Behaviors

Please base your ratings on your typical observations over the past year. Check one category for each item.

A. What is your child's attitude toward school?

- ☐ 0. I don't know
- ☐ 1. Very enthusiastic about school
- ☐ 2. Generally likes school
- ☐ 3. Likes some things about school and dislikes other things
- ☐ 4. Generally dislikes school
- ☐ 5. Dislikes school so much that he or she does not want to go
- ☐ 6. Does not apply

B. How would you rate your child's level of effort toward schoolwork?

- ☐ 0. I don't know
- ☐ 1. Tries very hard to succeed
- ☐ 2. Generally tries to succeed
- ☐ 3. Effort varies
- ☐ 4. Generally doesn't try to succeed
- ☐ 5. Does not apply

C. When helping or working at home, how attentive is your child to details?

- ☐ 0. I don't know
- ☐ 1. Extremely attentive to details
- ☐ 2. Usually attends to details and concentrates when working (typical for age)
- ☐ 3. Often fails to pay close attention to details or makes careless mistakes
- ☐ 4. Does not apply

D. How would you rate your child's attention span?

- ☐ 0. I don't know
- ☐ 1. Unusually high degree of sustained attention in tasks or play activities
- ☐ 2. Usually maintains attention in tasks or play activities (typical for age)
- ☐ 3. Often has difficulty sustaining attention in tasks or play activities
- ☐ 4. Does not apply

E. How would you rate your child's listening ability?

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, listens when spoken to directly
- ☐ 2. Usually listens when spoken to directly (typical for age)
- ☐ 3. Often does not seem to listen when spoken to directly
- ☐ 4. Does not apply

F. How would you rate your child's follow-through on homework?

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, follows instructions and finishes homework
- ☐ 2. Usually follows instructions and finishes homework (typical for age)
- ☐ 3. Often does not follow instructions and fails to finish homework
- ☐ 4. Does not apply

G. How would you rate your child's level of organization?

- ☐ 0. I don't know
- ☐ 1. Is highly organized
- ☐ 2. Usually organizes tasks and activities (typical for age)
- ☐ 3. Often has difficulty organizing tasks and activities
- ☐ 4. Does not apply

H. How would you rate your child's response to tasks that are difficult for him or her?

- ☐ 0. I don't know
- ☐ 1. Noticeably increases level of effort
- ☐ 2. Generally persists (typical for age)
- ☐ 3. Attempts but gives up easily
- ☐ 4. Often avoids, dislikes, or is reluctant to engage in difficult tasks
- ☐ 5. Does not apply

I. How well does your child maintain personal belongings?

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, keeps personal belongings in order
- ☐ 2. Usually keeps personal belongings in order (typical for age)
- ☐ 3. Often loses personal belongings
- ☐ 4. Does not apply

J. How does your child typically respond to minor distractions?

- ☐ 0. I don't know
- ☐ 1. Generally not distracted
- ☐ 2. Usually shows normal reactions and adapts (typical for age)
- ☐ 3. Often easily distracted
- ☐ 4. Does not apply

K. How often does your child remember to do assigned chores at home?

- ☐ 0. I don't know
- ☐ 1. Always, or almost always, remembers chores he or she is supposed to do
- ☐ 2. Usually remembers chores he or she is supposed to do (typical for age)
- ☐ 3. Often forgets chores he or she is supposed to do
- ☐ 4. Does not apply

L. What is your child's typical activity level when watching television, eating meals, or doing homework?

- ☐ 0. I don't know
- ☐ 1. Seems less active than others of same age and sex
- ☐ 2. Activity level is similar to others of same age and sex
- ☐ 3. Often fidgets or squirms (more than others of same age and sex)
- ☐ 4. Does not apply

M. What is your child's typical activity level in social situations outside of the home?

- ☐ 0. I don't know
- ☐ 1. Seems sluggish or lacks energy
- ☐ 2. Activity level is similar to others of same age and sex
- ☐ 3. Often runs about or climbs excessively in situations in which it is inappropriate
- ☐ 4. Does not apply

N. How well does your child play quietly when required?

- ☐ 0. I don't know
- ☐ 1. Can play quietly when required (typical for age)
- ☐ 2. Often has difficulty playing quietly
- ☐ 3. Does not apply

O. What is your child's style of motor activity?

- ☐ 0. I don't know
- ☐ 1. Awkward, seemingly clumsy
- ☐ 2. Slow, overly careful motor behavior
- ☐ 3. Motor activity seems similar to others of same age and sex
- ☐ 4. Is often "on the go" or acts as if "driven by a motor"
- ☐ 5. Does not apply

P. How much talking does your child do?

- ☐ 0. I don't know
- ☐ 1. Generally talks much less than age peers of the same sex
- ☐ 2. Amount of talking is age appropriate
- ☐ 3. Often talks excessively
- ☐ 4. Does not apply

Q. How good is your child at taking turns?

- ☐ 0. I don't know
- ☐ 1. Typically withdraws from activities that involve taking turns
- ☐ 2. Takes turns appropriately for age
- ☐ 3. Often has difficulty waiting for a turn
- ☐ 4. Does not apply

R. How well does your child interact with peers?

- ☐ 0. I don't know
- ☐ 1. Typically avoids interacting with peers
- ☐ 2. Social interaction skills are typical for age
- ☐ 3. Often interrupts or intrudes on others (butts into conversations or games)
- ☐ 4. Does not apply

Part VIII: Behavior Problems at Home

Some of the following behaviors are common at certain ages and are not of concern. Sometimes they can cause serious problems at home. If your child does not exhibit the problem behavior at home, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior and rate how serious the behavior is.

A. Inattentiveness. Does your child have difficulty paying attention or concentrating at home? For example, does he or she fail to listen to specific instructions or become distracted by extraneous stimuli?

- ☐ 1. No
- ☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
- ☐ b. Slightly serious
- ☐ c. Serious
- ☐ d. Very serious

B. Overactivity. Is your child overly active for his or her age? For example, does he or she seem unable to remain seated in the car or at the dinner table, run around the house excessively, or act as if "driven by a motor"?

- ☐ 1. No
- ☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
- ☐ b. Slightly serious
- ☐ c. Serious
- ☐ d. Very serious

C. Impulsiveness. Does your child act in impulsive ways that would be considered immature for his or her age? For example, does he or she interrupt others who are talking, blurt things out, act without thinking, butt into conversations or games, or become unreasonably impatient when asked to wait?

- ☐ 1. No
- ☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
- ☐ b. Slightly serious
- ☐ c. Serious
- ☐ d. Very serious

D. Uncooperative behavior. Is your child uncooperative? For example, does he or she frequently refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share with other children, or cheat at games?

- ☐ 1. No
☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
☐ b. Slightly serious
☐ c. Serious
☐ d. Very serious

E. Anxiousness. Does your child seem more anxious than other children of his or her age? For example, does he or she pull his or her hair, bite his or her nails, twitch, pace, shake, repetitively tap his or her hands or feet, show a tense or worried expression, tremble, complain of a stomachache, or cry?

- ☐ 1. No
☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
☐ b. Slightly serious
☐ c. Serious
☐ d. Very serious

F. Withdrawal. Does your child seem to withdraw from other children rather than interact or play with them? For example, does he or she appear sullen or detached or prefer to be alone rather than with others?

- ☐ 1. No
☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
☐ b. Slightly serious
☐ c. Serious
☐ d. Very serious

G. Aggressiveness. Does your child act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at, or spit at others; threaten, bully, or verbally abuse others; or break, deface, or destroy things?

- ☐ 1. No
☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
☐ b. Slightly serious
☐ c. Serious
☐ d. Very serious

H. Other inappropriate (nonaggressive) behaviors. Does your child behave in ways that are socially inappropriate or offensive to others? For example, does he or she swear or use vulgar language, tease others, tattletale on others, talk too loudly, bother others, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

- ☐ 1. No
☐ 2. Yes (describe) _____

If Yes, how serious is this behavior?

- ☐ a. Not serious
☐ b. Slightly serious
☐ c. Serious
☐ d. Very serious

Formulario para padres: Edad escolar

Nombre del niño/a (Apellido) _____ (Nombre) _____ Fecha _____

Nombre del responsable (Apellido) _____ (Nombre) _____

Tratamiento: ☐ Sr. ☐ Sra. ☐ Srta.

Vínculo:

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 1. Madre | <input type="checkbox"/> 5. Padrastro | <input type="checkbox"/> 9. Hermano |
| <input type="checkbox"/> 2. Padre | <input type="checkbox"/> 6. Abuela | <input type="checkbox"/> 10. Tía |
| <input type="checkbox"/> 3. Tutor/a | <input type="checkbox"/> 7. Abuelo | <input type="checkbox"/> 11. Tío |
| <input type="checkbox"/> 4. Madrastra | <input type="checkbox"/> 8. Hermana | <input type="checkbox"/> 12. Otro (especificar) _____ |

Parte I: Situación actual de vivienda y salud

Marque una casilla por cada categoría.

A. ¿Con quién vive el niño?

- ☐ 1. Con ambos padres (juntos, en un único hogar)
- ☐ 2. Con la madre
- ☐ 3. Con el padre
- ☐ 4. Con la madre y el padrastro
- ☐ 5. Con el padre y la madrastra
- ☐ 6. Con ambos padres (en dos hogares distintos)
- ☐ 7. Con padres adoptivos
- ☐ 8. Otro (especificar) _____

B. ¿El niño fue adoptado?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí (¿A qué edad? _____)

C. ¿Se hablan otros idiomas, además de inglés, en el hogar?

- ☐ 1. No
- ☐ 2. Sí (especificar idioma[s]) _____

D. ¿Cuántos niños viven en su hogar?

- ☐ 0. Ninguno
- ☐ 1. Uno (edad _____)
- ☐ 2. Dos (edades _____, _____)
- ☐ 3. Tres (edades _____, _____, _____)
- ☐ 4. Cuatro (edades _____, _____, _____, _____)
- ☐ 5. Otro (edades _____, _____, _____, _____)

E. ¿Ha habido cambios recientes en la familia? (por ejemplo, un nacimiento, un divorcio, una mudanza)

- ☐ 1. No
- ☐ 2. Sí (especificar) _____

F. ¿Cuál es el estado de salud física general del niño?

- ☐ 0. No sé
- ☐ 1. Goza de buena salud y buen estado físico
- ☐ 2. Suele gozar de buena salud
- ☐ 3. Padece una enfermedad que no requiere medicación (especificar enfermedad) _____
- ☐ 4. Padece una enfermedad que requiere medicación (especificar enfermedad) _____

G. ¿El niño alguna vez sufrió una lesión en la cabeza?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí

Si respondió "Sí", complete los apartados a, b y c.

a. ¿Cuál fue la gravedad de la lesión?

- ☐ 1. Nada grave
- ☐ 2. Levemente grave
- ☐ 3. Grave
- ☐ 4. Muy grave

b. ¿Cuándo se produjo la lesión?

- ☐ 1. En el último año
- ☐ 2. Hace 1 o 2 años
- ☐ 3. Hace 2 o 3 años
- ☐ 4. Hace 3 o 4 años
- ☐ 5. Hace más de 4 años

c. ¿El niño perdió el conocimiento?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí (especificar tiempo) _____

H. ¿El niño tuvo alguna enfermedad grave?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí

Si respondió "Sí", complete los apartados a y b.

a. ¿Cuál fue la enfermedad más grave? _____

b. ¿A qué edad comenzó la enfermedad? _____

I. ¿El niño sufre convulsiones?

- ☐ 0. No sé
☐ 1. No
☐ 2. Sí

Si respondió "Sí", ¿con qué frecuencia se manifiestan?

- ☐ a. No sé
☐ b. Menos de una vez al mes
☐ c. Aproximadamente una vez al mes
☐ d. Más de una vez al mes
☐ e. Aproximadamente una vez a la semana
☐ f. Más de una vez a la semana

J. ¿Cómo describiría la vista del niño?

- ☐ 0. No sé
☐ 1. Tiene una vista normal o casi normal y no usa lentes correctivos
☐ 2. Tiene una vista normal o casi normal cuando usa lentes correctivos
☐ 3. Tiene dificultades para ver pero no usa lentes correctivos
☐ 4. Tiene dificultades para ver a pesar de usar lentes correctivos
☐ 5. Tiene una discapacidad visual grave

K. ¿Ha tenido el niño un examen de vista recientemente?

- ☐ 0. No sé
☐ 1. No
☐ 2. Sí

Si respondió "Sí", complete los apartados a y b.

a. Especificar mes y año del examen (____/____)

b. ¿Qué tipo de examen de la vista se hizo? (Marque solo una casilla).

- ☐ 1. Solo un chequeo
☐ 2. Evaluación a cargo de un optometrista
☐ 3. Examen a cargo de un oftalmólogo

L. ¿Cómo describiría la audición del niño?

- ☐ 0. No sé
☐ 1. Oye bien en la mayoría de las situaciones (no usa audífono)
☐ 2. Oye bien en la mayoría de las situaciones, con ayuda de un audífono
☐ 3. Tiene dificultades para oír pero no usa audífono
☐ 4. Tiene dificultades para oír aun cuando usa audífono
☐ 5. Tiene una discapacidad auditiva grave

M. ¿Ha tenido el niño un examen auditivo recientemente?

- ☐ 0. No sé
☐ 1. No
☐ 2. Sí

Si respondió "Sí", complete los apartados a y b.

a. Especificar mes y año del examen (____/____)

b. ¿Qué tipo de examen auditivo se hizo? (Marque solo una casilla).

- ☐ 1. Solo un chequeo
☐ 2. Evaluación a cargo de un audiólogo
☐ 3. Examen de oídos, nariz y garganta a cargo de un médico

N. ¿Cuántas horas suele dormir el niño en la noche?

- ☐ 0. No sé
☐ 1. Menos de 6 horas
☐ 2. De 6 a 7 horas
☐ 3. De 7 a 8 horas
☐ 4. De 8 a 9 horas
☐ 5. De 9 a 10 horas
☐ 6. Más de 10 horas
☐ 7. Las horas de sueño varían noche a noche

O. ¿Cómo duerme el niño?

- ☐ 0. No sé
☐ 1. Duerme tan profundamente que no podemos despertarlo con facilidad
☐ 2. Suele dormir profundamente (típico para su edad)
☐ 3. Suele despertarse al menos una vez por noche
☐ 4. Parece no poder dormir profundamente
☐ 5. No corresponde

P. ¿El niño ha manifestado cambios en el apetito recientemente?

- ☐ 0. No sé
☐ 1. No
☐ 2. Sí (especificar) _____

Q. ¿El niño manifiesta no sentirse bien con frecuencia?

- ☐ 0. No sé
☐ 1. No
☐ 2. Sí (especificar) _____

R. ¿Algún miembro de la familia directa del niño ha experimentado problemas personales, sociales o de aprendizaje?

- ☐ 0. No sé
☐ 1. No
☐ 2. Sí (especificar) _____
☐ 3. No corresponde

Parte II: Historial de nacimiento

Marque una casilla por cada categoría, a menos que se indique lo contrario.

A. ¿En qué condiciones se encontraba la madre biológica durante el embarazo?

- ☐ 0. No sé
☐ 1. Normal; no tuvo problemas de salud
☐ 2. La madre tuvo problemas de salud (especificar) _____
☐ 3. La madre tuvo problemas de salud relacionados con el abuso de sustancias (especificar) _____

B. ¿Cómo describiría el nacimiento del niño? (Marque todas las casillas que correspondan).

- ☐ 0. No sé
- ☐ 1. Normal (sin problemas inusuales)
- ☐ 2. Prematuro (semanas de anticipación: _____)
- ☐ 3. Parto prolongado (más de 24 horas)
- ☐ 4. Complicaciones en el parto (especificar) _____

C. ¿En qué condiciones se encontraba el niño inmediatamente después del parto? (Marque todas las casillas que correspondan).

- ☐ 0. No sé
- ☐ 1. Sano (normal)
- ☐ 2. Con lesiones por el parto
- ☐ 3. Tuvo dificultades para comenzar a respirar
- ☐ 4. Ictericia
- ☐ 5. Tuvo una infección
- ☐ 6. Convulsiones
- ☐ 7. Dependiente de drogas
- ☐ 8. Colocado en incubadora
- ☐ 9. Estado crítico; internado en cuidados intensivos
- ☐ 10. Peso bajo al nacer (especificar, si se sabe _____)
- ☐ 11. Peso alto al nacer (especificar, si se sabe _____)
- ☐ 12. Puntaje bajo en el test de Apgar (calificar de ser necesario) _____
- ☐ 13. Recibió una transfusión de sangre
- ☐ 14. Otro (especificar) _____

Parte III: Historial de infancia y niñez

A. Elija hasta tres palabras que describan mejor el temperamento (la personalidad) del niño durante su primera infancia.

- ☐ 0. No sé
- ☐ 1. Activo
- ☐ 2. Afectuoso
- ☐ 3. Alerta
- ☐ 4. Atento
- ☐ 5. Tranquilo
- ☐ 6. Con cólicos
- ☐ 7. Curioso
- ☐ 8. Demandante
- ☐ 9. Decidido
- ☐ 10. Difícil
- ☐ 11. Temeroso
- ☐ 12. Quisquilloso
- ☐ 13. Feliz
- ☐ 14. Mimético
- ☐ 15. Independiente
- ☐ 16. Irritable
- ☐ 17. Tierno
- ☐ 18. Observador
- ☐ 19. Juguetón
- ☐ 20. Gritón
- ☐ 21. Tímido
- ☐ 22. Terco
- ☐ 23. Introverso

B. ¿Cómo calificaría el desarrollo de las destrezas motrices iniciales del niño, tales como sentarse, gatear y aprender a caminar?

- ☐ 0. No sé
- ☐ 1. Las desarrolló antes que la mayoría de los niños
- ☐ 2. Pareció normal
- ☐ 3. Las desarrolló más tarde que la mayoría de los niños
- ☐ 4. No corresponde

C. ¿Cómo calificaría el desarrollo del lenguaje del niño, como pronunciar las primeras palabras, formular preguntas simples y armar oraciones?

- ☐ 0. No sé
- ☐ 1. Lo desarrolló antes que la mayoría de los niños
- ☐ 2. Pareció normal
- ☐ 3. Lo desarrolló más tarde que la mayoría de los niños
- ☐ 4. No corresponde

D. ¿El niño sufrió infecciones de oído con frecuencia (más de cuatro en un período de 12 meses)?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí

Si respondió "Sí", ¿a qué edad(es)? (Marque todas las casillas que correspondan).

- ☐ a. <1
- ☐ b. 1
- ☐ c. 2
- ☐ d. 3
- ☐ e. 4
- ☐ f. 5

Parte IV: Historial preescolar del niño

Marque una casilla por cada categoría.

A. ¿El niño asistió al jardín de infancia (no guardería)?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí

Si respondió "Sí", ¿a qué edad comenzó?

- ☐ a. 2
- ☐ b. 3
- ☐ c. 4
- ☐ d. 5

B. Desde los 3 hasta los 5 años de edad, ¿cómo describiría el desarrollo cognitivo del niño, incluidas destrezas tales como contar, aprender el alfabeto y adquirir y comprender conocimientos generales?

- ☐ 0. No sé
- ☐ 1. Pareció aprender más fácilmente (o antes) que la mayoría de los niños
- ☐ 2. Pareció normal
- ☐ 3. Pareció tener más dificultades para aprender (o tardó más) que la mayoría de los niños
- ☐ 4. No corresponde

- C. Desde los 3 hasta los 5 años de edad, ¿cómo describiría el desarrollo social del niño, incluidas destrezas tales como jugar con otros niños, hacer amistades y relacionarse con adultos?**
- ☐ 0. No sé
 - ☐ 1. Pareció desarrollar destrezas sociales más fácilmente (o antes) que la mayoría de los niños
 - ☐ 2. Pareció normal
 - ☐ 3. Pareció tener más dificultades para desarrollar destrezas sociales (o tardó más) que la mayoría de los niños
 - ☐ 4. No corresponde

D. ¿Qué le pareció la conducta del niño en la etapa preescolar?

- ☐ 0. No sé
- ☐ 1. Muy fácil de controlar
- ☐ 2. Pareció normal
- ☐ 3. Un poco difícil de controlar
- ☐ 4. Muy difícil de controlar
- ☐ 5. No corresponde

Parte V: Historial escolar

Marque una casilla por cada categoría.

A. ¿El niño ha repetido algún grado?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí (Si respondió "Sí", ¿qué grado repitió o está por repetir? _____)
- ☐ 3. No corresponde

B. ¿El niño recibió alguna vez educación especial, como estudiar en un salón con recursos, hacer terapia del habla o un programa educativo individual?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Sí

Si respondió "Sí", complete los apartados a y b.

a. Describa brevemente los servicios educativos especiales recibidos _____

b. ¿Cuándo recibió estos servicios por primera vez?
Edad/Grado (encerrar una en un círculo) _____

- ☐ 3. No corresponde

C. ¿Considera que el niño tiene problemas de aprendizaje?

- ☐ 0. No sé
- ☐ 1. No
- ☐ 2. Tal vez
- ☐ 3. Sí (describir) _____
- ☐ 4. No corresponde

D. Si considera que el niño tiene problemas de aprendizaje, ¿hace cuánto tiempo observa esto?

- ☐ 0. No sé
- ☐ 1. Algunos meses
- ☐ 2. Aproximadamente 6 meses
- ☐ 3. Aproximadamente 9 meses
- ☐ 4. Aproximadamente 1 año
- ☐ 5. Aproximadamente 2 años
- ☐ 6. Aproximadamente 3 años
- ☐ 7. Aproximadamente 4 años
- ☐ 8. Aproximadamente 5 años o más
- ☐ 9. No corresponde

Parte VI: Temperamento y estado de ánimo actuales

A. Elija hasta tres palabras que describan mejor el temperamento (la personalidad) actual del niño.

- ☐ 0. No sé
- ☐ 1. Complaciente
- ☐ 2. Activo
- ☐ 3. Afectuoso
- ☐ 4. Discutidor
- ☐ 5. Atento
- ☐ 6. Tranquilo
- ☐ 7. Cariñoso
- ☐ 8. Meticuloso
- ☐ 9. Demandante
- ☐ 10. Decidido
- ☐ 11. Difícil
- ☐ 12. Sensible
- ☐ 13. Entusiasta
- ☐ 14. Feliz
- ☐ 15. Hiperactivo
- ☐ 16. Impaciente
- ☐ 17. Impulsivo
- ☐ 18. Independiente
- ☐ 19. Inseguro
- ☐ 20. Inteligente
- ☐ 21. Irritable
- ☐ 22. Motivado
- ☐ 23. Obediente
- ☐ 24. Extrovertido
- ☐ 25. Juguetón
- ☐ 26. Reservado
- ☐ 27. Autosuficiente
- ☐ 28. Tímido
- ☐ 29. Sociable
- ☐ 30. Terco
- ☐ 31. Confiado
- ☐ 32. Indisciplinado
- ☐ 33. Infeliz
- ☐ 34. Desmotivado
- ☐ 35. Otro (especificar) _____

B. ¿Cuál de las siguientes opciones describe mejor el estado de ánimo típico del niño?

- ☐ 0. No sé
- ☐ 1. Generalmente está feliz
- ☐ 2. Tiene un estado de ánimo típico para su edad
- ☐ 3. Por momentos, parece infeliz
- ☐ 4. Parece infeliz la mayor parte del tiempo
- ☐ 5. Ninguna de las anteriores (describir)

C. ¿Es estable su estado de ánimo?

- ☐ 0. No sé
- ☐ 1. Su estado de ánimo es estable
- ☐ 2. Tiene altibajos normales (típicos de su edad)
- ☐ 3. Manifiesta "picos" intensos de energía seguidos de períodos de tristeza o depresión
- ☐ 4. No corresponde

Parte VII: Conductas actuales

Base sus calificaciones en las observaciones típicas que hizo el año pasado. Marque una casilla por cada categoría.

A. ¿Cuál es la actitud del niño con respecto a la escuela?

- ☐ 0. No sé
- ☐ 1. Está muy entusiasmado con la escuela
- ☐ 2. Por lo general, le gusta ir a la escuela
- ☐ 3. Le gustan algunas cosas relacionadas con la escuela, y otras no
- ☐ 4. Por lo general, no le gusta ir a la escuela
- ☐ 5. Detesta tanto la escuela que no quiere asistir a clases
- ☐ 6. No corresponde

B. ¿Cómo calificaría el nivel de esfuerzo del niño con respecto a la escuela?

- ☐ 0. No sé
- ☐ 1. Se esfuerza mucho por rendir bien
- ☐ 2. En general, se esfuerza por rendir bien
- ☐ 3. Sus esfuerzos varían
- ☐ 4. En general, no se preocupa por rendir bien
- ☐ 5. No corresponde

C. Cuando ayuda o trabaja en casa, ¿el niño está atento a los detalles?

- ☐ 0. No sé
- ☐ 1. Está sumamente atento a los detalles
- ☐ 2. Por lo general, presta atención a los detalles y se concentra al trabajar (típico para su edad)
- ☐ 3. A menudo no presta atención a los detalles o comete errores por ser descuidado
- ☐ 4. No corresponde

D. ¿Cómo calificaría el grado de atención del niño?

- ☐ 0. No sé
- ☐ 1. Tiene un grado de atención continua excepcionalmente elevado para cumplir tareas o realizar actividades lúdicas
- ☐ 2. Por lo general, mantiene la atención cuando cumple tareas o realiza actividades lúdicas (típico para su edad)
- ☐ 3. A menudo, tiene dificultades para mantener la atención en tareas o actividades lúdicas
- ☐ 4. No corresponde

E. ¿Cómo calificaría la destreza auditiva del niño?

- ☐ 0. No sé
- ☐ 1. Siempre, o casi siempre, escucha cuando se le habla directamente
- ☐ 2. Por lo general, escucha cuando se le habla directamente (típico para su edad)
- ☐ 3. A menudo, parece no escuchar cuando se le habla directamente
- ☐ 4. No corresponde

F. ¿Cómo calificaría la realización de la tarea para el hogar por parte del niño?

- ☐ 0. No sé
- ☐ 1. Siempre, o casi siempre, sigue instrucciones y termina la tarea
- ☐ 2. Por lo general, sigue instrucciones y termina la tarea (típico para su edad)
- ☐ 3. A menudo, no sigue instrucciones y no termina la tarea
- ☐ 4. No corresponde

G. ¿Cómo calificaría el nivel de organización del niño?

- ☐ 0. No sé
- ☐ 1. Es muy organizado
- ☐ 2. Normalmente, organiza sus tareas y actividades (típico para su edad)
- ☐ 3. A menudo, tiene dificultades para organizar sus tareas y actividades
- ☐ 4. No corresponde

H. ¿Cómo describiría la respuesta del niño ante las tareas que le resultan difíciles?

- ☐ 0. No sé
- ☐ 1. Aumenta notablemente su nivel de esfuerzo
- ☐ 2. Por lo general, persiste (típico para su edad)
- ☐ 3. Lo intenta, pero se rinde fácilmente
- ☐ 4. A menudo evita, le desagrada o se rehúsa a realizar tareas difíciles
- ☐ 5. No corresponde

I. ¿El niño cuida sus pertenencias?

- ☐ 0. No sé
- ☐ 1. Siempre, o casi siempre, mantiene sus pertenencias ordenadas
- ☐ 2. Por lo general, mantiene sus pertenencias en orden (típico para su edad)
- ☐ 3. A menudo, pierde sus pertenencias
- ☐ 4. No corresponde

J. ¿Cómo suele responder el niño ante distracciones mínimas?

- ☐ 0. No sé
- ☐ 1. Por lo general, no se distrae
- ☐ 2. Por lo general, tiene reacciones normales y se adapta (típico para su edad)
- ☐ 3. A menudo, se distrae con facilidad
- ☐ 4. No corresponde

K. ¿Con qué frecuencia el niño recuerda hacer las tareas asignadas en el hogar?

- ☐ 0. No sé
- ☐ 1. Siempre, o casi siempre, recuerda hacer las tareas asignadas
- ☐ 2. Suele recordar que debe hacer las tareas asignadas (típico para su edad)
- ☐ 3. Suele olvidar que tiene que hacer las tareas asignadas
- ☐ 4. No corresponde

L. ¿Cuál es el nivel de actividad típico del niño cuando mira televisión, come o hace la tarea?

- ☐ 0. No sé
- ☐ 1. Parece menos activo que otros niños de la misma edad y el mismo sexo
- ☐ 2. El nivel de actividad es similar al de otros niños de la misma edad y el mismo sexo
- ☐ 3. A menudo, está inquieto o se mueve mucho (más que otros niños de la misma edad y el mismo sexo)
- ☐ 4. No corresponde

M. ¿Cuál es el nivel de actividad típico del niño en situaciones sociales fuera del hogar?

- ☐ 0. No sé
- ☐ 1. Parece perezoso o carente de energía
- ☐ 2. El nivel de actividad es similar al de otros niños de la misma edad y el mismo sexo
- ☐ 3. A menudo, corretea o trepa en exceso en situaciones en las que no es adecuado hacerlo
- ☐ 4. No corresponde

N. ¿El niño juega en silencio cuando se le solicita?

- ☐ 0. No sé
- ☐ 1. Juega en silencio cuando se le solicita (típico para su edad)
- ☐ 2. Suele tener dificultades para jugar en silencio
- ☐ 3. No corresponde

O. ¿Cuál es el estilo de actividad motriz del niño?

- ☐ 0. No sé
- ☐ 1. Desmañada, aparentemente torpe
- ☐ 2. Conducta motriz lenta, excesivamente cuidadosa
- ☐ 3. La actividad motriz parece similar a la de otros niños de la misma edad y el mismo sexo
- ☐ 4. A menudo está en movimiento o actúa como si fuera "impulsado por un motor"
- ☐ 5. No corresponde

P. ¿Cuánto habla el niño?

- ☐ 0. No sé
- ☐ 1. Generalmente habla mucho menos que los niños de la misma edad y el mismo sexo
- ☐ 2. Habla lo apropiado para su edad
- ☐ 3. A menudo habla en exceso
- ☐ 4. No corresponde

Q. ¿El niño es bueno para turnarse?

- ☐ 0. No sé
- ☐ 1. Suele rechazar las actividades que implican turnarse
- ☐ 2. Se turna de manera adecuada para su edad
- ☐ 3. A menudo tiene dificultades para esperar su turno
- ☐ 4. No corresponde

R. ¿Cómo interactúa el niño con otros niños?

- ☐ 0. No sé
- ☐ 1. Por lo general, evita interactuar con otros niños
- ☐ 2. Sus destrezas de interacción social son típicas para su edad
- ☐ 3. A menudo, interrumpe o importuna a otros (se mete en conversaciones o juegos)
- ☐ 4. No corresponde

Parte VIII: Problemas de conducta en el hogar

Algunas de las siguientes conductas son comunes a cierta edad y no representan un motivo de preocupación. A veces pueden causar problemas graves en el hogar. Si el niño no manifiesta la conducta problemática en el hogar, marque No y continúe con la categoría siguiente. Si marcó Sí, describa brevemente la conducta específica y califique su gravedad.

A. Distracción. ¿El niño tiene dificultades para prestar atención o concentrarse en el hogar? Por ejemplo, ¿deja de escuchar instrucciones específicas o se distrae con estímulos externos?

- ☐ 1. No
- ☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
- ☐ b. Levemente grave
- ☐ c. Grave
- ☐ d. Muy grave

B. Hiperactividad. ¿El niño es demasiado activo para su edad? Por ejemplo, ¿es incapaz de permanecer sentado en el carro o en la mesa, corretea por la casa en demasía o actúa como si fuera "impulsado por un motor"?

- ☐ 1. No
- ☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
- ☐ b. Levemente grave
- ☐ c. Grave
- ☐ d. Muy grave

C. Impulsividad. ¿El niño actúa de una manera impulsiva que podría considerarse inmadura para su edad? Por ejemplo, ¿interrumpe a sus interlocutores, hace exclamaciones abruptamente, actúa sin pensar, se mete en conversaciones o juegos o se impacienta sin razón cuando se le pide que espere?

- ☐ 1. No
☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
☐ b. Levemente grave
☐ c. Grave
☐ d. Muy grave

D. Conducta poco cooperativa. ¿El niño no coopera? Por ejemplo, ¿suele rehusarse a seguir instrucciones o reglas, es desafiante, discute o es impertinente con los adultos, se encapricha, se niega a esperar su turno o compartir con otros niños o hace trampa en los juegos?

- ☐ 1. No
☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
☐ b. Levemente grave
☐ c. Grave
☐ d. Muy grave

E. Ansiedad. ¿El niño parece más ansioso que otros niños de su edad? Por ejemplo, ¿jala de su cabello, se muerde las uñas, se crispa, camina de un lado a otro, se sacude, golpea las manos o los pies de manera repetitiva, tiene una expresión de tensión o preocupación, tiembla, se queja de dolor de estómago o llora?

- ☐ 1. No
☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
☐ b. Levemente grave
☐ c. Grave
☐ d. Muy grave

F. Introversión. ¿El niño parece apartarse de otros niños en vez de interactuar con ellos? Por ejemplo, ¿se ve taciturno o distante o prefiere estar solo en vez de acompañado?

- ☐ 1. No
☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
☐ b. Levemente grave
☐ c. Grave
☐ d. Muy grave

G. Agresividad. ¿El niño actúa de manera agresiva hacia las personas o los objetos? Por ejemplo, ¿golpea, pateo, muerde, pellizca, rasguña, empuja, lanza objetos o escupe a otras personas; amenaza, intimida o agrede verbalmente a otros; o rompe, pintarrajea o destruye objetos?

- ☐ 1. No
☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
☐ b. Levemente grave
☐ c. Grave
☐ d. Muy grave

H. Otras conductas inadecuadas (no agresivas). ¿El niño se comporta de una manera socialmente indebida u ofensiva para otras personas? Por ejemplo, ¿maldice o usa lenguaje vulgar, se burla, acusa, habla muy alto, molesta, dice sandeces, se escarba la nariz, eructa, expele gases o se toca los genitales?

- ☐ 1. No
☐ 2. Sí (describir) _____

Si respondió "Sí", ¿es grave esta conducta?

- ☐ a. Nada grave
☐ b. Levemente grave
☐ c. Grave
☐ d. Muy grave