



Name \_\_\_\_\_

Date \_\_\_\_\_

Focus Number \_\_\_\_\_

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## QUESTIONS FOR *the* PATIENT

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What are you good at?

What do you enjoy doing?

What is your favorite thing about school?

What is your least favorite thing about school?

Is it hard to sit still in class?

Is it hard to wait your turn? *Think about when you have to wait in line, or if you want to give an answer; is that hard for you?*

Does your teacher think you talk too much?

Do you have a good friend at school?

Is it hard to pay attention to the teacher?

Is it hard to keep up with things like pencils, books, jackets or sports equipment?

Is homework hard to finish?

Do you or your parent ever cry or yell over doing homework?

Do you worry a lot?

Are you sad a lot?