

**CHILD BEHAVIOR EVALUATION SCALE\***

**FAX COMPLETED FORMS TO: (217) 545-1211**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Special Ed: Y N

Note: Ratings should be considered in context of age & developmental level of the child.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

For teacher / other care provider, include number of weeks/months able to observe child: \_\_\_\_\_

Completed by: \_\_\_\_\_

Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often UK = Unknown

- |   |   |   |   |   |    |
|---|---|---|---|---|----|
| 1. Fails to give attention to details or makes careless mistakes in schoolwork  | 0 | 1 | 2 | 3 | UK |
| 2. Has difficulty keeping attention on tasks or activities  | 0 | 1 | 2 | 3 | UK |
| 3. Does not listen when spoken to directly  | 0 | 1 | 2 | 3 | UK |
| 4. Does not follow through on instructions & fails to finish tasks<br>(not due to oppositional behavior or failure to understand) | 0 | 1 | 2 | 3 | UK |
| 5. Has difficulty organizing tasks or activities  | 0 | 1 | 2 | 3 | UK |
| 6. Avoids, dislikes, or reluctant to do tasks that require consistent mental effort   | 0 | 1 | 2 | 3 | UK |
| 7. Loses things necessary for tasks or activities (assignments, pencils, books)   | 0 | 1 | 2 | 3 | UK |
| 8. Is easily distracted by noises, movements or things in view  | 0 | 1 | 2 | 3 | UK |
| 9. Is forgetful in daily activities   | 0 | 1 | 2 | 3 | UK |
| 10. Fidgets with hands or feet or squirms in seat   | 0 | 1 | 2 | 3 | UK |
| 11. Leaves seat in situations where staying in seat is expected   | 0 | 1 | 2 | 3 | UK |
| 12. Runs about or climbs in situations where staying in seat is expected  | 0 | 1 | 2 | 3 | UK |
| 13. Has difficulty playing quietly  | 0 | 1 | 2 | 3 | UK |
| 14. Is "on the go" or often acts as if "driven by a motor"  | 0 | 1 | 2 | 3 | UK |
| 15. Talks excessively   | 0 | 1 | 2 | 3 | UK |
| 16. Blurts out answers to questions out of turn   | 0 | 1 | 2 | 3 | UK |
| 17. Has difficulty waiting in line  | 0 | 1 | 2 | 3 | UK |
| 18. Interrupts the conversations or activities of others  | 0 | 1 | 2 | 3 | UK |
| 19. Loses temper  | 0 | 1 | 2 | 3 | UK |
| 20. Refuses to follow directions or rules given by adults   | 0 | 1 | 2 | 3 | UK |
| 21. Is angry or resentful   | 0 | 1 | 2 | 3 | UK |
| 22. Is mean, resentful, & seeks revenge   | 0 | 1 | 2 | 3 | UK |
| 23. Bullies, threatens or intimidates others  | 0 | 1 | 2 | 3 | UK |
| 24. Starts physical fights  | 0 | 1 | 2 | 3 | UK |
| 25. Lies or "cons" others to get favors or avoid responsibilities   | 0 | 1 | 2 | 3 | UK |
| 26. Is physically cruel to people   | 0 | 1 | 2 | 3 | UK |
| 27. Has stolen things of little value   | 0 | 1 | 2 | 3 | UK |
| 28. Deliberately destroys property of others  | 0 | 1 | 2 | 3 | UK |

(CONTINUED ON BACK)

**CHILD BEHAVIOR EVALUATION SCALE\* - CONTINUED**

29. Is fearful, anxious or worried	0	1	2	3	UK
30. Is self-conscious or easily embarrassed	0	1	2	3	UK
31. Is afraid to try new things for fear of making mistakes	0	1	2	3	UK
32. Feels worthless or inferior	0	1	2	3	UK
33. Blames self for problems, feels guilty	0	1	2	3	UK
34. Feels lonely, unwanted or unloved; complains "no one loves him/ her"	0	1	2	3	UK
35. Is sad, unhappy or depressed	0	1	2	3	UK

**ACADEMIC PERFORMANCE**

	<u>PROBLEMATIC</u>	<u>AVERAGE</u>	<u>ABOVE AVERAGE</u>	
Reading	1	2	3	4 5 UK
Mathematics	1	2	3	4 5 UK
Written expression	1	2	3	4 5 UK
Homework completion	1	2	3	4 5 UK

**BEHAVIOR IN CLASSROOM OR GROUP SETTINGS**

Relationship with peers	1	2	3	4	5	UK
Following directions / rules	1	2	3	4	5	UK
Disrupting group	1	2	3	4	5	UK
Task completion	1	2	3	4	5	UK
Organizational skills	1	2	3	4	5	UK

Please describe 3 recent events, positive or negative, which are typical of experiences or interactions for this child:

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please add any other comments, including observations or concerns regarding treatment strategies:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Adapted from the VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE.

**RETURN TO:** Via mail: P.O. Box 19661, Springfield, IL 62794-9661

Via fax:

Doctors at Desk 1: 545-0130

Doctors at Desk 3: 545-1211