



# PAHRUMP VALLEY COUNSELING

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## Student Behavior & Academic Rating Scale

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Rated By \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Please rate EACH and EVERY item by putting the number of the most appropriate descriptive statement in the space opposite each item. The four descriptive statements are below.

- Number 0 – You have not noticed this behavior.
- Number 1 – You have noticed the behavior to a slight degree.
- Number 2 – You have noticed the behavior to a moderate degree.
- Number 3 – You have noticed the behavior to a large degree.

- |  |   |
|--|---|
| <input type="checkbox"/> Overly aggressive to peers (hits, pushes)         | <input type="checkbox"/> Appears depressed much of the time |
| <input type="checkbox"/> Defiant, obstinate, stubborn                      | <input type="checkbox"/> Avoids competition                 |
| <input type="checkbox"/> Shows little respect for authority                | <input type="checkbox"/> Not very confident in self         |
| <input type="checkbox"/> Angers quickly                                    | <input type="checkbox"/> Appears overly dependent           |
| <input type="checkbox"/> Rebellious if disciplined                         | <input type="checkbox"/> Is shy, timid with other children  |
| <input type="checkbox"/> Denies responsibility for own actions             | <input type="checkbox"/> Poor attention span, concentration |
| <input type="checkbox"/> Quickly frustrates if things don't go his/her way | <input type="checkbox"/> Distractible                       |
| <input type="checkbox"/> Loses control of emotions                         | <input type="checkbox"/> Out of seat a lot, fidgety         |
| <input type="checkbox"/> Sulks, pouts                                      | <input type="checkbox"/> Impulsive                          |
| <input type="checkbox"/> Truant, frequently tardy                          | <input type="checkbox"/> Overly talkative                   |
| <input type="checkbox"/> Poorly motivated to achieve scholastically        | <input type="checkbox"/> Follows academic directions poorly |
| <input type="checkbox"/> Appears nervous, anxious, tense                   | <input type="checkbox"/> Assignments sloppy, disorganized   |
| <input type="checkbox"/> Overly hard on self                               | <input type="checkbox"/> Drawings, paintings are messy      |
| <input type="checkbox"/> Appears preoccupied                               | <input type="checkbox"/> Homework is not done or incomplete |
| <input type="checkbox"/> Reacts poorly to disappointment                   |   |

If the child has a specific problem in the following areas, please check ( X ):

1. Arithmetic

Addition Concepts  
Subtraction Concepts  
Multiplication Concepts  
Division Concepts  
Fractions Concepts  
Decimal Concepts

Addition Operations  
Subtraction Operations  
Multiplication Operations  
Division Operations  
Fraction Operations  
Decimal Operations

2. Reading

Single consonant sounds  
Single vowel sounds  
Consonant-vowel blends  
Visual scanning  
Phonetic analysis of single words  
Visual analysis of single words  
Slow oral sentence reading  
Omissions, substitutions in sentence reading  
Reading comprehension

3. Spelling

Makes frequent spelling errors  
Spelling errors are phonetically accurate  
Spelling errors are phonetically inaccurate

4. Written Expression

Poor organization of thoughts on paper  
Poor logical sequencing of ideas  
Poor use of grammar  
Poor use of punctuation and capitalization  
Poor printing  
Poor cursive

5. Your Thoughts on the Child