

**Alabama Psychiatric Services, P.C.**  
**Child / Adolescent Symptom Assessment & Outcome Measurement**  
**Teacher Form**  
**Page 1**

**Student name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Date completed:** \_\_\_/\_\_\_/\_\_\_

**Name of Teacher** \_\_\_\_\_ **Class:** \_\_\_\_\_

Dear Teacher:

Please complete the following evaluation of behaviors / attitudes of your student by placing a mark (√) in the appropriate box next to each question. This information will assist the doctor in formulating a treatment plan and measure treatment outcome. Thank you.

	Never / Don't know 1	Sometimes 2	Often 3	Very Often 4
Student fails to give close attention to details or makes careless mistakes				
Student has difficulty sustaining attention in tasks or play activities				
Student does not seem to listen when spoken to directly				
Student does not follow through on instructions and fails to finish tasks				
Student has difficulty organizing tasks and activities				
Student avoids tasks that require sustained mental effort				
Student loses things necessary for tasks or activities				
Student is easily distracted by extraneous stimuli				
Student is forgetful in daily activities				
Student fidgets with hands or feet or squirms in seat				
Student can not remain seated when it is expected				
Student can not remain still – runs about or climbs				
Student has difficulty playing or engaging in leisure activities quietly				
Student is on the go or acts driven by a motor				
Student talks excessively				
Student blurts out answers before questions have been completed				
Student has difficulty awaiting his/her turn				
Student interrupts or intrudes on others				

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<b>Child / Adolescent Symptom Check List</b>		Student name: _____			
	Never / Don't know 1	Sometimes 2	Often 3	Very Often 4	
Student exhibits excessive anxiety and worry					
Student finds it difficult to control his/her worry					
Student is restless or appears keyed up or on edge					
Student is easily fatigued					
Student has difficulty concentrating or complains that his/her mind goes blank					
Student is easily irritated					
Student complains of muscle tension					
Student has difficulty staying awake					
	Never / Don't know 1	Sometimes 2	Often 3	Very Often 4	
Student easily loses his/her temper					
Student often argues with adults					
Student actively defies or refuse to comply with adults requests or rules					
Student deliberately annoys people					
Student blames others for his/her mistakes or misbehavior					
Student is touchy or easily annoyed by others					
Student is often angry and resentful					
Student is often vindictive or spiteful					

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<b>Child / Adolescent Symptom Check List</b> Student name: _____				
	Never / Don't know 1	Sometimes 2	Often 3	Nearly Every Day 4
Student is depressed or irritable most of the day				
Student has a noticeable loss of interest or pleasure in all, or most all activities most of the day				
Student has a decreased appetite most of the day				
Student appears sleepy in class				
Student is agitated/restless or has slowed movements				
Student appears tired or has loss of energy				
Student appears to have feelings of worthlessness or excessive guilt				
Student has poor concentration or ability to think or make decisions				
Student has expressed recurrent thoughts of death or suicidal thoughts (without a plan - not just a fear of dying)				

*Please add any information or observations that you may believe to be helpful.*

*Thank you for your patience and cooperation.*