**Narrative Description of Child – Teacher (IRS)**

**Child’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Form completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** In the spaces below, please describe what you see as the child’s primary problems in each area and describe the effects of this child’s problems in that area **over the past three months**. Then circle the number that describes how much the child’s problems affect each area and *whether the child needs treatment or special services for the problems* (see sample below).

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| (Sample) How this child’s problems affect his/her academic progress at school: |
| *He’s very inattentive. He doesn’t pay attention in class and doesn’t complete assignments. He forgets to write down assignments and does not take home the books he needs to do homework. His grades have dropped and he is in danger of failing some of his classes.* |
| No Problem*Definitely does not need treatment or special service* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Extreme Problem*Definitely needs* *treatment or special service* |

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| (1a) How this child's problems affect his or her relationship with other children: |
|  |
| No Problem*Definitely does not need treatment or special service* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Extreme Problem*Definitely needs* *treatment or special service* |

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| (1b) Regardless of whether this child is popular or unpopular with peers, does he or she have a special, close "best friend" that he or she has kept for more than a few months?  | **Yes No**(Please Circle) |

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| (2) How this child's problems affect his or her relationship with the teacher |
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| No Problem*Definitely does not need treatment or special service* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Extreme Problem*Definitely needs* *treatment or special service* |

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| (3) How this child's problems affect his or her academic progress: |
|  |
| No Problem*Definitely does not need treatment or special service* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Extreme Problem*Definitely needs* *treatment or special service* |

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| (4) How this child's problems affect his or her self-esteem: |
|  |
| No Problem*Definitely does not need treatment or special service* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Extreme Problem*Definitely needs* *treatment or special service* |

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| (5) How this child's problems affect your classroom in general: |
|  |
| No Problem*Definitely does not need treatment or special service* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Extreme Problem*Definitely needs* *treatment or special service* |

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| (6) Please circle the number that you believe reflects the overall severity of the child’s problem in functioning and overall need for treatment: |
|  |
| No Problem*Definitely does not need treatment or special service* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Extreme Problem*Definitely needs* *treatment or special service* |