



TAYLOR PEDIATRICS



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## ADHD-School Packet Student Evaluation for ADHD

Students Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Dear Teacher or School Personnel:

This School Packet is designed to give you some basic information on Attention Deficit Disorder & Hyperactivity Disorder. A thorough evaluation and input from the school is required prior to deciding whether a child has ADHD.

Please take the time to review these handouts and fill out the questionnaire entitled NICHQ Vanderbilt Assessment Scale — Teacher Informant.

Once you have compiled any relevant school testing and have completed the questionnaire, please contact the parent so that they can pick up this information and return it to our office.

We applaud you for taking the time to collect this information which is essential to a thorough evaluation for ADHD. If you have any questions or concerns, please do not hesitate to contact us.

Items to Return:

- NICHQ Vanderbilt Assessment Scale — Teacher Informant
- School Assessment or Psychometric Testing Results (if available)

Thank you for your time.



## Note to School - Student Evaluation for ADHD

Regarding: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Date of Evaluation: \_\_\_\_\_

\_\_\_\_\_ is under evaluation for possible ADHD. As part of this evaluation, we would like to request your cooperation in completion of the attached NICHQ Vanderbilt Teacher Assessment Scale. Two of these forms are attached. In general, we would like the teacher or teachers who spend the most time with the student or who teach the most academically demanding subjects to complete these forms. If there are any questions the responder is unable to answer, please indicate "don't know" or "N/A" so that we will know the question was not simply overlooked.

Thorough evaluation for ADHD requires a psychometric assessment including, at the very least, a WISC-3, due to the high incidence of learning disability or other comorbidity associated with ADHD. (50-75% of students with ADHD have a learning disability or other co-morbidity). For therapy beyond medication alone, it is strongly recommended that the student have a complete IEP as well.

If this evaluation has been completed, we would appreciate copies of the testing summary to review as part of our evaluation. If the testing has not yet been performed, we would like to request the evaluation be done so that we may complete the documentation of his/her diagnosis and treatment.

Please contact me if you have any questions or comments

PA provider - Printed Name

PA Office

PA Provider – Signature

( ) \_\_\_\_\_

Provider Phone Number

( ) \_\_\_\_\_



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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 A] was on medication B] was not on medication C] not sure?

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-23 list various behavioral symptoms and their corresponding frequency ratings.



## TAYLOR PEDIATRICS

24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (e.g. "cons" others)		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		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.

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## NICHO

National Initiative for Children's Healthcare Quality

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# TAYLOR PEDIATRICS

## NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

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
<u>Academic Performance</u>					
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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