## **ADOLESCENT SYMPTOM INVENTORY – TEACHER CHECKLIST AGES 12-18 YEARS**

Youths name:			Age:	Gei	nder:				
School:			Grad	e: Dat	e:				
Name of Person Completing form: Position:									
Length of time you	have known stud	dent: Lei	ngth of time eac	h day with stude	nt:				
Type of class (eg. 5	th grade English, 1	esource room, sp	ecial education)	•					
		_		,					
Current special edu	ucation services (	eg. Resource room	n, speech therap	y):					
Current special adu	restion label (og	Loorning disability	۸.						
Current special edu	acation label (eg.	Learning disability	/)·						
Current classroom	nerformance: Ch	ack annronriata h	0.0						
Current classroom	periormance. Cri	eck appropriate b	ΟX						
	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAG	SUPERIOR				
TEST, QUIZZES									
HOMEWORK									
CLASS PARTICIPATION									
CLASSROOM BEHAVIOR									
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DIRECTIONS: Check which rating best describes this student's overall behavior in or around school. Answer each question to the best of your ability.

CATEGORY A	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Does not pay close attention to details or makes careless				
mistakes				
Has difficulty paying attention to tasks				
Does not seem to listen when spoken to directly				
Has difficulty following through on instructions and fails				
to finish things				
Has difficulty organizing work 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				
Fidgets with hands or feet or squirms in seat				
Has difficulty remaining seated when asked to do so				
Seems restless or jittery				

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Has difficulty doing things 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 people's activities				

CATEGORY B	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Plays hooky from school				
Lies to get things or to avoid responsibility				
Bullies, threatens, or intimidates others				
Starts physical fights				
Has stolen things when others were not looking				
Has deliberately destroyed other's property				
Has stolen things from others using physical force				
Had used a weapon when fighting (bat, bottle, knife, etc.)				
Has been physically cruel to people				

CATEGORY C	NEVER	SOMETIMES	OFTEN	VERY OFTEN
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 or resentful				
Takes anger out on others or tries to get even				

CATEGORY D	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is overly concerned about abilities in school, athletic,				
work or social activities				
Has difficulty controlling worries				
Acts restless or edgy				
Is irritable				
Is extremely tense or unable to relax				

CATEGORY E	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is overly fearful of (or tries to avoid) specific objects or				
situations (animals, heights, storms, being trapped)				
Complains about heart pounding, shortness of breath,				
feeling dizzy, trembling, or fear of dying				

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
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 twitching or jerking movements for no apparent				
reason (eye blinking, twitching, lip licking, head jerking,				
etc)				
Makes vocal sounds for no apparent reason (coughing,				
throat clearing, sniffling, grunting, etc)				
Complains about physical problem (headaches, upset				
stomach, etc) for which there is no apparent cause				
Worries about physical health				

CATEGORY F	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is more anxious in social situations than most other youth				
Is excessively shy with peers				

CATEGORY G	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Prefers to be alone rather than with friends or family				
Shows little interest in having close relationships				
Is emotionally cold or indifferent toward people				

CATEGORY H	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Has strange ideas or beliefs that are not real (food is				
poisoned, people are trying to get him/her, etc.)				
Has auditory hallucinations – hears voices talking to or				
telling him/her to do things				
Has disorganized speech (eg. Unpredictable outbursts,				
acts as if in slow motion, seems to forget how to take care				
of self)				
Laughs or cries at inappropriate times or shows no				
emotions in situations where most others of same age				
would react				
Seems to have lost interest in doing activities or talking to				
people				

CATEGORY I	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Acts unhappy or sad				

Shows little interest in (or enjoyment of) pleasurable				
activities				
	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Talks about death or suicide				
Feels worthless or guilty				
Has low energy level or is tired for no apparent reason				
Has little confidence or feels inferior to others				
Feels that things never work out right				
Has difficulty concentrating or making decisions				
Is overly sensitive or tearful				
Has experienced a big drop in school grades or	YES		NO	
schoolwork (circle Yes or No)	123			
Has experienced a very stressful event such as parents	YES		NO	
divorce, death of a friend or relative, serious illness (circle	123		110	
Yes or No)				
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CATEGORY J	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is unusually cheerful				
Is irritable or explosive				
Is excessively active or busy				
Is excessively talkative				
Is highly distractible				
Acts reckless or silly				
Rapidly switches from one topic to another				
Believes that he/she has special abilities or can do things				
that are obviously unrealistic				
and the same and			<u> </u>	
Other problems or comments:				



## Pediatricians

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	Gender:Age:	Date:			
Completed by:R	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 v	work or tasks	ACAII	Littic	Abit	Widen
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 wo	ork, chores, or duties				
5.Often has difficulty organizing tasks and activities					
6.Often avoids, dislikes, or reluctantly engages in tasks requiring sust	tained mental effort				
7.Often loses things necessary for activities (e.g., day timer, books, e	quipment)				
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	ed				
3.Often runs about or climbs excessively in situations in which it is in	appropriate				
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 conversation	ns/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 assignm	ents				
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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