



SCHOOL PROGRESS REPORT
MAMC DEVELOPMENTAL-BEHAVIORAL PEDIATRICS CLINIC

Dear Teacher,
This student is being seen because of concerns that may include problems in various aspects of school performance. Your observations of this student's classroom functioning is an important part of the evaluation. Thank you for your valuable time and input.

Requesting Clinician:

Student's Name: _____ Date completed: _____
 Name of Person Completing Form: _____ Grade: _____ Class/Subject: _____
 School: _____ Phone Number: _____ Email: _____ Good Time to Reach: _____
 How long have you known this child? _____ Hours with child each day: _____ # students in class: _____

Please indicate student's current services:

Primary classroom is general education or special education Teachers aid in classroom? No or Yes
 Special Education Services or I.E.P. If checked, what is qualifying handicapping condition? _____
 Child gets the following during school?: None or PT _____ hr/ wk; OT _____ hr/ wk; ST _____ hr/wk; Social skills _____ hr/ wk;
 resource room _____ x wk for what subjects _____
 Section 504 Accommodation Plan. If checked, please describe: _____

What are the **main concerns** you have about this student (Please describe briefly)?

-Academic performance or learning problems:

-Behavior management problems: (include safety concerns, aggressive or destructive behavior, self-injury, etc.)

-Mood or emotional problems: (ie. high anxiety, depression, frequent outbursts, etc)

-Social interaction problems with peers:

What problems would you most like to see improve?

What do you see as this student's strong points (i.e. best subjects in school, talents, abilities, interests, personality traits)?

Are there any times of the day, situations, or settings where this student *typically* has more problems?

Current academic performance:

Subject	Excellent	Above average	Average	Below average	Far below average
Reading-Decoding	1	2	3	4	5
Reading-Comprehension	1	2	3	4	5
Mathematics	1	2	3	4	5
Written Language	1	2	3	4	5
Spelling	1	2	3	4	5
Handwriting	1	2	3	4	5
Overall knowledge	1	2	3	4	5
Study Skills	1	2	3	4	5
Pre-academic skills	1	2	3	4	5
Other subjects (specify)	1	2	3	4	5

Please rate this student's typical performance in each area:

Area	Excellent	Above average	Average	Below average	Far below average
Peer relationships	1	2	3	4	5
Following directions	1	2	3	4	5
Behavior in the classroom	1	2	3	4	5
Behavior on the school bus	1	2	3	4	5
Behavior during breaks, recess, in hallways	1	2	3	4	5
Behavior during lunch and recess	1	2	3	4	5
Behavior in sports, clubs, or after school activities	1	2	3	4	5
Class work completion	1	2	3	4	5
Homework completion	1	2	3	4	5
Problems organizing time and/or materials (e.g., writing assignments in planner, keeping track of assignments, materials)	1	2	3	4	5

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Please circle the number that *best describes* this student's **typical behavior** at school. Please try to complete all items.

	Never or rarely	Occasionally	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish work (not because of failure to understand or defiance)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (assignments, books, etc.)	0	1	2	3
8. Is easily distracted	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
13. Has difficulty playing or engaging in activities quietly	0	1	2	3
14. Is "on the go" or acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers to questions before questions have been completed	0	1	2	3
17. Has difficulty awaiting turn or waiting in line	0	1	2	3
18. Interrupts or intrudes on others (butts into conversation/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry and resentful	0	1	2	3
22. Is spiteful or vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg. "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3
Has repetitive movements (eye blinking, facial grimacing, jerking, etc.)	0	1	2	3
Makes repeated involuntary noises (barking, grunting, sniffing, etc.)	0	1	2	3
Staring spells where doesn't seem aware and doesn't respond to voice or touch	0	1	2	3
Seems sleepy or drowsy in class	0	1	2	3
Complains of physical symptoms or not feeling well	0	1	2	3
Makes very little eye contact with others	0	1	2	3
Shows little concern or interest in making friends or interacting with peers	0	1	2	3
Does not engage in social chat with others just to be friendly	0	1	2	3
Shows little awareness & understanding of the thoughts & feelings of others	0	1	2	3
Has odd or unusually intense interest(s) that interfere with class work or social interactions	0	1	2	3
Is extremely rigid & inflexible; becomes very anxious or upset with minor changes in routine	0	1	2	3
Teased or rejected by peers	0	1	2	3
Extreme or unpredictable moods	0	1	2	3
Intense emotional outbursts/meltdowns/rages	0	1	2	3
Is extremely irritable a majority of the day	0	1	2	3
Peculiar or odd behaviors	0	1	2	3
Has odd ideas, bizarre preoccupations or fixations, unusual fantasies	0	1	2	3
Seems out of touch with reality	0	1	2	3
Seems to be hearing voices or seeing things that are not there	0	1	2	3

Please summarize this child's **OVERALL** functioning (emotionally, behaviorally, socially, academically, etc.) compared to typical children the same age.

1	Excellent function. No impairment.
2	Mild problems. Only sometimes shows problems or only in some situations.
3	Moderate problems. Often shows problems or problems in most situations.
4	Severe problems. Usually shows problems or problems in most situations.

Please add any other comments (feel free to attach additional information):