

TEACHER RATING FORM

	No Concern	Moderate Concern	Serious Concern
ACADEMIC			
1. Reading-Performance-grade Level			
2. Math-Performance-grade level			
3. Written Language-grade level			
4. Attendance Issues			
5. Tardiness			
6. Suspensions/Expulsions			
7. Problems following directions			
8. Off-task behaviors			
9. Potential or identified learning disability			
10. Limited English proficiency			
11. Speech and language			
Other (specify):			
TOTAL:			
OTHER PROBLEM BEHAVIORS			
12. Substance use/abuse (specify):			
13. Antisocial peer relationships			
14. Gang involvement			
15. Juvenile court involvement			
16. Suspected illegal activity(theft,drugs,etc.)			
17. Sexual activity/teen pregnancy			
18. Inappropriate sexual behavior			
Other (specify):			
TOTAL:			
HOME/FAMILY			
19. Limited parental involvement in school			
20. Limited parental education/literacy			
21. Parental limited English proficiency			
22. Concerns with basic needs(food, shelter,clothing)			
23. Parental employment issues			
24. Child care needs			
25. Evidence or suspected abuse and/or neglect			
26. Foster care/out-of-home placement			
27. Family conflict			
28. Family management, discipline procedures			
29. Death/illness of family member			
30. Family history of problem behaviors			
31. Family history of mental health problems			
Other (specify):			
TOTAL:			

	No Concern	Moderate Concern	Serious Concern
BEHAVIORAL/MENTAL HEALTH			
32. Poor attention span			
33. Hyperactivity, restlessness			
34. Rebelliousness			
35. Impulsivity			
36. Attention-seeking behavior			
37. Inability to control anger			
38. Physically aggressive			
39. Self-destructive behavior			
40. Destructive behavior to property			
41. Poor self-confidence/self-esteem			
42. Poor social skills			
43. Trouble getting along with others			
44. Anxious, worried			
45. Mood alterations			
46. Sad, depressed, blue			
47. Withdrawn, loss of interest in activities			
48. Sleepy, lethargic			
49. Thoughts of suicide			
50. Grief and/or loss			
51. Change in Appetite			
52. Eating problems/disorder			
53. On medications (specify):			
Other (specify):			
TOTAL:			
PHYSICAL HEALTH			
54. Vision			
55. Hearing, earache, ear problems			
56. Dental problems			
57. Headaches			
58. Stomach pains			
59. Health, in general (specify):			
60. Head Lice			
61. Fatigue			
62. Hygiene, cleanliness			
63. Weight concerns			
64. Under-developed motor skills			
65. Known or suspected chronic illness (diabetes, asthma, etc.)			
66. Physical disability			
Other (specify):			
TOTAL:			