

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Person Completing this Form \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Date of Rating \_\_\_\_\_ School/Organization \_\_\_\_\_ Classroom/Program \_\_\_\_\_

This form describes a number of behaviors seen in some students. Read the statements that follow the phrase: *During the past 4 weeks, how often did the student...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Please answer each question carefully. There are no right or wrong answers. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right. A "Never" response can mean that you have never observed the student engaging in that behavior or that the student does not engage in that behavior.

Never	Rarely	Sometimes	Often	Almost Always
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item #	<i>During the past 4 weeks, how often did the student...</i>	Never	Rarely	Sometimes	Often	Almost Always
1.	show a willingness to update their thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	focus on the positive aspects of a situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	work carefully on projects or schoolwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	respect a person's right to have a different perspective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	interact positively with classmates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	prepare for school, activities, or upcoming events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	view negative outcomes as a learning opportunity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	stay calm when faced with a challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recommendations** \_\_\_\_\_

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