East Cobb Pediatrics & Adolescent Medicine, P.C.

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Dear Parent,

You and your physician or your school, have requested an evaluation of your child for issues 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 bring 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 into East Cobb Pediatrics along with the school materials. You may send the information:

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

Kennesaw Office: East Cobb Pediatrics, 6110 Pine Mountain Road, Suite 202, Kennesaw, GA 30152 FAX: 770-795-4513

WE CANNOT COMPLETE YOUR CHILD'S TESTING WITHOUT THIS INFORMATION.

REQUEST FOR INFORMATION FROM SCHOOLS REGARDING PROBLEMS WITH BEHAVIOR AND LEARNING

Student:	Patient ID:
Date of Birth:	School:
Date:	

Dear Principal,

We believe that this student would benefit from further medical evaluation for issues with 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 issues and SST intervention/monitoring to continue in Phase I/

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

_____ 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.

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Marietta: 1121 Johnson Ferry Road, Suite 220, Marietta, GA 30068 ph: 770-977-0094 fax: 770-509-9463 Kennesaw: 6110 Pine Mountain Road, Suite 202, Kennesaw, GA 30152 ph: 770-795-4553 fax: 770-795-4513

CONSENT FOR EXCHANGE OF INFORMATION

Student's Name:	 		
School:	 		
Physician:	 	<u></u>	
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 named professionals and these copies will indicate my consent. I may revoke this consent at any time or change specific professionals.

Parent or Guardian Signature

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MEDICAL HISTORY

Child's Name	Grade	Age	Date
Form Completed By	Relation	ship	<u> </u>
School Name/Contact	School I	'hone Nun	ıber
Parents or legal guardians should complete the Information to us regarding your child and his/ kept confidential. If you do not wish to respond space provided or out to the side.	her current attention-)	view form, ju	st write 'no response' in the
SECTION ONE – FAMILY INFOR	RMATION		
Mother's name Marital status of child's parentsU I Remarried (name of ste	Married Sepa	arated	low long)
Number of siblings residing in the ho	ome:		-
Name			Age
Name	- -		Age
Name			
Name			
SECTION TWO – PREGNANCY/I	DELIVERY	·	
General health during pregnancy ExcellentGoodPoo During your pregnancy, indicate if yo CigarettesAlcoholOtho Pregnancy waswithout complicatio	u often used: er drugs none	of the thes	se lease explain)
Delivery was without complication	nsInduced	C-Section	other
Infant's birth weight was Infant's health at birth was ExcellentGood			

SECTION THREE – CHILD'S DEVELOPMENTAL Please put a mark in the box if your child had difficulty in any of YEARS of life	HISTORY these areas during the FIRST THREE
Poor eye contactdidn't get along well with pe	eersoverly fearful
Colicky/Irritable Difficulty adjusting to sched	ules (eating, sleeping, etc)
Sleep Problems Resisted affection from othe	ers Difficult to comfort
Throw Tantrums Resisted changes to sched	ule Overactive
stubbornAccident prone	
Overall as a toddler, I would describe my child's ten	nperament as (check one):
Extremely difficultDifficultAverageV	ery easy
Indicate the age at which your child developed the f	ollowing skills:
Crawling Toilet Trainin	g
Walking Riding a bike	
First Words Getting dress	ed 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	
	e following medical conditions.
Please place a mark if your child has had any of the	e following medical conditions. ies Hearing Loss
Please place a mark if your child has had any of theAsthmaChronic Ear Infections Allerg	e following medical conditions. ies Hearing Loss Poor Motor Coordination
Please place a mark if your child has had any of theAsthmaChronic Ear InfectionsAllergBedwettingVision problemsDiabetes	e following medical conditions. lies Hearing Loss Poor Motor Coordination es (Please explain below) serious injuries (broken
Please place a mark if your child has had any of the AsthmaChronic Ear InfectionsAllerg BedwettingVision problemsDiabetes Seizure disorderSleep ProblemsSurgeri	e following medical conditions. ies Hearing Loss Poor Motor Coordination es (Please explain below) serious injuries (broken Bones, stitches,etc.)
Please place a mark if your child has had any of the AsthmaChronic Ear InfectionsAllerg BedwettingVision problemsDiabetes Seizure disorderSleep ProblemsSurgeri Appetite Problems (explain)Head Trauma	e following medical conditions. jies Hearing Loss Poor Motor Coordination es (Please explain below) serious injuries (broken Bones, stitches,etc.) sexcellent goodpoor
Please place a mark if your child has had any of the AsthmaChronic Ear InfectionsAllerg BedwettingVision problemsDiabetes Seizure disorderSleep ProblemsSurgeri Appetite Problems (explain)Head Trauma Explain: I would describe my child's current level of health a	e following medical conditions. ies Hearing Loss Poor Motor Coordination es (Please explain below) serious injuries (broken Bones, stitches,etc.) sexcellent goodpoor is:
Please place a mark if your child has had any of the AsthmaChronic Ear InfectionsAllerg BedwettingVision problemsDiabetes Seizure disorderSleep ProblemsSurgeri Appetite Problems (explain)Head Trauma Explain: I would describe my child's current level of health a My child is currently taking the following medication	e following medical conditions. ies Hearing Loss Poor Motor Coordination es (Please explain below) serious injuries (broken Bones, stitches,etc.) s sexcellent goodpoor is: For what condition
Please place a mark if your child has had any of the AsthmaChronic Ear InfectionsAllerg BedwettingVision problemsDiabetes Seizure disorderSleep ProblemsSurgeri Appetite Problems (explain)Head Trauma Explain: I would describe my child's current level of health a My child is currently taking the following medication Name of medication	e following medical conditions. jies Hearing Loss Poor Motor Coordination es (Please explain below) serious injuries (broken Bones, stitches,etc.)

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SECTION FIVE - FAMILY HISTORY

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

- Attention-Deficit/Hyperactivity Disorder
- ____Learning disabilities/academic underachievement
- Communication disorders/disabilities
- Depression
- Anxiety disorder(s)

- Obsessive-compulsive disorder
- ____Autism/Asperger's Syndrome
- ____ Tourette's syndrome
- ____ Substance abuse
- Criminal misconduct

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

- Attention-Deficit/Hyperactivity Disorder
- Learning disabilities/academic underachievement
- Communication disorders/disabilities
- Depression
- Anxiety disorder(s)

- Obsessive-compulsive disorder
- Autism/Asperger's Syndrome
- ____ Tourette's Syndrome
- ____ Substance abuse
- 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 schoolplease describe

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

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

Refuses to comply with adults and rules	Destroys property
Argues with adults	Dishonest; lies, cheats, steals
Throws tantrums	Bullies/threatens others
Seems angry/vindictive	Physically aggressive; gets into fights

GENERAL MOOD

- Cries often or without apparent reason
- Irritable/moody
- Complains of having no friends
- Complains about feeling unloved
- Can't sleep at night/sleeps too much
- During the day

loss of appetite

Excessive fatigue/loss of energy

_____Doesn't seem to enjoy activities that Used to be fun

Expresses suicidal thoughts ("I don't want to live anymore")

ANXIETY LEVEL

- Wonies 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

- Complains that "nobody likes me"
- Bossy/has to have own way

- _ Teases others
- ____Bullies others Sore loser
- Doesn't follow rules when playing games
 - Doesn't show concern for the welfare of others
- Has difficulty sharing and cooperating with others

SCHOOL

____Academic deficits; not learning as quickly as classmate's ___ low test scores

- Behavior problem; disruptive/doesn't follow rules
- Excessive absences/tardiness
- Fails to complete class work and homework

____ resists going to school

Argues and fights with peers

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.

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

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

ADHD **** CARING FOR CHILDREN WITH ADHD: A RESOURCE TOOLKIT FOR CLINICIANS, 2ND EDITION

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 <u>6 months.</u>

is this evaluation based on a time when the child

O was on medication O was not on medication O not sure?

	Never	Occasionally	Often	Very Often	
Symptoms					
 Does not pay attention to details or makes careless mistakes with, 	0	0	0	0	
for example, homework	0	0	0	0	
2. Has difficulty keeping attention to what needs to be done	0	0	0	0	
3. Does not seem to listen when spoken to directly					
 Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) 		.0	<u> </u>	0	•
5. Has difficulty organizing tasks and activities	0	0	0	0	-
 Avoids, dislikes, or does not want to start tasks that require ongoing mental effort 	0	0	0	0	-
 Loses things necessary for tasks or activities (toys, assignments, pencils, books) 	0	0	0	0	_
8. Is easily distracted by noises or other stimuli	0	0	0	0	For Office Use Only
9. Is forgetful in daily activities	0	0	0	0	2 & 35; 0 /9
		0	0	0	
10. Fidgets with hands or feet or squirms in seat	<u> </u>		<u></u>	0	_
11 Leaves seat when remaining seated is expected	0	0	0	0	
12. Runs about or climbs too much when remaining seated is expected	0		0	0	_
13. Has difficulty playing or beginning quiet play activities	0	0		0	
14. Is "on the go" or often acts as if "driven by a motor"	0	0	<u> </u>		_
15. Talks too much	0	0_	0	0	
16. Blurts out answers before questions have been completed	0	0	0	0	
	0	<u>, 0</u>	0	0	For Office Use Only
 Has difficulty waiting his or her turn Interrupts or intrudes in on others' conversations and/or activities 	0	0	0	0	2 <u>& 3s: 0</u> /9
18. Interrupts of includes in on others contendential and					

Symptoms (continued)		Never	Occasionally	Often	Very Often	
		0	0	0	0	
19. Argues with adults		0	0	0	_0	
20. Loses temper 21. Actively defies or refuses to go along with adults' requests or ru	ules	0	0	0	0	
		0	0	0	<u> </u>	
 22. Deliberately annoys people 23. Blames others for his or her mistakes or misbehaviors 		0	0	0	0	
		0	0	0	0	
24. Is touchy or easily annoyed by others		0	0	0	0	
25. Is angry or resentful		0	0	0		For Office Use Only 2 & 35: 0 /8
26. Is spiteful and wants to get even						
27. Bullies, threatens, or intimidates others		0	0	<u> </u>		
28. Starts physical fights		0	0	0	0	
29. Lies to get out of trouble or to avoid obligations (ie, "cons" oth	iers)	0	0	0	0	
30. Is truant from school (skips school) without permission		0	0	0	0	-
30. Is that if the sense (experimental sense) (expe		0	0	0	0	-
32. Has stolen things that have value		0	0	0	0	
33. Deliberately destroys others' property		0	0	0	0	-
33. Denberatery destroys offices property 34. Has used a weapon that can cause serious harm (bat, knife, br	ick, gun)	0	0	0	0	
35. Is physically cruel to animals		0	0	0	0	_
35. Is physically cluer to animals 36. Has deliberately set fires to cause damage		0	0	0	0	-
36. Has beinerately set mes to cube damage 37. Has broken into someone else's home, business, or car		0	0	0	0	
37. Has broken into soliteble erse's nome, business, or en-		0	0	0	0	_
38. Has stayed out at night without permission		0	0	0	O	For Office Use Only
39. Has run away from home overnight		0	0	0	0	2&3s: 0 /14
40. Has forced someone into sexual activity						_
41. Is fearful, anxious, or worried		<u> </u>	0		0	
42. Is afraid to try new things for fear of making mistakes		. 0	<u> </u>	0	0	
43. Feels worthless or inferior		0	0	<u> </u>	0	
AA Blames self for problems, feels guilty		0	0	0	0	
45. Feels lonely, unwanted, or unloved; complains that "no one li	oves him a	or her" O	0	0	0	
46. Is sad, unhappy, or depressed	•	0	0	<u>O</u> .		For Diffice Use Only
47. Is self-conscious or easily embarrassed		0	0	0	0	2 <u>& 35: 0 /</u> 7
				Somewhat		
_	11k	Above	Average	of a Problem	Problema	tic
Performance Ex	cellent	Average		0	0	
48. Reading	0			0	0	for Office Use Only 45: <u>0</u> /3
49. Writing	0		0		0	For Office Use Daly
50. Mathematics	0	0	0	0		5s:0/3
51. Relationship with parents	0	0	0	0	0	
52. Relationship with siblings	0	0	0	0	0	For Office Use On
	0	0	0	0	0	45: 0 /
53. Relationship with peers	0	0	0	0	0	5s:/
54. Participation in organized activities (eg, teams)						Pane Z o

ネーネー NICHO Vanderbilt Assessment Scale: Parent Informant

ASSESSMENT AND DIAGNOSIS

Other Conditions

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

 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. TYes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

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)?

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

	No	T Yes
 Has your child been diagnosed with a tic disorder or Tourette syndrome? 		
Is your child on medication for a tic disorder or Tourette syndrome?	No	Yes '
3. Has your child been diagnosed with depression?	No	Yes 📃
4. Is your child on medication for depression?	No	T Yes
5. Has your child been diagnosed with an anxiety disorder?	⊡ No	T Yes
6. Is your child on medication for an anxiety disorder?	No	Yes
 As your child been diagnosed with a learning or language disorder? 	No	T Yes

Comments:

ADHD ARACARING FOR CHILDREN WITH ADHD: A RESOURCE TOOLKIT FOR CLINICIANS, 2ND EDITION

NICHO 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 Interference 1. Fails to give attention to details or makes careless mistakes in schoolwork O O 2. Has difficulty sustaining attention to tasks or activities O O 3. Does not seem to listen when spoken to directly O O 4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand) O O 5. Has difficulty organizing tasks and activities O O O 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort O O O 7. Loses things necessary for tasks or activities (school assignments, pencils, books) O O O 8. Is easily distracted by extraneous stimuli O O O O 9. Is forgetful in daily activities O O O O 10. Fidgets with hands or feet or squirms in seat O O O O 12. Runs about or climbs excessively in situations in which remaining seated is expected O O O 13. Has difficulty playing or engaging in leisure activities quietly O O O O 14. Is "on the go" or often acts as if "driven by a motor" O <th>Cur</th> <th></th> <th>Never</th> <th>Occasionally</th> <th>Often</th> <th>Very Often</th> <th></th>	Cur		Never	Occasionally	Often	Very Often	
1. Fails to give autention to declars of makes concess material of the service of the servic			0	0	0	0	
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11. Leaves seat in classroom or in other situations in which remaining seated is expected 0 0 0 12. Runs about or climbs excessively in situations in which remaining seated is expected 0 0 0 13. Has difficulty playing or engaging in leisure activities quietly 0 0 0 0 14. Is "on the go" or often acts as if "driven by a motor" 0 0 0 0 15. Talks excessively 0 0 0 0 16. Blurts out answers before questions have been completed 0 0 0 17. Has difficulty waiting in line 0 0 0 0	10	. Fidgets with hands or feet or squirms in seat	0	0	0	0	_
seated is expected O O O 13. Has difficulty playing or engaging in leisure activities quietly O O O 14. Is "on the go" or often acts as if "driven by a motor" O O O 15. Talks excessively O O O 16. Blurts out answers before questions have been completed O O O 17. Has difficulty waiting in line O O O O	11,	Leaves seat in classroom or in other situations in which remaining seated is expected	0	0	0	0	_
13. Has difficulty playing or engaging in leisure activities quietly O O O O 14. Is "on the go" or often acts as if "driven by a motor" O O O O O 15. Talks excessively O O O O O O 16. Blurts out answers before questions have been completed O O O O O 17. Has difficulty waiting in line O O O O O O	12	Runs about or climbs excessively in situations in which remaining	O	0	0		-
14. Is "on the go" or often acts as if "driven by a motor" 0 0 0 0 15. Talks excessively 0 0 0 0 16. Blurts out answers before questions have been completed 0 0 0 17. Has difficulty waiting in line 0 0 0	_		0	0	0	<u> </u>	_
14. Is "on the go" or orten acts as it driven by a motor O O O 15. Talks excessively O O O 16. Blurts out answers before questions have been completed O O O 17. Has difficulty waiting in line O O O			0	0	0	0	
15. Talks excessively 0 0 0 16. Blurts out answers before questions have been completed 0 0 0 17. Has difficulty waiting in line 0 0 0	-					0	
16. Blurts out answers before questions have been completed 0 0 0 17. Has difficulty waiting in line 0 0 0							
17. Kas difficulty waiting in line	10	Blurts out answers before questions have been completed					
18. Interrupts or intrudes in on others (eg, butts into conversations/games) OOOO 2 2 & 35: 0 /9	ſ	7. Has difficulty waiting in line					For Office Lise Only
		Interrupts or intrudes in on others (eg, butts into conversations/games)	0	0	<u> </u>	<u> </u>	2 <u>& 3s: 0</u> _/9

(astimud)		Never	Occasionally	Often	Very Often	
mptoms (continued)		0	0	0	0	
Loses temper Activity defies or refuses to comply with adults' requests	or rules	Ő	0	0	0	
		0	0	0	0	
Is angry or resentful	······································	0	0	. 0	0	
. Is spiteful and vindictive		Ō	0	0	0	
Bullies, threatens, or intimidates others		0	0	0_	0	
l. Initiates physical fights 5. Lies to obtain goods for favors or to avoid obligations (eq	. "cons" others		0	0	0	
		0	0	0	0	
5. Is physically cruel to people		0	0	0	• O	
7. Has stolen items of nontrivial value		0	0	0	0	For Office Use Only 2 & 35:0 /10
 Deliberately destroys others' property 					0	,
9. Is fearful, anxious, or worried		0.	<u> </u>			- ·
0. Is self-conscious or easily embarrassed		0	<u> </u>	0	0	-
 Is afraid to try new things for fear of making mistakes 		0	0	0		_
2. Feels worthless or inferior		0	0	<u> </u>		_
3 Blames self for problems; feels guilty		0	0	0	<u> </u>	-
4. Feels lonely, unwanted, or unloved; complains that "no c	one loves him o	r her" 🔘	<u> </u>	0	0	For Office Use Only
35. Is sad, unhappy, or depressed		0	0	0	0	2 <u>&35.0</u> /7
Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problemati	ic
36. Reading	0	0		0	<u> </u>	For Office Use Onl
37. Mathematics	0	<u> 0 </u>	0		0	45.0/
38. Written expression	0	0	0	0		<u>5s 0 /</u>
Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problemat	lic
39. Relationship with peers	0	0.	<u> </u>			_
40. Following directions	0		<u>o</u> _	<u> 0 </u>	<u> </u>	<u> </u>
41. Disrupting class	0	0	<u> </u>			For Office Use O
42. Assignment completion	0	0			0_	4 <u>5 0</u> For Office Use C
	0	0	<u> </u>	0		5 <u>5</u> 0
	<u> </u>					_
	0	0	0	0		0
43. Organizational skills						
43. Organizational skills Comments: Please return this form to:						
43. Organizational skills Comments:						

An RANICHQ Vanderbilt Assessment Scale: Teacher Informant

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?YESNOIs child in danger of retention this year?YESNO

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:

O one grade level behind.

O 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)?

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Has this child been suspended or sent to the principal's office for behavior problems? YES NO

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

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Please comment on peer relationships:

Comments:

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