



Thousand Oaks Pediatrics

Pediatrics, Adolescent Medicine, Developmental Pediatrics, Special Needs

Stephen P. Kundell, M.D.

Laila Niazi, M.D.

Dear Parent:

Attached are documents for you and for your child's teacher to complete (if he/she is of school age) prior to the behavioral/developmental assessment with Dr. Kundell. There is a behavioral/developmental questionnaire, plus a rating assessment for you to complete. Please give your child's teacher the teacher cover letter and teacher rating assessment. If there are multiple teachers, you can copy the teacher form and cover letter for additional teachers who may give further insight.

If other agencies such as Regional Center or CCS have seen the child, we will need to obtain those records. Also, we need to receive any records from psychologists, occupational or physical therapists, neurologists, prior pediatricians, or schools which are relevant to the problems for which you are requesting an assessment from Dr. Kundell.

An appointment will be scheduled after these completed documents are received. Note that you may return them in person, by mail, or fax, whatever is most convenient.

Thank you.

Thousand Oaks Pediatrics

BEHAVIORAL/ DEVELOPMENTAL QUESTIONNAIRE
STEPHEN P. KUNDELL, MD

IDENTIFICATION

Date _____
Patients Name _____ Birthdate _____
Home Phone _____ Work Phone _____
Person(s) Completing Form _____ Relationship _____
Referral Source _____

REASON FOR EVALUATION

State the nature, duration, frequency, and severity of the problems that have led to this evaluation

At what age did you first have concerns of your child's development or behavior, and what concerned you?

What other physicians, psychologists, agencies, or clinics are currently or previously have been consulted for help with this problem? (give approximate dates)

What is your understanding of the possible causes of your child's problem? Provide any comments that you think may be helpful in my understanding of your child's situation (continue on back if necessary).

What types of treatments have been used to help (therapies, medications, other)

Has anyone else in your family had a similar problem? (if yes, please describe)

FAMILY HISTORY PART I

Mother's Name _____ Birthdate _____
Marital Status _____ Prior Marriages _____
Highest School Level Completed _____
Occupation _____ Employer _____
No. of pregnancies _____ No. of living children _____
General Health _____

Father's Name _____ Birthdate _____
Marital Status _____ Prior Marriages _____
Highest School Level Completed _____
Occupation _____ Employer _____
General Health _____

Siblings (continue on reverse if necessary)

Name	Birthdate	Grade/Employed	Living at home?	Overall Health
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have there been concerns over the development or school progress of either parent or any of your other children?

Other persons living in the home _____

Name and relationship of other individuals currently important in the patient's life

Have any siblings or close relatives died? _____

Number and location of moves the patient has made in the past 5 years:

FAMILY HISTORY PART II

Are any of the following conditions present in your family? (**Please provide details at the bottom or back of this page, and give information on how the person is related to the patient**)

	Father	Father's Family	Mother	Mother's family	Other children
Learning Problems	_____	_____	_____	_____	_____
Attention Problems	_____	_____	_____	_____	_____
Behavior Problems	_____	_____	_____	_____	_____
Tics or Tourettes	_____	_____	_____	_____	_____
Compulsive Disorder	_____	_____	_____	_____	_____
Anxiety/Panic Disorder	_____	_____	_____	_____	_____
Depression	_____	_____	_____	_____	_____
Bipolar Disorder	_____	_____	_____	_____	_____
Autism	_____	_____	_____	_____	_____
Asperger Syndrome	_____	_____	_____	_____	_____
Alcoholism	_____	_____	_____	_____	_____
Substance Abuse	_____	_____	_____	_____	_____
Physical Abuse	_____	_____	_____	_____	_____
Other Psychiatric Disorders	_____	_____	_____	_____	_____
Mental Retardation	_____	_____	_____	_____	_____
Cerebral Palsy	_____	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____	_____
Migraines	_____	_____	_____	_____	_____
Other Neurologic Disorders (muscle & nerve disorders, stroke, deafness)	_____	_____	_____	_____	_____
Genetic Disorder	_____	_____	_____	_____	_____
Birth Defects	_____	_____	_____	_____	_____
Miscarriage	_____	_____	_____	_____	_____
Hereditary Illness	_____	_____	_____	_____	_____
High cholesterol	_____	_____	_____	_____	_____
High Blood Pressure	_____	_____	_____	_____	_____
Cardiomyopathy (weak heart)	_____	_____	_____	_____	_____
Heart Rhythm problems	_____	_____	_____	_____	_____
Premature or Sudden Death	_____	_____	_____	_____	_____
Allergic problems (asthma, hay fever, hives, eczema, food allergies)	_____	_____	_____	_____	_____
Infectious/Immune (Tuberculosis, hepatitis, venereal disease, parasites, AIDS, weak immunity)	_____	_____	_____	_____	_____
Chronic Illness (Include heart disease, thyroid, diabetes, kidney, rheumatic disease, bleeding problems, anemia, liver disease, ulcer & intestinal problems, bone disease, eye problems, cancer)	_____	_____	_____	_____	_____

Details (use extra page if needed):

DEVELOPMENTAL HISTORY

Was this an easy _____ or difficult _____ infant, and why? _____

Please give the ages for the following milestones:

Motor

Rolled over _____ Walked stairs alone _____
Reached for objects _____ Rode tricycle _____
Sat alone _____ Rode bicycle _____
Walked alone _____ Finger and thumb grasp _____
Any concerns with large motor development or clumsiness? _____

Language

Cooed _____ 2 word phrases _____
Laughed _____ Sentences _____
Said "Mama" or "Dada" correctly _____ Gave first & last name _____
6-12 words _____ Recognized colors _____
Used words to indicate needs _____ Counted to 10 _____
Did you have any concerns about language development and why? _____

Social/Self-Help

Smiled _____ Played interactive games (tag, etc) _____
Played pat-a-cake or bye-bye _____ Tied shoes _____
Imitated housework _____ Toilet trained-urine _____
Put on clothes _____ Toilet trained-bowel _____
Did you have any concerns over self-help or social behaviors? _____

Is there any history of feeding, swallowing, or chewing difficulties? If yes, please describe:

Any other developmental concerns? _____

Any problems with sports or coordination?

Details:

SCHOOL HISTORY

Current school _____ District _____
Teacher _____ Principal _____ Grade _____
Describe any special school program your child is in _____

Has your child had any special help in the past (tutoring, speech therapy, etc.)? Please describe.

Describe the type of progress your child has made in school _____

Describe any school problems you are aware of _____

Please list all schools attended and describe progress

<i>Type</i>	<i>Name</i>	<i>Dates Attended</i>	<i>Progress</i>
Nursery	_____	_____	_____
Preschool	_____	_____	_____
Kindergarten	_____	_____	_____
Elementary	_____	_____	_____
Middle school	_____	_____	_____
High school	_____	_____	_____
Other	_____	_____	_____

MEDICAL HISTORY

List all current medications and response to them:

List all prior medications and response to them (use the back if necessary):

Current therapies and response: _____

Prior therapies and response: _____

SOCIAL, BEHAVIORAL, EMOTIONAL

List all qualities you consider to be your child's strong points_____

What do you like most about your child?_____

What do you dislike about your child?_____

Please make a brief statement about the relationship between the child and:

Mother_____

Father_____

Siblings_____

Behavior problems at home_____

What forms of discipline do you use and how successful are they?_____

Name, age, and sex of child's best friends_____

Any social problems or difficulty making or keeping friends?_____

How would you describe your child's general emotional health?_____

Please describe any emotional or mental health problems that have arisen:_____

What is your child successful at? (sports, hobbies, etc)_____

What has your child found overly difficult?_____

Any history of suicidal thoughts or attempts?_____

Any drug or alcohol use?_____

Any history of physical or sexual abuse?_____

Any problems with appetite or weight?_____

Any bowel or bladder problems?_____

Any unusual thinking or ideas?_____

Use the space below for any additional comments:

The SNAP-IV Teacher and Parent Rating Scale
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Name: _____ Gender: _____ Age: _____ Grade: _____

Ethnicity (circle one which best applies): African-American Asian Caucasian Hispanic Other _____

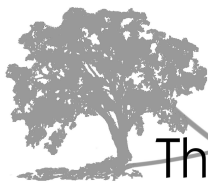
Completed by: _____ Type of Class: _____ Class size: _____

For each item, check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	_____	_____	_____	_____
2. Often has difficulty sustaining attention in tasks or play activities	_____	_____	_____	_____
3. Often does not seem to listen when spoken to directly	_____	_____	_____	_____
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	_____	_____	_____	_____
5. Often has difficulty organizing tasks and activities	_____	_____	_____	_____
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	_____	_____	_____	_____
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)	_____	_____	_____	_____
8. Often is distracted by extraneous stimuli	_____	_____	_____	_____
9. Often is forgetful in daily activities	_____	_____	_____	_____
10. Often has difficulty maintaining alertness, orienting to requests, or executing directions	_____	_____	_____	_____
11. Often fidgets with hands or feet or squirms in seat	_____	_____	_____	_____
12. Often leaves seat in classroom or in other situations in which remaining seated is expected	_____	_____	_____	_____
13. Often runs about or climbs excessively in situations in which it is inappropriate	_____	_____	_____	_____
14. Often has difficulty playing or engaging in leisure activities quietly	_____	_____	_____	_____
15. Often is "on the go" or often acts as if "driven by a motor"	_____	_____	_____	_____
16. Often talks excessively	_____	_____	_____	_____
17. Often blurts out answers before questions have been completed	_____	_____	_____	_____
18. Often has difficulty awaiting turn	_____	_____	_____	_____
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)	_____	_____	_____	_____
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home	_____	_____	_____	_____
21. Often loses temper	_____	_____	_____	_____
22. Often argues with adults	_____	_____	_____	_____
23. Often actively defies or refuses adult requests or rules	_____	_____	_____	_____
24. Often deliberately does things that annoy other people	_____	_____	_____	_____
25. Often blames others for his or her mistakes or misbehavior	_____	_____	_____	_____
26. Often touchy or easily annoyed by others	_____	_____	_____	_____
27. Often is angry and resentful	_____	_____	_____	_____
28. Often is spiteful or vindictive	_____	_____	_____	_____
29. Often is quarrelsome	_____	_____	_____	_____
30. Often is negative, defiant, disobedient, or hostile toward authority figures	_____	_____	_____	_____
31. Often makes noises (e.g., humming or odd sounds)	_____	_____	_____	_____
32. Often is excitable, impulsive	_____	_____	_____	_____
33. Often cries easily	_____	_____	_____	_____
34. Often is uncooperative	_____	_____	_____	_____
35. Often acts "smart"	_____	_____	_____	_____
36. Often is restless or overactive	_____	_____	_____	_____
37. Often disturbs other children	_____	_____	_____	_____
38. Often changes mood quickly and drastically	_____	_____	_____	_____
39. Often easily frustrated if demand are not met immediately	_____	_____	_____	_____
40. Often teases other children and interferes with their activities	_____	_____	_____	_____

Check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
41. Often is aggressive to other children (e.g., picks fights or bullies)	_____	_____	_____	_____
42. Often is destructive with property of others (e.g., vandalism)	_____	_____	_____	_____
43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)	_____	_____	_____	_____
44. Often and seriously violates rules (e.g., is truant, runs away, or completely ignores class rules)	_____	_____	_____	_____
45. Has persistent pattern of violating the basic rights of others or major societal norms	_____	_____	_____	_____
46. Has episodes of failure to resist aggressive impulses (to assault others or to destroy property)	_____	_____	_____	_____
47. Has motor or verbal tics (sudden, rapid, recurrent, nonrhythmic motor or verbal activity)	_____	_____	_____	_____
48. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)	_____	_____	_____	_____
49. Has obsessions (persistent and intrusive inappropriate ideas, thoughts, or impulses)	_____	_____	_____	_____
50. Has compulsions (repetitive behaviors or mental acts to reduce anxiety or distress)	_____	_____	_____	_____
51. Often is restless or seems keyed up or on edge	_____	_____	_____	_____
52. Often is easily fatigued	_____	_____	_____	_____
53. Often has difficulty concentrating (mind goes blank)	_____	_____	_____	_____
54. Often is irritable	_____	_____	_____	_____
55. Often has muscle tension	_____	_____	_____	_____
56. Often has excessive anxiety and worry (e.g., apprehensive expectation)	_____	_____	_____	_____
57. Often has daytime sleepiness (unintended sleeping in inappropriate situations)	_____	_____	_____	_____
58. Often has excessive emotionality and attention-seeking behavior	_____	_____	_____	_____
59. Often has need for undue admiration, grandiose behavior, or lack of empathy	_____	_____	_____	_____
60. Often has instability in relationships with others, reactive mood, and impulsivity	_____	_____	_____	_____
61. Sometimes for at least a week has inflated self esteem or grandiosity	_____	_____	_____	_____
62. Sometimes for at least a week is more talkative than usual or seems pressured to keep talking	_____	_____	_____	_____
63. Sometimes for at least a week has flight of ideas or says that thoughts are racing	_____	_____	_____	_____
64. Sometimes for at least a week has elevated, expansive or euphoric mood	_____	_____	_____	_____
65. Sometimes for at least a week is excessively involved in pleasurable but risky activities	_____	_____	_____	_____
66. Sometimes for at least 2 weeks has depressed mood (sad, hopeless, discouraged)	_____	_____	_____	_____
67. Sometimes for at least 2 weeks has irritable or cranky mood (not just when frustrated)	_____	_____	_____	_____
68. Sometimes for at least 2 weeks has markedly diminished interest or pleasure in most activities	_____	_____	_____	_____
69. Sometimes for at least 2 weeks has psychomotor agitation (even more active than usual)	_____	_____	_____	_____
70. Sometimes for at least 2 weeks has psychomotor retardation (slowed down in most activities)	_____	_____	_____	_____
71. Sometimes for at least 2 weeks is fatigued or has loss of energy	_____	_____	_____	_____
72. Sometimes for at least 2 weeks has feelings of worthlessness or excessive, inappropriate guilt	_____	_____	_____	_____
73. Sometimes for at least 2 weeks has diminished ability to think or concentrate	_____	_____	_____	_____
74. Chronic low self-esteem most of the time for at least a year	_____	_____	_____	_____
75. Chronic poor concentration or difficulty making decisions most of the time for at least a year	_____	_____	_____	_____
76. Chronic feelings of hopelessness most of the time for at least a year	_____	_____	_____	_____
77. Currently is hypervigilant (overly watchful or alert) or has exaggerated startle response	_____	_____	_____	_____
78. Currently is irritable, has anger outbursts, or has difficulty concentrating	_____	_____	_____	_____
79. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress	_____	_____	_____	_____
80. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress	_____	_____	_____	_____
81. Has difficulty getting started on classroom assignments	_____	_____	_____	_____
82. Has difficulty staying on task for an entire classroom period	_____	_____	_____	_____
83. Has problems in completion of work on classroom assignments	_____	_____	_____	_____
84. Has problems in accuracy or neatness of written work in the classroom	_____	_____	_____	_____
85. Has difficulty attending to a group classroom activity or discussion	_____	_____	_____	_____
86. Has difficulty making transitions to the next topic or classroom period	_____	_____	_____	_____
87. Has problems in interactions with peers in the classroom	_____	_____	_____	_____
88. Has problems in interactions with staff (teacher or aide)	_____	_____	_____	_____
89. Has difficulty remaining quiet according to classroom rules	_____	_____	_____	_____
90. Has difficulty staying seated according to classroom rules	_____	_____	_____	_____



Thousand Oaks Pediatrics

Pediatrics, Adolescent Medicine, Developmental Pediatrics, Special Needs

Stephen P. Kundell, M.D.

Laila Niazi, M.D.

Dear Teacher:

The parents of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parents and teacher complete a behavioral rating scale. This information is important for the diagnosis and treatment of your student. Your time and cooperation in this matter is greatly appreciated.

Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate assessment from each teacher. If more than one copy of the rating scale is required, please have the parent contact us directly at 805-480-3730 and we will forward additional rating scales as needed, or you may make a copy of the blank form you have. Please note that only one teacher should complete each assessment. Please fill out the form as completely as possible. If you do not know the answer to a question, please write "don't know" so that we can be sure the item was not simply overlooked.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. The forms can be given to the parents to return, or mailed directly to us.

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact us.

Sincerely,

Stephen P. Kundell, MD

The SNAP-IV Teacher and Parent Rating Scale
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Name: _____ Gender: _____ Age: _____ Grade: _____

Ethnicity (circle one which best applies): African-American Asian Caucasian Hispanic Other _____

Completed by: _____ Type of Class: _____ Class size: _____

For each item, check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	_____	_____	_____	_____
2. Often has difficulty sustaining attention in tasks or play activities	_____	_____	_____	_____
3. Often does not seem to listen when spoken to directly	_____	_____	_____	_____
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	_____	_____	_____	_____
5. Often has difficulty organizing tasks and activities	_____	_____	_____	_____
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	_____	_____	_____	_____
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)	_____	_____	_____	_____
8. Often is distracted by extraneous stimuli	_____	_____	_____	_____
9. Often is forgetful in daily activities	_____	_____	_____	_____
10. Often has difficulty maintaining alertness, orienting to requests, or executing directions	_____	_____	_____	_____
11. Often fidgets with hands or feet or squirms in seat	_____	_____	_____	_____
12. Often leaves seat in classroom or in other situations in which remaining seated is expected	_____	_____	_____	_____
13. Often runs about or climbs excessively in situations in which it is inappropriate	_____	_____	_____	_____
14. Often has difficulty playing or engaging in leisure activities quietly	_____	_____	_____	_____
15. Often is "on the go" or often acts as if "driven by a motor"	_____	_____	_____	_____
16. Often talks excessively	_____	_____	_____	_____
17. Often blurts out answers before questions have been completed	_____	_____	_____	_____
18. Often has difficulty awaiting turn	_____	_____	_____	_____
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)	_____	_____	_____	_____
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home	_____	_____	_____	_____
21. Often loses temper	_____	_____	_____	_____
22. Often argues with adults	_____	_____	_____	_____
23. Often actively defies or refuses adult requests or rules	_____	_____	_____	_____
24. Often deliberately does things that annoy other people	_____	_____	_____	_____
25. Often blames others for his or her mistakes or misbehavior	_____	_____	_____	_____
26. Often touchy or easily annoyed by others	_____	_____	_____	_____
27. Often is angry and resentful	_____	_____	_____	_____
28. Often is spiteful or vindictive	_____	_____	_____	_____
29. Often is quarrelsome	_____	_____	_____	_____
30. Often is negative, defiant, disobedient, or hostile toward authority figures	_____	_____	_____	_____
31. Often makes noises (e.g., humming or odd sounds)	_____	_____	_____	_____
32. Often is excitable, impulsive	_____	_____	_____	_____
33. Often cries easily	_____	_____	_____	_____
34. Often is uncooperative	_____	_____	_____	_____
35. Often acts "smart"	_____	_____	_____	_____
36. Often is restless or overactive	_____	_____	_____	_____
37. Often disturbs other children	_____	_____	_____	_____
38. Often changes mood quickly and drastically	_____	_____	_____	_____
39. Often easily frustrated if demand are not met immediately	_____	_____	_____	_____
40. Often teases other children and interferes with their activities	_____	_____	_____	_____

Check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
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43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)	_____	_____	_____	_____
44. Often and seriously violates rules (e.g., is truant, runs away, or completely ignores class rules)	_____	_____	_____	_____
45. Has persistent pattern of violating the basic rights of others or major societal norms	_____	_____	_____	_____
46. Has episodes of failure to resist aggressive impulses (to assault others or to destroy property)	_____	_____	_____	_____
47. Has motor or verbal tics (sudden, rapid, recurrent, nonrhythmic motor or verbal activity)	_____	_____	_____	_____
48. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)	_____	_____	_____	_____
49. Has obsessions (persistent and intrusive inappropriate ideas, thoughts, or impulses)	_____	_____	_____	_____
50. Has compulsions (repetitive behaviors or mental acts to reduce anxiety or distress)	_____	_____	_____	_____
51. Often is restless or seems keyed up or on edge	_____	_____	_____	_____
52. Often is easily fatigued	_____	_____	_____	_____
53. Often has difficulty concentrating (mind goes blank)	_____	_____	_____	_____
54. Often is irritable	_____	_____	_____	_____
55. Often has muscle tension	_____	_____	_____	_____
56. Often has excessive anxiety and worry (e.g., apprehensive expectation)	_____	_____	_____	_____
57. Often has daytime sleepiness (unintended sleeping in inappropriate situations)	_____	_____	_____	_____
58. Often has excessive emotionality and attention-seeking behavior	_____	_____	_____	_____
59. Often has need for undue admiration, grandiose behavior, or lack of empathy	_____	_____	_____	_____
60. Often has instability in relationships with others, reactive mood, and impulsivity	_____	_____	_____	_____
61. Sometimes for at least a week has inflated self esteem or grandiosity	_____	_____	_____	_____
62. Sometimes for at least a week is more talkative than usual or seems pressured to keep talking	_____	_____	_____	_____
63. Sometimes for at least a week has flight of ideas or says that thoughts are racing	_____	_____	_____	_____
64. Sometimes for at least a week has elevated, expansive or euphoric mood	_____	_____	_____	_____
65. Sometimes for at least a week is excessively involved in pleasurable but risky activities	_____	_____	_____	_____
66. Sometimes for at least 2 weeks has depressed mood (sad, hopeless, discouraged)	_____	_____	_____	_____
67. Sometimes for at least 2 weeks has irritable or cranky mood (not just when frustrated)	_____	_____	_____	_____
68. Sometimes for at least 2 weeks has markedly diminished interest or pleasure in most activities	_____	_____	_____	_____
69. Sometimes for at least 2 weeks has psychomotor agitation (even more active than usual)	_____	_____	_____	_____
70. Sometimes for at least 2 weeks has psychomotor retardation (slowed down in most activities)	_____	_____	_____	_____
71. Sometimes for at least 2 weeks is fatigued or has loss of energy	_____	_____	_____	_____
72. Sometimes for at least 2 weeks has feelings of worthlessness or excessive, inappropriate guilt	_____	_____	_____	_____
73. Sometimes for at least 2 weeks has diminished ability to think or concentrate	_____	_____	_____	_____
74. Chronic low self-esteem most of the time for at least a year	_____	_____	_____	_____
75. Chronic poor concentration or difficulty making decisions most of the time for at least a year	_____	_____	_____	_____
76. Chronic feelings of hopelessness most of the time for at least a year	_____	_____	_____	_____
77. Currently is hypervigilant (overly watchful or alert) or has exaggerated startle response	_____	_____	_____	_____
78. Currently is irritable, has anger outbursts, or has difficulty concentrating	_____	_____	_____	_____
79. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress	_____	_____	_____	_____
80. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress	_____	_____	_____	_____
81. Has difficulty getting started on classroom assignments	_____	_____	_____	_____
82. Has difficulty staying on task for an entire classroom period	_____	_____	_____	_____
83. Has problems in completion of work on classroom assignments	_____	_____	_____	_____
84. Has problems in accuracy or neatness of written work in the classroom	_____	_____	_____	_____
85. Has difficulty attending to a group classroom activity or discussion	_____	_____	_____	_____
86. Has difficulty making transitions to the next topic or classroom period	_____	_____	_____	_____
87. Has problems in interactions with peers in the classroom	_____	_____	_____	_____
88. Has problems in interactions with staff (teacher or aide)	_____	_____	_____	_____
89. Has difficulty remaining quiet according to classroom rules	_____	_____	_____	_____
90. Has difficulty staying seated according to classroom rules	_____	_____	_____	_____