

Improvement Rating Form - Counselors

Form Completed By _____

INSTRUCTIONS: For each of the following areas, please rate the amount of change this child experienced during the Summer Treatment Program by circling the number on the scale that corresponds to your answer. If the child did not have a problem in an area and his/her behavior did not change, please circle 0 to indicate it was never a problem.

	Never a Problem	Very Much Worse	Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved	Very much Improved
1. Following home rules	0	1	2	3	4	5	6	7
2. Following through with responsibilities or directions (e.g., completing tasks, keeping track of belongings)	0	1	2	3	4	5	6	7
3. Using materials and possessions appropriately	0	1	2	3	4	5	6	7
4. Destroying or damaging own or other's belongings or property	0	1	2	3	4	5	6	7
5. Adult directed defiance or noncompliance	0	1	2	3	4	5	6	7
6. Cooperation (sharing, taking turns, working things out with others, compromising)	0	1	2	3	4	5	6	7
7. Validation (complimenting, helping, offering support, being friendly)	0	1	2	3	4	5	6	7
8. Communication (engaging in conversations, making appropriate eye contact)	0	1	2	3	4	5	6	7
9. Participation (joining activities, staying in activities, being interested, not quitting)	0	1	2	3	4	5	6	7
10. Interrupting others	0	1	2	3	4	5	6	7
11. Name calling/teasing toward peers	0	1	2	3	4	5	6	7
12. Bossiness toward peers	0	1	2	3	4	5	6	7
13. Dealing with anger, temper, frustration; accepting limits	0	1	2	3	4	5	6	7
14. Physical fighting with peers	0	1	2	3	4	5	6	7
15. Stealing others' belongings	0	1	2	3	4	5	6	7
16. Cheating in games or work	0	1	2	3	4	5	6	7
17. Lying	0	1	2	3	4	5	6	7
18. Swearing or using obscene language	0	1	2	3	4	5	6	7
19. Inappropriate complaining and whining	0	1	2	3	4	5	6	7
20. Paying attention	0	1	2	3	4	5	6	7
21. Sports skills or abilities	0	1	2	3	4	5	6	7

