

SCHOOL SITUATIONS QUESTIONNAIRE - REVISED

Name of Child _____ Date _____

Name of Person Completing this Form _____

Does this child have problems paying attention or concentrating in any of these situations? If so, please indicate how severe these attention difficulties are.

Situations	Yes/No		<----- If Yes, how severe? ----->								
	(Circle one)		Mild			(Circle one)			Severe		
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
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
During movies, filmstrips	Yes	No	1	2	3	4	5	6	7	8	9
During class discussions	Yes	No	1	2	3	4	5	6	7	8	9

Office Use Only: **Number of problems** _____ **Mean Severity** _____

Note: From *The Home and School Situations Questionnaires - Revised: Normative Data, Reliability, and Validity*. Published by permission of G. J. DuPaul.