

Please print

# CAREGIVER-TEACHER REPORT FORM FOR AGES 1½ - 5

For office use only  
ID#

CHILD'S FULL NAME			First	Middle	Last
GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl		CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE		
TODAY'S DATE Mo. _____ Date _____ Yr. _____			CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____		

PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.

FATHER'S TYPE OF WORK: \_\_\_\_\_

MOTHER'S TYPE OF WORK: \_\_\_\_\_

THIS FORM FILLED OUT BY: (print your full name) \_\_\_\_\_

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

Name & address of school or care facility: \_\_\_\_\_

Your role at the school or care facility:

primarily educational (teacher)  primarily care (caregiver)

Your training for this position: \_\_\_\_\_

Your experience in child care or early education: \_\_\_\_\_ years.

- I. What kind of a facility is it? (Please be specific, e.g., home day care, day care center, nursery school, preschool, school readiness class, Early Childhood Special Education, Headstart, Kindergarten, etc.) \_\_\_\_\_
- II. What is the average number of children in the child's group or class? \_\_\_\_\_ children in the child's group or class.
- III. How many hours per week does this child spend at the facility? \_\_\_\_\_ hours per week.
- IV. For how many months have you known this child? \_\_\_\_\_ months.
- V. How well do you know him/her? 1.  Not well 2.  Moderately well 3.  Very well
- VI. Has he/she ever been referred for a special education program or special services?  
 Don't know 0.  No 1.  Yes - what kind and when? \_\_\_\_\_

Below is a list of items that describe children. For each item that describes the child *now or within the past 2 months*, please circle the **2** if the item is **very true or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. Aches or pains (without medical cause; <b>do not</b> include stomach or headaches)	0	1	2	22. Cruelty, bullying, or meanness to others	
0	1	2	2. Acts too young for age	0	1	2	23. Doesn't answer when people talk to him/her	
0	1	2	3. Afraid to try new things	0	1	2	24. Difficulty following directions	
0	1	2	4. Avoids looking others in the eye	0	1	2	25. Doesn't get along with other children	
0	1	2	5. Can't concentrate, can't pay attention for long	0	1	2	26. Doesn't know how to have fun; acts like a little adult	
0	1	2	6. Can't sit still, restless, or hyperactive	0	1	2	27. Doesn't seem to feel guilty after misbehaving	
0	1	2	7. Can't stand having things out of place	0	1	2	28. Disturbs other children	
0	1	2	8. Can't stand waiting; wants everything now	0	1	2	29. Easily frustrated	
0	1	2	9. Chews on things that aren't edible	0	1	2	30. Easily jealous	
0	1	2	10. Clings to adults or too dependent	0	1	2	31. Eats or drinks things that are not food— <b>do not</b> include sweets (describe): _____	
0	1	2	11. Constantly seeks help					
0	1	2	12. Apathetic or unmotivated					
0	1	2	13. Cries a lot	0	1	2	32. Fears certain animals, situations, or places other than daycare or school (describe): _____	
0	1	2	14. Cruel to animals					
0	1	2	15. Defiant					
0	1	2	16. Demands must be met immediately					
0	1	2	17. Destroys his/her own things	0	1	2	33. Feelings are easily hurt	
0	1	2	18. Destroys property belonging to others	0	1	2	34. Gets hurt a lot, accident-prone	
0	1	2	19. Daydreams or gets lost in his/her thoughts	0	1	2	35. Gets in many fights	
0	1	2	20. Disobedient	0	1	2	36. Gets into everything	
0	1	2	21. Disturbed by any change in routine	0	1	2	37. Gets too upset when separated from parents	

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ASEBA, University of Vermont, 1 S. Prospect St., Burlington, VT 05401-3456 Web: <http://Checklist.uvm.edu>

*Be sure you have answered all items. Then see other side.*

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Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 38. Explosive and unpredictable behavior
- 0 1 2 39. Headaches (without medical cause)
- 0 1 2 40. Hits others
- 0 1 2 41. Holds his/her breath
- 0 1 2 42. Hurts animals or people without meaning to
- 0 1 2 43. Looks unhappy without good reason
- 0 1 2 44. Angry moods
- 0 1 2 45. Nausea, feels sick (without medical cause)
- 0 1 2 46. Nervous movements or twitching (describe):  
\_\_\_\_\_
- 0 1 2 47. Nervous, highstrung, or tense
- 0 1 2 48. Fails to carry out assigned tasks
- 0 1 2 49. Fears daycare or school
- 0 1 2 50. Overtired
- 0 1 2 51. Fidgets
- 0 1 2 52. Gets teased by other children
- 0 1 2 53. Physically attacks people
- 0 1 2 54. Picks nose, skin, or other parts of body  
(describe): \_\_\_\_\_
- 0 1 2 55. Plays with own sex parts too much
- 0 1 2 56. Poorly coordinated or clumsy
- 0 1 2 57. Problems with eyes without medical cause  
(describe): \_\_\_\_\_
- 0 1 2 58. Punishment doesn't change his/her behavior
- 0 1 2 59. Quickly shifts from one activity to another
- 0 1 2 60. Rashes or other skin problems (without  
medical cause)
- 0 1 2 61. Refuses to eat
- 0 1 2 62. Refuses to play active games
- 0 1 2 63. Repeatedly rocks head or body
- 0 1 2 64. Inattentive, easily distracted
- 0 1 2 65. Lying or cheating
- 0 1 2 66. Screams a lot
- 0 1 2 67. Seems unresponsive to affection
- 0 1 2 68. Self-conscious or easily embarrassed
- 0 1 2 69. Selfish or won't share
- 0 1 2 70. Shows little affection toward people

- 0 1 2 71. Shows little interest in things around him/her
- 0 1 2 72. Shows too little fear of getting hurt
- 0 1 2 73. Too shy or timid
- 0 1 2 74. Not liked by other children
- 0 1 2 75. Overactive
- 0 1 2 76. Speech problem (describe): \_\_\_\_\_
- 0 1 2 77. Stares into space or seems preoccupied
- 0 1 2 78. Stomachaches or cramps (without medical  
cause)
- 0 1 2 79. Overconforms to rules
- 0 1 2 80. Strange behavior (describe): \_\_\_\_\_
- 0 1 2 81. Stubborn, sullen, or irritable
- 0 1 2 82. Sudden changes in mood or feelings
- 0 1 2 83. Sulks a lot
- 0 1 2 84. Teases a lot
- 0 1 2 85. Temper tantrums or hot temper
- 0 1 2 86. Too concerned with neatness or cleanliness
- 0 1 2 87. Too fearful or anxious
- 0 1 2 88. Uncooperative
- 0 1 2 89. Underactive, slow moving, or lacks energy
- 0 1 2 90. Unhappy, sad, or depressed
- 0 1 2 91. Unusually loud
- 0 1 2 92. Upset by new people or situations  
(describe): \_\_\_\_\_
- 0 1 2 93. Vomiting, throwing up (without medical cause)
- 0 1 2 94. Unclean personal appearance
- 0 1 2 95. Wanders away
- 0 1 2 96. Wants a lot of attention
- 0 1 2 97. Whining
- 0 1 2 98. Withdrawn, doesn't get involved with others
- 0 1 2 99. Worries
- 100. Please write in any problems the child has  
that were not listed above.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be sure you have answered all items.  
Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)?  No  Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child: