



HAPPY HOME CLINIC

Child and Adolescent Psychiatric Clinic

HAPPY HOME CLINIC

CentralPlaza Chaengwattana
Floor 7, Education Zone, Room 724
Bangtalad, Pakkret, Nonthaburi, 11120

Date _____

Dear class teacher,

Mr/Ms/Boy/Girl _____, who is a student in your classroom is now under the evaluation and therapeutic program at HAPPY HOME CLINIC. The observation from teacher is the importance information for doctor's evaluation and assessment. Enclosed are questionnaires that should be completely filled by current teacher of the child. We would be very appreciated if you could provide the information for us.

Your information is crucial for further care of the student. I would like to request you to complete the enclosed questionnaires. If you have any additional questions or concerns, please do not hesitate to contact our office.

Best regards,

(Dr.Thaweesak Sirirutraykha)
Child and adolescent psychiatrist



Behavior Report

Please mark [/] in front of the message that match to the child.

- 1) Coming to school on time sometimes late often late
 always absent other (please specify)
- 2) Attention in the class active sometimes active not active
 sleep other (please specify)
- 3) Academic performance excellent good fair
 poor other (please specify)
- 4) Friendship status everyone like him/her do not get along with others
 isolated from others have problem in making friends
 other (please specify)
- 5) Relation to teacher respect ignorance cooperative
 poor cooperative excessive demand for teacher's attention
 other (please specify)
- 6) General behaviors restless distracted day dreams
 inactive ignorance self-willed
 like helping others disturb others teasing others
 less talk talkative often lies
 aggressive moody absent-minded
 takes other's thing without permission
 other (please specify)
- 7) Health healthy sometimes sick often sick

8) Child's problem at school

9) Child's advantage

10) Recommendation for child's improvement

Teacher's Name

(.....)

Date