

Community Counseling & Psychological Services

4900 California Ave  
Tower B, Suite 330  
Bakersfield, CA 93309

Teacher Feedback Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Session #: \_\_\_\_\_

**This report is an important part of our program that provides us with valuable information regarding treatment progress. As a key member of the treatment team, we need you to please complete this form and return it the Community Counseling – Thank You**

**\*\*Please mark any specific improvements you have seen in your student\*\***

**Impulsive/Hyperactive Behaviors**

- Thinking before acting
- Delaying gratification
- Following oral or written directions
- Ability to self-monitor (work & behaviors)
- Less risk-taking behaviors
- Less interrupting others
- Calmer (less fidgeting; less tapping fingers and feet)
- Less irritability
- Decrease excessive talking
- Increase mood stability
- Less anger
- Less hypersensitivity (overreacting to auditory, visual, tactile, olfactory, gustatory input)
- Increase tolerance for frustration
- More follow through on activities, less shifting from one to another

- Paying close attention to detail
- Difficulty organizing tasks
- More consistent performance
- Less auditory, visual, tactile distractibility
- Less forgetting/losing materials & personal belongings
- Sustaining attention
- Performing timed tasks faster
- Responding faster to cognitive tasks
- Ability to motivate self

**Other Behaviors**

- Less aggressive behavior
- More mature behavior
- Ability to understand/utilize presented information better
- Feeling satisfied more
- Following rules of behavior
- Using appropriate social skills
- Less difficulty being “present” due to fatigue and sleeplessness
- Meta-cognitive skills (storing and retrieving information)
- Improved problems solving skills
- Less over-focusing (especially on TV, computer, or video games)
- Less using intentionally belligerent/disrespectful language

**Inattentive Behaviors**

- More energy
- Engaging in more tasks & assignments
- Reacting more to auditory, visual, tactile input
- Less day-dreaminess
- Following instructions
- Listening

**Please rate overall improvements from start of treatment.**

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Moderate \_\_\_\_\_ Mild \_\_\_\_\_ None \_\_\_\_\_

Are there any questions or comments regarding your student’s treatment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your support and commitment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date