



TEACHER REPORT ON CLASSROOM ENVIRONMENT, BEHAVIOUR, LANGUAGE, AND ACADEMIC ACHIEVEMENT

Thank you for taking the time to complete this questionnaire. Please do your best to answer all of the questions. We know that some will be difficult to answer, but we are interested in your perceptions.

All of your answers are strictly confidential.

Please feel free to contact us at TEDS on Freephone 0800 317 029

e-mail: TEDS@iop.kcl.ac.uk

Please indicate your answers with a cross using BLACK ink. If you make a mistake, shade out and cross the appropriate box e.g.

Please give your answers on the basis of the child's behaviour over the last 3 months.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children and bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued from overleaf

	Not True	Somewhat True	Certainly True
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Blames others for his/her mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engages in illegal activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is concerned about how well he/she does at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Acts without thinking of the consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. His/her emotions seem shallow and not genuine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lies easily and skillfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is good at keeping promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Brags excessively about his/her abilities, accomplishments, or possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gets bored easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Uses or cons other people to get what he/she wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Teases, makes fun of other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feels bad or guilty when he/she does something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Engages in risky or dangerous activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can be charming at times but in ways that seem insincere or superficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Becomes angry when corrected or punished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Seems to think he/she is better than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does not plan ahead or leaves things until the "last minute"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is concerned about feelings of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does not show feelings or emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Keeps the same friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued from overleaf

	No	Yes
1. Does s/he join in playing games with other children easily?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does s/he come up to you spontaneously for a chat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it important to him/ her to fit in with the peer group?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does s/he appear to notice unusual details that others miss?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does s/he tend to take things literally?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does s/he like to do things over and over again, in the same way all the time?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does s/he find it easy to interact with other children?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can s/he keep a two-way conversation going?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does s/he mostly have the same interests as his/ her peers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does s/he have an interest which takes up so much time that s/he does little else?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does s/he have friends, rather than just acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does s/he often bring you things s/he is interested in to show you?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does s/he enjoy joking around?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does s/he have difficulty understanding the rules for polite behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does s/he appear to have an unusual memory for details?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is his/her voice unusual (e.g. overly adult, flat, or very monotonous)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are people important to him/ her?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is s/he good at turn-taking in conversation?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does s/he play imaginatively with other children, and engage in role-play?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does s/he often do or say things that are tactless or socially inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does s/he make normal eye contact?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does s/he have any unusual or repetitive movements?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is his/ her social behaviour very one-sided and always on his/ her own terms?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does she/ he sometimes say 'you' or 's/he' when s/he means 'I'?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does s/he sometimes lose the listener because of not explaining what s/he is talking about?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does s/he try to impose routines on him/ herself, or on others, in such a way that it causes problems?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does s/he care how s/he is perceived by the rest of the group?	<input type="checkbox"/>	<input type="checkbox"/>
29. Does s/he often turn conversations to his/ her favourite subject rather than following what the other person wants to talk about?	<input type="checkbox"/>	<input type="checkbox"/>
30. Does s/he have odd or unusual phrases?	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC ACHIEVEMENT

We would like to know whether this pupil has any **special educational needs**, as it is important for us to put academic achievement ratings in context. Please mark one box with a cross x for each statement.

1. Is s/he on the Special Educational Needs (SEN) Register? Yes No

2. Does s/he currently have a Statement of Special Educational Needs? Yes No

	National Curriculum ratings								exceptional performance
	1	2	3	4	5	6	7	8	
English									
<i>Speaking and listening</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reading</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Writing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics									
<i>Using and applying mathematics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Number and algebra</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shape, space and measures</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Handling data</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science									
<i>Scientific enquiry</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Life processes and living things</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Materials and their properties</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical processes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in our study!

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