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East Cobb Pediatrics & Adolescent Medicine, LLC.

Dear Parent,

You and your physician or school have requested an evaluation of your child for issues with learning or behavior. 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 school 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.

REQUEST FOR INFORMATION FROM SCHOOLS REGARDING PROBLEMS WITH BEHAVIOR AND LEARNING

Student Name: _____ Patient ID: _____

Date of Birth: _____ School: _____

Date: _____

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.

☐ Vanderbilt Teacher Assessment Scale

☐ Teacher's Description

☐ Report of school-based committee & and SST report

☐ Outcome of SST decision (check one):

_____ A) No evidence of 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

CONSENT FOR EXCHANGE OF INFORMATION

Student's Name: _____

School: _____

Physician's Name: _____

Mental Health Professional: _____

By signing below, I 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.

Parent or Guardian Signature

HISTORY FORM

Child's Name: _____ DOB: _____

Grade: _____ Age: _____

Form Completed By: _____

Relationship: _____

SECTION ONE- PREGNANCY/DELIVERY:

General health during pregnancy:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor (please explain)
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During your pregnancy, indicate if you often used:

<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Other drugs	<input type="checkbox"/> None of these
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Infant's health at birth was:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor (please explain)
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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:

- ☐ Poor eye contact
- ☐ Did not 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):

<input type="checkbox"/> Extremely difficult	<input type="checkbox"/> Difficult	<input type="checkbox"/> Average	<input type="checkbox"/> Very easy
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Indicate the age at which you child developed the following skills:

Crawling: _____ Toilet Training: _____
 Walking: _____ Riding a bike: _____
 First Words: _____ Getting dressed without help: _____
 Ability to complete simple chores independently: _____

SECTION THREE- 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 disorder/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 disorder/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 FOUR- 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 explain/describe)

- ☐ Academic deficits; not learning as quickly as classmate's
- ☐ Low test scores
- ☐ Behavior problems; disruptive/doesn't follow rules
- ☐ Excessive absences/tardiness
- ☐ Fails to complete classwork and homework
- ☐ Resists going to school
- ☐ Social problems, has few friends at school

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

ADDITION 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 consultation.

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ 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	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

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

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: _____

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: _____

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: _____

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ 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: _____.

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. 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: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

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 her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
36. Reading	1	2	3	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	3	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: _____

Mailing address: _____

Fax number: _____

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: _____

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: _____

Average Performance Score: _____

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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 the child retained or "failed" a grade? YES NO

Is the 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 greater than two grade levels behind.

Teacher's Description of Problems with Behavior and Learning

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

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 been suspended or sent to the principal's office for behavior problem? YES NO

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

Please comment on peer relationship:

Comments:
