

# FOLLOW-UP CONNER QUESTIONNAIRE FOR TEACHERS

Child's Name \_\_\_\_\_ date completed \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Subject taught \_\_\_\_\_

Did you fill out an itinal rept on this child? No \_\_\_\_\_ Yes \_\_\_\_\_

If NO, how long have you known this child? \_\_\_\_\_  
Hours with child(daily average) \_\_\_\_\_

What problems does this child present at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What changes have there been, if any, since the last time this report was completed  
(quantitative changes is academics) for the better \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for the worse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Listed below are descriptive terms of behavior. Place a check mark in the column which best describes this child in the past few days- NOT AT ALL, JUST A LITTLE, PRETTY MUCH VERY MUCH.

NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
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1. Restless, always up and on the go
2. Excitable, impulsive
3. Disturbs other children
4. Fails to finish things he/she starts
5. Restless in a "squirmy" sense
6. Distactibility or attention span problems
7. Easily frusted in efforts
8. Pouts and sulks
9. Mood changes quickly and drastically
10. Temper outbursts, explosive and unpredictable

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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# FOLLOW-UP CONNER QUESTIONNAIRE FOR PARENTS

Parent's Name \_\_\_\_\_ date completed \_\_\_\_\_

Child's Name \_\_\_\_\_ date of birth \_\_\_\_\_

Name of Medication \_\_\_\_\_ time completed \_\_\_\_\_

Current dosage schedule: 1<sup>st</sup> dose- \_\_\_\_\_ mg at \_\_\_\_\_ am/pm  
 2<sup>nd</sup> dose- \_\_\_\_\_ mg at \_\_\_\_\_ am/pm  
 3<sup>rd</sup> dose- \_\_\_\_\_ mg at \_\_\_\_\_ am/pm

I. What problems does your child present at this time \_\_\_\_\_

\_\_\_\_\_

II. What changes have there been, if any, since last time this report was completed?

For the better \_\_\_\_\_

\_\_\_\_\_

for the worse \_\_\_\_\_

\_\_\_\_\_

Listed below are items concerning children's behavior or the problems they sometime have. Read each item carefully and decide how much you think your child has been bothered by this problem in the past few days - NOT AT ALL, JUST A LITTLE, PRETTY MUCH or VERY MUCH.

	Not At All	Just A Little	Pretty Much	Very Much
1. Restless, always up and on the go	_____	_____	_____	_____
2. Excitable, impulsive	_____	_____	_____	_____
3. Disturbs other children	_____	_____	_____	_____
4. Fails to finish things he start	_____	_____	_____	_____
5. Restless in the "squirmy" sense	_____	_____	_____	_____
6. Distractibility/attention span problem	_____	_____	_____	_____
7. Easily frustrated in efforts	_____	_____	_____	_____
8. Cries often and easily	_____	_____	_____	_____
9. Mood changes quicly and drastically	_____	_____	_____	_____
10. Destructive	_____	_____	_____	_____

H ind \_\_\_\_\_

Covington Pediatrics  
 5211 Hwy 278 NE  
 Covington, GA 30014  
 phone- 770-787-7444  
 fax- 770-787-5050