Dear class teacher,

Mr/Ms/Boy/Girl ____________________________, who is a student in your classroom is now under the evaluation and therapeutic program at HAPPY HOME CLINIC. The observation from teacher is the importance information for doctor's evaluation and assessment. Enclosed are questionnaires that should be completely filled by current teacher of the child. We would be very appreciated if you could provide the information for us.

Your information is crucial for further care of the student. I would like to request you to complete the enclosed questionnaires. If you have any additional questions or concerns, please do not hesitate to contact our office.

Best regards,

(Thaweesak Sirirutraykha, MD)
Child and adolescent psychiatrist

www.happyhomeclinic.com
# Behavior Report

Please mark [ ] in front of the description that match to the child.

1) Coming to school
   - [ ] on time
   - [ ] sometimes late
   - [ ] often late
   - [ ] always absent
   - [ ] other (please specify) ______________

2) Attention in the class
   - [ ] active
   - [ ] sometimes active
   - [ ] not active
   - [ ] sleep
   - [ ] other (please specify) ______________

3) Academic performance
   - [ ] excellence
   - [ ] good
   - [ ] fair
   - [ ] poor
   - [ ] other (please specify) ______________

4) Friendship status
   - [ ] everyone like him/her
   - [ ] do not get along with others
   - [ ] isolated from others
   - [ ] have problem in making friends
   - [ ] other (please specify) ______________

5) Relation to teacher
   - [ ] respect
   - [ ] ignorance
   - [ ] co-operative
   - [ ] poor co-operative
   - [ ] excessive demand for teacher’s attention
   - [ ] other (please specify) ______________

6) General behaviors
   - [ ] restless
   - [ ] inactive
   - [ ] like helping others
   - [ ] less talk
   - [ ] aggressive
   - [ ] takes other’s thing without permission
   - [ ] distracted
   - [ ] ignorance
   - [ ] disturb others
   - [ ] talkative
   - [ ] moody
   - [ ] takes other’s thing without permission
   - [ ] day dreams
   - [ ] self-willed
   - [ ] teasing others
   - [ ] often lies
   - [ ] absent-minded
   - [ ] other (please specify) ______________

7) Health
   - [ ] healthy
   - [ ] sometimes sick
   - [ ] often sick

8) Child’s problem at school

____________________________________________________________________________________
____________________________________________________________________________________

9) Child’s advantage

____________________________________________________________________________________
____________________________________________________________________________________

10) Recommendation for child’s improvement

____________________________________________________________________________________
____________________________________________________________________________________

Teacher’s Name

(__________________________ )

Date ______________

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