

SOCIAL/EMOTIONAL CHECKLIST

Student _____

Grade _____

Date _____

Respondent _____

Instructions: Check any symptoms that apply to the student at this time. Please complete the form to the best of your ability. Please give factual rather than opinion-based responses.

STUDENT IS DISRUPTIVE IN CLASS:

- Fidgets
- Is overly active
- Will not remain in seat
- Talks out of turn
- Disturbs other when they are working
- Constantly seeks attention
- Overly aggressive with others (physical fights)
- Belligerent toward teachers and other in authority
- Defiant or stubborn
- Impulsive
- Can't wait his/her turn
- Acts without thinking of the consequences

STUDENT IS WITHDRAWN:

- Shy, timid
- Sits alone in the cafeteria (Has difficulty making friends)
- Does not join in classroom group activities
- Overly conforms to rules
- Appears to daydream
- Has difficulty expressing feelings

STUDENT IS ANXIOUS:

- Appears depressed
- Rarely smiles
- Appears to be tense
- Appears to be frightened or worried
- Cries easily
- Does not trust others
- Reports intense fears or phobias

OTHER SOCIAL/EMOTIONAL BEHAVIORS:

- Lack self confidence
- Says "can't do" even before attempting
- Reacts poorly to disappointment
- Is overly sensitive to disappointment
- Clingy with adults
- Depends on others
- Pretends to be ill
- Has poor grooming or personal hygiene

STUDENT HAS PREVIOUSLY:
<input type="checkbox"/> Been on runaway status <input type="checkbox"/> Been caught for stealing at school <input type="checkbox"/> Left class without permission <input type="checkbox"/> Cursed school personnel <input type="checkbox"/> Threatened to harm school personnel or wished school personnel harm <input type="checkbox"/> Been suspended for fighting <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Had tobacco violations at school <input type="checkbox"/> Had drug/alcohol violations at school
CLASSROOM INTEREST: <i>Choose One</i>
<input type="checkbox"/> High <input type="checkbox"/> Mild <input type="checkbox"/> Bored <input type="checkbox"/> Other (Please specify): _____
CLASSROOM PARTICIPATION: <i>Choose One</i>
<input type="checkbox"/> Almost always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
CLASSROOM PREPAREDNESS: <i>Choose One</i>
<input type="checkbox"/> Always brings necessary supplies <input type="checkbox"/> Usually brings supplies <input type="checkbox"/> Seldom comes to class with supplies <input type="checkbox"/> Never comes to class with supplies
MOTIVATION:
<input type="checkbox"/> Tends to give up easily <input type="checkbox"/> Usually completes about half of the assignment <input type="checkbox"/> Does complete homework <input type="checkbox"/> Has difficulty getting started on assignments
TO THE BEST OF YOUR KNOWLEDGE:
<input type="checkbox"/> This student is involved with the court system. <input type="checkbox"/> This student is in counseling. <input type="checkbox"/> This student is receiving medication.