

University of Georgia Regents' Center for Learning Disorders
Student Behavior Checklist (to be completed by the client)

Client Name: _____

Date: _____

DIRECTIONS: Below is a list of behaviors. Please rate whether any of the behaviors listed were: (1) more of a problem for you during the past (i.e., during elementary school) than for your peers; and (2) how those behaviors currently (i.e., within the past year) impact you.

- 1 = Not a significant problem/Normal compared to peers
 2 = Mild problem (sometimes a problem – more than peers)
 3 = Moderate Problem (often a problem)
 4 = Severe Problem (very often a problem)

PROBLEM AREA	DURING ELEMENTARY SCHOOL				WITHIN THE PAST YEAR			
Fails to give close attention to details or makes careless mistakes in schoolwork, work, other activities (e.g., work is inaccurate)	1	2	3	4	1	2	3	4
Difficulty sustaining attention in tasks or play activities (e.g., remaining focused during conversations, lengthy reading)	1	2	3	4	1	2	3	4
Does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in absence of any obvious distraction)	1	2	3	4	1	2	3	4
Does not follow through on instructions & fails to finish schoolwork, chores, or workplace duties (e.g., easily sidetracked)	1	2	3	4	1	2	3	4
Difficulty organizing tasks and activities (e.g., messy, disorganized; poor time management; misses deadlines)	1	2	3	4	1	2	3	4
Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork; preparing reports)	1	2	3	4	1	2	3	4
Loses things necessary for tasks and activities (e.g., school materials, wallets, keys, paperwork, eyeglasses, mobile phones)	1	2	3	4	1	2	3	4
Easily distracted by extraneous stimuli (for adults, may include unrelated thoughts)	1	2	3	4	1	2	3	4
Forgetful in daily activities (e.g., doing chores; for adults, returning calls, paying bills, keeping appointments)	1	2	3	4	1	2	3	4
Fidgets with or taps hands or feet or squirms in seat	1	2	3	4	1	2	3	4
Leaves seat in situations when remaining seated is expected (e.g., in the classroom, office, or other workplace)	1	2	3	4	1	2	3	4
Often runs about or climbs in situations where it is inappropriate (in adolescents or adults, may be limited to feeling restless)	1	2	3	4	1	2	3	4
Has difficulty in playing or engaging in leisure activities quietly	1	2	3	4	1	2	3	4
Is "on the go", acting as if "driven by a motor" (e.g., uncomfortable being still for extended time, as in meetings)	1	2	3	4	1	2	3	4
Talks excessively	1	2	3	4	1	2	3	4
Blurts out answers before questions have been completed (e.g., cannot wait for turn in conversation)	1	2	3	4	1	2	3	4
Interrupts or intrudes on others (e.g., butts into conversations; uses other people's things without asking)	1	2	3	4	1	2	3	4
Has difficulty awaiting turn (e.g., while waiting in line)	1	2	3	4	1	2	3	4

Over...

- 1 = Not a significant problem/Normal compared to peers
 2 = Mild problem (sometimes a problem – more than peers)
 3 = Moderate Problem (often a problem)
 4 = Severe Problem (very often a problem)

How much do the problems you have reported from the list of behaviors on the previous page interfere with or impair your ability to function in each of these areas of life activities?

PROBLEM AREA	DURING ELEMENTARY SCHOOL	WITHIN THE PAST YEAR
School		
Attending class	1 2 3 4	1 2 3 4
Arriving on time for class	1 2 3 4	1 2 3 4
Being prepared for class	1 2 3 4	1 2 3 4
Completing class assignments on time	1 2 3 4	1 2 3 4
Note taking	1 2 3 4	1 2 3 4
Following/listening to lectures	1 2 3 4	1 2 3 4
Test taking	1 2 3 4	1 2 3 4
Grades	1 2 3 4	1 2 3 4
Other _____	1 2 3 4	1 2 3 4
Social		
In your social interactions with others	1 2 3 4	1 2 3 4
In dating/marital relationships		1 2 3 4
Home/Current living situation		
In your home life with your immediate family or roommates	1 2 3 4	1 2 3 4
Occupational/Work		
In your work or occupation (leave blank if you've never been employed)		1 2 3 4
Daily life		
In your management of money		1 2 3 4
In your driving of a motor vehicle		1 2 3 4
In your leisure or recreational activities	1 2 3 4	1 2 3 4
In your management of daily responsibilities	1 2 3 4	1 2 3 4
# of traffic tickets _____		
If yes, please describe _____		

If any items above and on the first page were circled 3 or 4, please answer *ALL* of the following questions:

At what age did these problems become apparent? _____

Please provide examples of how these problems significantly affected the following settings in childhood:

School: _____

Social Settings: _____

Home: _____

Daily Life: _____

Please provide examples of how these problems significantly affect the following settings now:

School: _____

Social Settings: _____

Home: _____

Occupational/Work: _____

Daily Life: _____

University of Georgia Regents' Center for Learning Disorders
Behavior Checklist to be completed by Parent/Guardian/Significant Other about the client

Client Name: _____ Completed By: _____

DIRECTIONS:

Please review the following list of behaviors and consider _____'s behaviors over the years. You will be asked to rate whether any of the behaviors listed were more of a problem for her/him during the past (i.e., during elementary school) than for other children, as well as how those behaviors currently (i.e., within the past year) impact her/him.

-
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PROBLEM AREA	DURING ELEMENTARY SCHOOL				WITHIN THE PAST YEAR			
	1	2	3	4	1	2	3	4
Fails to give close attention to details or makes careless mistakes in schoolwork, work, other activities (e.g., chores)	1	2	3	4	1	2	3	4
Has difficulty sustaining attention in tasks or play activities	1	2	3	4	1	2	3	4
Does not seem to listen when spoken to directly	1	2	3	4	1	2	3	4
Does not follow through on instructions & fails to finish schoolwork, chores, or duties in the workplace	1	2	3	4	1	2	3	4
Has difficulty organizing tasks and activities	1	2	3	4	1	2	3	4
Dislikes, avoids, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)	1	2	3	4	1	2	3	4
Loses things necessary for tasks and activities (e.g., toys, assignments, pencils, books, or tools)	1	2	3	4	1	2	3	4
Easily distracted by extraneous stimuli	1	2	3	4	1	2	3	4
Forgetful in daily activities	1	2	3	4	1	2	3	4
Fidgets with hands or feet or squirms in seat	1	2	3	4	1	2	3	4
Leaves seat in classroom, at dining table, etc. (difficulty remaining seated when expected to)	1	2	3	4	1	2	3	4
Feels/is extremely restless; as a child: ran about, always on the move	1	2	3	4	1	2	3	4
Has difficulty in playing or engaging in leisure activities quietly	1	2	3	4	1	2	3	4
"On the go", as if "driven by a motor"	1	2	3	4	1	2	3	4
Talks excessively	1	2	3	4	1	2	3	4
Blurts out answers before questions have been completed	1	2	3	4	1	2	3	4
Interrupts or intrudes on others (e.g., butts into conversations or games)	1	2	3	4	1	2	3	4
Has difficulty awaiting turn	1	2	3	4	1	2	3	4

Over...

- 1 = Not a significant problem/Normal compared to peers
 2 = Mild problem (sometimes a problem – more than peers)
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How much do the problems you have reported from the list of behaviors on the previous page interfere with or impair the student's ability to function in each of these areas of life activities?

PROBLEM AREA	DURING ELEMENTARY SCHOOL				WITHIN THE PAST YEAR			
School								
Attending class	1	2	3	4	1	2	3	4
Arriving on time for class	1	2	3	4	1	2	3	4
Being prepared for class	1	2	3	4	1	2	3	4
Completing class assignments on time	1	2	3	4	1	2	3	4
Note taking	1	2	3	4	1	2	3	4
Following/listening to lectures	1	2	3	4	1	2	3	4
Test taking	1	2	3	4	1	2	3	4
Grades	1	2	3	4	1	2	3	4
Other _____	1	2	3	4	1	2	3	4
Social								
In your social interactions with others	1	2	3	4	1	2	3	4
In dating/marital relationships					1	2	3	4
Home/Current living situation								
In your home life with your immediate family or roommates	1	2	3	4	1	2	3	4
Occupational/Work								
In your work or occupation (leave blank if you've never been employed)					1	2	3	4
Daily life								
In your management of money					1	2	3	4
In your driving of a motor vehicle					1	2	3	4
In your leisure or recreational activities	1	2	3	4	1	2	3	4
In your management of daily responsibilities	1	2	3	4	1	2	3	4
# of traffic tickets _____								
If yes, please describe _____								

If any items above and on the first page were circled 3 or 4, please answer *ALL* of the following questions:

At what age did these problems become apparent? _____

Please provide examples of how these problems significantly affected the following settings in childhood:

School: _____

Social Setting: _____

Home: _____

Daily Life: _____

Please provide examples of how these problems significantly affect the following settings now:

School: _____

Social Setting: _____

Home: _____

Occupational/Work: _____

Daily Life: _____

Adult Reading History Questionnaire

Name: _____

Please Note: You are encouraged to work with a parent when completing this questionnaire.

Please circle the number of the response that most nearly describes your attitude or experience for each of the following questions or statements. **Please respond to each item.** It is okay to estimate and to give your best guess.

1. Which of the following most nearly describes your attitude toward school when you were a child:

Loved school; Favorite activity					Hated school; Tried to get out of going
0	1	2	3	4	

2. How much difficulty did you have learning to read in elementary school?

None				A great deal
0	1	2	3	4

3. How much extra help did you need when learning to read in elementary school?

Help from: No help	Friends	Teachers/Parents	Tutors or special class: 1 Year	Tutors or special class: 2 or more years
0	1	2	3	4

4. Did you ever reverse the order of letters or numbers when you were a child?

No				A great deal
0	1	2	3	4

5. Did you have difficulty learning letter and/or color names when you were a child?

No				A great deal
0	1	2	3	4

6. How would you compare your reading skill to that of others in your elementary classes?

Above average		Average		Below average
0	1	2	3	4

CONTINUED ON BACK SIDE (TURN OVER)

7. All students struggle from time to time in school. In comparison to others in your classes, how much did you struggle to complete your work?

Not at all	Less than most	About the same	More than most	Much more than most
0	1	2	3	4

8. Did you experience difficulty in high school or college English classes?

No; Enjoyed and did well		Some		A great deal; Did poorly
0	1	2	3	4

9. What is your current attitude toward reading?

Very positive				Very negative
0	1	2	3	4

10. How much reading do you do for pleasure?

A great deal		Some		None
0	1	2	3	4

11. How would you compare your current reading speed to that of others the same age and education?

Above average		Average		Below average
0	1	2	3	4

12. How much reading do you do in conjunction with your work? (If retired or not working, how much did you read when you were working?)

A great deal		Some		None
0	1	2	3	4

13. How much difficulty did you have learning to spell in elementary school?

None		Some		A great deal
0	1	2	3	4

14. How would you compare your current spelling to that of others of the same age and education?

Above average		Average		Below average
0	1	2	3	4

15. Did your parents ever consider having you repeat any grades in school due to academic failure (not illness)?

No	Talked about it, but didn't do it	Repeated one grade	Repeated two grades	Dropped out
0	1	2	3	4

16. Do you ever have difficulty remembering people's names or names of places?

No				A great deal
0	1	2	3	4

17. Do you have difficulty remembering addresses, phone numbers, or dates?

No				A great deal
0	1	2	3	4

18. Do you have difficulty remembering complex verbal instructions?

No				A great deal
0	1	2	3	4

19. Do you currently reverse the order of letters or numbers when you read or write?

No				A great deal
0	1	2	3	4

20. How many books do you read for pleasure each year? (Note: audiobooks that are listened to should not be recorded here; books read via an electronic device [e.g., Kindle, iPad] should be recorded here).

More than 10	6-10	2-5	1-2	None
0	1	2	3	4

21. How many magazines do you read for pleasure each month? (Note: magazines read on the Internet should be recorded here).

5 or more	3-4 regularly	1-2 regularly	1-2 irregularly	None
0	1	2	3	4

CONTINUED ON BACK SIDE (TURN OVER)

22. Do you read daily (Monday-Friday) newspapers? (Note: newspapers read on the Internet should be recorded here).

Every day	Once a week	Once in a while	Rarely	Never
0	1	2	3	4

23. Do you read a newspaper on Sunday? (Note: newspapers read on the Internet should be recorded here).

Completely; Every Sunday	Scan each week	Once in a while	Rarely	Never
0	1	2	3	4

24. Do you use audiobooks? (circle one)

Yes No

25. How many audiobooks do you listen to for pleasure each year?

More than 10	6-10	2-5	1-2	None
0	1	2	3	4

26. When reading for school, do you use assistive technology (e.g., screen reader, digital text files)? (circle one)

Yes No

27. When reading for pleasure, do you use assistive technology (e.g., screen reader, digital text files)? (circle one)

Yes No

28. Do you have a membership with Recordings for the Blind and Dyslexic? (circle one)

Yes No

29. Did a parent help you fill out this questionnaire? (circle one)

Yes No

Regents' Center for Learning Disorders Credit Card Agreement

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