

Parent/Guardian Information

Your Name/ID#: _____ Your Relationship to Child: _____ Today's Date: _____

Child Information

Child's Name/ID#: _____ Child's Gender: M F Child's Age: _____ Years _____ Months Child's Grade: _____

Race/Ethnicity:

American Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander White Other

Comments on child's behavior/functioning: _____

DIRECTIONS

Please answer the questions on this form based on your *child's typical behavior during the past month*. Use the following rating scale:

Never: the behavior *never* or *almost never* happens

Frequently: the behavior happens *much of the time*

Occasionally: the behavior happens *some of the time*

Always: the behavior *always* or *almost always* happens

Circle the *one* answer that best describes how often the behavior happens. Try your best to answer all of the questions.

Several questions ask whether your child shows "distress" in certain situations. Showing distress may include verbal expressions (whining, crying, yelling) or nonverbal expressions (withdrawing, gesturing, pushing something away, running away, wincing, striking out).

You may use the space provided above to add any additional comments on your child's behavior or functioning.

PLEASE PRESS HARD WHEN CIRCLING YOUR RESPONSES.

Never Occasionally
 Frequently Always

SOCIAL PARTICIPATION *Does your child...*

N.....O.....F.....A..... 1. Play with friends cooperatively (without lots of arguments)?

N.....O.....F.....A..... 2. Interact appropriately with parents and other significant adults (communicates well, follows directions, shows respect, etc.)?

N.....O.....F.....A..... 3. Share things when asked?

SAMPLE