

School Anxiety Scale – Teacher Report

Teacher's name:	Date:
Child's name:	Grade:

For each item please fill in the circle that best describes how this child has been **over the last three months or this school year**. Please answer all of the items.

	Never	Sometimes	Often	Always
1. This child is afraid of asking questions in class	0	1	2	3
2. This child speaks only when someone asks a question of them	0	1	2	3
3. This child worries what other people think of him/her	0	1	2	3
4. This child does not volunteer answers or comments during class	0	1	2	3
5. This child is afraid of making mistakes	0	1	2	3
6. This child hates being the centre of attention	0	1	2	3
7. This child hesitates in starting tasks or asks whether they understood the task before starting	0	1	2	3
8. This child worries about things	0	1	2	3
9. This child worries that (s)he will do badly at school	0	1	2	3
10. This child worries that something bad will happen to him/her	0	1	2	3
11. This child seems very shy	0	1	2	3
12. This child complains of headaches, stomach aches or feeling sick	0	1	2	3
13. This child feels afraid when (s)he has to talk in front of the class	0	1	2	3
14. This child hesitates to speak when in group situations	0	1	2	3
15. When this child has a problem, (s)he feels shaky	0	1	2	3
16. This child appears nervous when approached by other children or adults	0	1	2	3