



PEDIATRIC HEALTHCARE, LLC
4700 Woodmere Blvd.
Montgomery, AL 36106
334-273-9700

Martin C. Glover, M.D.
David L. Morrison, M.D.

Den A. Trumbull, M.D.
Jeffrey A. Simon, M.D.

BEHAVIORAL ASSESSMENT

This information is to be shared with the child and his/her parents. I request that you complete the following information regarding my child, _____, and mail to the above address.

(Signed) Parent or Guardian _____ Date

1. Child's School _____

2. School Address _____

3. Name of Principal _____ Phone _____

Present grade _____ Number of grades repeated _____

4. School Subject Time of Day Current Performance

5. Do you feel that this child is doing his best academic work? If not, what do you think interferes with his performance?

6. How does this child relate to other children?

How does this child relate to teachers?

7. Does this child present any particular behavior problems? Please discuss.

8. Please complete this behavioral checklist on reverse side.

Teacher's signature _____ Date

Child's Name _____

BEHAVIOR	Not At All	Just A Little	Quite A Bit	Very Much
Sits fiddling with small objects				
Hums and makes other odd noises				
Falls apart under stress of examination				
Coordination poor				
Restless or overactive				
Excitable				
Inattentive				
Difficulty in concentrating				
Oversensitive				
Overly serious or sad				
Daydreams				
Sullen or sulky				
Selfish				
Disturbs other children				
Quarrelsome				
"Tattles"				
Acts "smart"				
Destructive				
Steals				
Lies				
Temper outbursts				
Isolates himself from other children				
Appears to be unaccepted by group				
Appears to be easily led				
No sense of fair play				
Appears to lack leadership				
Teases other children or interferes with their activities				
Submissive				
Defiant				
Shy				
Fearful				
Excessive demands to teacher's attention				
Stubborn				
Overly anxious to please				
Uncooperative				
Attendance problem				