The Effects of Providing a Mindful Toolkit to Students who are At-Risk due to their Childhood Adversity Scores

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Abstract

The purpose of this study was to provide first grade students who have been exposed to trauma, with strategies to build coping skills to improve their behavior in a school setting. The measurement tool used was a behavioral checklist provided by Harford County Public Schools. The students selected in this study had an ACE (Adverse Childhood Experiences) score of a three or higher. This study involved the use of a pretest and a posttest design to compare the data. This study suggests teaching, implementing coping skills and providing tools increased positive student behavior in a classroom setting. Research in this area should continue with a condensed group of students.

CHAPTER I

INTRODUCTION

Overview

The purpose of this research was to see if students who experienced trauma could gain coping skills from interventions and strategies provided at the school level. Children spend around 30-34 hours a week in a school, assuming they attend on a regular basis. In recent years, the word "trauma" has been used more frequently when focusing on academic achievements and temperaments in children. There are two types of trauma that occur, naturally (natural disaster) or man-made (physical or emotional). There are two types of trauma: (1) an acute trauma, which is "short-lived" or can be a single event, (2) chronic trauma can occur over long periods of time. According to the National Survey of Children's Health (2011), there were nearly 35 million children who had experienced some sort of trauma.

The adverse childhood experiences focus on child abuse and neglect with life-long impacts. It is important to note these factors when assessing children who may fall victim in one or more category. For this study the traumas concentrated on are the ones listed on the adverse childhood experience scale (ACEs): (a) substance abuse in the home, (b) parental separation or divorce, mental illness in the home, (c) witnessing domestic violence, (d) suicidal household member, (e) death of a parent or another loved one, (f) parental incarceration, and (g) experience of abuse or neglect (Souers & Hall 2016). These listed are not the only experiences that fall under a traumatic experience but for this study, morning meetings and a mindful toolkit were implemented in an effort to address the areas of trauma.

Problem Statement

In recent years she has had more students affected by trauma in her classroom and felt that resources were limited. She wanted to educate herself on what her students are experiencing and how to teach them coping skills. The researcher's interest in this topic has come from her schoolwide focus of traumatic experiences and how it affects children and what interventions work in a school setting. What are the most common symptoms of a child who has experienced a traumatic event and what can classroom teachers do to ensure the coping skills of the learner?

Hypothesis

The use of morning meanings and the mindful toolkit will have no impact on a child's ability to develop coping skills based on student behavior.

Operational Definitions

The independent variables will consist of the strategies and techniques provided by the educator, such as morning meetings and a mindful toolkit for coping with the exposure to trauma or traumatic events.

The morning meetings engage students by providing meaningful conversations and activities with the whole class or with partners. This time provides opportunities for students to gain confidence among their teachers and students. The teacher will guide the activities and conversations towards the needs of the students in the class, with a strong focus on building self-coping skills.

The ***mindful toolkit*** is a resource that includes calming tools for children to independently use throughout their day at school, such as a stress ball, magic sand, a countdown, a weighted lap and neck pillow, etc. Every classroom has a toolkit and students know where they

are located to use at any time. The dependent variable will consist of observations of behavior recorded by running records, checklist and anecdotal notes.

CHAPTER II

REVIEW OF LITERATURE

Definition and Extent of the Problem

Trauma is a distressing or disrupting experience that occurs to or within a child's development. There are many different types of trauma that affect children and adolescents. With the increasing number of children being exposed to trauma, teachers and educators need to have access to techniques and procedures to help foster these children in their educational experience. Since children spend a significant amount of their time at school, there should be opportunities for adults to foster resiliency within their school day. Some children who are exposed to trauma can adequately overcome their troubles and reach developmental milestones. The review of literature for this purpose is focused on the students who need extra support with coping strategies.

The first section describes student behaviors and symptoms of students who have been exposed to trauma. It is broken down into four categories: physical, behavioral, emotional, and cognitive impacts. The second section identifies the educational impact trauma can impose on children both academically and developmentally. The third section provides possible strategies and interventions for teachers and educators to provide for students affected by trauma.

Children exposed to trauma are impacted negatively in both their academic ability and mental health. There are two types of trauma that occur, naturally (natural disaster) or man-made (physical or emotional). For the purpose of this research, the focus is on how educators can build resiliency in students and implement strategies that support students who have been affected by any kind of trauma. Trauma affects students in all areas of development: social, cognitive, physical, and emotional. Cook-Cottone (2004), states that,

> "At school"age, cognitive development presents with increasing verbal ability, formative temporal sequencing skills, and difficulty with abstract conceptualization. To a notable degree, symptoms continue to be expressed behaviorally and may include regressions, less emotional regulation, and increases in externalizing or internalizing behavioral expression." (p.132)

Student Behaviors Due to Exposure to Trauma

Physical, behavioral, emotional, and cognitive impacts are the four main symptoms children who have been exposed to trauma show during early childhood. Physical symptoms consist of a student who frequently complains of stomach aches, headaches, is late to school, often falls asleep, and experiences drastic and sudden changes in weight. Behavioral symptoms consist of regression in developmental milestones, changes in play, social isolation, an increase in risk-taking, strives for attention, and increased aggression. Emotional symptoms consist of fear, stress, distrust, lack of self-confidence, and mood swings. Cognitive symptoms consist of fidgeting, patterns of learning problems, poor skill development, and changed attitudes about people (Bell, Limberg & Robinson, 2013). As educators, it should be noted that some of these symptoms are age appropriate and not every child who shows one of these has been exposed to trauma. But if it is a new behavior that is out of character for the child it should be investigated.

Many children can state the same physical symptoms that the children who have been exposed to trauma can, such as asking to go to the nurse for a stomach or headache. These can become a problem when the requests become frequent and occur spontaneously throughout the day. A child might seem overly alert, or have a sleep disorder, nightmares, or have a heightened startled reaction to a stressor or a trauma trigger (Bell, et al. 2013).

When identifying behavioral symptoms, a child's age can play a role. Younger children may show a sign of trauma through play by acting out the traumatic incident. An example would

be two children role-playing and one of them pretending to be killed in a car accident. There may be no emotion involved because the child is role-playing what he or she understands of the situation. After the trauma has occurred, a child who slept through the night might wake up with nightmares or a child might regress by wetting oneself frequently. With older children behavior symptoms can be seen in social settings, such as isolation or avoidance. If a child was very involved with his peers or activities and suddenly withdraws from them, this could be a sign of trauma. At any age striving for attention by positive or negative behaviors might indicate a trauma has happened.

Children going through a traumatic experience will express emotion in many ways. Some children will become or stay introverted, while others will become or stay extroverted. Self-confidence and the ability to regulate emotions can be limited during the time of the trauma. Looking at it through an educator's view having knowledge of the student's personality is key in identifying emotional changes.

Identifying cognitive symptoms can be the most challenging because they do not always occur as quickly as physical, behavioral, and emotional symptoms.. Cognitive symptoms can develop over time and have long-term effects on the child's education. This may look like a lack of focus at first but then as time goes on it could cause a setback and hinder a child's ability to retain new information. Keeping track of data would be a concrete way to observe these symptoms.

Children exposed to trauma are also seen as anxious in the classroom. Educators need to be informed on the average anxiety that students can show compared to the extreme behaviors shown when anxiety occurs and what to do. According to the article, *Recognizing Anxiety in the Classroom* from *Brown University Child & Adolescent Behavior Letter*, there has been research

devoted to teaching awareness of externalizing behaviors but there has not seen too much devoted to internalizing behaviors. In other words, educators can identify behaviors or symptoms but aren't always sure how to manage or help these students.

The Educational Impacts of Exposure to Trauma

Being exposed to trauma could lead to many severe impacts on a child's brain. Data from the 2011-12 National Survey of Children's Health states that nearly 35 million children in the United States are living with emotional and psychological trauma (RB-Banks, & Meyer, 2017). There are educational impacts such as lower achievement scores, lower graduation rates, and higher suspensions and expulsions associated with student trauma. According to Tishelman, Haney, and Greenwood-O'Brien (2010), "In early childhood, trauma impacts the building blocks that facilitate later successful school performance, including self-regulation and interpersonal relationships." (p.280). Compared to children who have not been exposed to trauma, these students are more frequently referred for special educational services and have higher referral and suspension rates.

With children who have been affected by trauma their brains are always working in the "fight" mode, which means it is releasing the chemicals in the body needed to "fight" to survive. With their bodies in this constant state, it damages their ability to obtain or retain new information, which in turn limits their academic achievement. According to Souers and Hall (2016), "Stressed brains can't teach, and stressed brains can't learn. So, we need to increase our awareness of this stress response and be on the lookout for it in our classrooms and other school settings" (p.29). A side effect of being in the "fight" mode is being reactive instead of proactive when making choices. Education can be impacted due to challenging behaviors of these students.

Observations have shown children who show these behaviors may be asking for help the only way they have learned, by taking extreme measures.

As stated above, these cognitive symptoms can be the hardest symptoms to identify due to the longevity of the situation. Unlike other symptoms that show up quickly, academic impacts can show up before interventions can be provided. Take for example a unit of study, if the trauma occurred in the middle of the unit, anything taught afterwards may not have been retained, but until the end of unit assessment was given, there may not be any notable change. Once the assessment was given and the teacher could see the drop-in achievement and then intervene as needed.

Possible Strategies to Implement in a Classroom

With the increasing number of children in schools affected by trauma, there needs to also be an increasing number of trauma informed teachers and practices set in place. With early interventions and building resiliency, children can gain the coping skills needed to have a positive educational experience. In order for there to be an effective practice set in place there needs to be buy in from administration, school counselors, classroom teachers, and support staff.

The symptoms children of trauma express can be challenging to detect due to many factors such as age, environment, personality, and other factors. Many educators know their students and know when something does not seem right. If something does not feel right and there is still an unsettled feeling, ask for another professional to observe and give feedback. The school counselor would be strong resource for educators to partner with.

When fostering resiliency, the classroom environment should be a focus. With students spending much of their time at school and teachers not having enough time to devote to just one student, there should be resources and materials for students to access throughout the day. By

providing the tools and teaching students how to use them, it is another resource that the child can independently use without taking time away from instruction. An example would be to have a mindful toolkit with items that students can use freely throughout the day at their discretion. Items that could be in this toolbox could be anything that provides a quick mindful break to reset the student, such as, a timer, kinetic sand, breathing cards, squishes, etc. Data has shown by giving students this independence it fosters self-coping skills. According to Crosby, (2015) "Trauma-sensitive strategies in schools can assist traumatized students even without a direct interaction with students. Practices, policies, and procedures that indirectly affect students through the school climate are instrumental in influencing educational outcome" (p. 226).

There are many different approaches when implementing interventions and building resiliency and one approach is through art-based learning. "Play therapy and art therapy (e.g., spontaneous play; creative activities, such as music, drawing, painting, and sculpting; and constructing toys and props from scrap materials) allow children to express themselves. Multiple forms of the expressive arts are helpful to children as they learn to cope with trauma and to work with supportive adults, often teachers, to process experiences" (Smilan, 2009). With children who have experienced trauma, there needs to be an open line of communication when discussing what happened to them. This can be a difficult task as an educator because there isn't always a full understanding of what happened, just the information provided by the child and maybe their family.

Along with play, observations, and interventions, there are resiliency scales to help determine the child's ability to overcome his or her situation. The scales consist of questionnaires that are divided into three subscales: Adaptability, Optimism, and Self-Efficacy (Prince- Embury, 2007). This scale can be used by trained examiners and the scores can be used

to create intervention plans that are focused on the individual needs of the child. The data collected provides the child's strengths and vulnerabilities providing educators to work together on building resiliency within the child.

Another questionnaire that has shown valuable data for educators is the Five Facet Mindfulness Questionnaire (FFMQ). The FFMQ has five facets: (a) observing, (b) describing, (c) acting with awareness, non-judging the inner experience, and (d) non-reactivity to inner experience. Students answers are rated on a scale of one (never) to five (always true) (Elices, Pascual, Carmona, Martin-Blanco, Feliu, Ruiz, Soler, 2015). Educators can use this as another tool to better supply students with the individual interventions needed to cope with their situation.

Summary

After reviewing the literature there are many resources educators can use to help children who have been exposed to trauma or a traumatic experience. A few factors that could be taken into consideration when identifying these children are: (a) age, (b) personality, (c) location, (d) teacher observation and judgement, environments, and the (e) severity of the traumatic event. Another frequent piece of information found in the reviews is to seek more than one opinion when attempting to identifying students who have experienced trauma. For this to be an effective practice, schools should work together for the well-being of the child. Overall, the research provides interventions and identification techniques for educators to help these children affected by trauma.

CHAPTER III

DESIGN

The study used a quasi-experimental research design to identify and compare the behaviors of students who have been exposed to trauma. The independent variables, using morning meetings and the mindful toolkit, are strategies and techniques provided by the educator for helping students cope with the exposure to trauma or traumatic events. The dependent variables are observations of behavior. The purpose of this research is to see if students can gain coping skills to improve behavior from interventions and strategies provided at the school level. There will be a comparison of the dependent variable of behaviors before and after the interventions using the pre and post checklist.

Participants

The participants of this study were first graders enrolled during the 2018-2019 academic school year at the elementary school. The school's population is 673 students. Of these students, 80% are Caucasian, 5% Hispanic, 5% African American, 5% multi-racial, 4% Asian, and 1% Hawaiian. The students in this study were selected because the scored of a three or more on the Adverse Childhood Experience (ACE) questionnaire. At the start of the research there were 24 first grade students across three classrooms. Twelve students were exposed to the interventions of the morning meeting and the mindful toolkit and twelve were not. Of the 24 students, 3 were Hispanic, 14 were white, 5 were multi-racial and 2 were African- American.

Instruments

The instrument used in the study was a behavioral checklist. This checklist was designed to measure students' behavior before and after the intervention. Students could receive scores

that consisted of the following descriptors: (a) never, (b) sometimes, (c) often, or (d) very often. The pre-test was given at the beginning of the school year and the post-test was given in March 2019. During the time period between pretest and posttest, students in the experimental group engaged in morning meetings and the use of the toolkit; students in the control group did not engage in these activities. The checklist given in March was collected to compare the data. A copy of the checklist is located in the appendix A.

Procedure

During the 2017-2018 school year the school implemented the mindful toolkit. Given its initial success, during the 2018-2019 there was a school wide initiative to implement morning meetings to continue building positive relationships and improving behavior. The staff attende multiple professional development sessions and were given educational texts to read to learn how to conduct a morning meeting.

After meeting with the school counselor and gathering the data of the ACE scores, the participants were chosen based on a score of three or more. Observations of these participants took place by using the checklist (Appendix A) to score their behaviors. This pretest was then used to help develop the purpose of the morning meeting and what tools to focus on from the toolkit.

A daily morning meeting consists of a message, activity, and time to share. The researcher held a 15-20-minute morning meeting to help engage students by providing meaningful conversations and activities with the whole class or with partners. This time provided opportunities for students to gain confidence among their teachers and students. The researcher will guide the activities and conversations during morning meeting towards the resources in the

mindful toolkit and how and when to use them. The mindful toolkit is a resource filled with calming tools for children to independently use throughout their day at school, such as a stress ball, magic sand, a countdown, a weighted lap and neck pillow, and a host of other things. Every classroom in the building has a toolkit and students know where they are located to use at any time. The toolbox is a school-wide initiative to ensure all students have access at any time. The dependent variable will consist of observations of behavior recorded by a checklist. After seven months of implementing the variables, the checklist was used to evaluate the student behaviors. Once both checklists were completed the researcher compared the data.

CHAPTER IV

RESULTS

The information presented in the following table are data on observations collected by the teacher who provided interventions to the student. The pretest was given in September during the third/ fourth week of school. This checklist was chosen because the areas assessed could be skewed with first graders at the beginning of the school year. This also allowed time for the counselor to gather the students' ACE scores. The posttest was given in March to provided researcher time to gather and analyze the data.

Below, table 1 represents students' behavior based on observations of a pretest (September 2018) and a posttest (March 2019). The behaviors focused on socialization, mood, and academics. Students were scored based on if and how often they showed behaviors: (a) never, (b) sometimes, (c) often, and (d) very often. For the purpose of this research, the differences in "never" are highlighted. Changes in frequency of "never" observations were focused on the most, even though some students grew in other areas, never was the strongest.

Table 1

Comparison of Percentage of Observations based on Pretest and Posttest Observations

Item	Test	Percentage of Observations				
		Never	*Sometimes*	*Often*	*Very Often*	*Total*
1	Pretest	7	38	17	38	100
1	Posttest	46	46	4	4	100
2	Pretest	7	38	17	38	100
2	Posttest	38	50	8	4	100
3	Pretest	5	33	33	29	100
3	Posttest	21	54	17	8	100
4	Pretest	4	33	29	36	100
4	Posttest	17	58	17	8	100
5	Pretest	0	38	29	33	100
5	Posttest	21	63	12	4	100
6	Pretest	29	29	17	25	100
6	Posttest	38	38	21	3	100
7	Pretest	29	29	17	25	100
7	Posttest	38	38	21	3	100

Based on the pretest for question 1, “is uncooperative or defiant or argues with adults”, 7% of students scored never. Based on the posttest, there were 46% of students who scored never. Regarding question 1, there was a 39% increase in how frequently students “never” exhibited the noted behavior. Based on the pretest for question 2, has difficulty getting along with other children, 7% of students scored never. Based on the posttest, there were 38% of students who scored never. Regarding question 2, there was a 31% increase in how frequently students “never” exhibited the noted behavior. Based on the pretest for question 3, is often angry, irritable or easily upset, 5% of students scored never. Based on the posttest, there were 21% of students who scored never. Regarding question 3, there was a 16% increase in how frequently students “never” exhibited the noted behavior. Based on the pretest for question 4, has excessive anxiety, worry, or fearfulness, 4% of students scored never. Based on the posttest, there were

17% of students who scored never. Regarding question 4, there was a 13% increase in how frequently students “never” exhibited the noted behavior. Based on the pretest for question 5, seems sad, moody, depressed, or discouraged, 0% of students scored never. Based on the posttest, there were 21% of students who scored never. Regarding question 5, there was a 21% increase in how frequently students “never” exhibited the noted behavior. Based on the pretest for question 6, has problems with academic progress (skill level or learning), 29% of students scored never. Based on the posttest, there were 38% of students who scored never. Regarding question 6, there was a 9% increase in how frequently students “never” exhibited the noted behavior. Based on the pretest for question 7, has problems with academic performance (productivity or accuracy), 29% of students scored never. Based on the posttest, there were 38% of students who scored never. Regarding question 7, there was a 9% increase in how frequently students “never” exhibited the noted behavior. A more detailed analysis and interpretations of the data will be concluded in Chapter V.

CHAPTER V

DISCUSSION

The purpose of this study was to determine the impact of the implementation of a mindful toolkit that provided students who were impacted by trauma, with resources to help build coping skills. To assess the impact, there was a pretest given in September and a posttest given in March. The assessment consisted of a checklist focused on inattention, hyperactivity, socialization, mood, and academics. Using a Likert scale, the students were scored based on how frequently they showed certain behaviors. The following were the Likert scale descriptors used to rate student behavior: a) never, b) sometimes, c) often and d) very often. An observation of "never" was the best possible outcome and an observation of very often was the least desirable outcome.

The null hypothesis for this study stated that the use of morning meetings and the mindful toolkit would have no impact on children's ability to develop coping skills based on student behavior as measured by observations of their behavior. Based on the outcomes presented in chapter IV, there is evidence that suggests the use of morning meetings and the mindful toolkit had some impact on children's abilities to develop coping skills .

Implications of Findings

For the purpose of this study, the data from the socialization, mood, and academics were analyzed and discussed. While the findings of this study implied that the mindful toolkit provided students with coping skills to help build resiliency, there was a notable change in the socialization, mood, and academic domain. The notable changes were that students acted out less in the classroom and their ability to regulate their behaviors improved.

Students who expressed anger, irritability, anxiety, and depression utilized the tools in the mindful toolkit. As stated before, the hands-on tools were taught to mitigate the emotions listed. This data indicates students can gain coping skills when provided the proper instruction on how to use the provided tools. Given the improvements recorded, it is beneficial for students who experienced trauma to have access to the toolkit in order to build their coping skills. The researcher believes the tools were helpful because they gave students opportunities to release their troubled emotion. With the power of choice, students' chose which tool worked best for them in that time of the expressed emotion. There were certain tools that worked better for certain emotions and the researcher explained that to students during the morning meeting time.

Considering these findings, teachers should have proper training on how to teach students to use the resources in the mindful toolkit. This training could be provided by the school counselor or teachers who have used it in their classroom. At first, the toolkit can seem like a box of "toys", but the items in the toolkit were selectively chosen to reduce listed behaviors and emotions. The school counselor chose the recourse in the toolkit. The researcher feels the toolkit could be a school-wide resource taught in the beginning of the school year. Students who need a break can access the toolkit accordingly throughout the school day. The toolkit can provide help to students who struggle with impulse control, but it should not be limited to just these students.

Threats to Validity

There were a few issues that threatened both the internal and external validity of the research. The biggest internal threat was the consistency of participation among the participants. Out of the 24 participants, only about half received all the daily morning meetings with the interventions. This was due to late arrivals or absences, some of which were frequently unexcused. Since the interventions took place during the morning meeting time (the first 30

minutes of the school day) with other students who experienced similar struggles, there was not another time during the day to provide the students access to these resources after the initial meeting was held.

Another threat to the study's internal validity was the natural maturity of the students in the group. First graders develop at an increasingly fast pace and at differing rates in the domains of socialization assessed: socialization, mood, and academics. And these are all areas that children naturally develop over the course of the study that could have been an inconsistency to the increases in positive behavior, skewing some of the data recorded.

An external threat could have been the trauma that may have been occurring outside of school as well as issues related to parental support. The researcher had no control over when, where, how, or the length of the trauma occurring to the students. The researcher had limited control over parent support and had no way of collecting data on this matter. This threat controlled much of the existing behaviors shown in a classroom. The student could have been showing progress because the interventions were working or because the student stopped witnessing the violence. Unless the student shared with the researcher, it is recorded that there was an increase in positive behavior.

Connections to Previous Studies/Existing Literature

The number of students who have been impacted by trauma is shockingly increasing among schools. Teachers are being held to higher standards to help these students but are not fully educated or equipped on how to combat the issues associated with student trauma. The study completed by Bell, et al., (2013) discusses the importance of educating teachers in identifying and providing interventions to students who have experienced trauma.

The case study conducted by Bell et al., (2013) involves an eight-year-old, White female whose grades started to decrease drastically. Her teacher was involved in a training that provided school-based interventions used to identify and promote healing from traumatic events. Once the student became withdrawn and unemotional the teacher decided it was time to act. After working with the school counselor and calling her mother for more information, it was discovered that her parents were separating, and she had witnessed violence between them. With her mother's support, there were interventions and therapy sessions provided in a school-based setting. These included teaching and building coping skills, along with meeting with other students her age who experienced the same type of trauma. .

These interventions and counseling lasted four months which was the end of the school year and also the end of the period during which data was collected. It was stated that she continued with support outside of school. As a result of these Bell et al., (2013) concluded, "Through the help of an attentive teacher, a dedicated school staff, parent support, and outside resources, she was able to heal from her trauma and re-engage in life"(p. 145).

This study connects to the researchers' study due to the action of the teacher. With the teacher in the study having the knowledge to identify more than just decreasing grades and to seek help from other professionals, there was a positive impact for the student impacted by trauma.

Summary and Implications for Future Research

The purpose of this study was to identify and compare the behaviors of students who have been exposed to trauma. Each student was provided with the interventions and supplies to build coping skills. These interventions took place during the daily morning meeting time, where students had an opportunity to share and discuss with peers alike. With the findings, it supports

the information found by the researcher. By helping build resiliency, coping skills and providing tools to help with emotions, students' behavior positively increased. There were multiple mitigating factors that impacted the study's outcome; attendance, maturity, the trauma itself, and parent support.

For future research, the researcher could condense the group of students who showed the least amount of growth and seek a more individualized plan of action. Subsequent research could address the issues that posed a threat to validity by focusing on an attendance standard or by having a control and experimental group that could help reduce the impact of the issues related to natural maturity. The researcher concludes there was a positive increase in student behavior but cannot credit it all to the interventions.

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Appendix

HCPS

HARFORD COUNTY PUBLIC SCHOOLS

BEHAVIOR CHECKLIST

Name: _____ Grade: _____ Date: _____

Class/Subject: _____ Time: _____ Teacher: _____

School: _____

	INATTENTION DSM CRITERIA	Never	Sometimes	Often	Very Often
1.	Fails to pay close attention to details or makes careless mistakes in schoolwork, chores or other tasks.				
2.	Has difficulty sustaining attention to tasks, chores, or activities.				
3.	Does not seem to listen when spoke to directly.				
4.	Does not follow through on instructions and fails to finish school work, chores or duties (not due to oppositional behavior or failure to understand directions).				
5.	Has difficulty organizing tasks and activities.				
6.	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork).				
7.	Loses things necessary for tasks or activities (i.e., toys, school assignments, pencils, books or tools).				
8.	Is distracted by unimportant stimuli.				
9.	Is forgetful in daily activities.				

	HYPERACTIVITY - IMPULSIVITY DSM CRITERIA	Never	Sometimes	Often	Very Often
10.	Fidgets with hands or feet or squirms in seat.				
11.	Leaves seat in classroom or in other situations when expected to remain seated.				
12.	Runs about or climbs excessively in situations where it is inappropriate (in adolescence, may be limited to restlessness).				
13.	Has difficulty playing or engaging quietly in leisure activities.				
14.	Is "on the go" or often act as if "driven by a motor".				
15.	Talks excessively.				
16.	Blurts out answers before the questions have been completed.				
17.	Has difficulty awaiting turn.				
18.	Interrupts or intrudes on others (i.e., butts into other's conversations or games).				

	SOCIALIZATION, MOOD, ACADEMICS	Never	Sometimes	Often	Very Often
19.	Is uncooperative or defiant or argues with adults.				
20.	Has difficulty getting along with other children.				
21.	Is often angry, irritable or easily upset.				
22.	Has excessive anxiety, worry, or fearfulness.				
23.	Seems sad, moody, depressed, or discouraged.				
24.	Has problems with academic progress (skill level or learning).				
25.	Has problems with academic performance (productivity or accuracy).				

Circle as appropriate

Academic Placement:	*Above Grade Level*	*On Grade Level*	*Below Grade Level*
Academic Progress:	*Good*	*Satisfactory*	*Needs Improvement*
Work Habits:	*Good*	*Satisfactory*	*Needs Improvement*

Comments (continue on reverse if needed)

_____

_____

Attach testing, report cards or work samples as appropriate.

Disposition: Mailed to: _____ Date: _____

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