

NAME: _____
(Print: first name & last name)

New Mexico

K-6 Teacher Instrument

Version 2011

version: K6TEACH

ID# - -
Site ID Grp Participant ID

Date of administration:
Month Day Year

Language of administration: 1 English
(Circle appropriate number) 2 Spanish
3 Other, Specify _____

Location of administration: 1 School
2 Home
3 Program/evaluation office
4 Other, Specify _____

Type of administration: 1 Individual
2 Group

Survey Version: 1 Baseline
2 Posttest
3 Follow-up

Person completing survey 1 Teacher
2 Other, Specify _____

Important note: If this is a Posttest or Follow-up, be sure to include the exact same ID# as in the Baseline Instrument, then skip to page #3, question #1.

ID # - -

TELL US ABOUT THIS CHILD...

1. Is the child male or female? Male Female

2. What is the child's age? _____ years old

3. Is a language other than English spoken in the child's home? Yes No

4. How would you best describe the child? (*Circle all that apply.*)
 - a White / Anglo Saxon
 - b Black or African American (non Hispanic)
 - c Asian / Asian American
 - d American Indian or Alaskan Native
 - e Pueblo (specify tribe: _____)
 - f Navajo
 - g Apache (specify tribe: _____)
 - h Other Indian: (specify: _____)
 - i Hispanic
 - j Mexican/Mexican American/Chicano
 - k Spanish
 - l Central American (specify country: _____)
 - m South American (specify country: _____)
 - n Puerto Rican
 - o Cuban
 - p Other: specify _____

5. Which of the following best describes the child's grades?

- | | |
|--|--|
| <input type="checkbox"/> All A's - <u>Excellent</u> Grades | <input type="checkbox"/> All C's - <u>Average</u> Grades |
| <input type="checkbox"/> A's & B's - <u>Very Good</u> Grades | <input type="checkbox"/> C's & D's - <u>Below Average</u> Grades |
| <input type="checkbox"/> All B's - <u>Good</u> Grades | <input type="checkbox"/> Failing- <u>Unsatisfactory</u> Grades |
| <input type="checkbox"/> B's & C's - <u>Above Average</u> Grades | <input type="checkbox"/> Currently not enrolled in school |
| | <input type="checkbox"/> Do not know |

Instructions:

This Instrument asks questions about you, your thoughts, and your feelings. By completing this Instrument you will be helping to learn more about how to prevent the use of drugs and alcohol by youth.

Please answer the following questions thinking about the child.

Read each item below carefully, and decide how much you think the child has been bothered by this problem during the past month.

You responses are also confidential. They will be kept private.

	Not at all	Just a little	Pretty Much	Very Much
1. Restless in the “squirmy” sense	0	1	2	3
2. Makes inappropriate noises when s/he shouldn’t	0	1	2	3
3. Demands must be met immediately	0	1	2	3
4. Acts “smart” (impudent or sassy)	0	1	2	3
5. Temper outbursts and unpredictable behavior	0	1	2	3
6. Overly sensitive to criticism	0	1	2	3
7. Distractibility or attention span a problem	0	1	2	3
8. Disturbs other children	0	1	2	3
9. Daydreams	0	1	2	3
10. Pouts and sulks	0	1	2	3
11. Mood changes quickly and drastically	0	1	2	3
12. Quarrelsome	0	1	2	3
13. Submissive attitude toward authority	0	1	2	3

	Not at all	Just a little	Pretty Much	Very Much
14. Restless, always up and on the go	0	1	2	3
15. Excitable, Impulsive	0	1	2	3
16. Excessive demands for teacher's attention	0	1	2	3
17. Appears to be unaccepted by group	0	1	2	3
18. Appears to be easily led by other children	0	1	2	3
19. No sense of fair play	0	1	2	3
20. Appears to lack leadership	0	1	2	3
21. Fails to finish things that s/he starts	0	1	2	3
22. Childish and immature	0	1	2	3
23. Denies mistakes or blames others	0	1	2	3
24. Does not get along well with other children	0	1	2	3
25. Uncooperative with classmates	0	1	2	3
26. Easily frustrated in efforts	0	1	2	3
27. Uncooperative with teacher	0	1	2	3
28. Difficulty in learning	0	1	2	3

You're done!!!

Thanks again!!

TURN THIS INSTRUMENT IN TO THE PERSON IN CHARGE