

School Problem Questionnaire

Please fill out this evaluation form and return it to the parent or mail to:
 Roger Knapp MD, 480 W. Southlake Blvd. Suite 133, Southlake, TX 76092

Child's Name: _____ Age: ____ Grade: ____ Date: _____
 Name & Address of school: _____

Teacher's name: _____
 Child frequently absent? No Yes Grade repeated? No Yes Which grade? _____
 Result of IQ test if done: _____
 Result of last achievement test: Date: _____
 Reading: _____ Spelling: _____ Math: _____
 Other: _____

	Low	Average	High
1. Your estimate of reading level			
2. Your estimate of math level			
3. Your estimate of Spelling level			
4. Your estimate of IQ level			
5. Handwriting for this child			

		Rare	Average	Increased
1.	Makes careless mistakes			
2.	Difficulty keeping attention on task			
3.	Doesn't seem to listen when spoken to			
4.	Fails to finish work or tasks			
5.	Difficulty organizing work or tasks			
6.	Dislikes work requiring sustained effort			
7.	Often loses items needed to do tasks			
8.	Easily distracted by other stimuli			
9.	Forgetful in daily activities			
10.	Fidgets or squirms in seat			
11.	Gets out of seat without permission			
12.	Runs about or climbs inappropriately			
13.	Problem playing fun activities quietly			
14.	"On the go" constantly			
15.	Blurts answer before question finished			
16.	Difficulty waiting his turn			
17.	Interrupts others			
18.	Loses temper - often angry			
19.	Argues with adults			
20.	Defies/refuses adult requests or rules			
21.	Deliberately annoys other people			
22.	Spiteful or vindictive			
23.	Blames others for his mistakes/behaviors			

Describe talents/assets: _____

Your area of concern What is the main problem? _____

Signature of one completing this form: _____

Thanks for your time. R Knapp MD