Strengths and Difficulties Questionnaire (Teacher 2-4)

For each item, please mark the box for "Not True", "Somewhat True" or "Certainly True". It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's Name		HS Number:	Head Start Site:
Birthdate:			
Female	Male		

Date Completed:

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often argumentative with adults			
Picked on or bullied by other children			
Often offers to help others (parents, teachers, other children)			
Can stop and think things out before acting			
Can be spiteful to others			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees work through to the end			

Please turn over – there are a few more questions on the other side

		nk that this child has difflong with other people?	•	e following areas: emo	otions, concentration, beh	avior or		
	No	Yes - minor difficulties	Yes - defini	ite difficulties	es - severe difficulties			
If y	ou answered "Y	ES", please answer the f	following questions a	about these difficulties	s:			
1.	How long have	these difficulties been p	present?					
	Less th	an a month	1-5 months	6-12 months	Over a year			
2.	2. Do the difficulties upset or distress the child?							
	Not at	all	Only a little	a medium amou	nt a great deal			
3. Do the difficulties interfere with the child's everyday life in the following areas?								
		Not at all	Only a little	A medium amount	A great deal			
Pee	er Relationships							
Lea	arning							
4.	Do the difficult	ies put a burden on you	or the class or group	o as a whole?				
	Not at a	all	Only a little	a medium amou	nt a great deal			

Do you have any other comments or concerns?