



Stony Brook

CHILD SYMPTOM INVENTORY – 4: TEACHER CHECKLIST (5-15 YEARS OF AGE)

| | | |
|---------------|----------|---------|
| CHILD'S NAME: | DOB/AGE: | GENDER: |
| SCHOOL: | GRADE: | DATE: |

NAME OF PERSON COMPLETING THIS FORM: _____ POSITION: _____

LENGTH OF TIME YOU HAVE KNOWN STUDENT: _____ LENGTH OF TIME EACH DAY WITH STUDENT: _____

TYPE OF CLASS (E.G., REGULAR 2ND GRADE, RESOURCE ROOM, 8TH GRADE ENGLISH): _____

CURRENT SPECIAL EDUCATION SERVICES (E.G., RESOURCE ROOM, SPEECH THERAPY): _____

CURRENT SPECIAL EDUCATION LABEL (E.G., LEARNING DISABILITY): _____

CURRENT ACADEMY PERFORMANCE: CHECK APPROPRIATE GRADE LEVEL (G.L.)

| SUBJECT | 2 OR MORE YRS. BELOW G.L. | 1 TO 2 YRS. BELOW G.L. | AT OR ABOUT G.L. | 1 TO 2 YRS. ABOVE G.L. | 2 OR MORE YRS ABOVE G.L. |
|------------|---------------------------|------------------------|------------------|------------------------|--------------------------|
| READING | | | | | |
| WRITING | | | | | |
| SPELLING | | | | | |
| ARITHMETIC | | | | | |

DIRECTIONS: CHECK WHICH RATING BEST DESCRIBES THIS CHILD'S OVERALL BEHAVIOR IN OR AROUND SCHOOL. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY. SOME QUESTIONS MAY NOT BE APPLICABLE TO THE CHILD'S AGE.

CATEGORY A

| | | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|----|--|-------|------------|-------|------------|
| 1. | FAILS TO GIVE CLOSE ATTENTION TO DETAILS OR MAKE CARELESS MISTAKES | | | | |
| 2. | HAS DIFFICULTY PAYING ATTENTION TO TASKS OR PLAY ACTIVITIES | | | | |
| 3. | DOES NOT SEEM TO LISTEN WHEN SPOKEN TO DIRECTLY | | | | |
| 4. | HAS DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS AND FAILS TO FINISH THINGS | | | | |
| 5. | HAS DIFFICULTY ORGANIZING TASKS AND ACTIVITIES | | | | |
| 6. | AVOIDS DOING TASKS THAT REQUIRE A LOT OF MENTAL EFFORT (SCHOOL WORK, HOMEWORK, ETC.) | | | | |
| 7. | LOSES THINGS NECESSARY FOR ACTIVITIES | | | | |
| 8. | IS EASILY DISTRACTED BY OTHER THINGS GOING ON | | | | |
| 9. | IS FORGETFUL IN DAILY ACTIVITIES OR ROUTINES | | | | |

CATEGORY A (CONTINUED) Page 2. CSI TEACHER CHECKLIST

| | | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|-----|---|-------|------------|-------|------------|
| 10. | FIDGETS WITH HANDS OR FEET OR SQUIRMS IN SEAT | | | | |
| 11. | HAS DIFFICULTY REMAINING SEATED WHEN ASKED TO DO SO | | | | |
| 12. | RUNS ABOUT OR CLIMBS ON THINGS WHEN ASKED NOT TO DO SO | | | | |
| 13. | HAS DIFFICULTY PLAYING QUIETLY | | | | |
| 14. | IS "ON THE GO" OR ACTS AS IF "DRIVEN BY A MOTOR" | | | | |
| 15. | TALKS EXCESSIVELY | | | | |
| 16. | BLURTS OUT ANSWERS TO QUESTIONS BEFORE THEY HAVE BEEN COMPLETED | | | | |
| 17. | HAS DIFFICULTY AWAITING TURN IN GROUP ACTIVITIES | | | | |
| 18. | INTERRUPTS PEOPLE OR INTRUDES INTO OTHER CHILDREN'S ACTIVITIES | | | | |

CATEGORY B

| | | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|-----|--|-------|------------|-------|------------|
| 19. | LOSES TEMPER | | | | |
| 20. | ARGUES WITH ADULTS | | | | |
| 21. | DEFIES OR REFUSES WHAT YOU TELL HIM/HER TO DO | | | | |
| 22. | DOES THINGS TO DELIBERATELY ANNOY OTHERS | | | | |
| 23. | BLAMES OTHERS FOR OWN MISBEHAVIOR OR MISTAKES | | | | |
| 24. | IS TOUCHY OR EASILY ANNOYED BY OTHERS | | | | |
| 25. | IS ANGRY AND RESENTFUL | | | | |
| 26. | TAKES ANGER OUT ON OTHERS OR TRIES TO GET EVEN | | | | |

CATEGORY C

| | | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|-----|---|-------|------------|-------|------------|
| 27. | PLAY HOOKY FROM SCHOOL | | | | |
| 28. | LIES TO GET THINGS OR TO AVOID RESPONSIBILITY ("CONS" OTHERS) | | | | |
| 29. | BULLIES, THREATENS, OR INTIMIDATES OTHERS | | | | |
| 30. | STARTS PHYSICAL FIGHTS | | | | |
| 31. | HAS STOLEN THINGS WHEN OTHERS WERE NOT LOOKING | | | | |
| 32. | HAS DELIBERATELY DESTROYED OTHERS' PROPERTY | | | | |
| 33. | HAS STOLEN THINGS FROM OTHERS USING PHYSICAL FORCE | | | | |
| 34. | HAS USED A WEAPON WHEN FIGHTING (BAT, BRICK, BOTTLE, ETC.) | | | | |
| 35. | HAS BEEN PHYSICALLY CRUEL TO PEOPLE | | | | |

CATEGORY D**Page 3. CSI TEACHER CHECKLIST**

| | | NEVER | SOME-TIMES | OFTEN | VERY-OFTEN |
|-----|--|-------|------------|-------|------------|
| 36. | IS EXCESSIVELY CONCERNED ABOUT ABILITIES IN ACADEMIC, ATHLETIC, OR SOCIAL ACTIVITIES | | | | |
| 37. | HAS DIFFICULTY CONTROLLING WORRIES | | | | |
| 38. | ACTS RESTLESS OR EDGY | | | | |
| 39. | IS IRRITABLE, TENSE OR UNABLE TO RELAX | | | | |

CATEGORY E

| | | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|-----|---|-------|------------|-------|------------|
| 40. | SHOWS EXCESSIVE FEAR TO SPECIFIC OBJECTS OR SITUATIONS (ANIMALS, HEIGHTS, STORMS, INSECTS, ETC.) | | | | |
| 41. | CANNOT GET DISTRESSING THOUGHTS OUT OF HIS/HER MIND (WORRIES ABOUT GERMS OR DOING THINGS PERFECTLY, ETC.) | | | | |
| 42. | FEELS COMPELLED TO PERFORM UNUSUAL HABITS (HAND WASHING, REPEATING THINGS A SET NUMBER OF TIMES) | | | | |
| 43. | HAS EXPERIENCED AN EXTREMELY UPSETTING EVENT AND CONTINUES TO BE BOTHERED BY IT | | | | |
| 44. | DOES UNUSUAL MOVEMENTS FOR NO APPARENT REASON (EYE BLINKING, TWITCHING, LIP LICKING, HEAD JERKING, ETC.) | | | | |
| 45. | MAKE VOCAL SOUNDS FOR NO APPARENT REASON (COUGHING, THROAT CLEARING, SNIFFLING, GRUNTING, ETC.) | | | | |

CATEGORY F

| | | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|-----|---|-------|------------|-------|------------|
| 46. | HAS STRANGE IDEAS OR BELIEFS THAT ARE NOT REAL (CHILD'S FOOD IS POISONED; PEOPLE ARE TRYING TO GET HIM/HER, ETC.) | | | | |
| 47. | HAS AUDITORY HALLUCINATIONS-HEARS VOICES TALKING TO OR TELLING HIM /HER TO DO THINGS | | | | |
| 48. | HAS EXTREMELY STRANGE AND ILLOGICAL THOUGHTS OR IDEAS | | | | |
| 49. | LAUGHS OR CRIES AT INAPPROPRIATE TIMES OR DOES NOT SHOW AGE-APPROPRIATE EMOTIONS IN SITUATIONS | | | | |
| 50. | DOES EXTREMELY ODD THINGS (EXCESSIVE PREOCCUPATION WITH FANTASY FRIENDS, TALKS TO SELF IN A STRANGE WAY, ETC.) | | | | |

CATEGORY G

| | | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|-----|---|-------|------------|-------|------------|
| 51. | IS DEPRESSED FOR MOST OF THE DAY | | | | |
| 52. | SHOWS LITTLE INTEREST IN (OR ENJOYMENT OF) HAPPY ACTIVITIES | | | | |
| 53. | HAS RECURRENT THOUGHTS OF DEATH OR SUICIDE | | | | |
| 54. | FEELS WORTHLESS OR GUILTY | | | | |
| 55. | HAS LOW ENERGY LEVEL OR IS TIRED FOR NO APPARENT REASON | | | | |
| 56. | HAS LITTLE CONFIDENCE OR IS VERY OUT RIGHT | | | | |
| 57. | FEELS THAT THINGS NEVER WORK OUT RIGHT | | | | |

CIRCLE YES OR NO

| | | | |
|-----|--|----|-----|
| 58. | HAS EXPERIENCED A BIG CHANGE IN NORMAL ACTIVITY LEVEL | NO | YES |
| 59. | HAS EXPERIENCED A BIG CHANGE IN ABILITY TO CONCENTRATE | NO | YES |
| 60. | HAS EXPERIENCED A BIG DROP IN SCHOOL GRADES /SCHOOL WORK | NO | YES |

