

Promise Neighborhoods Research Consortium (PNRC)

Teacher Assessment of Student

Thank you for agreeing to complete the PNRC Teacher Assessment of Student survey! Your participation is very important and helpful. The information collected will be used to better understand the students in your classroom.

Completing the Teacher Assessment of Student is voluntary. If you are not comfortable answering a question, just leave it blank. The answers you give will be kept private. No one, including the student or their parents, will know what you write.

Please make sure to read every question. Answer the questions completely and honestly, as there are no right or wrong answers.

Thank you very much for your help.

PNRC Teacher Assessment of Student

To start, please provide us with some information about yourself and the student you are assessing.

A1. What is your name? _____

A2. What is your classroom name/number? _____

A3. What is the student ID number of the student you are assessing? _____

A4. What grade is this student in? _____

A5. What is this student's date of birth? _____ (mm/dd/yy)

A6. Is this student a girl or a boy?

1. Girl
2. Boy

B. During the past month (30 days), how often did this student appear to be ...	None of the time	Some of the time	Most of the time	All of the time
B1. Happy?.....	1	2	3	4
B2. Interested in life?.....	1	2	3	4
B3. Satisfied?.....	1	2	3	4

C. During the past month (30 days), how often were the following statements true for the above-mentioned student? He or she...	Don't Know	None of the time	Some of the time	Most of the time	All of the time
C1. Was able to follow instructions in school.....	1	2	3	4	5
C2. Was able to set goals in school and find ways to reach them.	1	2	3	4	5
C3. Was able to understand what was taught in school.....	1	2	3	4	5
C4. Cared about people's feelings.....	1	2	3	4	5
C5. Understood how other kids felt.....	1	2	3	4	5
C6. Felt happy when he/she saw another person happy.....	1	2	3	4	5
C7. Was really bothered by other people's problems.....	1	2	3	4	5
C8. Liked to help other people.....	1	2	3	4	5
C9. Did things to help make his/her neighborhood a better place.	1	2	3	4	5
C10. Did things to help make his/her school a better place (for example, was nice to other kids and helpful to teachers).....	1	2	3	4	5
C11. Respected other people.....	1	2	3	4	5
C12. Felt positive about things he/she did.....	1	2	3	4	5
C13. Expected things to turn out okay, despite setbacks from time to time.....	1	2	3	4	5
C14. Expected to have a good day.....	1	2	3	4	5
C15. Could be counted on to do things right.....	1	2	3	4	5
C16. Behaved in a responsible way.....	1	2	3	4	5
C17. Followed the rules even when nobody was watching.....	1	2	3	4	5
C18. Had one or more good friends his/her own age.....	1	2	3	4	5
C19. Was liked by others his/her own age.....	1	2	3	4	5
C20. Got along with all of his/her friends.....	1	2	3	4	5
C21. Was treated fairly by most of his/her friends.....	1	2	3	4	5
C22. Could solve problems if he/she tried hard enough.....	1	2	3	4	5
C23. Was good at solving problems.....	1	2	3	4	5
C24. Could work problems out with his/her friends.....	1	2	3	4	5

C. Continued: During the past month (30 days), how often were the following statements true for the above-mentioned student? He or she...	Don't Know	None of the time	Some of the time	Most of the time	All of the time
C25. Could think of a solution if he/she got into trouble.....	1	2	3	4	5
C26. Told the truth even when it was not easy.....	1	2	3	4	5
C27. Kept promises he/she made.....	1	2	3	4	5
C28. Admitted his/her mistakes.....	1	2	3	4	5
C29. Told the truth when he/she did something wrong.....	1	2	3	4	5
C30. Was restless, could not stay still for long.....	1	2	3	4	5
C31. Was easily distracted.....	1	2	3	4	5
C32. Found it difficult to concentrate.....	1	2	3	4	5
C33. Was impatient.....	1	2	3	4	5
C34. Was unhappy or depressed.....	1	2	3	4	5
C35. Was nervous in new situations, easily lost confidence.....	1	2	3	4	5
C36. Had many fears, was scared of lots of things.....	1	2	3	4	5
C37. Worried but didn't know why.....	1	2	3	4	5

Finally, IF THIS STUDENT IS OVER 10 years of age, please answer the following questions.

D. In the past month (30 days), how often do you think this student has:	Don't Know	Never	Once	A few times	Every week	Almost every day
D1. Smoked cigarettes?.....	1	2	3	4	5	6
D2. Had at least one drink of alcohol?.....	1	2	3	4	5	6
D3. Used any illegal drugs (including sniffing or using prescription drugs not prescribed for him/her)?....	1	2	3	4	5	6
D4. Been in a fight where he/she hit someone or someone hit him/her?.....	1	2	3	4	5	6
D5. Bullied, teased, or gossiped about other students?	1	2	3	4	5	6

Your Survey Is Now Complete! Thank You For Your Time!