ID Number:			Ratings Period:	·	
	Monthl	y Teacher Impair	ment Rating Scale		
Date Completed:					
child's problems is	mpact the area and		t you believe reflects the needs additional treatme		
Does this child re following areas?	quire additional t	reatment or specia	l services to address hi	s or her problems in the	
1. How this child's	s problems affect h	is or her relationship	with other children		
Definitely No	t Probably N	Not Maybe	Probably Yes	Definitely Yes	
2. How this child's problems affect his or her relationship with you					
Definitely No	t Probably N	Not Maybe	Probably Yes	Definitely Yes	
3. How this child's problems affect his or her academic progress					
Definitely No	t Probably N	Not Maybe	Probably Yes	Definitely Yes	
4. How this child's problem affects your classroom functioning					
Definitely No	t Probably N	Not Maybe	Probably Yes	Definitely Yes	
5. Overall, does this child require additional treatment and special services?					
Definitely No	t Probably N	Not Maybe	Probably Yes	Definitely Yes	
	ating and what kind		o any of the above items ment or services the chi	s, please describe the ld requires (continue on	
		our approach to wor an a reward program		ing the past month (e.g.,	
No Ye	es If Y	es, please describe t	he changes.		
			me, beyond your standa	rd classroom g the behavior of the child	

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.

	Target child	Typical child
Teacher:		
Aide:		