

## Brief Child and Family Follow-Up Survey for Teachers

Name of child described in this survey:
Your name (person providing this information):
School:
Today's date:
Can we call you, or send another survey, in about 6 months for further follow-up?
Phone Number where we can reach you:
Best time of day to call:
Address where we can send another survey in 6 months: (if different from address to which we sent this survey):

***Below are some examples of problems which students sometimes have. Indicate whether each is 'NEVER' true, 'SOMETIMES' true, or 'OFTEN' true of this child.***

<b><i>Do you notice that this child .... ?</i></b>	<b>never</b> (1)	<b>sometimes</b> (2)	<b>often</b> (3)
is distractible, has trouble sticking to any activity			
fails to finish things he/she starts			
has difficulty following directions or instructions			
is impulsive, acts without thinking			
jumps from one activity to another			
fidgets			
<b><i>Do you notice that this child .... ?</i></b>	<b>never</b> (1)	<b>sometimes</b> (2)	<b>often</b> (3)
is cranky			
is defiant, talks back to staff			
blames others for own mistakes			
is easily annoyed by others			
argues a lot with staff			
seems angry and resentful			

<b><i>Does this child .....</i></b>	<b>never (1)</b>	<b>sometimes (2)</b>	<b>often (3)</b>
cut classes, skip school			
engage in vandalism			
steal			
destroy things belonging to others			
physically attack people			
use weapons when fighting			
<b><i>Do you notice that this child ...?</i></b>	<b>never (1)</b>	<b>sometimes (2)</b>	<b>often (3)</b>
worries about doing better at things			
worries about past behaviour			
worries about doing the wrong thing			
worries about things in the future			
is afraid of making mistakes			
is overly anxious to please			
<b><i>Do you notice that this child .....</i></b>	<b>never (1)</b>	<b>sometimes (2)</b>	<b>often (3)</b>
has no interest in usual activities			
gets no pleasure from usual activities			
has trouble enjoying self			
is not as happy as other children			
feels hopeless			
is unhappy, sad, or depressed			

***The preceding problems can affect children's relationships with teachers and friends and their participation in school. Please indicate for the questions below whether these problems have had 'NONE', 'A LITTLE', or 'A LOT' of effect on this child.***

	<b>none (1)</b>	<b>a little (2)</b>	<b>a lot (3)</b>
How much trouble has this child had getting along with his/her teachers as a result of these problems?			
How much has this child been irritable or fighting with friends as a result of these problems?			
How much has this child's life become less enjoyable as a result of these problems?			
How much has this child withdrawn or isolated him/herself as a result of these problems?			
How much has this child stayed away from people and not mixed with them as a result of these problems?			
How much has this child missed school as a result of these problems?			
How much have this child's grades gone down as a result of these problems?			

***Please indicate whether the following statements about this child's interaction with peers 'RARELY APPLIES', 'APPLIES SOMEWHAT' or 'CERTAINLY APPLIES'.***

	rarely applies (1)	applies somewhat (2)	certainly applies (3)
Does this child invite bystanders to join in a game?			
Does this child take the opportunity to praise the work of less able children?			
Does this child show sympathy to someone who has made a mistake?			
Does this child offer to help other children who are having difficulty with a task in the classroom?			
Does this child try to be fair in games?			
If there is a quarrel or dispute will this child try to stop it?			

***Please rate the service that you received from the agency/clinic.***

***If you had ongoing involvement with the agency/clinic regarding this student, please answer the following questions. Otherwise, skip the next questions, and return the form as outlined at the bottom of this page.***

<b><i>How would you rate ..?</i></b>	poor	fair	good	very good	excellent
The convenience of the service					
How long you had to wait for services					
The time of day when services were provided					
The courtesy and respectfulness of staff at the clinic/agency					
Information you were given regarding the student's difficulties					
Ways you learned to deal with the student's difficulties					
Opportunities to help make decisions about the types of services to be provided					
The helpfulness of the service					
Overall, how would you rate the quality of the service					

***Thank you!***

***Please return the completed form in the attached envelope, or to the address below:***