**School Situations Questionnaire**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Does this child present any problems with compliance to instructions, commands, or rules for you in any of these situations? If so, please circle the word Yes, and then circle a number beside that situation that describes how severe the problem is. If this child is not a problem in a situation, circle No and go on to the next situation on the form.

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| **If Yes, how severe?** |
| **Situations** | **Yes/No** | **Mild** | **Severe** |
| When arriving at school | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| During individual 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 playtime 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 |
| At recess | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| At lunch | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| In the hallways | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| In the bathroom | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| On 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 |
| On the bus | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Total number of problem settings \_\_\_\_\_\_\_\_\_\_\_

Add all the ratings (circled numbers) across all situations. Don’t include situations where you answered “No.” Then divide this sum by the number of problem settings (# of Yes answers).

Mean severity score \_\_\_\_\_\_\_\_\_\_\_\_