

CHILD SYMPTOM INVENTORY – TEACHER CHECKLIST AGES 5-12 YEARS

Child's Name	Age	Gender
School	Grade	Date

Name of the person completing this form: _____ Position: _____

Length of time you have known student: _____ Length of time each day with student: _____

Type of class (EG: regular 2nd grade, resource room, 6th grade english: _____

Current special education services (EG: resource room, speech therapy): _____

Current special education label (EG: learning disability): _____

Current academic performance: Check appropriate grade level (G.L)

SUBJECT	2 or more years below GL	1 to 2 years below GL	At or about GL	1 to 2 years above GL	2 or more years above GL
READING					
WRITING					
SPELLING					
ARITHMETIC					

Directions: Check which rating best describes this child's overall behavior in or around school. Answer each question to the best of your ability.

CATEGORY A	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Fails to give close attention to details or makes careless mistakes				
Has difficulty paying attention to tasks or play activities				
Does not seem to listen when spoken to directly				
Has difficulty following through on instructions and fails to finish things				
Has difficulty organizing tasks and activities				
Avoids doing tasks that require a lot of mental effort (schoolwork, homework, etc)				
Loses things necessary for activities				
Is easily distracted by other things going on				
Is forgetful in daily activities				

CATEGORY A	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Fidgets with hands or feet or squirms in seat				
Has difficulty remaining seated when asked to do so				
Runs about or climbs on things when asked not to do so				
Has difficulty playing quietly				
Is "on the go" or acts as if "Driven by a motor"				
Talks excessively				
Blurts out answers to questions before they have been completed				
Has difficulty awaiting turn in group activities				
Interrupts people or butts into other children's activities				
CATEGORY B				
Loses temper				
Argues with adults				
Defies or refuses what you tell him/her to do				
Does things to deliberately annoy others				
Blames others for own misbehavior or mistakes				
Is touchy or easily annoyed by others				
Is angry and resentful				
Takes anger out on others or tries to get even				
CATEGORY C				
Plays hookey from school				
Lies to get things or avoids responsibility				
Bullies, threatens or intimidates others				
Starts physical fights				
Has stolen things when others were not looking				
Has deliberately destroyed others property				
Has stolen things from others using physical force				
Has used a weapon when fighting (bat, brick, bottle, etc)				
Has been physically cruel to people				
CATEGORY D				
Is overly concerned about abilities in academic, athletic or social activities				
Has difficulty controlling worries				
Acts restless or edgy				
Is irritable for most of the day				
Is extremely tense or unable to relax				

CATEGORY E	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Shows excessive fear to specific objects or situations (Animals, heights, storms, insects, etc.)				
Cannot get distressing thoughts out of his/her mind (Worries about germs or doing things perfectly, etc.)				
Feels compelled to perform unusual habits (Hand washing, checking locks, repeating things a set number of times)				
Has experienced an extremely upsetting event and continues to be bothered by it				
Makes vocal sounds for no apparent reason (coughing, Throat clearing, sniffing, grunting, etc.)				

CATEGORY F	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Has strange ideas or beliefs that are not real (Child's food is poisoned, people are trying to get him/her etc.)				
Had auditory hallucinations - Hears voices talking to or telling him/her to do things				
Has extremely strange and illogical thoughts or ideas				
Laughs or cries at inappropriate times or shows no emotion in situations where most others of same age would react				
Does extremely odd things (Excessive preoccupation with fantasy friends, talk to self in a strange way, etc.)				

CATEGORY G	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is depressed for most of the day				
Shows little interest in (or enjoyment of) pleasurable activities				
Has recurrent thoughts of death and suicide				
Feels worthless or guilty				
Has low energy level or is tired for no apparent reason				
Has little confidence or is very self conscious				
Feels that things never work out right				

Has experienced a big change in his/her normal activity level (circle Yes or No)	NO	YES
Has experienced a big change in his/her ability to concentrate (circle Yes or No)	NO	YES
Has experience a big drop in school grades or schoolwork (circle Yes or No)	NO	YES



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Name: _____ Gender: _____ Age: _____ Date: _____

Completed by: _____ Relation to Patient: _____

For each item, check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
1.Often fails to give close attention to detail or makes careless mistakes in work or tasks				
2.Often has difficulty sustaining attention in tasks or activities				
3.Often does not seem to listen when spoken to directly				
4.Often does not follow through on instructions and fails to finish work, chores, or duties				
5.Often has difficulty organizing tasks and activities				
6.Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7.Often loses things necessary for activities (e.g., day timer, books, equipment)				
8.Often is distracted by extraneous stimuli				
9.Often is forgetful in daily activities				
1.Often fidgets with hands or feet or squirms in seat				
2.Often leaves seat in situations in which remaining seated is expected				
3.Often runs about or climbs excessively in situations in which it is inappropriate				
4.Often has difficulty engaging in leisure activities quietly				
5.Often is "on the go" or often acts as if "driven by a motor"				
6.Often talks excessively				
7.Often blurts out answers before questions have been completed				
8.Often has difficulty awaiting turn				
9.Often interrupts or intrudes on others (e.g., butts into conversations/games)				
1.Often loses temper				
2.Often argues with family, friends, co-workers, supervisors				
3.Often actively defies or refuses requests or rules				
4.Often deliberately does things that annoy others people				
5.Often blames others for his or her mistakes or misbehavior				
6.Often touchy or easily annoyed by others				
7.Often is angry and resentful				
8.Often is spiteful or vindictive				
1.Has difficulty getting started on work, tasks or assignments				
2.Has difficulty staying on task				
3.Has problems in completion of work in relation to tasks or assignments				
4.Has problems in accuracy or neatness of written work				
5.Has difficulty attending to a group activity or discussion				
6.Has difficulty making transitions to the next topic or task				
7.Has problems in interactions with family, peers or co-workers				
8.Has problems in interactions with supervisors				
9.Has difficulty remaining quiet or behaving appropriately according to office rules				
10.Has difficulty staying seated according to office rules				
Comments:				
Change on medication? What are the child's strengths? What is your main concern?				

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*Denotes Incorporation