NARRATIVE DESCRIPTION OF CHILD – TEACHER

CHILD’S NAME: ___________________ TEACHER’S NAME: __________________________
DATE COMPLETED: ________________

Instructions: In the space below, please describe what you see as this child’s primary problems, also, please describe how this child’s problems have affected the following areas and complete the rating at the end of each: (1) his or her relationship with other children, (2) your relationship with him or her, (3) his or her academic progress, (4) your classroom in general, and (5) his or her self-esteem. Continue on the back of this sheet if necessary. For the ratings, please mark an “X” on the lines at the points that you believe reflect the impact of the child’s problems on this area and whether he or she needs treatment or special services for the problems.

(1) How this child’s problems affect his or her relationship with other children,

No Problems (_____________________________________________________) Extreme Problems
Definitely does not need treatment or special services _____ Definitely needs treatment or special services

Regardless of whether this child is popular or unpopular with peers, does he or she have a special, close “best friend:” that he or she has kept for more than a few months? (PLEASE CIRCLE)

YES  NO

(2) How this child’s problems affect his or her relationship with the teacher,

No Problems (_____________________________________________________) Extreme Problems
Definitely does not need treatment or special services _____ Definitely needs treatment or special services
(3) How this child’s problems affect his or her academic progress,

No Problems (____________________________) Extreme Problems
Definitely does not need treatment of special services_____ Definitely needs treatment or special services

(4) How this child’s problems affect his or her self-esteem,

No Problems (____________________________) Extreme Problems
Definitely does not need treatment or special services_____ Definitely needs treatment or special services

**Please mark an “X” on the following line at the point that you believe reflects the OVERALL severity of this child’s problem in functioning and OVERALL need for treatment.

No Problems (____________________________) Extreme Problems
Definitely does not need treatment or special services_____ Definitely needs treatment or special services