

For each item listed below consider your child's behavior across the school year and rate the degree of change on each.

For all of the questions, use the following scale:

- |                     |               |                       |
|---------------------|---------------|-----------------------|
| -3 = Much Worse     | 0 = No Change | 1 = A Little Improved |
| -2 = Somewhat Worse |               | 2 = Somewhat Improved |
| -1 = A Little Worse |               | 3 = Much Improved     |

How much change has there been in: [Type the Response and then Press the Tab key.]

1. Your child's self-esteem? \_\_\_\_\_
2. Your child's ability to get along with other children? \_\_\_\_\_
3. Your child's ability to get along with adults, such as the teacher and you? \_\_\_\_\_
4. Your child's ability to follow rules? \_\_\_\_\_
5. Your child's self-reliance? \_\_\_\_\_
6. Your child's ability to read? \_\_\_\_\_
7. Your child's willingness to follow your instructions? \_\_\_\_\_
8. Your child's ability to stop and calm down when excited or upset? \_\_\_\_\_
9. How much your child fights with other children? \_\_\_\_\_

For all of the questions, use the following scale:

- |                     |               |                       |
|---------------------|---------------|-----------------------|
| -3 = Much Worse     | 0 = No Change | 1 = A Little Improved |
| -2 = Somewhat Worse |               | 2 = Somewhat Improved |
| -1 = A Little Worse |               | 3 = Much Improved     |

How much change has there been in: [Type the Response and then Press the Tab key.]

1. Your ability to increase your child's positive behavior? \_\_\_\_\_
2. Your ability to decrease your child's negative behavior? \_\_\_\_\_
3. Your satisfaction with being a parent to your child? \_\_\_\_\_
4. Difficulty in parenting your child? \_\_\_\_\_
5. Your ability to stop and calm down when upset with your child? \_\_\_\_\_
6. Amount of yelling at your child? \_\_\_\_\_
7. Amount of praise you give your child? \_\_\_\_\_
8. Your ability to clearly state what you want your child to do? \_\_\_\_\_
9. Your ability to follow through on instructions or directions you have given your child? \_\_\_\_\_
10. Your ability to punish your child effectively when necessary? \_\_\_\_\_

For all of the questions, use the following scale:

- |                     |               |                       |
|---------------------|---------------|-----------------------|
| -3 = Much Worse     | 0 = No Change | 1 = A Little Improved |
| -2 = Somewhat Worse |               | 2 = Somewhat Improved |
| -1 = A Little Worse |               | 3 = Much Improved     |

[Type the Response and then Press the Tab key.]

How much change has there been in: (continued)

11. How well you and your child get along with each other? \_\_\_\_\_

Your ability to communicate more effectively with your child:

12. In general? \_\_\_\_\_

13. About his/her friends? \_\_\_\_\_

14. About school? \_\_\_\_\_

15. About issues such as drugs, alcohol, and sex? \_\_\_\_\_

16. Your ability to effectively supervise/monitor your child's activities and whereabouts? \_\_\_\_\_