

Dear Teacher:

We are evaluating \_\_\_\_\_ for possible behavioral problems. Your assistance is crucial. The information we obtain is important for the diagnosis and treatment of your student so that he/she can meet educational goals.

Please return the following information to the attention of Stephanie Weesies, Muskegon Family Care at your earliest convenience:

- Teacher Behavior Rating Scale (attached – 3 pages)
- Most recent IEP (if applicable)
- Most recent aptitude testing (with interpretation)
- Most recent report card
- Any other school testing or records that you feel would be helpful
- Most recent psychological assessment (if applicable)

I am in the clinic Monday – Friday from 8am-5pm. Please feel free to call me at 231-737-1895.

Sincerely,

Stephanie Weesies, Clinic Counselor  
Muskegon Family Care

Enclosed: school releases, teacher scale

## Muskegon Family Care *Current* Behavioral Rating Scale-Teacher Form

Child's Name/DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Does the child receive special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate what part of the day this evaluation represents: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ All day

Is this based on a time when the child \_\_\_\_\_ was on medication \_\_\_\_\_ was not on medication \_\_\_\_\_ not sure?

If the child takes medication at school, list med/time taken/dose: \_\_\_\_\_

	Never/ Rarely	Sometimes	Often	Very Often
1. Makes thoughtless mistakes during activities that should be no trouble.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Cannot stick with an activity, whether it is work or play.	0	1	2	3
4. Cannot stay seated when expected to do so (school, church, meals).	0	1	2	3
5. Doesn't listen when spoken to directly.	0	1	2	3
6. Seems restless.	0	1	2	3
7. Doesn't finish homework or chores or list of instructions.	0	1	2	3
8. Has trouble playing or doing fun things quietly.	0	1	2	3
9. Just can't get organized, even when trying.	0	1	2	3
10. Seems "on the go" or "driven by a motor".	0	1	2	3
11. Has trouble starting tasks that are long, boring or repetitive.	0	1	2	3
12. Seems to talk nonstop.	0	1	2	3
13. Loses things needed for tasks or activities.	0	1	2	3
14. Blurts out answers even before a question is finished.	0	1	2	3
15. Is easily distracted or pulled off a task.	0	1	2	3
16. Has trouble waiting his/her turn.	0	1	2	3
17. Is forgetful.	0	1	2	3
18. Cuts people off in conversation or breaks into others' activities.	0	1	2	3
19. Is fearful, anxious, or worried.	0	1	2	3
20. Is afraid to try new things for fear of making a mistake	0	1	2	3
21. Feels worthless or inferior.	0	1	2	3
22. Blames self for problems, feels guilty.	0	1	2	3
23. Feels lonely, unwanted, or unloved; complains "no one loves me".	0	1	2	3
24. Is sad, unhappy, or depressed.	0	1	2	3
25. Is self-conscious or easily embarrassed.	0	1	2	3
26. Loses temper.	0	1	2	3
27. Argues with adults.	0	1	2	3
28. Is defiant or refuses to comply with adults' requests or rules.	0	1	2	3
29. Deliberately annoys people.	0	1	2	3
30. Blames others for mistakes or misbehavior.	0	1	2	3
31. Is touchy or easily annoyed by others.	0	1	2	3
32. Is angry or resentful.	0	1	2	3
33. Wants to "get even" with others.	0	1	2	3

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**Muskegon Family Care Current Behavioral Rating Scale-Teacher Form-Page 2**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. On a scale of 1-5, with 5 being the greatest, how concerned are you about this child's behavior?

1-Not at all Concerned	2-A little Concerned	3-Moderately Concerned	4-Rather Concerned	5-Very Concerned
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2. How long have you noticed these concerning behaviors?

3. How do these behaviors affect the student's educational progress?

4. Please describe the child's classroom behavior:

5. What is the child's typical learning patterns / styles (e.g. auditory, visual, requires movement, etc.)?

6. Do you have any concerns about the child's ability to see or hear?  Yes  No

7. Please describe the child's strengths (special skills, interests, abilities):

8. How does the child interact with peers?

9. Please describe any suspensions or other disciplinary actions:

10. Please describe any adaptations you have made to assist the child:

11. Describe the child's attendance at school?

12. How concerned are you about the level of parental involvement and follow-through that exists for this child?

1-Not at all Concerned	2-A little Concerned	3-Moderately Concerned	4-Rather Concerned	5-Very Concerned
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Continued on Page 3



**Muskegon Family Care Current Behavioral Rating Scale-Teacher Form-Page 3**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Instructions:** To what extent do the problems you may have circled on the previous page interfere with this child's *recent ability* to function in each of these areas of school activities?

Areas:	Never/ Rarely	Sometimes	Often	Very Often
1. In his/her completion of class work.	0	1	2	3
2. In his/her completion of homework assignments.	0	1	2	3
3. In his/her behavior in the school classroom.	0	1	2	3
4. In his/her behavior on the school bus.	0	1	2	3
5. In sports, clubs, or other organizations held at school.	0	1	2	3
6. In his/her interactions with classmates.	0	1	2	3
7. In his/her play or recreational activities at recess.	0	1	2	3
8. In his/her behavior in the lunchroom at school.	0	1	2	3
9. In his/her management of time at school.	0	1	2	3

Teacher's comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Teacher Phone Contact Number: \_\_\_\_\_

Teacher Fax Number: \_\_\_\_\_

Teacher E-mail Address (if applicable): \_\_\_\_\_

Would you like to receive/respond to future teacher rating scales by e-mail?

\_\_\_\_\_ Yes, send to e-mail address above.

\_\_\_\_\_ No, please continue to send teacher scales by mail or fax.

Please return all pages of the form by fax (773-7500) or mail to:  
Muskegon Family Care, Attn: Stephanie Weesies, Clinic Counselor  
1700 Oak Ave., Suite 400, Muskegon, MI 49442  
Thank-you! Stephanie Weesies (231) 737-1895