

AFC Social Emotional Screener

Please mark under the heading that best describes your child:

Name: _____ Grade: _____ Date: _____

(0) (1) (2)
NEVER SOMETIMES OFTEN

- | | | | |
|---|-------|-------|-------|
| 1. Feels sad, unhappy | _____ | _____ | _____ |
| 2. Feels hopeless | _____ | _____ | _____ |
| 3. Is down on self | _____ | _____ | _____ |
| 4. Worries a lot | _____ | _____ | _____ |
| 5. Seems to be having less fun | _____ | _____ | _____ |
| 6. Fidgety, unable to sit still | _____ | _____ | _____ |
| 7. Daydreams too much | _____ | _____ | _____ |
| 8. Distracted easily | _____ | _____ | _____ |
| 9. Has trouble concentrating | _____ | _____ | _____ |
| 10. Acts as if driven by a motor | _____ | _____ | _____ |
| 11. Fights with other children | _____ | _____ | _____ |
| 12. Does not listen to rules | _____ | _____ | _____ |
| 13. Does not understand other people's feelings | _____ | _____ | _____ |
| 14. Teases others | _____ | _____ | _____ |
| 15. Blames others for his/her troubles | _____ | _____ | _____ |
| 16. Refuses to share | _____ | _____ | _____ |
| 17. Takes things that do not belong to him/her | _____ | _____ | _____ |

Taken from: Pediatric System Checklist , M.S. Jellinek and J.M. Murphy, Massachusetts General Hospital