


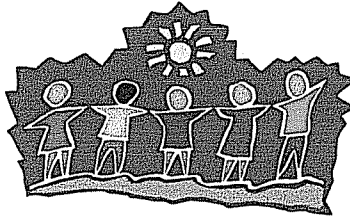
# **East Cobb Pediatrics and Adolescent Medicine, PC.**

1121 Johnson Ferry Road, Suite 220  
Marietta, Georgia 30068  
(770) 977-0094  
Fax# (770) 509-9463

3895 Cherokee Street, Suite 160-170  
Kennesaw, GA 30144  
(770) 795-4553  
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A Kids Health First Practice

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*"Caring For Kids"  
From birth to age 21*

Dear Parent,

You, your physician or your school has requested an evaluation of your child for problems with learning or behavior. In order that we can properly assess your child, we need information from you and the school.

The following steps are necessary.

1. Please sign the consent. We need a copy for our office. Please take a copy to the school principal.
2. Please complete the "Request for information" and take to the school principal.
3. Arrange with your school to pick up the requested materials before your appointment.
4. Please complete the "Vanderbilt Parent Assessment Scale" and send it or bring it into East Cobb Pediatrics along with the school materials.

You may send the information to:

**Marietta Office:** East Cobb Pediatrics, 1121 Johnson Ferry Road, Suite 220, Marietta, GA 30068 – Fax: 770-509-9463

**Kennesaw Office:** East Cobb Pediatrics, 3895 Cherokee Street, Suite 160-170, Kennesaw, GA 30144 – Fax: 770-795-4513

**WE CANNOT COMPLETE YOUR CHILD'S TESTING  
WITHOUT THIS INFORMATION!**

[www.eastcobbped.com](http://www.eastcobbped.com)

## CONSENT FOR EXCHANGE OF INFORMATION

Student's Name: .

School:

Physician or Practice: EAST COBB PEDIATRICS

Mental Health Professional:

By signing below, I am giving my permission that the individuals and agencies named above may exchange information regarding my child. This exchange of information may include but is not limited to evaluation forms, report cards, and student records. Exchange of information may take the form of conversations between the professionals involved in my child's care. The purpose of this exchange of information is to ensure the best care possible for my child's learning or behavior problems. Copies of this form may be distributed among the name professional and these copies will indicate my consent. I may revoke this consent at any time or change specific professionals.

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Parent or Guardian

**REQUEST FOR INFORMATION FROM SCHOOLS  
REGARDING PROBLEMS WITH BEHAVIOR AND LEARNING**

Student: \_\_\_\_\_ Chart #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Principal,

We believe that this student would benefit from further medical evaluation for problems of behavior and learning.

We have enclosed the parent's signed consent for exchange of information. Please forward the documents below, if available, to our office.

\_\_\_\_\_ Vanderbilt Teacher Assessment Scale

\_\_\_\_\_ Teacher's Description

\_\_\_\_\_ Report of school-based committee & any SST report.

\_\_\_\_\_ Outcome of SST decision (check one):

\_\_\_\_\_ A) No evidence for further assessment of learning or emotional and problems and SST intervention/monitoring to continue in Phase I.

\_\_\_\_\_ B) Evidence warrants referral to special education for consideration of eligibility for learning or emotional problems.

\_\_\_\_\_ C) Child has been evaluated by school psychologist and report will follow.

\_\_\_\_\_ Current IEP or 504 Plan

\_\_\_\_\_ Any hearing or vision testing results

\_\_\_\_\_ School psychologist evaluation or any psychometric testing

\_\_\_\_\_ Most recent report card

\_\_\_\_\_ Other relevant material

Thank you

# NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.  
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child

☐ was on medication    ☐ was not on medication    ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty keeping attention to what needs to be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by noises or other stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or beginning quiet play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Office Use Only  
2 & 3s: 0 /9

For Office Use Only  
2 & 3s: 0 /9

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Actively defies or refuses to go along with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Deliberately annoys people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Blames others for his or her mistakes or misbehaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Is touchy or easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is spiteful and wants to get even	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 / 8
27. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Starts physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is truant from school (skips school) without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Has stolen things that have value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is physically cruel to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
36. Has deliberately set fires to cause damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Has broken into someone else's home, business, or car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38. Has stayed out at night without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39. Has run away from home overnight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Has forced someone into sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 / 14
41. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
43. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44. Blames self for problems, feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
46. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 / 7

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 / 3
49. Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 / 3
50. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
51. Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52. Relationship with siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 / 4
53. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 / 4
54. Participation in organized activities (eg, teams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Other Conditions

**Tic Behaviors:** To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.  
☐ No tics present. ☐ Yes, they occur nearly every day but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.  
☐ No tics present. ☐ Yes, they occur nearly every day but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.
3. If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? ☐ No ☐ Yes

**Previous Diagnosis and Treatment:** To the best of your knowledge, please answer the following questions:

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome?    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression?                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder?                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder?                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder?     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

**Comments:**

## MEDICAL HISTORY

Child's Name	Grade	Age	Date
Form Completed By	Relationship		
School Name/Contact	School Phone Number		

Parents or legal guardians should complete the following questionnaire. This *feedback* will provide valuable information to us regarding your child and his/her current attention- related difficulties. All information will be kept confidential. If you do not wish to respond to an item on the interview form, just write 'no response' in the space provided or out to the side.

## SECTION ONE – FAMILY INFORMATION

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_  
Marital status of child's parents    ☐ Unmarried    ☐ Divorced (for how long) \_\_\_\_\_  
   ☐ Married        ☐ Separated  
Remarried (name of step parent(s)) \_\_\_\_\_

Number of siblings residing in the home: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

## SECTION TWO – PREGNANCY/DELIVERY

### General health during pregnancy

Excellent      Good      Poor (please explain) \_\_\_\_\_

During your pregnancy, indicate if you often used:

Cigarettes ☐ Alcohol ☐ Other drugs ☐ none of the these ☐

Pregnancy was \_\_\_ without complications \_\_\_ with complications (please explain)

Delivery was      without complications      Induced      C-Section      other

Infant's birth weight was                      lbs                      oz.

Infant's health at birth was

Excellent      Good      Poor (Please explain) \_\_\_\_\_

### SECTION THREE – CHILD'S DEVELOPMENTAL HISTORY

Please put a mark in the box if your child had difficulty in any of these areas during the FIRST THREE YEARS of life.

- ☐ Poor eye contact    ☐ didn't get along well with peers    ☐ overly fearful
- ☐ Colicky/Irritable    ☐ Difficulty adjusting to schedules (eating, sleeping etc...)
- ☐ Sleep problems    ☐ Resisted affection from others    ☐ Difficult to comfort
- ☐ Throw Tantrums    ☐ Resisted changes to schedule    ☐ Overactive
- ☐ stubborn    ☐ Accident prone

Overall as a toddler, I would describe my child's temperament as (check one):

- ☐ Extremely difficult    ☐ Difficult    ☐ Average    ☐ Very easy

Indicate the age at which your child developed the following skills:

- Crawling \_\_\_\_\_ Toilet Training \_\_\_\_\_
- Waling \_\_\_\_\_ Riding a bike \_\_\_\_\_
- First Words \_\_\_\_\_ Getting dressed without help \_\_\_\_\_
- Ability to complete simple chores independently \_\_\_\_\_

### SECTION FOUR – CHILD'S MEDICAL HISTORY

Family physician \_\_\_\_\_ Phone# \_\_\_\_\_

Please place a mark if your child has had any of the following medical conditions.

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> chronic ear infections                         |
| <input type="checkbox"/> Allergies                        | <input type="checkbox"/> Hearing loss                                   |
| <input type="checkbox"/> Bedwetting                       | <input type="checkbox"/> Vision problems                                |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Poor motor coordination                        |
| <input type="checkbox"/> Seizure disorder                 | <input type="checkbox"/> Sleep problems                                 |
| <input type="checkbox"/> Surgeries (please explain below) | <input type="checkbox"/> Appetite problems (explain)                    |
| <input type="checkbox"/> Head Trauma                      | <input type="checkbox"/> serious injuries (broken bones, Stitches, etc) |

I would describe my child's current level of health as ☐ excellent ☐ good ☐ poor

My child is currently taking the following medications:

Name of medication \_\_\_\_\_ For What condition? \_\_\_\_\_

Name of medication \_\_\_\_\_ For What condition? \_\_\_\_\_

Name of medication \_\_\_\_\_ For What condition? \_\_\_\_\_



## SECTION FIVE – FAMILY HISTORY

Please check if either of the child's biological parents has experienced any of the following conditions.

- |  |  |
|--|--|
| <input type="checkbox"/> Attention- Deficit/Hyperactivity Disorder       | <input type="checkbox"/> Obsessive-compulsive disorder |
| <input type="checkbox"/> Learning disabilities/academic underachievement | <input type="checkbox"/> Autism/Asperger's Syndrome    |
| <input type="checkbox"/> Communication disorders/disabilities            | <input type="checkbox"/> Tourette's syndrome           |
| <input type="checkbox"/> Depression                                      | <input type="checkbox"/> Substance abuse               |
| <input type="checkbox"/> Anxiety disorder(s)                             | <input type="checkbox"/> Criminal misconduct           |

Please check if any of the child's biological siblings have experienced any of the following conditions.

- |  |  |
|--|--|
| <input type="checkbox"/> Attention- Deficit/Hyperactivity Disorder       | <input type="checkbox"/> Obsessive-compulsive disorder |
| <input type="checkbox"/> Learning disabilities/academic underachievement | <input type="checkbox"/> Autism/Asperger's Syndrome    |
| <input type="checkbox"/> Communication disorders/disabilities            | <input type="checkbox"/> Tourette's Syndrome           |
| <input type="checkbox"/> Depression                                      | <input type="checkbox"/> Substance abuse               |
| <input type="checkbox"/> Anxiety disorder(s)                             | <input type="checkbox"/> Criminal misconduct           |

## SECTION SIX – CHILD'S EDUCATIONAL HISTORY

Please list any previous schools your child has attended.

Name of school \_\_\_\_\_  
Name of school \_\_\_\_\_  
Name of school \_\_\_\_\_  
Name of school \_\_\_\_\_

Please place a mark if an item is true about your child. If you are unsure about an item, leave it blank.

- ☐ My child has been previously evaluated for school-related problems
- ☐ My child has had to repeat a grade.
- ☐ My child has difficulty learning academic material.
- ☐ My child has difficulty following school rules.
- ☐ My child has difficulty forming friendships at school.
- ☐ My child resists going to school and/or complains about disliking school.
- ☐ My child has received counseling at school.
- ☐ My child is or has been in special education ( resource)
- ☐ My child has a medical condition that may affect his/her ability to succeed at school-  
please describe

Please describe any additional information about your child's school history that you feel might be helpful.

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## SECTION SEVEN – CURRENT BEHAVIORAL CONCERNS

Please place a mark at spaces that describe a current concern that you have about your child.

### BEHAVIOR

- ☐ Over active/ always on the go
- ☐ Impulsive; acts without thinking about consequences
- ☐ Distractible; shifts focus from one activity to another
- ☐ Difficulty complying to rules and expectations
- ☐ Talks too much; interrupts others
- ☐ Can't play quietly
- ☐ Doesn't complete tasks
- ☐ Disorganized, loses things
- ☐ Forgetful; has trouble following directions
- ☐ Impatient; difficult waiting for turns

### COMPLIANCE TO RULES AND SOCIAL NORMS

- |  |  |
|--|--|
| <input type="checkbox"/> Refuses to comply with adults and rules | <input type="checkbox"/> Destroys property                       |
| <input type="checkbox"/> Argues with adults                      | <input type="checkbox"/> Dishonest; lies, cheats, steals         |
| <input type="checkbox"/> Throws tantrums                         | <input type="checkbox"/> Bullies/threatens others                |
| <input type="checkbox"/> Seems angry/vindictive                  | <input type="checkbox"/> Physically aggressive; gets into fights |

### GENERAL MOOD

- |   |  |
|---|--|
| <input type="checkbox"/> Cries often or without apparent reason                 | <input type="checkbox"/> loss of appetite  |
| <input type="checkbox"/> Irritable/moody  | <input type="checkbox"/> Excessive fatigue/loss of energy                                |
| <input type="checkbox"/> Complains of having no friends                         | <input type="checkbox"/> Doesn't seem to enjoy activities that<br>Used to be fun         |
| <input type="checkbox"/> Complains about feeling unloved                        | <input type="checkbox"/> Expresses suicidal thoughts ("I don't<br>want to live anymore") |
| <input type="checkbox"/> Can't sleep at night/sleeps too much<br>During the day |  |

### ANXIETY LEVEL

- ☐ Worries excessively (e.g., sickness, weather, safety, school)
- ☐ Difficulty sleeping
- ☐ Doesn't seem to enjoy activities that used to be fun
- ☐ Expresses suicidal thoughts ("I don't want to live anymore")
- ☐ Complains of headaches, stomachaches, nausea when not appearing sick
- ☐ Difficulty concentrating
- ☐ Restless/easily agitated
- ☐ Difficulty separating from parents
- ☐ Loss of energy/easily fatigued

**POOR RELATIONSHIPS**

- |   |   |
|---|---|
| <input type="checkbox"/> Complains that "nobody likes me"                   | <input type="checkbox"/> Teases others                |
| <input type="checkbox"/> Bossy/has to have own way                          | <input type="checkbox"/> Bullies others               |
| <input type="checkbox"/> Doesn't follow rules when playing games            | <input type="checkbox"/> Sore loser                   |
| <input type="checkbox"/> Doesn't show concern for the welfare of others     | <input type="checkbox"/> Argues and fights with peers |
| <input type="checkbox"/> Has difficulty sharing and cooperating with others |   |

**SCHOOL**

- |  |  |
|--|--|
| <input type="checkbox"/> Academic deficits; not learning as quickly as classmate's | <input type="checkbox"/> low test scores         |
| <input type="checkbox"/> Behavior problem; disruptive/doesn't follow rules         |  |
| <input type="checkbox"/> Excessive absences/tardiness                              |  |
| <input type="checkbox"/> Fails to complete class work and homework                 | <input type="checkbox"/> resists going to school |
| <input type="checkbox"/> Social problems-, has few friends at school               |  |

**SECTION EIGHT – ADDITIONAL INFORMATION**

Please use the lines below to indicate your child's individual strengths and positive personality characteristics.

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Please use the lines below to provide additional information about your child that may be of importance.

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Thank you for providing this information. Return this with your completed packet to set up your parent consult.

## NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: . . . \_\_\_\_\_

Class Time: \_\_\_\_\_

Class Name/Period: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For Office Use Only 2 & 3s: 0 /9				
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For Office Use Only 2 & 3s: 0 /9				

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Activity defies or refuses to comply with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Is spiteful and vindictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Initiates physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Has stolen items of nontrivial value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /10
29. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Blames self for problems; feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /7

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /3
38. Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /3

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
41. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /5
43. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /5

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Fax number: \_\_\_\_\_

## Teacher's Description of Problems with Behavior and Learning

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Dear Teacher:

I appreciate your help in providing the following information, which will be used in our current evaluation of this student's academic and/or behavioral problems.

Current Grade: \_\_\_\_\_

Does the child have an SST or IEP?                      YES                      NO

Current remediation, resource, or other educational interventions:

Other teachers involved:

Has child ever been retained or "failed" a grade?                      YES                      NO

Is child in danger of retention this year?                      YES                      NO

How would you describe this child's achievement in reading? If below grade level, please specify if greater than one or greater than two grade levels behind.

How would you describe this child's achievement in mathematics or arithmetic? If below grade level, please specify if:

☐ one grade level behind.

☐ greater than two grade levels behind.

Does this child have a behavior problem? Is the behavior problem more disruptive (talking out loud, joking, making noises, occasional hitting) or more aggressive (biting, frequent hitting, fighting, bullying, stealing, swearing, defiant behavior)?

Has this child be suspended, paddled, or sent the principal's office for behavior problems? YES NO

Do you have any specific behavior modification program in effect? If yes, please describe.

Please comment on peer relationships:

Comments: