



WAYNESBORO AREA SCHOOL DISTRICT

ELEMENTARY STUDENT ASSISTANCE PROGRAM TEACHER CHECKLIST FORM

DATE: _____ SCHOOL: _____ TO: _____ FROM: ESAP Team

STUDENT: _____ GRADE: _____ ROOM #: _____

RETURN TO ESAP BOX: _____ by _____
(In a sealed envelope)

THIS DOCUMENTATION IS **CONFIDENTIAL** AND WILL BE PART OF THE STUDENT'S FILE
PLEASE REPORT **OBSERVABLE BEHAVIOR** ONLY.

Check each item that applies to this student. Items with a * require a specific answer.

Thank you for your time in completing this survey.

CLASS ATTENDANCE:

- _____ Frequent visits to the nurse
- _____ Frequent visits to the office
- _____ Frequent visits to the rest room

Comments: _____

ACADEMIC PERFORMANCE:

Have you contacted parents regarding academic concerns?

_____ yes _____ no

- _____ Satisfactory performance
- _____ Participates often in class
- _____ Drop in grade; lower achievement
- _____ Has difficulty following oral directions
- _____ Has difficulty following written directions
- _____ Decrease in class participation
- _____ Failure to complete assignments
- _____ Work poorly prepared
- _____ Perfectionist/high achiever

Comments: _____

BEHAVIOR:

Have you contacted parents regarding behavioral concerns?

_____ yes _____ no

Attention:

- _____ Is attentive in class
- _____ Is easily distracted by others or events
- _____ Has difficulty staying on task
- _____ Has difficulty following instructions
- _____ Often does not seem to listen
- _____ Often appears to daydream

Impulse Control:

- _____ No atypical behavior
- _____ Makes good choices/decisions
- _____ Has difficulty waiting his/her turn
- _____ Often blurts out
- _____ Often rushes through assignments
- _____ Has difficulty remaining quiet
- _____ Self-abusive / daredevil behaviors
- _____ Hyperactivity, nervousness
- _____ Inappropriate responses

Motor Activity:

- _____ Appropriately engaged in classroom activities
- _____ No atypical motor behavior
- _____ Has difficulty staying seated
- _____ Fidgets excessively
- _____ Is excessively restless, on the go
- _____ Is far less active than most
- _____ Works very slowly

Organization and Planning:

- _____ Well organized
- _____ Completes work on time
- _____ Has difficulty organizing belongings
- _____ Has difficulty organizing and completing classwork
- _____ Has difficulty organizing and completing homework
- _____ Has difficulty completing long term assignments

Compliance:

- _____ Conforms to classroom procedures
- _____ Is cooperative
- _____ Promises to do better but rarely follows through
- _____ Disruptive to class
- _____ Defiance of rules
- _____ Irresponsibility, blaming, denying
- _____ Refuses to follow teachers' instructions
- _____ Obscene language, gestures
- _____ Attention-getting behaviors
- _____ Often loses temper
- _____ Often argues with adults
- _____ Often defies or refuses adults
- _____ Often blames others for own mistakes
- _____ Often easily annoyed by others
- _____ Often annoying to others
- _____ Has difficulty following classroom/school rules

Mood:

- _____ Pleasant, positive attitude
- _____ Worries excessively
- _____ Often needs reassurance
- _____ Extremes in mood
- _____ Crying / tearful
- _____ Appears sad or unhappy
- _____ Appears withdrawn
- _____ Exhibits difficulty relating to others
- _____ Has a marked inability to relax
- _____ Easily frustrated and gives up
- _____ Often loses temper

Social Interaction:

- _____ Works well with peers
- _____ Appears to maintain friendships
- _____ Forms friendships easily
- _____ Difficulty forming friendships
- _____ Dominates peers
- _____ Prefers adult contact to peer contact

(continued on next page)

BEHAVIOR: Social Interaction (continued)

- ☐ Older social group
- ☐ Significantly younger social group
- ☐ Is very excitable, overwhelms peers
- ☐ Does not pay attention to social cues
- ☐ Overreacts to minor events
- ☐ Frequently gets into fights
- ☐ Argues with peers
- ☐ Misperceives actions of others as hostile
- ☐ Is excessively quiet, shy
- ☐ Teases, overly critical of peers
- ☐ Is very passive, submissive
- ☐ Rarely interacts with classmates/others
- ☐ Difficulty taking turns with activities
- ☐ Fighting and/or sudden outbursts of anger
- ☐ Verbally abusive to others

Comments: _____

PHYSICAL SYMPTOMS:

- ☐ No unusual symptoms
- ☐ Well groomed, neat appearance
- ☐ Deteriorating personal appearance
- ☐ Often hungry
- ☐ Sleeping in class
- ☐ Frequent cold-like symptoms
- ☐ Glassy, bloodshot eyes
- ☐ Smelling of alcohol or marijuana
- ☐ Slurred speech
- ☐ Unsteady on feet
- ☐ Disoriented
- ☐ Lethargic
- ☐ Extreme weight loss/gain
- ☐ Frequent complaints of nausea or vomiting

OTHER:

- ☐ Talks freely of drug, alcohol, or tobacco use
- ☐ Preoccupation with food or calories
- ☐ Expresses hopelessness, helplessness, or worthlessness
- ☐ Recurrent themes (i.e. diet, death, guilt, violence/revenge) *Please specify in comment section.*
- ☐ Other: _____

Comments: _____

PLEASE CHECK ANY OTHER SERVICES THIS CHILD IS RECEIVING:

- | | |
|---|---|
| <input type="checkbox"/> Counseling (in school) | <input type="checkbox"/> Counseling (outside of school) |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Emotional Support |
| <input type="checkbox"/> ELL | <input type="checkbox"/> Gifted Support |
| <input type="checkbox"/> IST | <input type="checkbox"/> Learning Support |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> OT |
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> 504 PHS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> District Behavioral Specialist | |

PLEASE LIST STRENGTHS AND WEAKNESSES OR ADDITIONAL COMMENTS:

Strengths	Weaknesses

Comments: _____
