

Academic Behavior

Student Rating Scale

Name:_____ Date of Birth: _____

Today's Date:		Grade:						
Read the sentences below. Mark how often you have done or felt these things during the last month . Circle only one number for each behavior.								
	0 = Never, 1 = Sometimes, 2 = Often, 3 = Almost Always							
So	cial Behavior							
		_		_	_			
	I argue with others.	0	1	2	3			
	I get along with my peers.	0	1	2	3			
	I lose my temper.	0	1	2	3			
	I disrupt class.	0	1	2	3			
	I am respectful.	0	1	2	3			
	Other people like me.	0	1	2	3			
	I have trouble waiting my turn.	0	1	2	3			

I like school.	0	1	2	3	
I am ready for class.	0	1	2	3	
I get good grades.	0	1	2	3	
I have trouble working alone.	0	1	2	3	
It's hard to pay attention in class.	0	1	2	3	
I participate in class.	0	1	2	3	

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Emotional Behavior

I feel sad.		1	2	3
I feel nervous.	0	1	2	3
I like to try new things.	0	1	2	3
I am happy.	0	1	2	3
I am worried.	0	1	2	3
When something bad happens it takes me a while to feel better.		1	2	3
I like being alone.	0	1	2	3