Office Use only:
Child ID: ……
Teacher ID: ……
TO

STARS
Supporting Teachers And childRen in Schools

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Pupil Behaviour Questionnaire

Child's Name: _____ **Male / Female**

Date of Birth: ____ /_ ___ / _____

School Name: _____

Teacher's name: _____**Class:**_____

Instructions

Please complete this questionnaire for each child in your class.

Please complete all questions about how the child has been since the **beginning of term**. There are no right or wrong answers, and just go with the answer that seems closest to the child's behaviour.

Any information you give will be kept **COMPLETELY CONFIDENTIAL** and used for this study only.

If you have any queries, please call ….

Thank you very much

	Never	Occasionally	Frequently
Talking out of turn (e.g. by making remarks, calling out, chattering			
Interrupting other pupils (e.g. by distracting them from work)			
Making unnecessary (non-verbal) noise (e.g. by scraping chairs, banging objects)			
Verbal abuse towards other pupils (e.g. offensive or insulting remarks)			
Physical aggression towards other pupils (e.g. by pushing, punching, striking)			
Cheeky or rude remarks to the teacher			

Thank you very much for completing this questionnaire