Early Childhood Input Form for Behavior

Please rate the following statements based on your observations during the past several months: Student's Name: ______ Person completing form: _____ Very Often Never/Rarely Often Sometimes Remains seated Waits turn Considerate of others' feelings Restless, overactive, cannot stay still for long Has physical complaints (headache, stomachache) Shares readily with peers (toys, treats) Looses temper (temper tantrums) Prefers to play alone (solitary) Generally well behaved, does what an adult requests Has many worries, seems worried Fidgets and squirms excessively Prefers to play with other peers Unhappy, depressed, or tearful Generally liked by other children Easily distracted, concentration wanders Nervous or clingy in new situations Argumentative with adults Picked on or bullied by other children Offers to help others Stops and thinks before acting Gets along better with adults than children Has many fears, easily scared Good attention span, sees work through to the end Comments: