Monthly Teacher Impairment Rating Scale

Date Completed: ________________

For each area listed below, please circle the response that you believe reflects the degree to which this child’s problems impact the area and whether he or she needs additional treatment or special services beyond the treatments in place during the past 4 weeks.

Does this child require additional treatment or special services to address his or her problems in the following areas?

1. How this child’s problems affect his or her relationship with other children
   - Definitely Not
   - Probably Not
   - Maybe
   - Probably Yes
   - Definitely Yes

2. How this child’s problems affect his or her relationship with you
   - Definitely Not
   - Probably Not
   - Maybe
   - Probably Yes
   - Definitely Yes

3. How this child’s problems affect his or her academic progress
   - Definitely Not
   - Probably Not
   - Maybe
   - Probably Yes
   - Definitely Yes

4. How this child’s problem affects your classroom functioning
   - Definitely Not
   - Probably Not
   - Maybe
   - Probably Yes
   - Definitely Yes

5. Overall, does this child require additional treatment and special services?
   - Definitely Not
   - Probably Not
   - Maybe
   - Probably Yes
   - Definitely Yes

6. If you answered “Probably Yes” or “Definitely Yes” to any of the above items, please describe the reasons for your rating and what kinds of additional treatment or services the child requires (continue on back if necessary):

7. Have you made any changes to your approach to working with this child during the past month (e.g., moved seating arrangement; began a reward program)?
   - No
   - Yes
   If Yes, please describe the changes.

8. Over the past four weeks, please indicate how much time, beyond your standard classroom management procedures, you and the classroom aide (if present) spent managing the behavior of the child in the study and a typical child in your class on a typical day. Please include time spent planning and implementing behavior management procedures, disciplinary actions, and additional academic planning. If you do not have an aide in the classroom, please write “N/A” in the row for aide.

<table>
<thead>
<tr>
<th>Teacher:</th>
<th>Target child</th>
<th>Typical child</th>
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<tbody>
<tr>
<td>Aide:</td>
<td></td>
<td></td>
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