

# 5-15R

## QUESTIONNAIRE FOR EVALUATION OF DEVELOPMENT AND BEHAVIOUR

### Teachers' questionnaire

**To the teacher:** This questionnaire, for children and adolescents age 5 to 17, contains statements concerning the skills and behaviors of your child/student in various domains of development. Children are individuals. This means that their skills and behaviors vary from one child/student to another, and according to age.

The statements in the questionnaire are followed by boxes marked **Does not apply – Applies sometimes/to some extent – Applies**. Tick the box that contains the statement that you think best corresponds to your student's functioning in everyday situations, compared to children of their own age. Have in mind the student's present functioning, i.e. within the last 6 months. To get the most correct picture of your student's functioning, it is important that you complete the whole questionnaire.

You will be asked if the student's functioning in various domains leads to problems in daily living. Please consider whether these problems affect the student and others at home, in school and among friends. These questions are followed by four options: **No – A little – A great deal – Very much**.

To the professional applying this questionnaire: The questionnaire aims at elucidating the teacher's views on the student's strengths and weaknesses in several developmental domains. It is not supposed to serve as the sole basis for diagnostic decisions. The use of this questionnaire requires knowledge about normal and atypical child development as well as basic knowledge in psychometrics. Guidelines for professional use, administration and scoring are found in the **MANUAL**.

**A parent edition of the questionnaire is also available.**

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Reference for this questionnaire: Kadesjö, B., Janols, L-O, Korkman, M., Mickelsson, K., Strand, G., Trillingsgaard, A., Lambek, R., Øgrim, G., Bredesen, A. M., & Gillberg, C. (2017). Five-To-Fifteen-Revised (5-15R). Available at [www.5-15.org](http://www.5-15.org)

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## Statement of consent to process given information electronically

The purpose of the 5-15R questionnaire and evaluation system is to evaluate the child's functioning in different areas of everyday life.

The responses will be compared to a large group of responses for children of the same age and gender.

The evaluation can identify areas where the child's functioning will be subject of interest of further evaluation or intervention.

The results from this evaluation are never used alone as basis for conclusions about the child or its environment.

The collected information will be entered and stored in a database without any identification of the child or the informant. These data are deleted no later than 6 months after the collection.

**I declare that I have received consent from a parent or guardian to the collection, storage and processing of data for the purpose described above.**

Signature: .....

Date: .....

Your relation to the child:  Teacher

Other: .....

The child's name: .....

Date of birth: .....

Does not apply	Applies sometimes/ to some extent	Applies
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**Motor skills - gross motor skills;** the student`s use of his/her body in various activities

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Difficulty acquiring new motor skills, such as learning how to ride a bike, skate, swim                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Difficulty throwing and catching a ball  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Difficulty running fast  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has difficulties or does not like to participate in game sports such as soccer/football, land hockey, basketball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Balance problems; for instance, has difficulty standing on one leg   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Often stumbles and falls   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Clumsy or awkward movements  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Motor skills - fine motor skills;** the student`s use of his/her hands:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 8. Does not like to draw, has difficulties drawing figures that represent something                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Difficulty handling, assembling and manipulating small objects                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Difficulty pouring water into a glass without spilling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Often spills food onto clothes or table when eating  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Difficulty using knife and fork  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Difficulty buttoning or tying shoe-laces   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Difficulty using a pen (e.g., presses too hard, hand is shaking)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has not developed clear hand preference, i.e., is neither clearly right-handed nor left-handed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Writing is slow and laborious/hard to read the result  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Immature pencil-grip, holds the pen in an unusual manner                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do problems with motor function interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

**Attention and concentration:** the student`s ability to pay attention and to concentrate on various tasks and activities:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 18. Often fails to pay close attention to details or makes careless mistakes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Often has difficulty sustaining attention in tasks or play activities   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Often does not seem to listen when spoken to directly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Problems following instructions and fails to finish schoolwork, chores, or duties)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Often has difficulty organizing tasks and activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as homework)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Often loses things necessary for tasks or activities (e.g., toys, school equipment, pencils, books, sports gear or tools) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is often easily distracted by extraneous stimuli (e.g., irrelevant sounds like other people talking, cars driving by)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is often forgetful in daily activities at school  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does not apply	Applies sometimes/ to some extent	Applies
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**Over activity and impulsivity;** the student`s tendency to be too active or impulsive:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 27. In constant motion (fidgets with fingers, plucks at things etc.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Difficulty remaining seated (squirms in seat, gets up and moves about)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Often runs about or climbs excessively in situations in which is inappropriate, (more than their peers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Difficulty playing calmly and quietly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Is often "on the go" or often acts as if "driven by a motor"  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Often talks excessively   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Often blurts out answers before the question has been completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Difficulty awaiting turns (in games, during meals etc.)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Often interrupts or intrudes on others (e.g., butts into conversations or games)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do problems with attention, concentration, over-activity or impulsivity interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

**Passivity/inactivity;** the student`s inactivity or tendency to be too passive

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 36. Difficulty getting started on tasks/activities   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Difficulty completing a task/activity, does not get things done like the rest of the group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Often "in own world" or daydreaming  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Seems slow, inert, or lacking energy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does passivity or inactivity interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

**Planning/organizing;** the student`s ability to plan or organize activities

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 40. Difficulty understanding consequences of own actions (e.g., climbs in dangerous places, careless in traffic)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Difficulty planning and preparing for tasks (e.g., collecting equipment needed for an outing or for school)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Difficulty completing sequential tasks (e.g., young children: getting dressed in the morning without constant reminders; older children: completing home work without constant reminders) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do problems with planning/organizing interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

Does not apply	Applies sometimes/ to some extent	Applies
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**Perception of space and directions;** the student`s perception of space and directions in the physical world:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 43. Difficulty finding his/her way around (even in well-known places)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Seems disturbed by height differences (even slight) such as in connection with climbing stairs etc.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Difficulty judging distance or size  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Difficulty comprehending orientation and spatial directions (young children turning clothes back to front, older children confusing letters such as b, p, d, or digits such as 6, 9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Bumps into other people, especially in narrow places   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Concepts of time;** the student`s ability to understand concepts of time:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 48. Poor concepts of time, e.g., does not have an intuitive feeling for how long “five minutes” or “one hour” take or is uncertain about how long ago something happened | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Has only a vague idea about what time it is, whether it is morning or afternoon, whether it is time or not to go to/leave school                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Repeatedly asks about when something is going to happen, e.g., how much time is left before an outing or before it is time to go to/leave school                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Can read the clock mechanically but does not understand the actual time concept  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Perception of own body;** the student`s perception of his/her own body and sensory impressions:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 52. Does not have a sense of how clothes fit, does not straighten socks or trousers that have slid down  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Surprisingly poor perception of cold, pain etc.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Poor body awareness (uncertain of size of own body in relation to the environment, e.g., bumps into or tumbles over things without intention to do so) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Oversensitive to touch (is irritated by tight clothing, perceives soft touch as rough etc.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Difficulty imitating other people`s movements  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Perception of visual forms and figures;** the student`s ability to perceive forms and figures:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 57. Tends to misinterpret pictures; e.g., may perceive a picture of a fried egg as that of a flower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Difficulty noticing small differences in shapes, figures, words and patterns that look alike    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Difficulty drawing pictures such as that of a car, a house etc. (compared with their peers)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Difficulty with jigsaw puzzles  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do problems with perception of space and directions, time, own body, or forms and figures interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

Does not apply	Applies sometimes/ to some extent	Applies
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**Memory;** the student`s ability to remember facts or what he/she has experienced

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 61. Difficulty remembering information about personal data, such as date of birth, home address etc.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Difficulty remembering the names of other people (e.g., name of teacher, school peers)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Difficulty remembering the names of weekdays, months and seasons  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Difficulty remembering non-personal facts learned at school (e.g., historic events, chemical formulas etc.)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Difficulty remembering what has occurred recently, as who has phoned or, what he/she ate a few hours ago etc.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Difficulty remembering events that occurred some time ago, such as what happened on a trip, what Christmas presents he/she got etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Difficulty remembering where he/she put things  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Difficulty remembering appointments with peers or what home-work he/she has got   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Difficulty learning rhymes, songs, multiplication tables etc. by heart  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Difficulty remembering long or multiple-step instructions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Difficulty acquiring new skills, such as rules of new play or games   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do problems with memory interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

**Comprehension of spoken language;** the child`s/student`s ability to understand language and speech:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 72. Difficulty understanding explanations and instructions                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Difficulty following stories read aloud  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Difficulty perceiving what other people say (often says "what?", "what do you mean?")    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Difficulty with abstract concepts such as "the day after tomorrow", "in the right order" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Tends to misinterpret what is said   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Expressive language;** the student`s ability of language expression and to pronounce words:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 77. Uncertain of speech sounds and tends to misarticulate words   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Difficulty learning the names of colors, people, letters etc.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Difficulty finding words or explaining to other people, says: "the, the, the ..."                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Tends to remember words incorrectly, says "arm bow" instead of "elbow", refers to "pointer" instead of "index" etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Difficulty explaining what he/she wants   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Difficulty speaking fluently without any breaks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Difficulty expressing him/herself in whole sentences, in grammatically correct sentences, or inflecting words       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Does not apply	Applies sometimes/ to some extent	Applies
84. Pronounces specific sounds incorrectly (has a lisp, difficulty pronouncing the sound of "r", nasal voice etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Difficulty pronouncing complex words such as "electric", "screwdriver" etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Has a hoarse voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Stutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Speaks so rapidly that it is difficult to comprehend what he/she is saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Has a muddled speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Verbal communication;** the student`s ability to use language and ability to communicate with others:

90. Difficulty telling about experiences or situations so that the listener understands (e.g., what happened during the day or during the summer vacation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Difficulty keeping "on track" when telling other people something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Difficulty taking part in a conversation, e.g., problems shifting from listening to talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do problems with understanding of language, use of language, or verbal communication interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

**Acquisition of academic skills;** if the student is under 8 years of age, move to item 122

**Reading, writing, arithmetic** (only student`s 8 years or above):

93. Acquiring reading skills is more difficult than expected considering his/her ability to learn other things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Has difficulties to understand what he/she is reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Difficulty reading aloud at normal speed (reads too slowly, too quickly, or fails to read fluently)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Does not like reading (e.g., avoids reading books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Makes many guesses while reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Difficulty spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Has difficulties shaping letters and to write neatly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Difficulty formulating him/herself in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Difficulty acquiring basic math skills (addition, subtraction; i.e., plus, minus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Difficulty with math problems given in written form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Difficulty learning and applying various mathematical rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Difficulty learning and use multiplication tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Difficulty with mental arithmetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does not apply	Applies sometimes/ to some extent	Applies
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**Learning new things and applying knowledge in school** (only student`s 8 years or above):

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| I06. Difficulty understanding verbal instructions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I07. Difficulty understanding or using abstract terms, e.g., terms relating to size, volume, spatial directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I08. Difficulty participating in discussions with other children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I09. Difficulty learning facts or acquiring knowledge about the surrounding world.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I10. Exceptional knowledge or skills in some area   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I11. Is good at artistic or practical things (playing an instrument, drawing, painting, construction work)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Problem solving in school and approach to new learning situations** (only student`s 8 years or above):

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| I12. Difficulty planning and organizing activities, (e.g., the order in which things should be done, how much time is needed to manage a specific task) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I13. Difficulty shifting plan or strategy when this is required (e.g., when the initial approach failed)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I14. Difficulty comprehending explanations and following instructions given by adults   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I15. Difficulty solving abstract tasks (i.e., is dependent on learning material that can be seen or touched)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I16. Difficulty keeping on trying and completing tasks, often leaves them half finished   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I17. Unmotivated for school work or comparable learning situations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I18. Learning is slow and laborious   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I19. Does things too quickly, hastily, or in a hurry  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I20. Can/will not take responsibility for own actions, needs a lot of supervision   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I21. Very much in need of support, wants to know whether he/she is performing well  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do academic problems or learning difficulties interfere with your student`s daily function?

Not at all  A little  Pretty much  Very much

**Social skills;** the student`s capacity to participate in social settings and interact with others

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| I22. Does not understand other people`s social cues, e.g., facial expressions, gestures, tone of voice, or body language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I23. Difficulty understanding the feelings of other people   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I24. Difficulty responding to the needs of other people  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I25. Difficulty verbally explaining emotions when feeling lonely, being bored etc.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I26. Speaks with a monotonous or strange voice   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I27. Difficulty expressing emotions and reactions with facial gestures or body language                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Does not apply	Applies sometimes/ to some extent	Applies
I28. Seems "old fashioned" in style and behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I29. Difficulty behaving as expected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I30. Difficulty realizing how to behave in different social situations, such as when visiting relatives together with parents, when visiting friends, seeing a doctor, going to the cinema, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I31. Is perceived by peers as different, odd, or eccentric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I32. Unintentionally makes a fool of himself so that parents feel embarrassed or peers start laughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I33. Often seems to lack common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I34. Has a weak sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I35. Blurts out socially inappropriate comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I36. Difficulty comprehending rules or prohibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I37. Often quarrels with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I38. Difficulty understanding and respecting other people's rights, for example, that younger children need more help than older ones, and that parents should be left alone when they demand it, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I39. Difficulty in group or team activities or games, invents new rules for own benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I40. Difficulty making friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I41. Does not often interact with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I42. Difficulty to participate in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I43. Not accepted by other children to participate in their games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I44. Does not care for physical contact such as hugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I45. Has one or a few interests that take up considerable time and that impinge on relations with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I46. Repeats or gets stuck in seemingly meaningless behavior or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I47. Gets very upset by tiny changes in daily routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I48. Eye contact in face to face situations is abnormal or missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do problems with social skills interfere with your student's daily function?

Not at all  A little  Pretty much  Very much

### **Emotional problems:**

I49. Poor self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I50. Seems to be unhappy, sad, depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I51. Often complains about feelings of loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I52. Has tried to inflict bodily damage to him-/herself or talks about that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I53. Has a poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I54. Often expresses a feeling of being worthless or inferior to other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I55. Often complains about bellyaches, headaches, breathing difficulties or other bodily symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/ to some extent	Applies
I56. Appears tense and anxious or complains about being nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I57. Becomes very anxious or unhappy when leaving home e.g., when setting to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I58. More sleeping problems than most children of similar age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I59. Often has nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I60. Walks in sleep or has nocturnal attacks when he/she cannot be "reached" or comforted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I61. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I62. Often argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I63. Often refuses to follow the instructions of adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I64. Often teases others by deliberately doing things that are perceived as provocative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I65. Often blames others for own mistakes or bad actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I66. Is easily offended, or disturbed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I67. Often gets into fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I68. Is cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I69. Lies and cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I70. Steals things at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I71. Often destroys the belongings of other family members or other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I72. Are you aware if the student has recurrent episodes of a few days with extremely high activity level and flight of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I73. Are you aware if the student has recurrent periods of obvious irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Obsessive actions or thoughts;** Actions or thoughts that the student appears unable to control

I74. Compulsively repeats some activities or has habits that are very difficult to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I75. Has obsessive/fixed ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I76. Has involuntary movements, tics, twitches or facial grimaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I77. Repeats meaningless movements, such as head shaking, body jerking and finger drumming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I78. Emits unmotivated sounds such as throat clearing, sneezing, swallowing, barking, shouting etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I79. Difficulty keeping quiet, e.g., whistles, hums, mumbles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I80. Repeats words or parts of words in a meaningless way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I81. Uses dirty words or language in an exaggerated way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do emotional problems, obsessive actions or thoughts interfere with your student's daily function?

Not at all  A little  Pretty much  Very much

Does not  
apply

Applies  
sometimes/  
to some  
extent

Applies

**Describe the strengths of your child:**

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**Describe the problems with your student that you are most worried about:**

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