

CHANCY AND BRUCE EDUCATIONAL RESOURCES, INC.

DATE OF SCREENING: _____

TIME: _____

COST OF SCREENING: _____

To be used with children entering second through twelfth grade.

Chancy and Bruce Educational Resources, Inc. has my permission to administer a developmental profile with my child.

Student's Name _____

Address _____ City _____ Zip _____

Phone No. Home (____) _____ Work (____) _____

Birthday _____

Signature of Parent/Guardian _____

Please provide the following information: (if yes, please explain)

Were there pregnancy or birth complications? _____

Was this student premature or post term? _____

Has this student had a history of chronic illnesses? _____

Does this student experience allergies? _____

Has this student had any unsettling experiences? _____

What is the primary language spoken in this student's home? _____

To aid us in determining your student's social-emotional level, please mark in the parent column the behaviors listed below that you have observed your student performing. Your child's teacher will also be marking the behaviors she has observed your child performing in the classroom.

DIRECTIONS FOR PARENTS AND TEACHERS: Write U for USUALLY, S for SOMETIMES, R for RARELY on the line next to each behavior.

STUDENT'S BEHAVIOR:	PARENT	TEACHER
Puts forth resonable effort in the classroom	_____	_____
Is respectful of peers and authority	_____	_____
Gets along well with others	_____	_____
Takes part in group activities	_____	_____
Approaches situations with confidence	_____	_____
Participates with others in large groups	_____	_____
Behaves positively with peers/classmates	_____	_____
Works well independently	_____	_____
Completes assigned tasks on time	_____	_____
Pays attention	_____	_____
Follows a sequence of directions	_____	_____
Functions well in the classroom	_____	_____
Is eager to learn new tasks	_____	_____
Verbal communicaton is clear	_____	_____
Feels good about self	_____	_____
Overreacts to situations	_____	_____
Accepts responsibility	_____	_____
Impulsive (acts or talks without thinking)	_____	_____
Extremely overactive	_____	_____
Oppositional in behavior with peers/authority figure	_____	_____

Additional Comments: (Use Back if Needed)

Parents: _____

Teacher: _____