

Dear Parent/Guardian,

Welcome to *Developmental and Behavioral Pediatrics of the Carolinas*. We would like to introduce you to your future care team. At your first evaluation you and your child will meet your child's Developmental and Behavioral Pediatrician. At your future visit, you will meet your child's Developmental and Behavioral Advanced Practice Provider. This care team will collectively develop a treatment plan specific to the needs of your child and provide access to the best Pediatrics Developmental and Behavioral Services.

**Concord Provider Team**

Joseph Stegman, MD  
Mark Clayton, MD  
Shruti Mittal, MD  
George "Wes" Hatley, PA-C  
Angela Noone, MSN, CPNP

**Charlotte Provider Team**

Yasmin Senturias, MD  
Tsehaiwork "Sunny" Fenikile, MD  
Shruti Mittal, MD  
Monique Sutton, MSN, CPNP  
Ryan Grimes, MSN, CPNP

Enclosed you will find our new patient information and assessment inventories that must be completed and returned prior to an appointment being scheduled. Please be sure to thoroughly read and complete the contents of this packet. A checklist is enclosed for your convenience. Some pages may be double-sided. If you need help completing the packet, please contact your PCP or our clinic.

Please note, if we do not receive a completed packet this will delay the packet review and scheduling process. With the increased needs for our services and the large number of referrals we receive monthly, please note a fully completed packet, once received by the practice, will take an additional 4-6 weeks to review. At that time, you will be contacted by one of our teammates to schedule your appointment.

Please mail, fax, or drop off your completed packet to our Concord Office:

301 Medical Park Drive  
Ste 202B  
Concord, NC 28025  
Office (704) 403-2626  
Fax: (704) 403-2699

All referrals are time sensitive. Please return as soon as possible. The sooner we receive a completed packet the sooner we can place it in review. If you need assistance completing the packet, please call our office at 704-403-1653.

For more information about our practice, please visit our website:

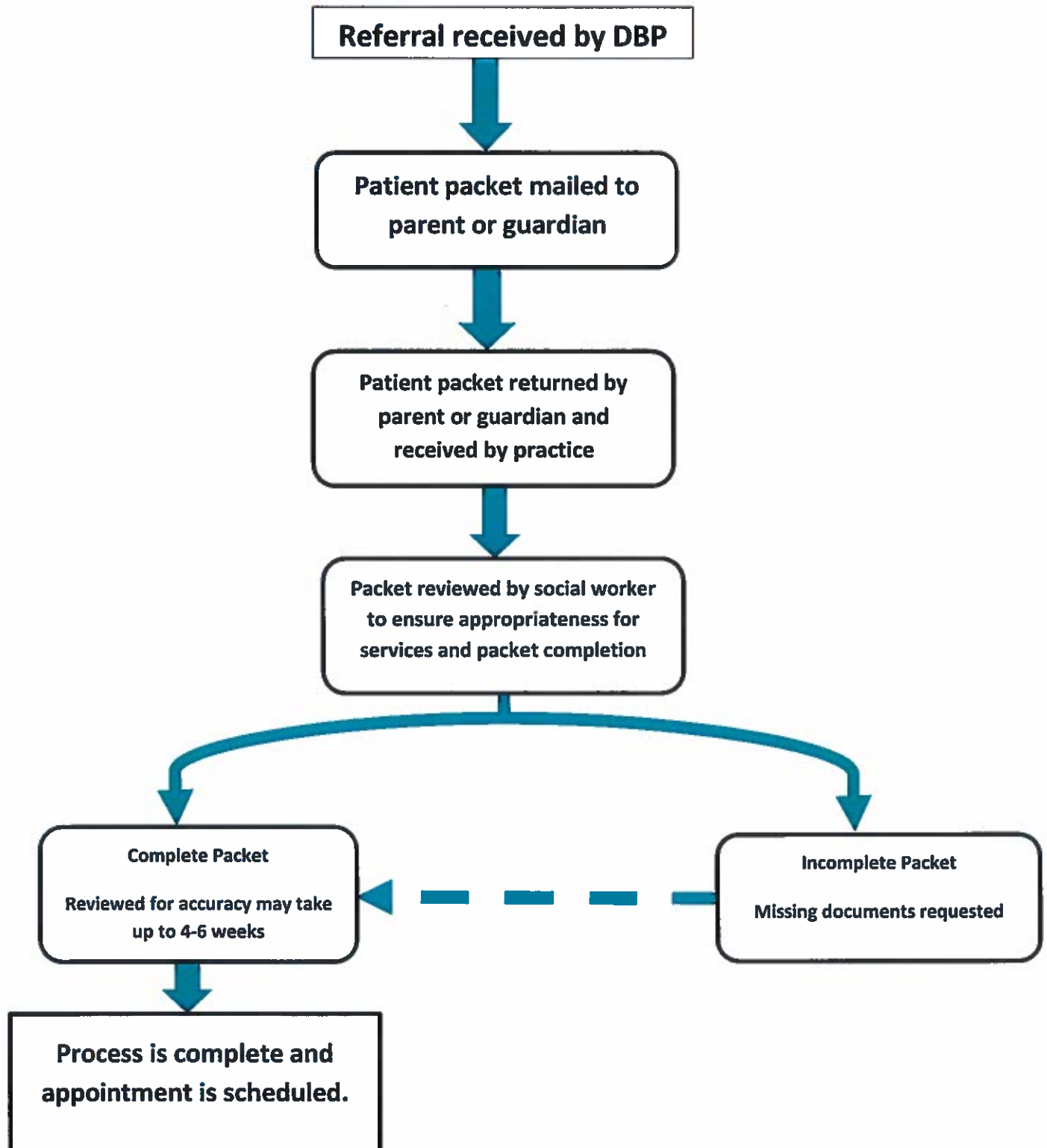
<https://atriumhealth.org/locations/developmental-and-behavioral-pediatrics-of-the-carolinas>

Thank you for allowing us to participate in your child's health care needs. We look forward to meeting you.

Yours in Health Care,  
Physicians and Care Team of  
Developmental and Behavioral Pediatrics of the Carolinas

# Developmental and Behavioral Pediatrics of the Carolinas

## Referral Process



## ***Developmental & Behavioral Pediatrics of the Carolinas.***

### **Making the Most of Your Visit**

To ensure a thorough and productive evaluation of your child, we request to you bring only your child scheduled for the visit. Please refrain from bringing the patient's siblings or other children to the appointment. If you must bring siblings, we kindly ask that you bring a responsible adult to accompany them in the waiting room during this time. This limits distractions and allows us to focus on your concerns for your child.

Due to the high volume of patients requiring our specialized services, our clinic has established the following guidelines regarding cancellations, no shows, and late arrivals. The policy is as follows:

### **Cancellations & No Shows**

1. Please contact us for cancellations within 24 hours of the scheduled appointment time. This allows the office to schedule another patient in need of an appointment.
2. Appointments not cancelled within 24 hours or failure to attend a scheduled appointment will be considered a **"no show"**
3. Patients with **Three (3) no show** appointments within a 12-month period are subject to dismissal from the practice.
4. Patients with **Two 2 no show** appointments for initial evaluations (consults) will result in the dismissal of the patient's referral.

### **Late Arrivals**

1. Patients who arrive **10 minutes** after their scheduled appointment time will be considered late. As the discretions of the provider, patients may be seen with a reduced visit time or may be required to reschedule their appointment.

**We appreciate your cooperation and look forward to meeting you and your child.**

**704-403-2626**



**Atrium Health**  
**Levine Children's**

## PAPERWORK CHECKLIST

We have enclosed this paperwork checklist to help you with your packet. To avoid delays in scheduling an appointment, please submit ALL items on the list that is relevant to your child. The below items are requested so that our providers may complete a thorough evaluation of your child. Please be aware that the provider may request additional evaluations before or after the initial consult for diagnostic clarification.

**Please review front and back of each document to ensure they are complete.**

- ☐ Family Information Sheet
- ☐ Patient History Forms
- ☐ PHQ – 9
- ☐ BASC 3 (parent and teacher/daycare provider)
- ☐ ASRS (parent and teacher/daycare provider)
- \*Please disregard teacher forms if your child is not enrolled in school, preschool, or daycare program\**
- ☐ Full IEP and accompanying testing that was used to generate the IEP (ex. Evaluations Intervention Evaluation, IQ Testing, Achievement Testing, Psychoeducational Evaluation, Speech Evaluation)
- ☐ Full Psychoeducational Evaluation
- ☐ 504 Plan (if applicable)
- ☐ Previous Evaluations and Records of Treatment:
  - ☐ Speech, Occupational (OT), and/or Physical (PT) Therapy
  - ☐ Psychological/Psychoeducation Evaluation (IQ, Academic Testing, Speech, OT and PT Evaluations)
  - ☐ Psychiatry
  - ☐ Neurology
  - ☐ Early Childhood Evaluations (CDSA or Babynet)
  - ☐ Previous Developmental & Behavioral Pediatrician Records
  - ☐ Behavioral Therapy
  - ☐ Medication History (Prescribing Physician and Medication List)
- ☐ Legal Documentation if you are a foster parent, grandparent, or guardian, we will need copies of legal custody paperwork

**\*\*\*MAIL ALL FORMS TO THE CONCORD LOCATION\*\*\***

Please note any other special needs: \_\_\_\_\_

If interpreter is required, please specify language: \_\_\_\_\_

Please select the location you would like your appointment scheduled:

- ☐ Concord  
301 Medical Park Drive  
Ste 202B  
Concord, NC 28025

Physicians at Location  
Joseph C. Stegman, MD  
Mark C. Clayton, MD  
Shruti Mittal, MD

- ☐ Charlotte  
2608 East 7<sup>th</sup> Street  
Charlotte, NC 28203

Physicians at Location  
Yasmin S. Senturias, MD FAAP  
Tsehaiwork "Sunny" Fenikile, MD  
Shruti Mittal, MD

# Developmental & Behavioral Pediatrics of the Carolinas

## Family Information

### Patient Information

Last Name	First	Middle	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Social Security No	SS # needed for ALL Medicaid patients	
Address	City	State	Zip Code
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Race	

### Primary Custody/ Guardianship (Guardians will need to send copy of legal Documents)

<input type="checkbox"/> Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Foster Care
----------------------------------	---------------------------------	---------------------------------	--------------------------------------	--------------------------------------

### Father/ Guardian Information

Last Name	First
Date of Birth	Social Security No
Address <input type="checkbox"/> Same as above	
Street	City
Home Phone No.	Mobile No.
Employer	Work No.
Zip Code	

### Mother/Guardian Information

Last Name	First
Date of Birth	Social Security No
Address <input type="checkbox"/> Same as above	
Street	City
Home Phone No.	Mobile No.
Employer	Work No.
Zip Code	

### In Case of Emergency

Name	Relationship to patient	Phone No.
Name	Relationship to patient	Phone No.

### Insurance Information (send copy of front and back of card)

Primary Insurance Company Name		
Subscriber Information		
Name	Date of Birth	Social Security No.
Secondary Insurance Company Name		
Subscriber Information		
Name	Date of Birth	Social Security NO.
NC Medicaid ID No.		Social Security No.

### Permission for child to receive medical treatment

If I can't come with my child, I agree to let (person name) _____	
I give permission to the above person to give permission for any treatment. Please initial _____	
Care Team Provider prefers a Parent to be present at all visits. This is for (in case of an emergency).	

Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_







Today's Date: \_\_\_\_\_

**DEVELOPMENTAL & BEHAVIORAL PEDIATRICS FORM- PLEASE COMPLETE ENTIRE FORM**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name Child wants to be called: \_\_\_\_\_

**PATIENT HISTORY FORM**

Name of person completing this Form: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**PURPOSE OF THE VISIT**

Describe what concerns you have about your child: \_\_\_\_\_

Previous Evaluations for these concerns: (Examples: School, CDSA, Psychiatrists, Psychologists, Neurologists, Genetics, Speech, OT, PT) \_\_\_\_\_

What would you most like to happen with this this visit: \_\_\_\_\_

What questions do you have for the doctor?: \_\_\_\_\_

Does he/she currently have an Individualized Education Program (IEP)? Yes/No OR Section 504 Plan? Yes/No

List any services your child is currently receiving: \_\_\_\_\_

(Speech/Occupational Therapy/Physical Therapy, ABA, special services through the school, 504, behavioral therapy)

**CHILD'S HISTORY (fill out or encircle Yes/No items)**

Describe your child's overall health/growth: \_\_\_\_\_

Describe Your Child's Growth: \_\_\_\_\_

Describe Your Child's Temperament: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Circle which of these describe your pregnancy: Full term / Premature (\_\_\_\_ weeks) / Induced / vaginal delivery / C-section.

Were there any complications while you were pregnant or during birth? \_\_\_\_\_

Hospitalizations/surgeries/chronic illnesses: \_\_\_\_\_

Head injuries: \_\_\_\_\_

Seizures? Yes/No \_\_\_\_\_

ALLERGIES/ DRUG ALLERGIES: \_\_\_\_\_

When did your child begin school or preschool: \_\_\_\_\_ Repeated Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

PAST MEDICATIONS: If your child has been on any medications in the past, list with dose and reactions: (ex. Vyvanse: decreased appetite):

\_\_\_\_\_  
\_\_\_\_\_



**CURRENT MEDICATIONS (Name + Dose + When/how often):**

_____	_____
_____	_____
_____	_____

**DEVELOPMENTAL AND EDUCATIONAL HISTORY:**

**Describe concerns about your child's development:** \_\_\_\_\_

\_\_\_\_\_

**At age did you first suspect difficulties?** \_\_\_\_\_

**Did your child lose any developmental skills at any point in time?** \_\_\_\_\_

**By what age did your child begin to do the following activities listed below?**

**MOTOR**

**Crawl:** \_\_\_\_\_

**Sit without support:** \_\_\_\_\_

**Walk alone:** \_\_\_\_\_

**Ride a bicycle without training wheels:** \_\_\_\_\_

**Walk up and down stairs:** \_\_\_\_\_

**LANGUAGE**

**Respond to name:** \_\_\_\_\_

**Said first word (with meaning)** \_\_\_\_\_

**Put 2 words together:** \_\_\_\_\_

**Talk about his/her day:** \_\_\_\_\_

**Pretend play with others:** \_\_\_\_\_

**SOCIAL/SELF HELP**

**Smile in response to others:** \_\_\_\_\_

**Use a spoon to feed self:** \_\_\_\_\_

**Bladder/bowel trained:** \_\_\_\_\_

**When did your child begin school or preschool:** \_\_\_\_\_ **Repeated Grade:** \_\_\_\_\_

**CURRENT SCHOOL:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Learning challenges (all subjects/list)** \_\_\_\_\_

\_\_\_\_\_

**In the list below, please circle one or more of the following behaviors your child has:**

**Self-regulatory:** Feeding Problems (eating too much or too little/ no variety) / sleep problems (with or without snoring) / eating non-foods, hyperactive.

**Social:** Shyness with strangers/ bashfulness with other children/ poor eye contact/ failure to be affectionate.

**Emotional:** Temper tantrums/ irritability/ crying often and easily/ tendency to be overexcited/ difficulty getting consoled.

**Sensory:** High threshold for pain/ oversensitive to noises/ oversensitive to textures of food, clothing or light.

**Aggression/self-injurious:** head banging/ hurting self/ physical aggression to others.

**Motor behaviors:** repetitive movements/ motor tics/ vocal tics.

**Others:** problems with changes in routine, fixation on items, refusal to go to school.



## **REVIEW OF SYSTEMS**

**In the list below, please circle any problems your child has or has had in the past:**

Chronic Pain	Unexplained Fevers
Weight Loss	Cancer
High Cholesterol	Cataracts
Crossed Eyes	Chronic Ear infections
Chronic Sinus Infections	Chronic Allergic symptoms
Heart Murmur	Other Heart Problems
Asthma	Bronchiolitis
RSV	High Blood Pressure
Chronic Bronchitis	Cystic Fibrosis
Other Lung Disorders	Chronic Diarrhea
Chronic Constipation	Reflux
Ulcer	Other stomach or bowel problem
Joint problems	Muscle Problems
Skin Problems	Chronic Eczema
ADHD	Learning Disabilities
Intellectual Disability	Autism
Seizures	Cerebral Palsy
Depression	Anxiety
Kidney or Bladder infections	Other kidney disease
Diabetes	Thyroid problems
Other glandular problems	Sickle Cell Anemia
Anemia	Other blood disease
Other(s) (please list): _____	

## **FAMILY HISTORY:**

**Who in the family has any of the following difficulties? (only include biological family)**  
**(This would include child's father, mother, brothers, sisters, grandparents, aunts, uncles and first cousins.)**  
**Please indicate the family member related to the appropriate items below:**

ADHD:	Autism spectrum Asperger:
Trouble learning:	Bipolar Disorder:
Intellectual Disability:	Schizophrenia:
Repeated a grade in school:	Seizures:
Speech problems:	Drinking or drug abuse:
Behavior problems in school:	Birth Defects/died as infant or child:
Anxiety:	Tics or Tourette's syndrome:
Depression:	Vision Impairment/ Hearing impairment:

**SOCIAL HISTORY:**

PARENTS: ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Other \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Child's Relationship with Mother: \_\_\_\_\_

Child's Relationship with Father: \_\_\_\_\_

Siblings, names and ages: \_\_\_\_\_

Family circumstances: \_\_\_\_\_

***Biological Father:***

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Present Occupations: \_\_\_\_\_ School level completed: \_\_\_\_\_

General Health: \_\_\_\_\_

***Biological Mother:***

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Present Occupations: \_\_\_\_\_ School level completed: \_\_\_\_\_

General Health: \_\_\_\_\_

**ADOPTION INFORMATION (IF APPLICABLE):**

Is the child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_

Circumstances of Adoption: \_\_\_\_\_

***Adoptive Father:***

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Present Occupations: \_\_\_\_\_ School level completed: \_\_\_\_\_

General Health: \_\_\_\_\_

***Adoptive Mother:***

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Present Occupations: \_\_\_\_\_ School level completed: \_\_\_\_\_

General Health: \_\_\_\_\_

Has this child been in Foster Care? \_\_\_\_\_

Circumstances of Foster Care: \_\_\_\_\_

Foster Parents: \_\_\_\_\_

Total Number of foster placements? \_\_\_\_\_

# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns   +   +  

(Healthcare professional: For interpretation of TOTAL, TOTAL:    
please refer to accompanying scoring card).

10. If you checked off *any problems*, how difficult  
have these problems made it for you to do  
your work, take care of things at home, or get  
along with other people?

Not difficult at all \_\_\_\_\_  
Somewhat difficult \_\_\_\_\_  
Very difficult \_\_\_\_\_  
Extremely difficult \_\_\_\_\_



# SEND TO SCHOOL

Parent/Guardian:

Please **complete** and send to school with your child. We will need **all** available documents **before** we can schedule an appointment for your child.

## THE FOLLOWING INFORMATION IS REQUESTED:

- Full Psychoeducational Evaluation Results
- IQ and Achievement Testing
- Full Psychological/Psychiatric Evaluation, including Treatment Records
- Full Individualized Education Program (IEP)
- 504 Plan
- Speech/Occupational/Physical Therapy Records

Informed consent has been explained to me and I understand the contents to be released; the reason for the required information, and that there are statutes and regulations protecting the confidentiality of authorized information. I acknowledge that I may revoke this consent at any time, with the exception that the authorization within this consent has been initiated. I hereby consent to the release of confidential information contained in the records of:

\_\_\_\_\_  
Full Name of Student

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**Please Fax Information Requested to: 704-403-2699**

**Developmental & Behavioral Pediatrics of the Carolinas**

**301 Medical Park Drive, Ste 202B**

**Concord, NC 28025**

**Office Number: 704-403-2626**



**Atrium Health**  
Levine Children's







Cecil R. Reynolds, PhD • Randy W. Kamphaus, PhD

# Parent Rating Scales PRS-A

## Adolescent Ages 12–21

Child's Name \_\_\_\_\_  
First Middle Last

Date \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year Month Day Year

School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Gender ☐ Male ☐ Female Age \_\_\_\_\_

Your Name \_\_\_\_\_  
First MI Last

Your Gender ☐ Male ☐ Female

Your Relationship to Child ☐ Mother ☐ Father ☐ Guardian  
☐ Other \_\_\_\_\_

Do you have concerns about this child's:

(a) Vision? Y N \_\_\_\_\_

(b) Hearing? Y N \_\_\_\_\_

(c) Eating habits? Y N \_\_\_\_\_

### Instructions

This form contains phrases that describe how children may act. Please read each phrase and select the response that describes how this child has behaved recently (in the last several months).

Select **N** if the behavior **never** occurs.

Select **S** if the behavior **sometimes** occurs.

Select **O** if the behavior **often** occurs.

Select **A** if the behavior **almost always** occurs.

Please mark every item. If you don't know or are unsure of your response to an item, give your best estimate. A "Never" response does not mean that the child "never" engages in a behavior, only that you have no knowledge of it occurring.

### How to Mark Your Responses

Be certain to circle completely the letter you choose:

N S **O** A

If you wish to change a response, mark an X through it and circle your new choice, like this:

N **S** ~~O~~ A

Before starting, be sure to complete the information above these instructions.

PEARSON

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PsychCorp

7 8 9 10 11 12 A B C D E

Product Number 30813

Remember: N = Never

S = Sometimes

O = Often

A = Almost always

1. Pays attention. ....	N S O A	46. Is shy with other adolescents. ....	N S O A
2. Makes positive comments about others. ....	N S O A	47. Complains of pain. ....	N S O A
3. Is easily upset. ....	N S O A	48. Overreacts to stressful situations. ....	N S O A
4. Worries. ....	N S O A	49. Eats things that are not food. ....	N S O A
5. Gets into trouble. ....	N S O A	50. Says, "I want to die" or "I wish I were dead." ....	N S O A
6. Complains of being sick when nothing is wrong. ....	N S O A	51. Shows interest in others' ideas. ....	N S O A
7. Is easy to please. ....	N S O A	52. Steals. ....	N S O A
8. Likes to talk about his or her day. ....	N S O A	53. Acts out of control. ....	N S O A
9. Is organized. ....	N S O A	54. Handles winning and losing well. ....	N S O A
10. Acts without thinking. ....	N S O A	55. Manipulates others. ....	N S O A
11. Has strange ideas. ....	N S O A	56. Smokes or chews tobacco. ....	N S O A
12. Is a picky eater. ....	N S O A	57. Is good at getting people to work together. ....	N S O A
13. Says, "please" and "thank you." ....	N S O A	58. Expresses fear of getting sick. ....	N S O A
14. Cannot wait to take turn. ....	N S O A	59. Is cruel to animals. ....	N S O A
15. Plans well. ....	N S O A	60. Needs to be reminded to brush teeth. ....	N S O A
16. Finds fault with everything. ....	N S O A	61. Breaks the rules. ....	N S O A
17. Is a "self-starter." ....	N S O A	62. Has difficulty explaining rules of games to others. ....	N S O A
18. Says, "I think I'm sick" ....	N S O A	63. Gets angry easily. ....	N S O A
19. Is sad. ....	N S O A	64. Takes a step-by-step approach to work. ....	N S O A
20. Is fearful. ....	N S O A	65. Falls down or trips over things easily. ....	N S O A
21. Makes healthy food choices. ....	N S O A	66. Threatens to hurt others. ....	N S O A
22. Lies. ....	N S O A	67. Works well under pressure. ....	N S O A
23. Talks over others. ....	N S O A	68. Breaks the rules just to see what will happen. ....	N S O A
24. Avoids exercise or other physical activity. ....	N S O A	69. Bullies others. ....	N S O A
25. Seems odd. ....	N S O A	70. Communicates clearly. ....	N S O A
26. Loses control when angry. ....	N S O A	71. Complains of stomach pain. ....	N S O A
27. Has a short attention span. ....	N S O A	72. Recovers quickly after a setback. ....	N S O A
28. Teases others. ....	N S O A	73. Compliments others. ....	N S O A
29. Is usually chosen as a leader. ....	N S O A	74. Reacts negatively. ....	N S O A
30. Engages in repetitive movements. ....	N S O A	75. Breaks large problems into smaller steps. ....	N S O A
31. Gets sick. ....	N S O A	76. Uses foul language. ....	N S O A
32. Is easily stressed. ....	N S O A	77. Says, "I don't have any friends." ....	N S O A
33. Isolates self from others. ....	N S O A	78. Has trouble getting information when needed. ....	N S O A
34. Accurately takes down messages. ....	N S O A	79. Listens carefully. ....	N S O A
35. Says, "I hate myself" ....	N S O A	80. Is able to keep to a schedule. ....	N S O A
36. Sets realistic goals. ....	N S O A	81. Responds appropriately when asked a question. ....	N S O A
37. Throws or breaks things when angry. ....	N S O A	82. Accepts things as they are. ....	N S O A
38. Avoids eye contact. ....	N S O A	83. Quickly joins group activities. ....	N S O A
39. Seems out of touch with reality. ....	N S O A	84. Stares blankly. ....	N S O A
40. Disobeys. ....	N S O A	85. Deceives others. ....	N S O A
41. Changes moods quickly. ....	N S O A	86. Cleans up after self. ....	N S O A
42. Complains about health. ....	N S O A	87. Is easily distracted. ....	N S O A
43. Listens to directions. ....	N S O A	88. Has headaches. ....	N S O A
44. Is overly emotional. ....	N S O A	89. Cries easily. ....	N S O A
45. Is careless with belongings. ....	N S O A	90. Is unclear when presenting ideas. ....	N S O A



Remember: N = Never

S = Sometimes

O = Often

A = Almost always

91. Makes others feel welcome.....	N S O A	136. Makes decisions easily. ....	N S O A
92. Is nervous.....	N S O A	137. Adjusts well to new teachers. ....	N S O A
93. Is cruel to others. ....	N S O A	138. Hurts others on purpose. ....	N S O A
94. Seems lonely.....	N S O A	139. Is suspicious of others. ....	N S O A
95. Misses deadlines.....	N S O A	140. Is irritable. ....	N S O A
96. Sleeps with parents. ....	N S O A	141. Appears tense. ....	N S O A
97. Confuses real with make-believe.....	N S O A	142. Is able to describe feelings accurately. ....	N S O A
98. Is in trouble with the police.....	N S O A	143. Organizes chores or other tasks well.....	N S O A
99. Worries about what teachers think.....	N S O A	144. Prefers to play alone. ....	N S O A
100. Picks on others who are different from his or her self. ....	N S O A	145. Babbles to self. ....	N S O A
101. Starts conversations.....	N S O A	146. Gets back at others.....	N S O A
102. Is negative about things.....	N S O A	147. Encourages others to do their best.....	N S O A
103. Hits other adolescents.....	N S O A	148. Is highly motivated to succeed. ....	N S O A
104. Says, "I'm not very good at this".....	N S O A	149. Avoids making friends. ....	N S O A
105. Is effective when presenting information to a group.....	N S O A	150. Seems unaware of others. ....	N S O A
106. Tries to help others be their best.....	N S O A	151. Acts in a safe manner.....	N S O A
107. Interrupts parents when they are talking on the phone. ....	N S O A	152. Has panic attacks. ....	N S O A
108. Acts strangely. ....	N S O A	153. Says, "I'm afraid I will make a mistake.".....	N S O A
109. Has good coping skills. ....	N S O A	154. Is afraid of getting sick. ....	N S O A
110. Says, "I can't do anything right".....	N S O A	155. Runs away from home overnight. ....	N S O A
111. Complains of physical problems. ....	N S O A	156. Adjusts well to changes in plans. ....	N S O A
112. Plans ahead. ....	N S O A	157. Sneaks around.....	N S O A
113. Has trouble making new friends. ....	N S O A	158. Is clear when telling about personal experiences. ....	N S O A
114. Disrupts other adolescents' activities. ....	N S O A	159. Shows basic emotions clearly. ....	N S O A
115. Argues when denied own way. ....	N S O A	160. Puts others down.....	N S O A
116. Says things that make no sense. ....	N S O A	161. Is resilient. ....	N S O A
117. Says, "I want to kill myself".....	N S O A	162. Uses illegal drugs. ....	N S O A
118. Sets fires.....	N S O A	163. Says, "I get nervous during tests" or "Tests make me nervous.".....	N S O A
119. Pays attention when being spoken to. ....	N S O A	164. Is overly aggressive. ....	N S O A
120. Worries about making mistakes. ....	N S O A	165. Makes friends easily.....	N S O A
121. Says, "Nobody likes me." .....	N S O A	166. Has trouble making decisions.....	N S O A
122. Lies to get out of trouble.....	N S O A	167. Tells lies about others. ....	N S O A
123. Has trouble concentrating. ....	N S O A	168. Evaluates own ideas.....	N S O A
124. Adjusts well to changes in routine.....	N S O A	169. Does weird things. ....	N S O A
125. Throws up after eating.....	N S O A	170. Congratulates others when good things happen to them.....	N S O A
126. Overcomes problems.....	N S O A	171. Prefers to be a leader. ....	N S O A
127. Avoids other adolescents.....	N S O A	172. Interrupts others when they are speaking.....	N S O A
128. Accepts people who are different from his or her self....	N S O A	173. Finds ways to solve problems. ....	N S O A
129. Adjusts well to changes in family plans. ....	N S O A		
130. Has poor self-control.....	N S O A		
131. Offers help to other adolescents. ....	N S O A		
132. Gives good suggestions for solving problems.....	N S O A		
133. Tracks down information when needed.....	N S O A		
134. Has seizures. ....	N S O A		
135. Worries about things that cannot be changed.....	N S O A		

Please complete the General Comments on the back page.

## General Comments

What are the behavioral and/or emotional strengths of this child?

Please list any specific behavioral and/or emotional concerns you have about this child.

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Cecil R. Reynolds, PhD • Randy W. Kamphaus, PhD

Teacher  
Rating Scales

TRS-A

Adolescent  
Ages 12–21

Child's Name \_\_\_\_\_  
First Middle Last

Date \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year Month Day Year

School \_\_\_\_\_ Grade \_\_\_\_\_

Gender ☐ Male ☐ Female Age \_\_\_\_\_

Your Name \_\_\_\_\_  
First MI Last

Your Position ☐ Regular-education teacher  
☐ Special-education teacher ☐ Other \_\_\_\_\_

How long have you known this child?

☐ Less than 1 month ☐ 1–2 months ☐ 3–5 months  
☐ 6–11 months ☐ 12 months or more

Do you have concerns about this child's:

(a) Vision? Y N \_\_\_\_\_

(b) Hearing? Y N \_\_\_\_\_

### Instructions

This form contains phrases that describe how children may act. Please read each phrase and select the response that describes how this child has behaved recently (in the last several months).

Select N if the behavior **never** occurs.

Select S if the behavior **sometimes** occurs.

Select O if the behavior **often** occurs.

Select A if the behavior **almost always** occurs.

Please mark every item. If you don't know or are unsure of your response to an item, give your best estimate. A "Never" response does not mean that the child "never" engages in a behavior, only that you have not observed the child behaving that way.

### How to Mark Your Responses

Be certain to circle completely the letter you choose:

N S **O** A

If you wish to change a response, mark an X through it and circle your new choice, like this:

N S **X** A

Before starting, be sure to complete the information above.

Remember	N = Never	S = Sometimes	O = Often	A = Almost always
1. Is easy to please.....	N	S	O	A
2. Pays attention.....	N	S	O	A
3. Refuses to talk.....	N	S	O	A
4. Is overly active.....	N	S	O	A
5. Argues when denied own way.....	N	S	O	A
6. Congratulates others when good things happen to them...	N	S	O	A
7. Turns in work on time.....	N	S	O	A
8. Is irritable.....	N	S	O	A
9. Avoids making friends.....	N	S	O	A
10. Is fearful.....	N	S	O	A
11. Is overly aggressive.....	N	S	O	A
12. Has strange ideas.....	N	S	O	A
13. Performs poorly on school assignments.....	N	S	O	A
14. Is easily distracted.....	N	S	O	A
15. Is easily stressed.....	N	S	O	A
16. Finds ways to solve problems.....	N	S	O	A
17. Speaks out of turn during class.....	N	S	O	A
18. Says, "please" and "thank you".....	N	S	O	A
19. Finds fault with everything.....	N	S	O	A
20. Adjusts well to changes in plans.....	N	S	O	A
21. Plans well.....	N	S	O	A
22. Has panic attacks.....	N	S	O	A
23. Is negative about things.....	N	S	O	A
24. Gets into trouble.....	N	S	O	A
25. Tries to help others be their best.....	N	S	O	A
26. Is overly emotional.....	N	S	O	A
27. Eats things that are not food.....	N	S	O	A
28. Works well under pressure.....	N	S	O	A
29. Accepts people who are different from his or her self...	N	S	O	A
30. Is unclear when presenting ideas.....	N	S	O	A
31. Has good study habits.....	N	S	O	A
32. Has trouble staying seated.....	N	S	O	A
33. Complaints of pain.....	N	S	O	A
34. Deceives others.....	N	S	O	A
35. Spreads rumors about others.....	N	S	O	A
36. Tracks down information when needed.....	N	S	O	A
37. Transitions well.....	N	S	O	A
38. Misses deadlines.....	N	S	O	A
39. Reacts negatively.....	N	S	O	A
40. Communicates clearly.....	N	S	O	A
41. Disrupts the schoolwork of other adolescents.....	N	S	O	A
42. Is usually chosen as a leader.....	N	S	O	A
43. Accepts things as they are.....	N	S	O	A
44. Breaks the rules.....	N	S	O	A
45. Offers help to other adolescents.....	N	S	O	A
46. Refuses advice.....	N	S	O	A
47. Has headaches.....	N	S	O	A
48. Demonstrates critical thinking skills.....	N	S	O	A
49. Is creative.....	N	S	O	A
50. Seems out of touch with reality.....	N	S	O	A
51. Overreacts to stressful situations.....	N	S	O	A
52. Annoys others on purpose.....	N	S	O	A
53. Has a short attention span.....	N	S	O	A
54. Is afraid of getting sick.....	N	S	O	A
55. Puts others down.....	N	S	O	A
56. Seems lonely.....	N	S	O	A
57. Adjusts well to new teachers.....	N	S	O	A
58. Stays on task.....	N	S	O	A
59. Is clear when telling about personal experiences.....	N	S	O	A
60. Uses foul language.....	N	S	O	A

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5 6 7 8 9 10 11 12 A B C D E

Product Number 30805



Remember: N = Never		S = Sometimes	O = Often	A = Almost always
61. Threatens to hurt others.....	N	S	O	A
62. Has trouble making new friends.....	N	S	O	A
63. Acts strangely.....	N	S	O	A
64. Listens to directions.....	N	S	O	A
65. Loses control when angry.....	N	S	O	A
66. Engages in repetitive movements.....	N	S	O	A
67. Says, "I get nervous during tests" or "Tests make me nervous."	N	S	O	A
68. Lies.....	N	S	O	A
69. Responds appropriately when asked a question.....	N	S	O	A
70. Hits other adolescents.....	N	S	O	A
71. Plans ahead.....	N	S	O	A
72. Cries easily.....	N	S	O	A
73. Recovers quickly after a setback.....	N	S	O	A
74. Says, "I'm afraid I will make a mistake."	N	S	O	A
75. Has good coping skills.....	N	S	O	A
76. Gets angry easily.....	N	S	O	A
77. Defies teachers.....	N	S	O	A
78. Worries about things that cannot be changed.....	N	S	O	A
79. Gets sick.....	N	S	O	A
80. Is suspicious of others.....	N	S	O	A
81. Makes decisions easily.....	N	S	O	A
82. Picks at things like own hair, nails, or clothing.....	N	S	O	A
83. Evaluates own ideas.....	N	S	O	A
84. Avoids eye contact.....	N	S	O	A
85. Is able to describe feelings accurately.....	N	S	O	A
86. Bullies others.....	N	S	O	A
87. Is easily upset.....	N	S	O	A
88. Is good at getting people to work together.....	N	S	O	A
89. Has poor self-control.....	N	S	O	A
90. Seems odd.....	N	S	O	A
91. Avoids other adolescents.....	N	S	O	A
92. Forgets to bring learning materials to class.....	N	S	O	A
93. Is pessimistic.....	N	S	O	A
94. Complains that lessons go too fast.....	N	S	O	A
95. Makes friends easily.....	N	S	O	A
96. Is easily distracted from class work.....	N	S	O	A
97. Overcomes problems.....	N	S	O	A
98. Is highly motivated to succeed.....	N	S	O	A
99. Acts without thinking.....	N	S	O	A
100. Is well organized.....	N	S	O	A
101. Is distracted by smartphone (or similar device) during class.....	N	S	O	A
102. Isolates self from others.....	N	S	O	A
103. Worries.....	N	S	O	A
104. Takes careful notes during lectures.....	N	S	O	A
105. Has trouble concentrating.....	N	S	O	A
106. Takes a step-by-step approach to work.....	N	S	O	A
107. Compliments others.....	N	S	O	A
108. Is in constant motion.....	N	S	O	A
109. Picks on others who are different from his or her self.....	N	S	O	A
110. Loses temper too easily.....	N	S	O	A
111. Gets failing school grades.....	N	S	O	A
112. Cannot wait to take turn.....	N	S	O	A
113. Uses others' things without permission.....	N	S	O	A
114. Is nervous.....	N	S	O	A
115. Has spelling problems.....	N	S	O	A
116. Says, "I don't have any friends."	N	S	O	A
117. Starts conversations.....	N	S	O	A
118. Does not complete tests.....	N	S	O	A
119. Adjusts well to changes in routine.....	N	S	O	A
120. Complains about health.....	N	S	O	A
121. Reads assigned chapters.....	N	S	O	A
122. Disobeys.....	N	S	O	A
123. Acts out of control.....	N	S	O	A
124. Listens carefully.....	N	S	O	A
125. Teases others.....	N	S	O	A
126. Seeks attention while doing schoolwork.....	N	S	O	A
127. Prefers to play alone.....	N	S	O	A
128. Encourages others to do their best.....	N	S	O	A
129. Says things that make no sense.....	N	S	O	A
130. Completes homework.....	N	S	O	A
131. Quickly joins group activities.....	N	S	O	A
132. Complains of physical problems.....	N	S	O	A
133. Breaks large problems into smaller steps.....	N	S	O	A
134. Babbles to self.....	N	S	O	A
135. Says, "I hate myself.".....	N	S	O	A
136. Seems unaware of others.....	N	S	O	A
137. Cheats in school.....	N	S	O	A
138. Says, "Nobody likes me.".....	N	S	O	A
139. Shows basic emotions clearly.....	N	S	O	A
140. Disrupts other adolescents' activities.....	N	S	O	A
141. Gets back at others.....	N	S	O	A
142. Has trouble getting information when needed.....	N	S	O	A
143. Is resilient.....	N	S	O	A
144. Is organized.....	N	S	O	A
145. Complains of stomach pain.....	N	S	O	A
146. Shows interest in others' ideas.....	N	S	O	A
147. Tries to do well in school.....	N	S	O	A
148. Manipulates others.....	N	S	O	A
149. Is sad.....	N	S	O	A
150. Has reading problems.....	N	S	O	A
151. Has trouble making decisions.....	N	S	O	A
152. Has difficulty explaining rules of games to others.....	N	S	O	A
153. Says, "I want to die" or "I wish I were dead.".....	N	S	O	A
154. Gives good suggestions for solving problems.....	N	S	O	A
155. Has trouble keeping up in class.....	N	S	O	A
156. Analyzes the nature of a problem before starting to solve it.....	N	S	O	A
157. Hurts others on purpose.....	N	S	O	A
158. Makes positive comments about others.....	N	S	O	A
159. Speech is confused or disorganized.....	N	S	O	A
160. Sneaks around.....	N	S	O	A
161. Makes careless mistakes.....	N	S	O	A
162. Says, "I can't do anything right.".....	N	S	O	A
163. Falls down or trips over things easily.....	N	S	O	A
164. Makes others feel welcome.....	N	S	O	A
165. Knows how to study.....	N	S	O	A

### General Comments

What are the behavioral and/or emotional strengths of this child?

Please list any specific behavioral and/or emotional concerns you have about this child.





# Self-Report SRP-A

## Adolescent Ages 12–21

Cecil R. Reynolds, PhD • Randy W. Kamphaus, PhD

Your Name \_\_\_\_\_  
First Middle Last

Date \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year Month Day Year

School \_\_\_\_\_ Grade \_\_\_\_\_

Gender ☐ Male ☐ Female Age \_\_\_\_\_

### Instructions

This form contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: T or F.

Select T for True if you agree with a sentence.

Select F for False if you do not agree with a sentence.

Here is an example:

1. I like parties. ☒ T ☐ F

For the second group of sentences, you will have four answer choices: N, S, O, and A.

Select N if the sentence **never** describes you or how you feel.

Select S if the sentence **sometimes** describes you or how you feel.

Select O if the sentence **often** describes you or how you feel.

Select A if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework. ☐ N ☐ S ☒ O ☐ A

If you wish to change an answer, mark an X through it and circle your new choice, like this:

N S ☒ O ☐ A

Give the best answer for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and answer every sentence.

**Before starting, please fill in the information above these instructions.**

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Remember: T = True F = False

1. I get along well with my parents. T F
2. I like everyone I meet. T F
3. I like who I am. T F
4. My friends have more fun than I do. T F
5. I don't like thinking about school. T F
6. My teacher cares about me. T F
7. I never get into trouble. T F
8. I have a hard time making friends. T F
9. People tell me I should pay more attention. T F
10. If I have a problem, I can usually work it out. T F
11. Often I feel sick in my stomach. T F
12. What I want never seems to matter. T F
13. I always go to bed on time. T F
14. Sometimes, when alone, I hear my name. T F
15. I have not seen a car in at least 6 months. T F
16. I worry about tests more than my classmates do. T F
17. I get mad at my parents sometimes. T F
18. It seems like I'm always sick. T F
19. I think that I have a short attention span. T F
20. I don't care about school. T F
21. I tell the truth every single time. T F
22. My teacher understands me. T F
23. I never seem to get anything right. T F
24. Other children are happier than I am. T F
25. Nothing ever goes right for me. T F
26. I wish I were different. T F
27. I accept myself for who I am. T F
28. I hate taking tests. T F
29. My classmates don't like me. T F
30. My parents are always right. T F

31. I like to take chances. T F
32. I worry a lot of the time. T F
33. I take a plane trip from New York to Chicago at least twice a week. T F
34. I have attention problems. T F
35. My parents have too much control over my life. T F
36. Doing my best is never good enough. T F
37. I feel good about myself. T F
38. I never break the rules. T F
39. No matter how much I study for a test, I am afraid I will fail. T F
40. I used to be happier. T F
41. My parents blame too many of their problems on me. T F
42. I have never been mean to anyone. T F
43. I get sick more than others. T F
44. I often worry about something bad happening to me. T F
45. I never quite reach my goal. T F
46. I just don't care anymore. T F
47. I have just returned from a 9-month trip on an ocean liner. T F
48. Things go wrong for me, even when I try hard. T F
49. I always do what my parents tell me. T F
50. I don't seem to do anything right. T F
51. I always do homework on time. T F
52. Other children don't like to be with me. T F
53. Most things are harder for me than for others. T F
54. I tell my parents everything. T F
55. Nothing about me is right. T F
56. My stomach gets upset more than most people's. T F
57. I'd rather quit than fail. T F
58. I can never seem to relax. T F
59. I have some bad habits. T F

Remember: N = Never S = Sometimes O = Often A = Almost always

60. I quit easily. N S O A
61. My parents listen to what I say. N S O A
62. I am in pain. N S O A
63. I am dependable. N S O A
64. My teacher trusts me. N S O A
65. Little things bother me. N S O A

66. My parents are proud of me. N S O A
67. I have trouble standing still in lines. N S O A
68. I feel like people are out to get me. N S O A
69. I get angry easily. N S O A
70. I feel lonely. N S O A



Remember: N = Never

S = Sometimes

O = Often

A = Almost always

71. I can solve difficult problems by myself.....	N S O A
72. When I take tests, I can't think. ....	N S O A
73. I like to ride in a car that is going fast.....	N S O A
74. I feel that nobody likes me.....	N S O A
75. I feel stressed.....	N S O A
76. I hear things that others cannot hear. ....	N S O A
77. I am disappointed with my grades.....	N S O A
78. I have trouble breathing.....	N S O A
79. When I get angry, I want to break something. ....	N S O A
80. People say bad things to me. ....	N S O A
81. I like to take risks.....	N S O A
82. I have a hard time slowing down.....	N S O A
83. I feel guilty about things.....	N S O A
84. I feel uncomfortable around others. ....	N S O A
85. I am good at making decisions. ....	N S O A
86. People tell me to be still.....	N S O A
87. My school feels good to me. ....	N S O A
88. People act as if they don't hear me.....	N S O A
89. I like going places with my parents.....	N S O A
90. I have trouble paying attention to the teacher.....	N S O A
91. Even when alone, I feel like someone is watching me....	N S O A
92. My teacher is proud of me. ....	N S O A
93. Other kids hate to be with me. ....	N S O A
94. I can't seem to turn off my mind. ....	N S O A
95. I forget to do things.....	N S O A
96. I feel sad.....	N S O A
97. I have trouble sitting still. ....	N S O A
98. I am jealous of others.....	N S O A
99. I'm happy with who I am. ....	N S O A
100. I get so nervous I can't breathe. ....	N S O A
101. School is boring.....	N S O A
102. I get blamed for things I can't help. ....	N S O A
103. My parents are easy to talk to. ....	N S O A
104. Tests make me nervous. ....	N S O A
105. People tell me to slow down. ....	N S O A
106. I get mad at others. ....	N S O A
107. I feel safe at school. ....	N S O A
108. I am lonely. ....	N S O A
109. My mother and father help me if I ask them to. ....	N S O A
110. My looks bother me.....	N S O A

111. I feel dizzy.....	N S O A
112. My friends come to me for help.....	N S O A
113. I make mistakes. ....	N S O A
114. My thoughts keep me awake at night.....	N S O A
115. I do things for the thrill of it. ....	N S O A
116. Other people are against me.....	N S O A
117. I talk without waiting for others to say something.....	N S O A
118. I hear voices in my head that no one else can hear. ....	N S O A
119. I have trouble sleeping the night before a big test.....	N S O A
120. I am reliable. ....	N S O A
121. I worry but I don't know why.....	N S O A
122. I have trouble paying attention to what I am doing. ....	N S O A
123. I feel out of place around people.....	N S O A
124. I feel life isn't worth living. ....	N S O A
125. I see weird things. ....	N S O A
126. I fail at things.....	N S O A
127. I like it when my friends dare me to do something. ....	N S O A
128. I get along well with others.....	N S O A
129. Others ask me to help them.....	N S O A
130. My teacher gets mad at me for no good reason.....	N S O A
131. I like the way I look.....	N S O A
132. When I start talking, it is hard for me to stop. ....	N S O A
133. I try to do things myself before asking for help. ....	N S O A
134. I feel depressed.....	N S O A
135. Even when I try hard, I fail.....	N S O A
136. Other people find things wrong with me.....	N S O A
137. I like my parents.....	N S O A
138. I get nervous.....	N S O A
139. I threaten to hurt others when I get angry. ....	N S O A
140. I talk while other people are talking.....	N S O A
141. I want to do better, but I can't.....	N S O A
142. People think I'm strange. ....	N S O A
143. I get upset when I have to take a test.....	N S O A
144. I am left out of things.....	N S O A
145. My parents like to be with me.....	N S O A
146. I worry when I go to bed at night.....	N S O A
147. People tell me to try harder.....	N S O A
148. I am easily distracted. ....	N S O A
149. Ideas just race through my mind.....	N S O A
150. I get bored in school.....	N S O A

Please continue to the back page.

Remember: N = Never

S = Sometimes

O = Often

A = Almost always

151. I feel that others do not like the way I do things.....	N S O A	171. I am someone you can rely on.....	N S O A
152. I like my teacher.....	N S O A	172. I find dangerous things exciting.....	N S O A
153. I feel anxious.....	N S O A	173. No one understands me.....	N S O A
154. I'm a good person.....	N S O A	174. When I get angry, I want to hurt someone.....	N S O A
155. I like to dare others to do things.....	N S O A	175. I get along with my teacher.....	N S O A
156. I do things over and over and can't stop.....	N S O A	176. People tell me that I am too noisy.....	N S O A
157. I am proud of my parents.....	N S O A	177. My parents trust me.....	N S O A
158. I have trouble controlling my thoughts.....	N S O A	178. Other people seem to ignore me.....	N S O A
159. Teachers look for the bad things that you do.....	N S O A	179. I feel like I have no friends.....	N S O A
160. I stay awake for 24 hours without getting tired.....	N S O A	180. People get mad at me, even when I don't do anything wrong.....	N S O A
161. I get nervous when things do not go the right way for me.....	N S O A	181. I feel like I have to get up and move around.....	N S O A
162. I feel like I want to quit school.....	N S O A	182. My parents expect too much from me.....	N S O A
163. I am liked by others.....	N S O A	183. I worry about what is going to happen.....	N S O A
164. Someone wants to hurt me.....	N S O A	184. I hate school.....	N S O A
165. I am blamed for things I don't do.....	N S O A	185. I like to be the first one to try new things.....	N S O A
166. I yell when I get angry.....	N S O A	186. I get phone calls from popular movie actors.....	N S O A
167. I feel like my life is getting worse and worse.....	N S O A	187. My mother and father like my friends.....	N S O A
168. I have confidence in myself.....	N S O A	188. I do things that my friends are afraid to do.....	N S O A
169. I have a hard time concentrating.....	N S O A	189. People think I am fun to be with.....	N S O A
170. Teachers are unfair.....	N S O A		

Please be sure you have marked all items.

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**ASRS\*****(6–18 Years) PARENT RATINGS**

Sam Goldstein, Ph.D. &amp; Jack A. Naglieri, Ph.D.

**Response Form**

Child's Name/ID: \_\_\_\_\_

Gender M F

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name/ID: \_\_\_\_\_

Grade: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did your child acquire language before age 3?

Yes No Don't Know

Age: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, did your child speak in 3 word sentences by age 3?

Yes No Don't Know

Instructions: Read each statement that follows the phrase, "*During the past four weeks, how often did the child...*" then circle the number under the word that tells how often you saw the behavior. Read each question carefully, then mark how often you saw the behavior in the past four weeks. Answer every question without skipping any. If you want to change your answer, put an X through it and circle your new choice. Be sure to answer every question.

***During the past four weeks, how often did the child...***

	Never	Rarely	Occasionally	Frequently	Very Frequently
1. appear disorganized?	0	1	2	3	4
2. become bothered by some fabrics or tags in clothes?	0	1	2	3	4
3. seek the company of other children?	0	1	2	3	4
4. show little emotion?	0	1	2	3	4
5. follow instructions that he/she understood?	0	1	2	3	4
6. argue and fight with other children?	0	1	2	3	4
7. have problems waiting his/her turn?	0	1	2	3	4
8. share fun activities with others?	0	1	2	3	4
9. look at others when talking with them?	0	1	2	3	4
10. engage in tasks that require sustained effort?	0	1	2	3	4
11. avoid looking at people who spoke to him/her?	0	1	2	3	4
12. play with toys appropriately?	0	1	2	3	4
13. have a strong reaction to any change in routine?	0	1	2	3	4
14. have trouble talking with other children?	0	1	2	3	4
15. understand the point of view of others?	0	1	2	3	4
16. learn simple tasks but then forget them quickly?	0	1	2	3	4
17. use language that was immature for his/her age?	0	1	2	3	4
18. get into trouble with adults?	0	1	2	3	4
19. have social problems with children of the same age?	0	1	2	3	4
20. use an odd way of speaking?	0	1	2	3	4
21. repeat certain words or phrases out of context?	0	1	2	3	4
22. become obsessed with details?	0	1	2	3	4
23. keep a conversation going?	0	1	2	3	4
24. insist on doing things the same way each time?	0	1	2	3	4
25. overreact to touch?	0	1	2	3	4
26. repeat or echo what others said?	0	1	2	3	4
27. smell, taste, or eat inedible objects?	0	1	2	3	4
28. understand how someone else felt?	0	1	2	3	4
29. overreact to common smells?	0	1	2	3	4
30. become distracted?	0	1	2	3	4

***Please flip this form over to answer statements 31 to 71.***

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 In Canada, 3770 Victoria Park Ave. Toronto, ON M2H 3M6. 1-800-263-6011. 1-416-492-3627 Fax 1-416-492-3743



**Response Form**

*During the past four weeks, how often did the child...*

	Never	Rarely	Occasionally	Frequently	Very Frequently
31. play with others?	0	1	2	3	4
32. notice social cues?	0	1	2	3	4
33. respond when spoken to by adults?	0	1	2	3	4
34. avoid looking at an adult when there was a problem?	0	1	2	3	4
35. have problems paying attention when doing homework or chores?	0	1	2	3	4
36. make careless mistakes in school work?	0	1	2	3	4
37. talk too much about things that adults don't care about?	0	1	2	3	4
38. resist being touched or held?	0	1	2	3	4
39. care about what other people think or feel?	0	1	2	3	4
40. focus too much on details?	0	1	2	3	4
41. not understand why others don't like him/her?	0	1	2	3	4
42. share his/her enjoyment with others?	0	1	2	3	4
43. show an interest in the ideas of others?	0	1	2	3	4
44. leave homework or chores unfinished?	0	1	2	3	4
45. understand age-appropriate humor or jokes?	0	1	2	3	4
46. flap his/her hands when excited?	0	1	2	3	4
47. listen when spoken to?	0	1	2	3	4
48. focus on one subject for too much time?	0	1	2	3	4
49. need things to happen just as expected?	0	1	2	3	4
50. talk too much about things that other children don't care about?	0	1	2	3	4
51. insist on certain routines?	0	1	2	3	4
52. have problems paying attention to fun tasks?	0	1	2	3	4
53. become fascinated with parts of objects?	0	1	2	3	4
54. line up objects in a row?	0	1	2	3	4
55. smile appropriately?	0	1	2	3	4
56. start conversations with others?	0	1	2	3	4
57. fail to complete tasks?	0	1	2	3	4
58. ask questions that were off-topic?	0	1	2	3	4
59. have trouble talking with adults?	0	1	2	3	4
60. interrupt or intrude on others?	0	1	2	3	4
61. look at others when interacting with them?	0	1	2	3	4
62. overreact to loud noises?	0	1	2	3	4
63. become upset if routines were changed?	0	1	2	3	4
64. choose to play alone?	0	1	2	3	4
65. insist on keeping certain objects with him/her at all times?	0	1	2	3	4
66. have social problems with adults?	0	1	2	3	4
67. twirl, spin, or bang objects?	0	1	2	3	4
68. reverse pronouns (e.g., you for me)?	0	1	2	3	4
69. show good peer interactions?	0	1	2	3	4
70. respond when spoken to by other children?	0	1	2	3	4
71. appear fidgety when asked to sit still?	0	1	2	3	4



**Response Form**

Student's Name/ID: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Today's Date: ____/____/____
Teacher's Name/ID: _____	Grade: _____	Birth Date: ____/____/____
Time Known Student: _____	Class(es) Taught: _____	Age: ____/____/____

**Instructions:** Read each statement that follows the phrase, *"During the past four weeks, how often did the student..."*, then circle the number under the word that tells how often you saw the behavior. Read each question carefully, then mark how often you saw the behavior in the past four weeks. Answer every question without skipping any. If you want to change your answer, put an X through it and circle your new choice. Be sure to answer every question.

***During the past four weeks, how often did the student...***

	Never	Rarely	Occasionally	Frequently	Very frequently
1. appear disorganized?	0	1	2	3	4
2. become bothered by some fabrics or tags in clothes?	0	1	2	3	4
3. seek the company of other children?	0	1	2	3	4
4. show little emotion?	0	1	2	3	4
5. follow instructions that he/she understood?	0	1	2	3	4
6. argue and fight with other children?	0	1	2	3	4
7. have problems waiting his/her turn?	0	1	2	3	4
8. share fun activities with others?	0	1	2	3	4
9. look at others when talking with them?	0	1	2	3	4
10. engage in tasks that require sustained effort?	0	1	2	3	4
11. avoid looking at people who spoke to him/her?	0	1	2	3	4
12. play with toys appropriately?	0	1	2	3	4
13. have a strong reaction to any change in routine?	0	1	2	3	4
14. have trouble talking with other children?	0	1	2	3	4
15. understand the point of view of others?	0	1	2	3	4
16. learn simple tasks but then forget them quickly?	0	1	2	3	4
17. use language that was immature for his/her age?	0	1	2	3	4
18. get into trouble with adults?	0	1	2	3	4
19. have social problems with children of the same age?	0	1	2	3	4
20. use an odd way of speaking?	0	1	2	3	4
21. repeat certain words or phrases out of context?	0	1	2	3	4
22. become obsessed with details?	0	1	2	3	4
23. keep a conversation going?	0	1	2	3	4
24. insist on doing things the same way each time?	0	1	2	3	4
25. overreact to touch?	0	1	2	3	4
26. repeat or echo what others said?	0	1	2	3	4
27. smell, taste, or eat inedible objects?	0	1	2	3	4
28. understand how someone else felt?	0	1	2	3	4
29. overreact to common smells?	0	1	2	3	4
30. become distracted?	0	1	2	3	4

*Please flip this form over to answer statements 31 to 71.*

**ASRS<sup>®</sup>****(6–18 Years) TEACHER RATINGS**

Sam Goldstein, Ph.D. &amp; Jack A. Naglieri, Ph.D.

**Response Form***During the past four weeks, how often did the student...*

	Never	Rarely	Occasionally	Frequently	Very Frequently
31. play with others?	0	1	2	3	4
32. notice social cues?	0	1	2	3	4
33. respond when spoken to by adults?	0	1	2	3	4
34. avoid looking at an adult when there was a problem?	0	1	2	3	4
35. have problems paying attention when doing homework or chores?	0	1	2	3	4
36. make careless mistakes in school work?	0	1	2	3	4
37. talk too much about things that adults don't care about?	0	1	2	3	4
38. resist being touched or held?	0	1	2	3	4
39. care about what other people think or feel?	0	1	2	3	4
40. focus too much on details?	0	1	2	3	4
41. not understand why others don't like him/her?	0	1	2	3	4
42. share his/her enjoyment with others?	0	1	2	3	4
43. show an interest in the ideas of others?	0	1	2	3	4
44. leave homework or chores unfinished?	0	1	2	3	4
45. understand age-appropriate humor or jokes?	0	1	2	3	4
46. flap his/her hands when excited?	0	1	2	3	4
47. listen when spoken to?	0	1	2	3	4
48. focus on one subject for too much time?	0	1	2	3	4
49. need things to happen just as expected?	0	1	2	3	4
50. talk too much about things that other children don't care about?	0	1	2	3	4
51. insist on certain routines?	0	1	2	3	4
52. have problems paying attention to fun tasks?	0	1	2	3	4
53. become fascinated with parts of objects?	0	1	2	3	4
54. line up objects in a row?	0	1	2	3	4
55. smile appropriately?	0	1	2	3	4
56. start conversations with others?	0	1	2	3	4
57. fail to complete tasks?	0	1	2	3	4
58. ask questions that were off-topic?	0	1	2	3	4
59. have trouble talking with adults?	0	1	2	3	4
60. interrupt or intrude on others?	0	1	2	3	4
61. look at others when interacting with them?	0	1	2	3	4
62. overreact to loud noises?	0	1	2	3	4
63. become upset if routines were changed?	0	1	2	3	4
64. choose to play alone?	0	1	2	3	4
65. insist on keeping certain objects with him/her at all times?	0	1	2	3	4
66. have social problems with adults?	0	1	2	3	4
67. twirl, spin, or bang objects?	0	1	2	3	4
68. reverse pronouns (e.g., you for me)?	0	1	2	3	4
69. show good peer interactions?	0	1	2	3	4
70. respond when spoken to by other children?	0	1	2	3	4
71. appear fidgety when asked to sit still?	0	1	2	3	4