



Teacher's Assessment Form

Pre/Post

Name of Teacher:

Date:

Pupil's name:

Dob:

School:

Thinking about the child you are referring/ or have referred, over the past week, please rate the following 10 traits.

This questionnaire is on a scale of 0 to 3, where 0 is not at all, 1 is rarely, 2 regularly and 3 is frequently. Please tick.

My pupil	0 Never Not at all	1 Rarely Once or twice in a 6 month period	2 Regularly At least once or twice a week	3 Frequently Every day and doesn't improve
looks sad, miserable				
cries, readily and persistently				
is nervous, high levels of anxiety				
looks frightened				
is isolated				
is withdrawn				
shows anger and fights				
Is self- deprecating				
Covers or hides face				
Is listless				
Is underachieving This score will not be included in the total				Total