



HAPPY HOME CLINIC

Child and Adolescent Psychiatric Clinic

HAPPY HOME CLINIC

Central Chaengwattana

7th floor (education zone), Room No.724

Bangtalad, Pakkret, Nonthaburi, 11120

Date _____

Dear class teacher,

Mr./Ms./Boy/Girl _____, who is a student in your classroom, is now under evaluation and therapeutic program at HAPPY HOME CLINIC. Your observations are crucial for the doctor's evaluation and assessment. Enclosed are questionnaires that should be fully completed by the child's current teacher. We would greatly appreciate it if you could provide this information for us.

Your information is essential for the further care of the student. I kindly 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

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Central Chaengwattana, room 724, 7th floor (education zone)

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Behavior Report

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

- 1) Arrival at school ☐ On time ☐ Sometimes late ☐ Often late
 ☐ Always absent ☐ Other (please specify) _____
- 2) Attention in Class ☐ Active ☐ Sometimes active ☐ Not active
 ☐ Sleeps ☐ Other (please specify) _____
- 3) Academic Performance ☐ Excellent ☐ Good ☐ Fair
 ☐ Poor ☐ Other (please specify) _____
- 4) Friendship Status ☐ Everyone likes him/her ☐ Does not get along with others
 ☐ Isolated from others ☐ Has problems making friends
 ☐ Other (please specify) _____
- 5) Relationship with Teacher ☐ Respectful ☐ Indifferent ☐ Cooperative
 ☐ Poorly cooperative ☐ Excessively demands teacher's attention
 ☐ Other (please specify) _____
- 6) General Behaviors ☐ Restless ☐ Distracted ☐ Daydreams
 ☐ Inactive ☐ Indifferent ☐ Self-willed
 ☐ Likes helping others ☐ Disturbs others ☐ Teases others
 ☐ Quiet ☐ Talkative ☐ Often lies
 ☐ Aggressive ☐ Moody ☐ Absent-minded
 ☐ Takes others' things without permission
 ☐ Other (please specify) _____
- 7) Health ☐ Healthy ☐ Sometimes sick ☐ Often sick
- 8) Child's Problem at School _____

- 9) Child's Strengths _____

- 10) Recommendations for Child's Improvement _____

Teacher's Name

(_____)
Date _____