Stakeholder Input Screening Questionnaires

**STUDENT QUESTIONNAIRE**: Within the last six -eight weeks have you been concerned about

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Concern(0) | Somewhat Concerned (1) | Significant Concern(2) | Not Applicable(0) |
| Completing classwork or homework |  |  |  |  |
| Participating in activities and typical routines |  |  |  |  |
| Following adult directions |  |  |  |  |
| Interactions or relationships with peers |  |  |  |  |
| Feeling tired |  |  |  |  |
| Feeling angry, sad, or worried |  |  |  |  |
| Being motivated or interested  |  |  |  |  |
| Feeling isolated from family or friends |  |  |  |  |

|  |  |
| --- | --- |
| Are there any other concerns that you have? |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes (2)** | **Maybe (1)** | **Not at This Time (0)** |
| Would you like help to address the things you are concerned about? |  |  |  |