

Pediatric Symptom Checklist

New Student & Kindergarten Registration Screening



Camden Rockport
Elementary School
11 Children's Way
Rockport ME 04856
cres.fivetowns.net

Student Name:

Birthdate:

Date:

Completed by:

Relationship:

The Pediatric Symptom Checklist (PSC) is part of the new student and kindergarten screening process to get a picture of the social/emotional needs of incoming students. This information is confidential and will not be kept in the cumulative folder. Depending on the results of this screening, a member of the CRES Student Support Team may contact you to discuss your child's needs and how we can best support your child as they transition to CRES. Please contact Kate Forand, School Social Worker, at kate.forand@fivetowns.net or 207-236-7809 ext.1209 if you have questions or concerns about this screening. Thank you.

Social/Emotional Screening

1. What are your child's strengths?

2. What does your child enjoy doing?

3. What do you love about your child?

4. Does your child have any emotional or behavior problems for which they need help? If Yes, please explain:

Yes ☐

No ☐

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents/guardians are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

	Never - 0	Sometimes - 1	Often - 2
1. Complains of aches/pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spends more time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tires easily/has little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has trouble with a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED ON REVERSE →

6. Less interested in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gets distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is afraid of new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feels sad/unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is irritable/angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interested in friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fights with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is down on themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Visits doctor with doctor finding nothing wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Wants to be with you more than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feels they are bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Takes unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Gets hurt frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seems to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts younger than children of own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does not show feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blames others for their troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Takes things that do not belong to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals	_____	_____	_____
TOTAL SCORE			_____