

GENERAL INFORMATION

Date Completed: _____

Child's Name: _____

Date of Birth: _____

Form completed by: _____

Position: _____

School: _____

Current grade: _____

School Phone Number: _____

SCHOOL PERFORMANCE

List this child's strengths: _____

Can child complete grade level work? If not, what grade level does the child work at?

**Grades- please enclose a report card*

Attendance: Excellent Average Poor

Number of missed school days: _____

Reason for poor attendance (**if applicable*): _____

PROGRAMMING INFORMATION

(Please enclose a copy of the child's IEP, and/or therapy reports when applicable)

Describe the typical current school day for this child:

Regular Classroom Special Education Resource Classroom Inclusion

Individual Education Program (IEP) - Educational diagnosis: _____

504 modifications: _____

Response to Intervention [RTI]/ Tier 1 or 2: _____

Receiving tutoring?

Reading Spelling Math Other: _____

Receiving therapy?

Speech Therapy Occupational Therapy Physical Therapy

Testing?

Previous psychoeducational testing completed: No Yes If so, when: _____

Currently scheduled to have psychoeducational testing completed? No Yes

If so, when: _____ **Please provide a copy**

If not, is testing planned? No Yes If so, when? _____

SCHOOL BEHAVIOR AND ADJUSTMENT:

Area	Yes	No	Comments
Peers do not seem to accept child			
Appears to be a follower/ easily led by peers			
Loner/ always wants to play and be alone			
Ridiculed by peers			
Aggressive toward self (please describe)			
Intrusive/ lacks boundary awareness			
Interferes with other activities			
Needs same routine/ has difficulty with change or transitions			
Emotional/ tantrums/ meltdowns			
Avoids eye contact			
Unusual mannerisms/ tic/ vocalizations (please describe)			
Does not engage appropriately with other children			
Atypical play skills			
Atypical behavior			

List this child's most impairing challenges:

List techniques that have been used to control or change the problems noted above:

- 1. _____ Successful: Yes No
- 2. _____ Successful: Yes No
- 3. _____ Successful: Yes No

Please share any additional comments that may be helpful as we assess this child:

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.

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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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