Child's ID:	Today's Date:
('hild'e II)'	Lodav's Date.
Ciliu 5 iD.	Today's Date.

Improvement Rating Form - Parent

Form Completed By (Circle One): Mother Father Other

INSTRUCTIONS: For each of the following areas, please rate the amount of change your child experienced during the Summer Treatment Program by circling the number on the scale that corresponds to your answer. If your 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
	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
22.	Good sportsmanship	0	1	2	3	4	5	6	7

	Never a Problem	Very Much Worse	Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved	Very much Improved
23. Bragging or boasting	0	1	2	3	4	5	6	7
24. Taking over sports activities ("hogging the ball")	0	1	2	3	4	5	6	7
25. Sports knowledge (rules and procedures)	0	1	2	3	4	5	6	7
26. Problem solving skills	0	1	2	3	4	5	6	7
27. Self-esteem	0	1	2	3	4	5	6	7
28. Happiness	0	1	2	3	4	5	6	7
29. Getting along with brothers and sisters (check here if no siblings)	0	1	2	3	4	5	6	7
30. Morning routine (getting dressed, breakfast, and ready for school on time)	0	1	2	3	4	5	6	7
31. Evening routine (taking a bath, pajamas, goes to bed on time)	0	1	2	3	4	5	6	7
32. Transitions from one activity to another	0	1	2	3	4	5	6	7
33. Completing homework with appropriate behavior in a timely manner	0	1	2	3	4	5	6	7
34. Behavior in public settings (e.g., restaurants, shopping trips, activities)	0	1	2	3	4	5	6	7
35. Using good table manners at mealtimes	0	1	2	3	4	5	6	7
36. Behavior at mealtimes	0	1	2	3	4	5	6	7
37. Ignoring peers who tease him/her or call him/her names	0	1	2	3	4	5	6	7
38. Verbal disrespect to adults	0	1	2	3	4	5	6	7
39. Overall Behavior	0	1	2	3	4	5	6	7

40. To what extent is this child's behavior toward peers like that of other children his
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1 2 3 4 5 6 7
Very much like other children 5 to the children

41. To what extent is this child's behavior toward adults like that of other children his/her age?

1 2 3 4 5 6 7
Very much like other children Some other children

42. To what extent do you find interacting with this child a pleasant experience?

1 2 3 4 5 6 7 Very pleasant Very Unpleasant