GROUP HEALTH ASSOCIATES INITIAL BEHAVIOR ASSESSMENT – TEACHER FORM

Date:_____ Child's Name:_____ Teacher Name_____

School _____ Grade_____ Child currently on medicine? _____Yes _____No

	SYMPTOMS	Never	Occasionally	Often	Very Often
1	Makes careless mistakes, does not pay attention to details, such as with homework	0	1	2	3
2	Has trouble paying attention to what needs to be done	0	1	2	3
3	Is easily distracted by noises or other nearby activities	0	1	2	3
4	Is forgetful in daily activities	0	1	2	3
5	Has trouble organizing activities and tasks	0	1	2	3
6	Does not seem to listen, even when spoken to directly	0	1	2	3
7	Loses necessary items, like pencils, toys, books, coat	0	1	2	3
8	Has trouble completing a task, or following directions	0	1	2	3
9	Dislikes or avoids starting tasks that require sustained mental effort	0	1	2	3
				Total # 2s &3s	
10	Will not remain seated when staying seated is expected	0	1	2	3
11	Squirms in seat or fidgets with hands or feet	0	1	2	3
12	Talks too much	0	1	2	3
13	Blurts out answers before listening to the entire question	0	1	2	3
14	Has trouble waiting his/her turn	0	1	2	3
15	Climbs or runs about when he/she ought to be sitting down	0	1	2	3
16	Has trouble beginning or continuing quiet activities	0	1	2	3
17	Intrudes into others' activities and/or interrupts others' conversations	0	1	2	3
18	Is moving all the time, as if "driven by a motor"	0	1	2	3
				Total # 2s &3s	
			Cumulative value all points TSS		
19	Loses temper	0	1	2	3
20	Refuses to abide by rules, actively defies authority figures	0	1	2	3
21	Is resentful or angry	0	1	2	3
22	Wants to get even	0	1	2	3
23	Intimidates, bullies, or threatens other children	0	1	2	3
24	Lies to obtain favors or cons people into covering for him/her	0	1	2	3
25	Starts physical fights	0	1	2	3
26	Is cruel to people	0	1	2	3
27	Has stolen valuable items	0	1	2	3
28	Has deliberately seriously damaged others' property	0	1	2	3
				Total # 2s & 3s	

FAX OR MAIL COMPLETED FORM TO: (Check one office location) **DOCTOR'S NAME**_____

☐ Group Health Anderson 7810 Five Mile Rd. Cincinnati, OH 45230 Fax: 513.246.2818	☐ Group Health Clifton 2915 Clifton Ave. Cincinnati, OH 45220 Fax: 513.246.7543	☐ Group Health Finneytown 9070 Winton Rd. Cincinnati, OH 45231 Fax: 513.728.4344
☐ Group Health Kenwood 8245 Northcreek Dr. Cincinnati, OH 45236 Fax: 513.246.5283	☐ Group Health Mason 6010 Mason Montgomery Rd. Mason, OH 45040 Fax: 513.204.6351	☐ Group Health Springdale 55 Progress Place Cincinnati, OH 45246 Fax: 513.246.5484
☐ Group Health Western Hills 2001 Anderson Ferry Rd. Cincinnati, OH 45238 Fax: 513.246.5674	**One phone number for all locations: 513.246.7000** **Please use fax number listed for pediatrician's office**	

	SYMPTOMS (continued)	Never	Occasionally	Often	Very Often
29	Feels worthless or inferior	0	1	2	3
30	Does not want to try new things for fear of making mistakes	0	1	2	3
31	Is easily embarrassed or self-conscious	0	1	2	3
32	Is anxious, worried, or fearful	0	1	2	3
33	Feels lonely or unwanted; complains "Nobody loves me"	0	1	2	3
34	Feels guilty and blames him/herself for problems	0	1	2	3
35	Is unhappy, sad, depressed	0	1	2	3

Total # 2s & 3s

IMPAIRMENT	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Reading	1	2	3	4	5
Mathematics	1	2	3	4	5
Writing	1	2	3	4	5
Relationship with Classmates	1	2	3	4	5
Assignment completion	1	2	3	4	5
Following directions	1	2	3	4	5
Organizational skills	1	2	3	4	5
Disrupting class	1	2	3	4	5

Total # 4s & 5s

PHYSICAL SYMPTOMS

Use the following to assess severity:

None: the symptom is not present
Mild: the symptom is present but is not significant enough to cause concern to the child, to his/her friends, or adults.
Moderate: the symptom causes some impairment of functioning or social embarrassment
Severe: the symptom causes impairment of functioning or social embarrassment to such a degree that it requires specific treatment.

	None	Mild	Moderate	Severe
Repetitive physical movements (Tics) (eye blinking, lip smacking, facial twitches, arm movements, grunts, etc)				
Nail biting, picking at skin, biting or chewing lips				
Worried/anxious				
Tired all the time				
Headache				
Stomach ache				
Irritable or crabby				
Sad, depressed, tearful				
Withdrawn from people or activities he/she used to enjoy				
Poor appetite				
Trouble falling asleep				
Sees or hears things that are not there				