

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:

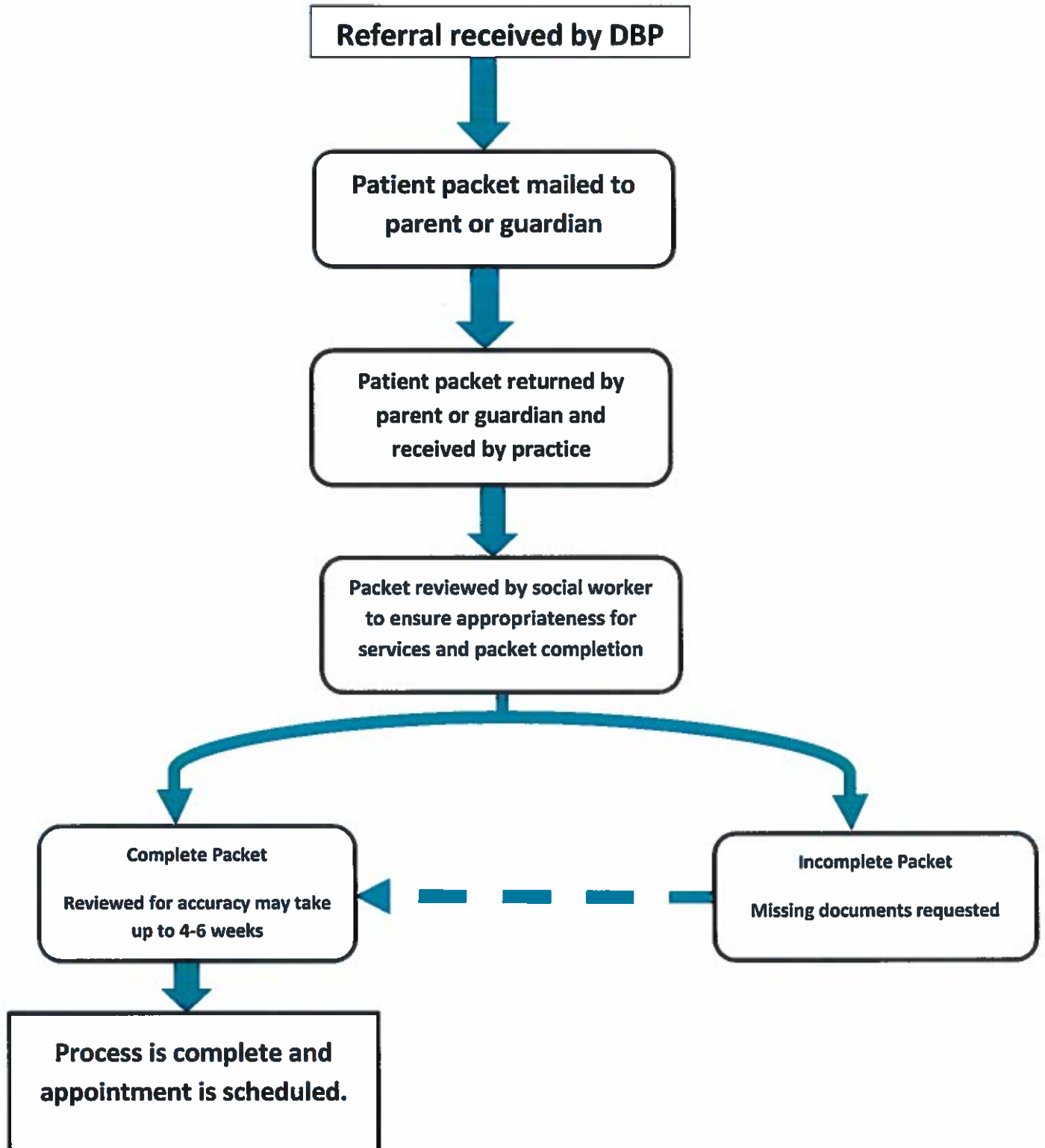
<https://atriumhealth.org/locations/developmental-and-behavioral-pediatrics-of-the-carolinas>

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

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 7th 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
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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:

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

Child Ages 6–11

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

4 5 6 7 8 9 10 11 12 A B C D E

Product Number 30810

Remember: N = Never

S = Sometimes

O = Often

A = Almost always

1. Pays attention.	N S O A	46. Is careless with belongings.	N S O A
2. Makes positive comments about others.	N S O A	47. Adjusts well to changes in family plans.	N S O A
3. Disobeys.	N S O A	48. Is shy with other children.	N S O A
4. Is easily upset.	N S O A	49. Complains of pain.	N S O A
5. Responds appropriately when asked a question.	N S O A	50. Teases others.	N S O A
6. Gets sick.	N S O A	51. Eats things that are not food.	N S O A
7. Gets into trouble.	N S O A	52. Says, "I want to die" or "I wish I were dead."	N S O A
8. Has good coping skills.	N S O A	53. Shows interest in others' ideas.	N S O A
9. Worries.	N S O A	54. Worries about what other children think.	N S O A
10. Avoids eye contact.	N S O A	55. Hurts others on purpose.	N S O A
11. Has a short attention span.	N S O A	56. Tracks down information when needed.	N S O A
12. Acts confused.	N S O A	57. Vomits.	N S O A
13. Is a picky eater.	N S O A	58. Confuses real with make-believe.	N S O A
14. Says, "please" and "thank you."	N S O A	59. Manipulates others.	N S O A
15. Complains about health.	N S O A	60. Is sad.	N S O A
16. Plans well.	N S O A	61. Answers telephone properly.	N S O A
17. Seems odd.	N S O A	62. Is good at getting people to work together.	N S O A
18. Is a "self-starter."	N S O A	63. Expresses fear of getting sick.	N S O A
19. Has toileting accidents.	N S O A	64. Has trouble fastening buttons on clothing.	N S O A
20. Says, "I think I'm sick."	N S O A	65. Is cruel to animals.	N S O A
21. Is fearful.	N S O A	66. Needs to be reminded to brush teeth.	N S O A
22. Makes healthy food choices.	N S O A	67. Worries about what parents think.	N S O A
23. Lies.	N S O A	68. Breaks the rules.	N S O A
24. Acts without thinking.	N S O A	69. Has difficulty explaining rules of games to others.	N S O A
25. Finds fault with everything.	N S O A	70. Gets angry easily.	N S O A
26. Loses control when angry.	N S O A	71. Takes a step-by-step approach to work.	N S O A
27. Has trouble following regular routines.	N S O A	72. Falls down or trips over things easily.	N S O A
28. Listens to directions.	N S O A	73. Has poor self control.	N S O A
29. Is usually chosen as a leader.	N S O A	74. Breaks the rules just to see what will happen.	N S O A
30. Engages in repetitive movements.	N S O A	75. Sleeps with parents.	N S O A
31. Appears tense.	N S O A	76. Communicates clearly.	N S O A
32. Is overly active.	N S O A	77. Compliments others.	N S O A
33. Accurately takes down messages.	N S O A	78. Has headaches.	N S O A
34. Cries easily.	N S O A	79. Reacts negatively.	N S O A
35. Threatens to hurt others.	N S O A	80. Says, "I don't have any friends."	N S O A
36. Avoids exercise or other physical activity.	N S O A	81. Seems out of touch with reality.	N S O A
37. Sets realistic goals.	N S O A	82. Wets bed.	N S O A
38. Worries about things that cannot be changed.	N S O A	83. Listens carefully.	N S O A
39. Complains of being sick when nothing is wrong.	N S O A	84. Is nervous.	N S O A
40. Changes moods quickly.	N S O A	85. Has trouble getting information when needed.	N S O A
41. Throws or breaks things when angry.	N S O A	86. Accepts things as they are.	N S O A
42. Interrupts others when they are speaking.	N S O A	87. Quickly joins group activities.	N S O A
43. Deceives others.	N S O A	88. Stares blankly.	N S O A
44. Overreacts to stressful situations.	N S O A	89. Sets fires.	N S O A
45. Says, "I hate myself."	N S O A	90. Cleans up after self.	N S O A

Remember: N = Never

S = Sometimes

O = Often

A = Almost always

91. Is easily distracted.....	N S O A	136. Has panic attacks.....	N S O A
92. Recovers quickly after a setback.....	N S O A	137. Offers help to other children.....	N S O A
93. Fiddles with things while at meals.....	N S O A	138. Is overly emotional.....	N S O A
94. Puts others down.....	N S O A	139. Shows basic emotions clearly.....	N S O A
95. Finds ways to solve problems.....	N S O A	140. Has seizures.....	N S O A
96. Avoids other children.....	N S O A	141. Lies to get out of trouble.....	N S O A
97. Makes others feel welcome.....	N S O A	142. Makes decisions easily.....	N S O A
98. Hits other children.....	N S O A	143. Adjusts well to new teachers.....	N S O A
99. Is in constant motion.....	N S O A	144. Steals.....	N S O A
100. Seems lonely.....	N S O A	145. Does strange things.....	N S O A
101. Is shy with adults.....	N S O A	146. Is overly aggressive.....	N S O A
102. Likes to talk about his or her day.....	N S O A	147. Is easily stressed.....	N S O A
103. Adjusts well to changes in routine.....	N S O A	148. Is clear when telling about personal experiences.....	N S O A
104. Says, "It's all my fault.".....	N S O A	149. Organizes chores or other tasks well.....	N S O A
105. Has fevers.....	N S O A	150. Tells lies about others.....	N S O A
106. Gets back at others.....	N S O A	151. Is unable to slow down.....	N S O A
107. Worries about what teachers think.....	N S O A	152. Seems unaware of others.....	N S O A
108. Picks on others who are different from his or her self.....	N S O A	153. Acts in a safe manner.....	N S O A
109. Starts conversations.....	N S O A	154. Encourages others to do their best.....	N S O A
110. Is negative about things.....	N S O A	155. Prefers to be a leader.....	N S O A
111. Has trouble making new friends.....	N S O A	156. Avoids making friends.....	N S O A
112. Says, "I'm not very good at this.".....	N S O A	157. Babbles to self.....	N S O A
113. Tries to help others be their best.....	N S O A	158. Speech is confused or disorganized.....	N S O A
114. Disrupts other children's activities.....	N S O A	159. Interrupts parents when they are talking on the phone.....	N S O A
115. Acts strangely.....	N S O A	160. Says, "I'm afraid I will make a mistake.".....	N S O A
116. Says, "I can't do anything right.".....	N S O A	161. Is afraid of getting sick.....	N S O A
117. Bullies others.....	N S O A	162. Runs away from home.....	N S O A
118. Complains of physical problems.....	N S O A	163. Makes friends easily.....	N S O A
119. Is irritable.....	N S O A	164. Sneaks around.....	N S O A
120. Gives good suggestions for solving problems.....	N S O A	165. Is able to describe feelings accurately.....	N S O A
121. Argues when denied own way.....	N S O A	166. Acts out of control.....	N S O A
122. Says things that make no sense.....	N S O A	167. Shows feelings that do not fit the situation.....	N S O A
123. Overcomes problems.....	N S O A	168. Is unclear when presenting ideas.....	N S O A
124. Says, "I want to kill myself.".....	N S O A	169. Is resilient.....	N S O A
125. Acts as if other children are not there.....	N S O A	170. Prefers to play alone.....	N S O A
126. Isolates self from others.....	N S O A	171. Does weird things.....	N S O A
127. Pays attention when being spoken to.....	N S O A	172. Cannot wait to take turn.....	N S O A
128. Worries about making mistakes.....	N S O A	173. Is highly motivated to succeed.....	N S O A
129. Says, "Nobody likes me.".....	N S O A	174. Congratulates others when good things happen to them.....	N S O A
130. Handles winning and losing well.....	N S O A	175. Has trouble concentrating.....	N S O A
131. Throws up after eating.....	N S O A		
132. Complains of stomach pain.....	N S O A		
133. Is easy to please.....	N S O A		
134. Accepts people who are different from his or her self....	N S O A		
135. Is easily calmed when angry.....	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.

PEARSON

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**Pearson Executive Office 5601 Green Valley Drive Bloomington, MN 55437
800.627.7271 www.PearsonClinical.com**

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

Teacher
Rating Scales

TRS-C

Child
Ages 6–11

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).

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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. Pays attention.....	N	S	O	A
2. Communicates clearly.....	N	S	O	A
3. Transitions well.....	N	S	O	A
4. Is overly active.....	N	S	O	A
5. Congratulates others when good things happen to them..	N	S	O	A
6. Argues when denied own way.....	N	S	O	A
7. Reads.....	N	S	O	A
8. Is fearful.....	N	S	O	A
9. Does strange things.....	N	S	O	A
10. Is overly aggressive.....	N	S	O	A
11. Has trouble keeping hands or feet to self.....	N	S	O	A
12. Says, "Nobody likes me.".....	N	S	O	A
13. Falls down or trips over things easily.....	N	S	O	A
14. Is easily distracted.....	N	S	O	A
15. Is easily stressed.....	N	S	O	A
16. Isolates self from others.....	N	S	O	A
17. Finds ways to solve problems.....	N	S	O	A
18. Plans well.....	N	S	O	A
19. Says, "please" and "thank you.".....	N	S	O	A
20. Refuses advice.....	N	S	O	A
21. Listens carefully.....	N	S	O	A
22. Is unclear when presenting ideas.....	N	S	O	A
23. Gets into trouble.....	N	S	O	A
24. Is easy to please.....	N	S	O	A
25. Is usually chosen as a leader.....	N	S	O	A
26. Has panic attacks.....	N	S	O	A
27. Eats things that are not food.....	N	S	O	A
28. Has reading problems.....	N	S	O	A
29. Is overly emotional.....	N	S	O	A
30. Speaks out of turn during class.....	N	S	O	A
31. Accepts people who are different from his or her self...	N	S	O	A
32. Has difficulty explaining rules of games to others.....	N	S	O	A
33. Has trouble staying seated.....	N	S	O	A
34. Complains of pain.....	N	S	O	A
35. Deceives others.....	N	S	O	A
36. Spreads rumors about others.....	N	S	O	A
37. Refuses to talk.....	N	S	O	A
38. Adjusts well to changes in routine.....	N	S	O	A
39. Tracks down information when needed.....	N	S	O	A
40. Disrupts the schoolwork of other children.....	N	S	O	A
41. Works well under pressure.....	N	S	O	A
42. Accepts things as they are.....	N	S	O	A
43. Sneaks around.....	N	S	O	A
44. Performs poorly on school assignments.....	N	S	O	A
45. Offers help to other children.....	N	S	O	A
46. Finds fault with everything.....	N	S	O	A
47. Recovers quickly after a setback.....	N	S	O	A
48. Uses others' things without permission.....	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 nervous.....	N	S	O	A
55. Demonstrates critical thinking skills.....	N	S	O	A
56. Is afraid of getting sick.....	N	S	O	A
57. Puts others down.....	N	S	O	A
58. Gives good suggestions for solving problems.....	N	S	O	A
59. Adjusts well to new teachers.....	N	S	O	A
60. Is clear when telling about personal experiences.....	N	S	O	A

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Product Number 30803

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. Handles winning and losing well.....	N	S	O	A
68. Says, "I get nervous during tests" or "Tests make me nervous".....	N	S	O	A
69. Is easily calmed when angry.....	N	S	O	A
70. Breaks the rules.....	N	S	O	A
71. Responds appropriately when asked a question.....	N	S	O	A
72. Has problems with mathematics.....	N	S	O	A
73. Hits other children.....	N	S	O	A
74. Provides home address when asked.....	N	S	O	A
75. Gets angry easily.....	N	S	O	A
76. Has headaches.....	N	S	O	A
77. Turns in work on time.....	N	S	O	A
78. Reacts negatively.....	N	S	O	A
79. Says, "I'm afraid I will make a mistake".....	N	S	O	A
80. Gets sick.....	N	S	O	A
81. Cries easily.....	N	S	O	A
82. Defies teachers.....	N	S	O	A
83. Worries about things that cannot be changed.....	N	S	O	A
84. Has good coping skills.....	N	S	O	A
85. Lies.....	N	S	O	A
86. Makes decisions easily.....	N	S	O	A
87. Picks at things like own hair, nails, or clothing.....	N	S	O	A
88. Is easily distracted from class work.....	N	S	O	A
89. Is able to describe feelings accurately.....	N	S	O	A
90. Bullies others.....	N	S	O	A
91. Is easily upset.....	N	S	O	A
92. Is good at getting people to work together.....	N	S	O	A
93. Has poor self-control.....	N	S	O	A
94. Has good study habits.....	N	S	O	A
95. Complains of stomach pain.....	N	S	O	A
96. Avoids other children.....	N	S	O	A
97. Says, "I hate myself".....	N	S	O	A
98. Makes friends easily.....	N	S	O	A
99. Is distracted by smartphone (or similar device) during class.....	N	S	O	A
100. Avoids eye contact.....	N	S	O	A
101. Overcomes problems.....	N	S	O	A
102. Is highly motivated to succeed.....	N	S	O	A
103. Acts without thinking.....	N	S	O	A
104. Makes others feel welcome.....	N	S	O	A
105. Complains about health.....	N	S	O	A
106. Worries.....	N	S	O	A
107. Has trouble concentrating.....	N	S	O	A
108. Takes a step-by-step approach to work.....	N	S	O	A
109. Picks on others who are different from his or her self.....	N	S	O	A
110. Disrupts other children's activities.....	N	S	O	A
111. Loses temper too easily.....	N	S	O	A
112. Appears tense.....	N	S	O	A
113. Compliments others.....	N	S	O	A
114. Is sad.....	N	S	O	A
115. Prefers to play alone.....	N	S	O	A
116. Tries to help others be their best.....	N	S	O	A
117. Has trouble keeping up in class.....	N	S	O	A
118. Is negative about things.....	N	S	O	A
119. Starts conversations.....	N	S	O	A
120. Does not complete tests.....	N	S	O	A
121. Hurts others on purpose.....	N	S	O	A
122. Stays on task.....	N	S	O	A
123. Avoids making friends.....	N	S	O	A
124. Teases others.....	N	S	O	A
125. Acts confused.....	N	S	O	A
126. Cannot wait to take turn.....	N	S	O	A
127. Shows interest in others' ideas.....	N	S	O	A
128. Says things that make no sense.....	N	S	O	A
129. Completes homework.....	N	S	O	A
130. Gets failing school grades.....	N	S	O	A
131. Complains of physical problems.....	N	S	O	A
132. Babbles to self.....	N	S	O	A
133. Is pessimistic.....	N	S	O	A
134. Has fevers.....	N	S	O	A
135. Disobeys.....	N	S	O	A
136. Shows basic emotions clearly.....	N	S	O	A
137. Is in constant motion.....	N	S	O	A
138. Gets back at others.....	N	S	O	A
139. Has trouble getting information when needed.....	N	S	O	A
140. Is resilient.....	N	S	O	A
141. Encourages others to do their best.....	N	S	O	A
142. Is irritable.....	N	S	O	A
143. Is well organized.....	N	S	O	A
144. Quickly joins group activities.....	N	S	O	A
145. Seems odd.....	N	S	O	A
146. Seems lonely.....	N	S	O	A
147. Has spelling problems.....	N	S	O	A
148. Analyzes the nature of a problem before starting to solve it.....	N	S	O	A
149. Cheats in school.....	N	S	O	A
150. Makes positive comments about others.....	N	S	O	A
151. Speech is confused or disorganized.....	N	S	O	A
152. Makes careless mistakes.....	N	S	O	A
153. Says, "I can't do anything right".....	N	S	O	A
154. Acts out of control.....	N	S	O	A
155. Tries to do well in school.....	N	S	O	A
156. Says, "I don't have any friends".....	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.

Response Form

<i>During the past four weeks, how often did the child...</i>	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

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

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

Response Form

Child's Name/ID: _____ Gender: M F
 Parent's Name/ID: _____ Grade: _____
 Did your child acquire language before age 3? Yes No Don't Know
 If Yes, did your child speak in 3 word sentences by age 3? Yes No Don't Know

Today's Date: ____/____/____
 Birth Date: ____/____/____
 Age: ____/____/____

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, 1-800-268-6011, 1-416-492-3627, Fax 1-416-492-3343

Response Form

<i>During the past four weeks, how often did the student...</i>	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

**ASRS****(6–18 Years) TEACHER RATINGS**

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

Response Form

Student's Name/ID: _____	Gender: M F	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.

<i>During the past four weeks, how often did the student...</i>	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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