



School Situations Questionnaire  
(Barkley, 1981)

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

Completed by \_\_\_\_\_ Subject \_\_\_\_\_

Does this child present any behavior problems for you in any of these situations? If so, indicate how severe the problems are.

<u>Situation</u>	<u>Yes / No</u>		<u>Mild</u>									<u>Severe</u>
While arriving at school	Yes	No	1	2	3	4	5	6	7	8	9	
During individual desk work	Yes	No	1	2	3	4	5	6	7	8	9	
During small group activities	Yes	No	1	2	3	4	5	6	7	8	9	
During free-play time in class	Yes	No	1	2	3	4	5	6	7	8	9	
During lectures to the class	Yes	No	1	2	3	4	5	6	7	8	9	
During recess	Yes	No	1	2	3	4	5	6	7	8	9	
During lunch	Yes	No	1	2	3	4	5	6	7	8	9	
While in the hallways	Yes	No	1	2	3	4	5	6	7	8	9	
While in the bathroom	Yes	No	1	2	3	4	5	6	7	8	9	
During field trips	Yes	No	1	2	3	4	5	6	7	8	9	
During special assemblies	Yes	No	1	2	3	4	5	6	7	8	9	
While on the bus	Yes	No	1	2	3	4	5	6	7	8	9	

Any special problem areas not addressed above?

**Please Return this Form to the Parents!**