

Student Internalizing Behavior Screening Scale (SIBSS)

Student's full name:

Grade level:

Assessor's full name:

Date and semester assessed:

Please rate the student based on the following externalizing behaviors:

ITEM	Never = 0	Occasionally = 1	Sometimes = 2	Frequently = 3
Nervous or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullied by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spends time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains about being sick or hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score: _____

Scoring

- 0 to 3 = Low risk
- 4 to 8 = Moderate risk
- 9 to 21 = High Risk

Additional Comments