

Facilitator Ratings of Child's Adjustment - PRE

Child's Name

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Date of Birth

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Today's Date

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Group Facilitator's Last Name

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The following list includes several areas in which children may display problems. We are interested in each child's **current** problems in each area. Please fill one rating for each area. Please specify, in the comments section, the type of problems you are **currently** observing or are aware of in each area. You may write on the back of this page if you need more room for your comments.

	No Problems	Some Problems	Many Problems	Comments
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Emotional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Overall Adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

SITE#	<input type="text"/>	Office Use Only									
		ID#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>