



**Parent
Rating Scales
PRS-P**

**Preschool
Ages 2–5**

Cecil R. Reynolds, PhD • Randy W. Kamphaus, PhD

Child's Name _____

Date _____ Birth Date _____

School _____ Grade _____

Child's Gender Male Female Age _____

Your Name _____

Your Gender Male Female

Your Relationship to Child: Mother Father Guardian
 Other _____

Do you have concerns about this child's:

(a) Vision? Y N _____

(b) Hearing? Y N _____

(c) Eating habits? Y N _____

Instructions

This form contains phrases that describe how children may act. Please read each phrase and select the response that describes how this child has behaved recently (in the last several months).

- Select **N** if the behavior **never** occurs.
- Select **S** if the behavior **sometimes** occurs.
- Select **O** if the behavior **often** occurs.
- Select **A** if the behavior **almost always** occurs.

Please mark every item. If you don't know or are unsure of your response to an item, give your best estimate. A "Never" response does not mean that the child "never" engages in a behavior, only that you have no knowledge of it occurring.

How to Mark Your Responses

Be certain to circle completely the letter you choose:

N S **O** A

If you wish to change a response, mark an X through it and circle your new choice, like this:

N **S** ~~O~~ A

Before starting, be sure to complete the information above these instructions.

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