

Chesterfield Township School District

30 Saddle Way
Chesterfield, NJ 08515



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www.ChesterfieldSchool.com

Office of the Assistant Principal

Please use the following rating scale to answer the questions below and return to the school before your student's meeting.

- | <i>Always (4)</i> | <i>Most of the Time (3)</i> | <i>Hardly Ever (2)</i> | <i>Never (1)</i> |
|--------------------------|---|-------------------------------|-------------------------|
| 1. _____ | Finishes tasks that she/he begins. | | |
| 2. _____ | Does the things I ask him/her to do. | | |
| 3. _____ | Gets along with her/his friends. | | |
| 4. _____ | Is emotional. | | |
| 5. _____ | Homework requires assistance. | | |
| 6. _____ | Helps at home. | | |
| 7. _____ | Talks back. | | |
| 8. _____ | Shares with others. | | |
| 9. _____ | Has a short attention span. | | |
| 10. _____ | Must be reminded to do things. | | |
| 11. _____ | Gets along with her/his family members. | | |
| 12. _____ | Asks for help when needed. | | |
| 13. _____ | Teases others. | | |
| 14. _____ | Accepts criticism. | | |
| 15. _____ | Has trouble remembering things. | | |
| 16. _____ | Appears content. | | |
| 17. _____ | Hits others. | | |
| 18. _____ | Feels sick often. | | |
| 19. _____ | Physically fights others. | | |
| 20. _____ | Is easily distracted. | | |

Please list strengths and interests of your child:

Please list any areas of concern for your child:

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