**Strengths and Difficulties Questionnaire**

School Staff Ages 4 – 16 yrs **Pre** Support

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child’s behaviour over the last six months or this school year.

**Child Name: Date of Birth: Male ☐ Female ☐**

**School: Year group: Reading Age:**

**Attendance %: Number of behaviour incidents: Number of exclusions:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not** **True** | **Somwhat****True** | **Certainly****True** |
| Considerate of other people’s feelings | **☐** | **☐** | **☐** |
| Restless, overactive, cannot stay still for long  | **☐** | **☐** | **☐** |
| Often complains of headaches, stomach-aches or sickness  | **☐** | **☐** | **☐** |
| Shares readily with other children (treats, toys, pencils etc)  | **☐** | **☐** | **☐** |
| Often has temper tantrums or hot tempers  | **☐** | **☐** | **☐** |
| Rather solitary, tends to play alone  | **☐** | **☐** | **☐** |
| Generally obedient, usually does what adults request  | **☐** | **☐** | **☐** |
| Many worries, often seems worried  | **☐** | **☐** | **☐** |
| Helpful if someone is hurt, upset or feeling ill  | **☐** | **☐** | **☐** |
| Constantly fidgeting or squirming  | **☐** | **☐** | **☐** |
| Has at least one good friend  | **☐** | **☐** | **☐** |
| Often fights with other children or bullies them  | **☐** | **☐** | **☐** |
| Often unhappy, down-hearted or tearful  | **☐** | **☐** | **☐** |
| Generally liked by other children  | **☐** | **☐** | **☐** |
| Easily distracted, concentration wanders  | **☐** | **☐** | **☐** |
| Nervous or clingy in new situations, easily loses confidence  | **☐** | **☐** | **☐** |
| Kind to younger children  | **☐** | **☐** | **☐** |
| Often lies or cheats  | **☐** | **☐** | **☐** |
| Picked on or bullied by other children  | **☐** | **☐** | **☐** |
| Often volunteers to help others (parents, teachers, other children)  | **☐** | **☐** | **☐** |
| Thinks things out before acting  | **☐** | **☐** | **☐** |
| Steals from home, school or elsewhere  | **☐** | **☐** | **☐** |
| Gets on better with adults than with other children  | **☐** | **☐** | **☐** |
| Many fears, easily scared  | **☐** | **☐** | **☐** |
| Sees tasks through to the end, good attention span  | **☐** | **☐** | **☐** |

**Do you have any other comments or concerns?**

**Overall, do you think that this child has difficulties in one or more of the following areas:**

**emotions, concentration, behaviour or being able to get on with other people?**

 Yes - Yes - Yes -

 minor definite severe

 No difficulties difficulties difficulties

 ☐ ☐ ☐ ☐

**If you have answered “Yes”, please answer the following questions about these difficulties:**

* **How long have these difficulties been present?**

 Less than 1-5 6-12 Over

 a month months months a year

 ☐ ☐ ☐ ☐

* **Do the difficulties upset or distress the child?**

Not at Only a Quite A great

 all little a lot deal

 ☐ ☐ ☐ ☐

* **Do the difficulties interfere with the child’s everyday life in the following areas?**

Not at Only a Quite A great

 all little a lot deal

 PEER RELATIONSHIPS ☐ ☐ ☐ ☐

 CLASSROOM LEARNING ☐ ☐ ☐ ☐

* **Do the difficulties put a burden on you or the class as a whole?**

Not at Only a Quite A great

 all little a lot deal

 ☐ ☐ ☐ ☐

**Name/ Signature: Date:**

**Relationship:** Class teacher ☐ Form Tutor ☐ Head of year ☐ Other ☐ (Please specify):

**Thank you very much for your help**