## East Cobb Pediatrics \& Adolescent Medicine, P\&C.



## Dear Parent,

You and your physician or school have requested an evaluation of your child for issues with learning or behavior. In order to properly assess your child, we need information from you and your child's school.

The following steps are necessary:

1. Please sign the consent. We need a copy for our office and the school will need a copy as well.
2. Please complete the "Request for Information" form and take it to the school.
3. Arrange with your child's school to pick up the requested materials prior to scheduling a parent consultation. (Please note some schools mail this information to our office)
4. Please complete the "Vanderbilt Parent Assessment Scale" AND the "History Form" and send or bring it into East Cobb Pediatrics.

You may send your forms/information via our Patient Portal or fax.
Marietta Office Fax: 770-509-9463
Kennesaw Office Fax: 770-795-4513

If your child's school chooses to mail the requested materials/information:
Marietta Office Address: 1121 Johnson Ferry Rd, Ste 220
Marietta, Ga 30068
Kennesaw Office Address: 6110 Pine Mountain Rd, Ste 202
Kennesaw, Ga 30152

Student Name: $\qquad$ Patient ID: $\qquad$
Date of Birth: $\qquad$ School: $\qquad$
Date: $\qquad$

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

We have enclosed the parents' signed consent for exchange of information. Please forward the documents below, if available, to our office.
$\square$ Vanderbilt Teacher Assessment Scale
$\square$ Teacher's DescriptionReport of school-based committee \& and SST reportOutcome of SST decision (check one):
$\qquad$ A) No evidence of further assessment of learning or emotional issues and SST intervention/monitoring to continue in Phase I
$\qquad$ B) Evidence warrants referral to special education for consideration of eligibility for learning or emotional issues.
$\qquad$ C) Child has been evaluated by school psychologist and report will follow.Current IEP or 504 PlanAny hearing or vision testing resultsSchool psychologist evaluation or any psychometric testingMost recent report card

Other relevant material

Student's Name: $\qquad$

School: $\qquad$
Physician's Name: $\qquad$
Mental Health Professional: $\qquad$

By signing below, 1 am giving my permission that the individuals and agencies names 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.

## HISTORY FORM

Child's Name: $\qquad$ DOB: $\qquad$
Grade: $\qquad$ Age: $\qquad$
Form Completed By: $\qquad$
Relationship: $\qquad$

## SECTION ONE-PREGNANCY/DELIVERY:

General health during pregnancy:

| $\square$ Excellent | $\square$ Good | $\square$ Poor (please explain) |
| :--- | :--- | :--- |

$\qquad$
$\qquad$
During your pregnancy, indicate if you often used:

| $\square$ Cigarettes | $\square$ Alcohol | $\square$ Other drugs | $\square$ None of these |
| :--- | :--- | :--- | :--- |

Infant's health at birth was:

| $\square$ Excellent | $\square$ Good | $\square$ Poor (please explain) |
| :--- | :--- | :--- |

$\qquad$

SECTION TWO-CHILD'S DEVELOPMENT 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:
$\square$ Poor eye contact
$\square$ Did not get along well with peers
$\square$ Overly fearful
$\square$ Colicky/Irritable
$\square$ Difficulty adjusting to schedules (eating, sleeping, etc.)
$\square$ Sleep Problems
$\square$ Resisted affection from others
$\square$ Difficult to comfort
$\square$ Throw tantrums
$\square$ Resisted changes to schedule
$\square$ Overactive
$\square$ Stubborn
$\square$ Accident Prone

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

| $\square$Extremely <br> difficult | $\square$ Difficult | $\square$ Average | $\square$ Very easy |
| :---: | :---: | :---: | :---: |

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

Crawling: $\qquad$
Walking: $\qquad$
First Words: $\qquad$

Toilet Training: $\qquad$
Riding a bike: $\qquad$
Getting dressed without help: $\qquad$
Ability to complete simple chores independently: $\qquad$

SECTION THREE-FAMILY HISTORY: Please check if either of the child's biological parents has experienced any of the following conditions.

| $\square$ Attention Deficit/Hyperactivity Disorder | $\square$ obsessive-Compulsive Disorder |
| :--- | :--- |
| $\square$Learning disabilities/academic <br> underachievement | $\square$ Autism/Asperger's Syndrome |
| $\square$ Communication disorder/disabilities | $\square$ Tourette's Syndrome |
| $\square$ Depression | $\square$ Substance Abuse |
| $\square$ Anxiety Disorder(s) | $\square$ Criminal Misconduct |

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

| $\square$ Attention Deficit/Hyperactivity Disorder | $\square$ Obsessive-Compulsive Disorder |
| :--- | :--- |
| $\square$Learning disabilities/academic <br> underachievement | $\square$ Autism/Asperger's Syndrome |
| $\square$ Communication disorder/disabilities | $\square$ Tourette's Syndrome |
| $\square$ Depression | $\square$ Substance Abuse |
| $\square$ Anxiety Disorder(s) | $\square$ Criminal Misconduct |

## SECTION FOUR- CHILD'S EDUCATIONAL HISTORY

Please list any previous schools your child has attended:
Name of school: $\qquad$
Name of school: $\qquad$
Name of school: $\qquad$
Name of school: $\qquad$

Please place a mark if an item is true about your child. If you are unsure about an item, leave it blank:
$\square$ My child has been previously evaluated for school-related problems
$\square$ My child has had to repeat a grade
$\square$ My child has difficulty learning academic material
$\square$ My child has difficulty following school rules
$\square$ My child has difficulty forming friendships at school
$\square$ My child resists going to school and/or complains about disliking school
$\square$ My child has received counseling at school
$\square$ My child is or has been in special education (resource)
$\square$ My child has a medical condition that may affect his/her ability to succeed at school (please explain/describe)
$\square$ Academic deficits; not learning as quickly as classmate's
$\square$ Low test scores
$\square$ Behavior problems; disruptive/doesn't follow rules
$\square$ Excessive absences/tardiness
$\square$ Fails to complete classwork and homework
$\square$ Resists going to school
$\square$ Social problems, has few friends at school
Please describe any information about your child's school history that you feel might be helpful:
$\qquad$
$\qquad$
$\qquad$

## ADDITION INFORMATION:

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

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

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

Today's Date: $\qquad$ Child's Name: $\qquad$ Date of Birth: $\qquad$
Parent's Name: $\qquad$ 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 $\quad \square$ was on medication $\square$ was not on medication $\square$ not sure?

| Symptoms | Never | Occasionally | Often | Very Often |
| :---: | :---: | :---: | :---: | :---: |
| 1. Does not pay attention to details or makes careless mistakes with, for example, homework | 0 | 1 | 2 | 3 |
| 2. Has difficulty keeping attention to what needs to be done | 0 | 1 | 2 | 3 |
| 3. Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by noises or other stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat when remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs too much when remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or beginning quiet play activities | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| 15. Talks too much | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting his or her turn | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes in on others' conversations and/or activities | 0 | 1 | 2 | 3 |
| 19. Argues with adults | 0 | 1 | 2 | 3 |
| 20. Loses temper | 0 | 1 | 2 | 3 |
| 21. Actively defies or refuses to go along with adults' requests or rules | 0 | 1 | 2 | 3 |
| 22. Deliberately annoys people | 0 | 1 | 2 | 3 |
| 23. Blames others for his or her mistakes or misbehaviors | 0 | 1 | 2 | 3 |
| 24. Is touchy or easily annoyed by others | 0 | 1 | 2 | 3 |
| 25. Is angry or resentful | 0 | 1 | 2 | 3 |
| 26. Is spiteful and wants to get even | 0 | 1 | 2 | 3 |
| 27. Bullies, threatens, or intimidates others | 0 | 1 | 2 | 3 |
| 28. Starts physical fights | 0 | 1 | 2 | 3 |
| 29. Lies to get out of trouble or to avoid obligations (ie, "cons" others) | 0 | 1 | 2 | 3 |
| 30. Is truant from school (skips school) without permission | 0 | 1 | 2 | 3 |
| 31. Is physically cruel to people | 0 | 1 | 2 | 3 |
| 32. Has stolen things that have value | 0 | 1 | 2 | 3 |

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised-1102

Today's Date: $\qquad$ Child's Name: $\qquad$ Date of Birth: $\qquad$
Parent's Name: $\qquad$ Parent's Phone Number: $\qquad$


## Comments:

## For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9:
Total number of questions scored 2 or 3 in questions $10-18$ :
$\qquad$

Total Symptom Score for questions 1-18:
Total number of questions scored 2 or 3 in questions 19-26:
Total number of questions scored 2 or 3 in questions 27-40: $\qquad$
Total number of questions scored 2 or 3 in questions 41-47:
Total number of questions scored 4 or 5 in questions 48-55:
Average Performance Score: $\qquad$

Teacher's Name: $\qquad$ Class Time: $\qquad$ Class Name/Period:

Today's Date: $\qquad$ Child's Name: $\qquad$ 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: $\qquad$ -.

Is this evaluation based on a time when the child $\quad \square$ was on medication $\square$ was not on medication $\square$ not sure?

| Symptoms | Never | Occasionally | Often | Very Often |
| :---: | :---: | :---: | :---: | :---: |
| 1. Fails to give attention to details or makes careless mistakes in schoolwork | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention to tasks or activities | 0 | 1 | 2 | 3 |
| 3. Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (school assignments, pencils, or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| 15. Talks excessively | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting in line | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others (eg, butts into conversations/games) | 0 | 1 | 2 | 3 |
| 19. Loses temper | 0 | 1 | 2 | 3 |
| 20. Actively defies or refuses to comply with adult's requests or rules | 0 | 1 | 2 | 3 |
| 21. Is angry or resentful | 0 | 1 | 2 | 3 |
| 22. Is spiteful and vindictive | 0 | 1 | 2 | 3 |
| 23. Bullies, threatens, or intimidates others | 0 | 1 | 2 | 3 |
| 24. Initiates physical fights | 0 | 1 | 2 | 3 |
| 25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others) | 0 | 1 | 2 | 3 |
| 26. Is physically cruel to people | 0 | 1 | 2 | 3 |
| 27. Has stolen items of nontrivial value | 0 | 1 | 2 | 3 |
| 28. Deliberately destroys others' property | 0 | 1 | 2 | 3 |
| 29. Is fearful, anxious, or worried | 0 | , 1 | 2 | 3 |
| 30. Is self-conscious or easily embarrassed | 0 | 1 | 2 | 3 |
| 31. Is afraid to try new things for fear of making mistakes | 0 | 1 | 2 | 3 |

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303
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Teacher's Name: $\qquad$ Class Time: $\qquad$ Class Name/Period: $\qquad$
Today's Date: $\qquad$ Child's Name: $\qquad$ Grade Level: $\qquad$

| Symptoms (continued) |  | Never | Occasionally | Often | Very Often |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 32. Feels worthless or inferior |  | 0 | 1 | 2 | 3 |
| 33. Blames self for problems; feels guilty |  | 0 | 1 | 2 | 3 |
| 34. Feels lonely, unwanted, or unloved; complains that "no one | loves him or | er" 0 | 1 | 2 | 3 |
| 35. Is sad, unhappy, or depressed |  | 0 | 1 | 2 | 3 |
| Performance <br> Academic Performance | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |
| 36. Reading | 1 | 2 |  | 4 | 5 |
| 37. Mathematics | 1 | 2 | 3 | 4 | 5 |
| 38. Written expression | 1 | 2 | 3 | 4 | 5 |
| Classroom Behavioral Performance | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |
| 39. Relationship with peers | 1 | 2 | 3 | 4 | 5 |
| 40. Following directions | 1 | 2 | , | 4 | 5 |
| 41. Disrupting class | 1 | 2 | 3 | 4 | 5 |
| 42. Assignment completion | 1 | 2 | 3 | 4 | 5 |
| 43. Organizational skills | 1 | 2 | 3 | 4 | 5 |

## Comments:

Please return this form to: $\qquad$
Mailing address: $\qquad$

Fax number: $\qquad$

## For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: $\qquad$
Total number of questions scored 2 or 3 in questions 10-18: $\qquad$
Total Symptom Score for questions 1-18:
Total number of questions scored 2 or 3 in questions 19-28:
Total number of questions scored 2 or 3 in questions 29-35:
Total number of questions scored 4 or 5 in questions 36-43:
$\qquad$

Average Performance Score: $\qquad$

