

WAVERLY HEALTH — C E N T E R —

Christophel Clinic
Fax: 319-483-1399

Nashua Clinic
Fax: 641-435-4003

Shell Rock Clinic
Fax: 319-885-6535

Janesville Clinic
Fax: 319-987-2364

Diagnostic Teacher Rating Scale

Name: _____ **Grade:** _____
Date of Birth: _____ **Teacher:** _____ **School:** _____

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustaining mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (e.g., butts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3

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25. Lies to obtain goods for favors or to avoid obligations (i.e. "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

PERFORMANCE

	Problematic		Average		Above Average	
Academic Performance						
1. Reading	1	2	3	4	5	
2. Mathematics	1	2	3	4	5	
3. Written Expression	1	2	3	4	5	
Classroom Behavior Performance						
1. Relationship with peers	1	2	3	4	5	
2. Following directions/rules	1	2	3	4	5	
3. Disrupting class	1	2	3	4	5	
4. Assignment completion	1	2	3	4	5	
5. Organization skills	1	2	3	4	5	

Does student have an Individualized Education Plan (IEP) or 504 Plan? If yes, please send a copy with the survey.

Does student receive any additional assistance for academics or behavior that are not included in IEP or 504 Plan? If yes, please specify:

Is there anything you feel is important for me to know to care for this student?

Patient Name: _____

DOB: _____