



Dear Teacher:

The parents 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 both the child's parents and teacher complete a set of behavioral rating scales.

We would also appreciate any other information related to this child's school performance. Previous testing information and your general impressions of this child's functioning in school would be very useful.

**Your time and cooperation in this matter is 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 has a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. Please ask the parent to contact us for additional forms.

**Please fill out the forms as completely as possible.** Some of the questions in the rating scales may seem redundant.

This is necessary to ensure that we obtain accurate diagnostic information. If you do not know the answer to a particular question, please write "Don't know" beside the question.

**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. The forms should be mailed to us directly in the envelope provided.

**Thank you for your assistance and cooperation.** If you have any questions regarding the enclosed materials, or if you would like any additional information regarding services provided, please do not hesitate to contact us.

**nw office**

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Portland, OR 97210  
Tel: 503-227-0671  
Fax: 503-227-0676  
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**sw office**

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## Teacher Questionnaire

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Teacher's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Student's Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Main Problems

How long have you known this child? \_\_\_\_\_ In your own words, briefly describe the child's main problem or problems. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### Achievement in School Subjects

(group subjects into the appropriate category of achievement)

Very Good	Average	Barely Passing	Failing

### Standardized Test Results

Intelligence or Ability or Achievement Tests

Name of Test or Subject Area	Date	Percentile	Standard Score	Grade Level

### Special Placements or Assistance

Please list any special education placement or other special assistance this child receives at school and the amount of time he/she receives it (i.e., tutoring, resource room, etc.).

Special Assistance or Placement	Who provides this service?	Number of hours

Please add any information concerning this child's home, family, or school relationships which might have bearing on the child's attitudes and behavior. Include any other thoughts you feel are relevant.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date Signed \_\_\_\_\_

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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of Pediatrics



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National Initiative for Children's Healthcare Quality

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Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

<b>Symptoms (continued)</b>	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
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

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

<b>Classroom Behavioral Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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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