

# ROSS E. WILLIAMS, M.D., F.A.A.P.

## DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

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### TEACHER OBSERVATIONS

Child's Name: \_\_\_\_\_

Completed by : \_\_\_\_\_ Date: \_\_\_\_\_

Your observations are very important in the medical management of this child. Thank you for your extra time and effort in providing this information.

Circle the number in the column which best describes this child's **morning** behavior over the past week. (Please describe any significant deterioration prior to a subsequent dose.) Use the other side for afternoon performance.

Time \_\_\_\_\_ AM to Time \_\_\_\_\_ AM

		Not at All	Just a Little	Pretty Much	Very Much
1	Often fidgets or squirms in seat.	0	1	2	3
2	Has difficulty remaining seated.	0	1	2	3
3	Is easily distracted.	0	1	2	3
4	Has difficulty awaiting turn in groups.	0	1	2	3
5	Often blurts out answers to questions.	0	1	2	3
6	Has difficulty following instructions.	0	1	2	3
7	Has difficulty sustaining attention to tasks.	0	1	2	3
8	Often shifts from one uncompleted activity to another.	0	1	2	3
9	Has difficulty playing quietly.	0	1	2	3
10	Often talks excessively.	0	1	2	3
11	Often interrupts or intrudes on others.	0	1	2	3
12	Often does not seem to listen.	0	1	2	3
13	Often loses things necessary for tasks.	0	1	2	3
14	Often engages in physically dangerous activities without considering the consequences.	0	1	2	3

Please use the other side to write any comments and other observations about the student's work or behavior. We are particularly interested in any improvement and/or problems recently noted and their onset. Please fax or mail back to me. Thank you, Dr. Williams

