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Predicting and Detecting First Grade School Adjustment

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by

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INTRODUCTION

School maladjustment incidence studies estimate that thirty percent of American school children experience school adaptation problems and that about ten percent need immediate clinical attention. (Glidewell, 1969) Various labels, including school maladjustment, school maladaptation, school dysfunction, socio-emotional disorders and emotional disturbance have been used more or less interchangeably in current research to refer to this thirty percent of the school population. A leading researcher in the field, Emory L. Cowen, considers children to be "maladapted when they are unable, because of prior history and personal qualities or skill deficiencies, to cope with the educational or behavioral demands that the school environment places on them." (Cowen, 1971a)

The development of accurate and economical procedures for the early identification of school maladaptation has become the goal of many mental health specialists and educators. Most often emphasis is placed on the need to make more efficient use of the limited mental health facilities available to the school systems. But in addition to case finding and treatment, initial prevention of school maladaptation has been proposed as a long range goal for educational systems. As Cowen points out, the mental health approach requires that we move away from "near exclusive

emphasis on repairing rooted dysfunction in favor of exploring programs designed to prevent disorder." (Cowen, 1973)

Whether the goal is early treatment of the vulnerable child or the creation of programs to maximize adaptation for all children, procedures for early identification are a necessary prerequisite. Early prediction of school maladaptation is one of the goals of the Multi-Modular School Entrance Health Exam (MMSEHE), the ongoing work of Dr. John Gilberts of the University of Oregon Medical School. (1972) The MMSEHE gathers a wide range of health data on each pre-school child. Included in this comprehensive health testing is an adaptation of Thomas Holmes' Schedule of Recent Experiences (SRE) which provides a measure of life change stress for each child. (Holmes, 1971)

The purpose of this study is to measure the success of the scores obtained on the SRE in predicting later school adjustment and in addition, to examine other MMSEHE data for predictive qualities. To measure school adjustment, scores on the AML (Acting-Out, Moodiness, Learning) Teacher Rating Scale (Brownbridge, 1969) were obtained. (see Appendix) Although the validity of the AML has been reported in other studies, (Cowen, 1973) a clinical evaluation

by a mental health clinic was done on a random subsample of the total sample and used as an AML check.

REVIEW OF THE LITERATURE

Although no studies have looked at stress as measured on the SRE as a potential predictor of school adjustment, work has been done which aims at finding relationships between information gathered prior to school entrance and later manifested maladaptation or dysfunction in school. Studies aimed at preschool prediction have included use of mothers' reports of symptoms, clinical evaluations, age-grade relationships, and socio-economic status. In addition to prediction, early identification studies carried out after school entrance have used data gathered from the child himself, his peers, and from his teachers.

Prediction Studies

Glidewell, for example, used mothers' reports of symptoms in screening for maladjustment. He found that "a significant relationship existed between the teachers' ratings of adjustment and the number of symptoms reported by the mother," and that "mothers of children without disturbance reported on the average two symptoms" while "mothers of disturbed children reported three or more symptoms." (Glidewell, 1963)

Another predictive study done by Zax and Cowen designated maladapted children as Red-Tag and predicted their future school dysfunction. (Cowen, 1971b) A prognostic clinical judgement was obtained for each Red-Tag child based on group psychological screening,

Studies of socio-economic status based upon occupation of the parents have shown inconclusive results. (Bower, 1969) The weight of this variable in predicting school adjustment has yet to be determined.

Detection Studies

In the search for efficient screening devices in the measurement of maladjustment in large groups of children, researchers have analyzed data gathered from the child himself, his peers, and from his teachers. (Maes, 1966)

Bower, Tashnovian and Larson (1958) used a measure of self-concept, "Thinking About Yourself," (Bower, 1958) and found that it did not differentiate between emotionally disturbed and normal children as identified by a school clinician. In testing the utility of Bower's data collection, Maes did find intelligence scores on the California Test of Mental Maturity and arithmetic scores on the California Achievement Test to be variables that contribute to identification of those children identified as disturbed, but found a teacher rating ranked above these achievement variables in its predictive contribution. However, the specific statistical accuracy of these achievement scores in prediction is not reported. (Maes, 1966)

Information obtained from peers is reported by Cowen. He used "A Class Play," a peer rating instrument developed by Bower and found it to "be a useful device

for early detection of emotional disturbance." However, the "Class Play's" significant correlations with a variety of other adjustment measures were of a "low order" and therefore Cowen cautioned that "it cannot stand alone in actual clinical practice." (Cowen, 1964) Then, too, "A Class Play" would be a somewhat time consuming screening device for large seale use. Because of the literacy required it would not be useful with children early in their school careers.

Teacher ratings have most often been used to measure school adjustment. The classroom teacher is in a unique position to interact with and observe the behavior of young children on a daily basis and over an extended period of time. A wide variety of designs have been reported in the literature. The simplest ask the teacher to make a subjective judgement of overall general adjustment. In a St. Louis study reported by Glidewell, (1963) teachers rated first grade children on a four point scale: 1) well-adjusted; 2) no significant problems; 3) sub-clinically disturbed; 4) clinically disturbed. As is the case with many studies, Glidewell accepted teacher diagnosis as a valid measure of emotional disturbance. He does, however, suggest that this teacher screening should be checked against mental health personnel findings. Although this type of teacher rating has the virtue of brevity, it has the disadvantage of subjectivity. A rating that

could be operationalized would have distinct research advantages. Then, too, asking the teacher to explicitly formulate a diagnosis or to label each of her students may unnecessarily predetermine negative expectancies and self-fulfilling prophesies.

Cowen and his colleagues have found strong cross-instrument relations among four teacher rated screening devices, the "Teachers Behavior Rating Scale," the "Teachers Adjective Check List," the "Ottawa School Behavior Survey," and the "AML Behavior Rating Scale," used to screen first grade children for maladjustment. (Cowen, 1971c) Unlike the teacher rating discussed above, all four of these ask the teachers to report their perceptions in the specific areas of observed behavior and inferred feeling states. Higher scores are assumed to signify maladaptation. Validity studies done on the four devices have shown the teacher ratings to correspond with judgements made by mental health professionals, age peers, and parents. (Cowen, 1971c)

One such validity study recently reported showed the AML discriminated "sharply between children referred for special help in a school mental health project and non-referred children." (Cowen, 1973) The data, however, is presented in terms of group means; specific details of the AML's predictive accuracy is thus not revealed.

We selected the AML for use in this study because of its reported efficiency and brevity. Of the four teacher

rating scales mentioned previously, "the sum AML score relates .84 or higher to each of the three other overall scores." (Cowen, 1971c)

METHODOLOGY

The Multi-Modular School Entrance Health Exam was designed to identify health problems of children before entering school. (Gilberts, 1972) The exam was administered to prospective first graders in the rural, coastal Oregon county of Tillamook in June, 1972. Follow-up and support services were available through the schools and the County Mental Health Clinic.

SRE and SRRS

An adaptation of Holmes' Schedule of Recent Experience (SRE) was included as a part of the health exam. (see Appendix) The schedule, a questionnaire completed by the subject, measures the frequency of 43 commonly experienced life change events occuring in the subject's life during the preceding year. Holmes and his colleagues theorize that the effort required to adapt to or cope with the impact of a high rate of life change weakens resistance to illness and will predictably precede changes in health. The SRE is scored in terms of life-change units, (LCU), calculated from the Social Readjustment Rating Scale, (SRRS), a system for weighing the impact of each of the 43 life events designed by the same researchers. The SRRS weights were obtained by asking people to rank the events in terms of the relative amount of social readjustment indicated. They have found that "rankings of the events by persons of various ages, sexes, and

races, and incomes usually attain ninety percent agreement." (Holmes, 1972)

One of many SRE-SRRS studies done by Holmes and his associates followed 84 resident physicians after life change data for the preceding 18 months was collected. Eight months later, "forty-nine percent of the high risk group (300+ LCU) reported illness; twenty-five percent of the medium risk group (200-299 LCU) reported illness; and nine percent of the low risk group (150-199 LCU) reported illness." (Rahe, Holmes, undated)

In a related study reported by Holmes (1970) major health changes were noted among 54 medical students over a two year period. He found eighty-six percent of those with high, forty-eight percent with moderate, and thirty-three percent with low life change scores had experienced major health changes (psychiatric, medical and surgical diseases).

Two additional studies reported in Holmes (1970) have modified the SRE to fit specific groups. The SRE has been used to successfully predict illness among Navy personnel using different scoring weights devised for the military population. In evaluating the association between LCU scores and injury among football players, an Athletic Schedule of Recent Experience and Social and Athletic Readjustment Rating Scale was specifically designed.

The SRE was used with first grade subjects in this study with the expectation that it would predict health problems and possibly school adjustment problems as well. The forty-three life change events used were the same as those used with adult subjects. In the vast majority of cases, the child's mother completed the SRE for her child. Many of the questions were modified to apply to the child's family rather than to himself directly. For example, "Mark under the appropriate time periods when you had sexual difficulties" versus "Has anyone in the family had sexual difficulties this last year?" No modifications of the SRRS were made; weights were assumed to be the same for first grade and adult populations.

AML

To measure school adjustment, scores on the AML, (Brownbridge, 1969) a rapid screening device for school adjustment, were obtained on Tillamook County first graders in January, 1973. The AML has previously been shown to be reliable and to have predictive validity (Cowen, 1973) in the identification of children vulnerable to school failure. This is an "eleven item Teacher Rating Scale," with three subscales made up of five "acting out items," five "moodiness items," and one "learning scale item" reflecting learning disabilities. (see Appendix) Each item is rated on a five point scale in relation to frequency of occurence,

ranging from a "never" (1) to "most or all of the time" (5). The measure is "brief, objective and concise, requiring only 30-60 seconds per child." (Cowen, 1973) Item, scale and total AML scores were thus obtained.

Clinical Evaluations

The children were then divided into four groups based on their AML and SRE scores. Children with high scores on both measures were placed in one group, low scores on both in a second, children who scored high on the AML and low on the SRE made up a third group, and children scoring low on the AML and high on the SRE constituted a fourth group. A random subsample of ten from each of these four groups was drawn.

These forty children were then referred to the Tillamook County Mental Health Clinic. No one at the Clinic had knowledge of how the children had scored on the SRE or AML. The Clinic obtained both a social history and psychological evaluation from interviews with these children and their parents. Based on the social history, which included developmental data, family and peer relationships, previous school experiences, as well as observed behavior; a social worker recommended whether or not the child needed further evaluation by the clinic. A comparison of SRE and AML scores and social history evaluation was then done.

The psychological report on each child included

comments on observed behavior, developmental history, and measures from Stanford-Binet, Wide Range Achievement Test, and Bender Gestalt. The psychological evaluation was separate from the social history, and did not include a recommendation for referral. Therefore, we, the authors of this study, independently made judgements as to need for immediate attention, follow-up, or no attention indicated, based on information reported in the psychological evaluation. There was high agreement on these independent judgements. Prior to comparing our results with SRE and AML scores, we arrived at a concensus on our differing judgements. The SRE, AML, and psychological evaluation results were then compared.

Additional Data

Included in this study are comparisions of Tillamook AML results with AML results from other geographical areas. The total (N=292) first grade population constituted the study group in these comparisons. Also compared were additional MMSEHE data (income, length of time at present address, age in months, and rank in family) with AML scores.

RESULTS AND DISCUSSION

SRE scores were obtained for 152 potential first grade children participating in the Multi-Modular School Entrance Health Exam. The scores were weighted according to Holmes (1972) and ranged from a low of 13 to a high of 744. Using Holmes' cut off point of 300, two groups of high and low scores were obtained, high being a measure of more stress.

Seven months later scores on the AML were gathered for the entire population of first grade children enrolled in Tillamook county (N=298). Our study sample, those children who had both SRE and AML scores, was reduced from 152 to 141 due to six scoring errors on the AML and five children who moved from the county. Scores on the AML could range from a possible low of 11 to a high of 55, with high scores indicating poorer adjustment. Using a total AML score of 33 and above or a score of 5 ("all of the time") on any single item, we arbitrarily established a cut off point with approximately 26 percent of the scores falling in the more maladjusted group. The scores ranged from 11 to 52 with 37 scoring in the high group and 104 in the low group. The mean AML score for this group of 141 was 21.7.

The two measures, SRE and AML, were compared using Pearson r's as shown in Table 1. No significant

correlation between the two measures was found.

TABLE 1

Correlations Between SRE and AML Scores of 141 Tillamook First Graders

	A	M	L	AML
SRE	.04	-.09	-.04	-.02

Although the SRE has never been used on similar first grade populations, comparative data is available for the AML. The following tables compare AML Item-Item, Item-Scale, and Scale-Scale correlations:

TABLE 2

Item-Item Correlations for AML Results Among First Graders in Tillamook County, Oregon (N=292) and Among First Graders in Rochester, New York (N=2003)

Item	2	3	4	5	6	7	8	9	10	11
1	38** (39)*	68 (60)	45 (42)	82 (72)	32 (27)	66 (64)	50 (41)	67 (63)	54 (52)	40 (29)
2		35 (41)	58 (59)	30 (31)	44 (45)	52 (47)	56 (45)	32 (32)	55 (54)	39 (39)
3			48 (49)	76 (69)	29 (33)	64 (57)	49 (40)	70 (71)	53 (52)	45 (45)
4				43 (38)	54 (59)	60 (52)	61 (57)	48 (43)	75 (74)	35 (39)
5					31 (25)	68 (64)	45 (36)	70 (71)	53 (47)	45 (36)
6						50 (42)	48 (47)	31 (31)	53 (54)	26 (27)
7							58 (47)	71 (64)	68 (65)	36 (31)
8								51 (44)	66 (61)	35 (33)
9									55 (57)	31 (35)
10										38 (36)

(All ps < .01)
**Tillamook, 1973
*Rochester (Cowen, 1973)

TABLE 3

Item-Scale Correlations for AML Results Among First Graders in Tillamook County, Oregon (N=292), Among Rochester, New York, First Graders (N=2003), and a First Grade Sample in San Francisco, California

Item	L			A			M			AML		
	*	**	***									
1	(40)	(29)	(35)	(88)	(81)	(84)	(54)	(49)	(53)	(79)	(74)	(76)
2	(39)	(39)	(37)	(43)	(42)	(49)	(77)	(67)	(73)	(64)	(65)	(66)
3	(45)	(45)	(44)	(87)	(82)	(87)	(53)	(47)	(55)	(79)	(79)	(81)
4	(35)	(39)	(39)	(56)	(51)	(57)	(85)	(78)	(83)	(76)	(75)	(75)
5	(45)	(36)	(36)	(91)	(85)	(88)	(50)	(39)	(50)	(80)	(78)	(78)
6	(26)	(27)	(30)	(39)	(35)	(39)	(73)	(66)	(68)	(59)	(59)	(57)
7	(36)	(31)	(34)	(84)	(78)	(80)	(71)	(56)	(63)	(85)	(79)	(79)
8	(35)	(33)	(35)	(57)	(46)	(48)	(82)	(70)	(79)	(75)	(68)	(68)
9	(31)	(35)	(37)	(87)	(87)	(89)	(54)	(46)	(55)	(77)	(78)	(81)
10	(38)	(36)	(38)	(65)	(62)	(63)	(86)	(77)	(84)	(81)	(81)	(79)
11				(45)	(41)	(44)	(43)	(39)	(45)	(59)	(58)	(60)

(All ps < .01)

*Tillamook, 1973
**Rochester, 1971, (Cowen, 1973)
***San Francisco, 1969, (Van Vleet, 1969)

TABLE 4

Scale-Scale Correlations for AML Results Among Tillamook County, Oregon, First Graders (N=141) and Among Rochester, New York, First Graders (N=101)

	A	M	L	AML
		* **		
A		55 (50)	45 (48)	89 (89)
M			44 (48)	85 (82)
L				62 (67)

(All ps < .01)

*Tillamook, 1973
**Rochester (Cowen, 1971)

As can be noted from these tables, "AML items intercorrelate highly within scales and moderately across scales. Item-scale correlations are high, suggesting that the scales are internally consistent. Component subscales correlate moderately with each other." (Cowen, 1973) The correlations among the Tillamook population closely approximate the other populations.

The AML was also compared with other data from the Multi-Modular School Entrance Health Exam. This data included Income, Length of Residence, Age in Months, and Rank in Family, as shown in Table 5.

TABLE 5

Correlations Among AML Scores, Income, Length of Residence, Age, and Rank in Family, for 141** Tillamook County, Oregon, First Graders

	A	M	L	AML
Income**	-.03	-.28*	-.24*	-.33*
Length of Residence	-.15	-.24*	.08	-.18
Age in Months	-.08	-.06	-.08	-.08
Rank in Family	-.14	-.06	-.03	-.10

*ps < .01 (others are n.s.)
**For AML-Income Correlations, N=121

The highest correlation is between income and total AML. This mild negative correlation implies that children from lower income families tend to score higher on the AML. This may indicate that family income may have some predictive utility if used in combination with other variables in predicting school adjustment. The other factors do not correspond with the AML.

As a validation of the AML and further check on the SRE, a subsample was randomly selected and clinical judgements were made on these children. The 141 children were broken down into four groups based on their SRE and AML scores. The groupings are shown in Table 6.

TABLE 6

Four Subgroups of 141 Tillamook County First Graders on the Basis of Their AML and SRE Scores

High SRE, High AML	10
High SRE, Low AML	23
Low SRE, High AML	27
Low SRE, Low AML	81
	141

From these four groups of 141, ten were randomly drawn from each of the four groups, making up a sub-sample of 40 children. Social histories were obtained on 31 of these 40 children. One child moved away and the other eight parents chose not to participate; however, they were evenly distributed among the four groups. A recommendation was made as to whether or not the child should be referred for further evaluation in a mental health clinic. Five children were recommended for further evaluation. These 31 children scored as follows on these three measures:

TABLE 7

Comparisons of Results of SRE, AML, and Social History (Not Referred/Referred) on 31 Tillamook County, Oregon, First Graders

	LOW AML		HIGH AML		Total
	Not Referred	Referred	Not Referred	Referred	
LOW SRE	(8) 100%	(0) 0%	(5) 72%	(2) 28%	(15)
HIGH SRE	(8) 100%	(0) 0%	(5) 63%	(3) 37%	(16)
TOTAL	(16) 100%	(0) 0%	(10) 67%	(5) 33%	31

While it appears that the SRE was not related to the probability of being referred, the five children who were referred had high scores on the AML. No one who scored low on the AML was referred. It seems that the AML did screen out those children needing further evaluation. However, since only 33% of the children scoring high on the AML were in the referral group, we confirm that this is not in itself a clinical diagnostic tool, but rather a screening device.

Psychological evaluations were obtained on 33 of the 40 children. Two of the eight families did participate in the psychological evaluation who did not come for the social history. From information contained in these evaluations, we, the authors of this study, independently made judgements as to immediate attention, follow-up, or no attention indicated, coming up with initial agreement of .71. To reach total agreement, we reassessed those evaluations on which we had differed. Comparisons with the SRE and AML scores were then made. The following two tables illustrate the results of those findings.

TABLE 8

Comparison of SRE Scores and Need for Clinical Attention Based on Psychological Evaluations for 33 Tillamook County, Oregon, First Graders

	None	Follow-up	Immediate	Total
Low SRE	9	6	2	17
High SRE	9	3	4	16
Total	18	9	6	33

$\chi^2 = 1.63$, 2. d.f. (n.s.)

TABLE 9

Comparison of AML Scores and Need for Clinical Attention Based on Psychological Evaluations for 33 Tillamook County, Oregon, First Graders

	None	Follow-up	Immediate	Total
Low AML	13	3	0	16
High AML	5	6	6	17
Total	18	9	6	33

$\chi^2 = 10.5$, 2.d.f. (sig. at .05 level)

No relationship between SRE scores and the clinical evaluations was found, as shown in Table 8. In Table 9, however, high AML scores were more likely to be in the group needing follow-up or immediate help. No one who scored low on the AML was in the immediate help group. It appears that the AML again screened out those children clinically judged to have adjustment problems. 70 % of those children with maladjusted scores on the AML, twelve out of seventeen, were in this group. Of the five high AML scores placed in the group needing no clinical attention, three had borderline AML scores and were close to being included in the low AML group. The five

children recommended for mental health clinic referral on the basis of a social history were all included among the six children singled out for immediate help on the basis of the psychological evaluation.

SUMMARY AND CONCLUSIONS

A questionnaire (SRE) which has previously been shown to predict adult illness onset was modified and applied to a group of 141 children entering first grade. No relationship was found between this measure and future school maladjustment as determined through analysis of a random subsample of 33 children as judged by both teachers and clinicians. Ratings done by the teachers and clinicians showed a correspondence of 70% agreement in the random subsample analysis.

A comparison of teacher ratings and other health exam data on the 144 subjects resulted only in the finding that a low significant negative correlation existed between maladjusted AML scores and amount of family income.

We conclude that the SRE as used in this study will not be of any use in predicting maladjustment in first grade subjects. It is conceivable, though, that a further modification of the SRE, SRRS, or both might prove more useful. As previously mentioned, researchers have modified these instruments for specific groups such as military personnel and football players; perhaps events and weights for those events could be identified which are especially salient for preschool children.

Our findings seem to indicate, however, that prediction may best be accomplished by returning to clinical evaluations. The task for researchers then becomes the objectification of the clinical judgement.

This could include the need to objectify and give weights to such factors as family background, developmental history, child rearing practices, expectations for the child, quality of relationships among family members, family problem solving ability, and opportunities for socializing with children and adults outside the immediate family.

For early detection of school adjustment, the AML has again, in this study, shown itself to be a very useful mass-screening device.

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APPENDIX

SOCIAL-READJUSTMENT RATING SCALE

Rank	Life Event	Mean Value
1	Death of spouse	100
2	Divorce	73
3	Marital separation	65
4	Jail term	63
5	Death of close family member	63
6	Personal injury or illness	53
7	Marriage	50
8	Fired at work	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sex difficulties	39
14	Gain of new family member	39
15	Business readjustment	39
16	Change in financial state	38
17	Death of close friend	37
18	Change to different line of work	36
19	Change in number of arguments with spouse	35
20	Mortgage over $10,000	31
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29
23	Son or daughter leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Wife begins or stops work	26
27	Begin or end school	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in work hours or conditions	20
32	Change in residence	20
33	Change in schools	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Mortgage or loan less than $10,000	17
38	Change in sleeping habits	16
39	Change in number family get-togethers	15
40	Change in eating habits	15
41	Vacation	13
42	Christmas	12
43	Minor violations of the law	11

SCHEDULE OF RECENT EXPERIENCES

DIRECTIONS:
1. MARK CORRECT ANSWER WITH A NO. 2 PENCIL.
2. DO NOT FOLD OR BEND THIS SHEET.

3

E OF CHILD CHART NO.

DO NOT MARK IN THESE SPACES

CARD NO.

00,000 10,000 20,000 30,000 40,000 50,000 60,000 70,000 80,000 90,000
0,000 1,000 2,000 3,000 4,000 5,000 6,000 7,000 8,000 9,000
000 100 200 300 400 CHART NO. 500 600 700 800 900
00 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

1 2 3 4

Relationship of person completing this questionnaire to child: NR

Mother Father Grandmother GUARDIAN Mother Grandfather GUARDIAN Father Other

If other than parent or guardian how long have you known this child? NR

1 2 3 4 YEARS 5 6 7 8 9+

1. Has the provider(s) (breadwinners) of your family had either a lot more or a lot less trouble with the boss this last year?
YES NO NR

2. Has this child had a major change in sleeping habits (sleeping a lot more or a lot less, or sleeping during different times of the day) last year?
YES NO NR

3. Has this child had a major change in eating habits (a lot more or a lot less, or very different meal habits) last year?
YES NO NR

4. Has this child had a change of personal habits (dress, manner, friends) last year?
YES NO NR

5. Has this child had a major change in the usual type and/or amount of recreation last year?
YES NO NR

6. Has your family had a major change in social activities (clubs, movies, visiting, etc.) this last year?
YES NO NR

7. Has your family had a major change in church activities (a lot more or a lot less than usual) in this last year?
YES NO NR

8. Was there a major change in number of family get-togethers (a lot more or a lot less than usual) this last year?
YES NO NR

9. Was there a major change in your family's financial state (a lot worse off or a lot better off than usual) this last year?
YES NO NR

10. Has your family had major troubles with in-laws last year?
YES NO NR

11. Have the parents of this child's family had a major change in the number of arguments (either a lot more or a lot less than usual regarding child rearing, personal habits, etc.) this last year?
YES NO NR

12. Has anyone in the family had sexual difficulties this last year?
YES NO NR

13. How many times has this child experienced major personal injury or illness last year?
None 1 2 3 4 5+ NR

14. How many members of your family (other than either parent) have been lost by death during the last year?
None 1 2 3 4 5+ NR

15. Did either or both parents of this child die last year?
YES NO NR

16. How many close friends of this child died last year?
None 1 2 3 4 5+ NR

17. How many new members were added to your family (through birth, adoption, oldster moving in, etc.) this last year?
None 1 2 3 4 5+ NR

18. How many times last year has there been a major change in the health or behavior of a family member other than this child?
None 1 2 3 4 5+ NR

19. How many times has your family moved (changed residence) this last year?
None 1 2 3 4 5+ NR

20. How many times has anyone in your family experienced detention in jail or another institution this last year?
None 1 2 3 4 5+ NR

21. How many times this past year has someone in the family been found guilty of minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc.)?
None 1 2 3 4 5+ NR

22. How many times has the provider(s) of your family undergone a major business readjustment (merger, reorganization, bankruptcy etc.) this last year?
None 1 2+ NR

23. How many members of this child's immediate family married last year (remarriage of parent, older child)?
None 1 2 3 4 5+ NR

24. How many members of this child's immediate family got a divorce last year?
None 1 2 3+ NR

SCHEDULE OF RECENT EXPERIENCES
CONTINUED

DIRECTIONS
1. MARK CORRECT ANSWER WITH NO. 2 PENCIL.
2. DO NOT FOLD OR BEND THIS PAGE.

NAME OF CHILD CHART NO.

DO NOT MARK IN THESE SPACES

CARD NO.

00,000 10,000 20,000 30,000 40,000 50,000 60,000 70,000 80,000 90,000
0,000 1,000 2,000 3,000 4,000 5,000 6,000 7,000 8,000 9,000
000 100 200 300 400 500 600 700 800 900
CHART NO.
00 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9
1 2 3 4

25. How many times was there a marital separation of the parents of this child last year?

None 1 2 3+ NR

26. How many times last year has a member of the family had an outstanding personal achievement?

None 1 2 3 4 5+ NR

27. How many brothers or sisters of this child left home (through marriage, attending college, etc.) last year?

None 1 2 3 4 5+ NR

28. Did either or both of the parents of this child experience retirement from work last year?

NR

NO Father only Mother only Both Father and Mother

29. How many times last year was there a major change in working hours or conditions on the part of the breadwinner(s) of your family?

None 1 2 3 4 5+ NR

30. How many times did the breadwinner(s) of your family have a major change in responsibility at work (promotion, demotion, lateral transfer)

None 1 2 3 4 5+ NR

31. How many times was the breadwinner(s) of your family fired (or terminated) from work last year?

None 1 2 3 4 5+ NR

32. How many times was there a major change in living conditions for the family (building a new home, remodeling, deterioration of home or neighborhood last year?

None 1 2 3 4 5+ NR

33. How many times last year did the mother or guardian mother begin or cease working outside the home?

None 1 2 3 4 5+ NR

34. How many times last year did the family take on a mortgage greater than $10,000 (purchasing a home, business, etc.)?

None 1 2 3 4 5+ NR

35. How many times last year did the family take on a mortgage or a loan less than $10,000 (e.g., purchasing a car, T.V., freezer, etc.)?

None 1 2 3 4 5+ NR

36. How many times last year did your family experience a foreclosure on a mortgage or a loan?

None 1 2 3 4 5+ NR

37. How many times last year did your family take a vacation?

None 1 2 3 4 5+ NR

38. How many times last year did this child change to a new school (including kindergarten)?

None 1 2 3 4 5+ NR

39. How many times last year did either parent of this child change to a different line of work?

None 1 2 3 4 5+ NR

40. How many members of your family began (enter kindergarten or first grade) or ceased (graduate, dropout, etc.) formal schooling this last year?

None 1 2 3 4 5+ NR

41. How many times was there a marital reconciliation between the parents of this child last year?

None 1 2 3 4 5+ NR

42. Was there a pregnancy within the family this last year?

YES NO NR

AML Behavior Rating Scale

GUIDELINES

This scale calls for you to indicate how often you have observed certain behaviors by each child in the classroom.

The following descriptions will help you interpret the five rating points:

1. Never- You have literally never observed this behavior by this child.

2. Seldom- You have observed this behavior once or twice in the past 3 months.

3. Moderately often- You have seen this behavior more often than once a month but less than once a week.

4. Often- You have seen this behavior more often than once a week but less than daily.

5. Most or all of the time- You have seen this behavior with great frequency, averaging once a day or more often.

Note:

1. Work rapidly and do not worry about making fine discriminations.

2. It is important that your rating realistically reflect the child's behavior. Do not be reluctant to note behavioral problems.

3. Make your ratings reflect the child's behavior as you perceive it.

AML BEHAVIOR RATING SCALE

Pupil_____ Teacher's Name_____

Sex M F School_____

Days Absent to Date_____ This is pupil's 1st 2nd time in this grade. (please circle one)

PLEASE RATE THIS PUPIL'S BEHAVIOR AS YOU HAVE OBSERVED AND EXPERIENCED IT: THIS PUPIL -	Never (1)	Seldom (2)	Moderately Often (3)	Often (4)	Most or all of the time (5)
1. Gets into fights or quarrels with other students	( )	( )	( )	( )	( )
2. Has to be coaxed or forced to work or play with other pupils	( )	( )	( )	( )	( )
3. Is restless	( )	( )	( )	( )	( )
4. Is unhappy or depressed	( )	( )	( )	( )	( )
5. Disrupts class discipline	( )	( )	( )	( )	( )
6. Becomes sick when faced with a difficult school problem or situation	( )	( )	( )	( )	( )
7. Is obstinate	( )	( )	( )	( )	( )
8. Feels hurt when criticized	( )	( )	( )	( )	( )
9. Is impulsive	( )	( )	( )	( )	( )
10. Is moody	( )	( )	( )	( )	( )
11. Has difficulty learning	( )	( )	( )	( )	( )

COMMENTS: