



Patient Name: _____

Please Fax to 541-389-8760 Attn: _____

DR DALE SVENDSEN * DR BRENDA HEDGES * DR CAROLINE GUTMANN * DR ERIN GARZA
DR JENNIFER LACHMAN * DR JOHN PEOPLES * DR DANA PERRYMAN * DR MEGAN KARNOPP
DR LOGAN CLAUSEN * DR MARY ROGERS * DR JEFFREY MEYROWITZ * DR DANA ANGELOS
DR MARLA KOSYDAR * CARISSA HONEYCUTT PA-C * MICHAELA NALAMLIANG CPNP, PMHS

Date: _____

Dear Teacher:

The parent of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student.

The following information would be very helpful in our assessment of the student:

- Grades and Report Cards
- Attendance and Tardies
- Previous Reports
- Discipline Records
- Previous Interventions
- Forms included today: NICHQ Vanderbilt Assessment Scale: Teacher Informant
- Teacher Narrative

We also request any other pertinent information, including:

- Any psycho educational or speech and language evaluations
- Any Individual Education Plan (IEP) or Section 504 plan
- Any advisement testing; and any pertinent comments on observations you feel will be helpful.

Your time and cooperation in this matter are greatly appreciated. Attached please find a Release of Information Form that the parents have completed and a set of teacher rating scales and questionnaires.

Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher or a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales.

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions about the enclosed materials or if you would like additional information about services provided, please do not hesitate to contact us.

Sincerely,

Central Oregon Pediatric Associates

2200 NE PROFESSIONAL COURT BEND, OR 97701
541 389 6313 PHONE 541 389 8760 FAX copakids.com
MAIN EASTSIDE BEND | WESTSIDE BEND | REDMOND | SOUTH BEND

**BLANK FOR DOUBLE
SIDED PRINTING**



PLEASE PHOTO COPY THIS FORM IF NEEDED

Students Name		Date of Birth	
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Name of School		Today's Date	
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Phone		Fax	
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Name of Teacher or Person Completing Questionnaire	
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Name of Class or Your Role in The Students Education	
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Direct Phone		Direct Fax	
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Email	
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Preferred Way to Contact you With Any Follow Up Questions	Phone	Fax	Email
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What Do You See as This Students Strengths

What Do You See As This Students Struggles or Area for Improvement

How Much to the Above Struggles Interfere With School Functioning



How Does the Above Struggles Interfere with Students Relationships in the School Community?

How Much Does the Above Struggles Interfere with Student's Relationships in the School Community

Please Describe any Extra Services the Student Received at School, Either as part of an IEP, 504 or Informally

What Do You Think This Student Needs to be Successful in an Educational Environment

Do You Have Any Other Concerns or Comments

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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.

**American Academy
of Pediatrics**



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

Revised - 1102

NICHQ

National Initiative for Children's Healthcare Quality



NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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 <i>Academic Performance</i>	Excellent	Average	Above Average	Somewhat of a	
				Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

<i>Classroom Behavioral Performance</i>	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: _____

