



Forest Park Pediatrics

Washington University Clinical Associates

Dear Parents/ Guardians,

Because you have expressed a concern regarding your child's focus, behavior or school performance, we are asking for your help in gathering information. This packet includes questionnaires for Attention Deficit Hyperactivity Disorder. Your provider may have added additional questionnaires if he or she thought other mental health issues were also a possibility. Your cooperation in completing this packet will help us do a thorough evaluation of your child.

If you are interested in pursuing an evaluation, we ask you do the following:

- 1.) Schedule a well child check up if your child has not had one within the last year (this appointment is not the same as the ADHD consultation visit).
- 2.) Call our office at 314-535-7855 to see if your provider would like to see you prior to your completion of this packet and when the packet should be returned. *(Varies by provider)*
- 3.) When instructed to do so, complete all the questionnaires in this packet.
- 4.) Make copies of any previous evaluations, as well as copies of pertinent school records (see parent checklist).
- 5.) Once packet is completed, please return it to our office at the time requested by your provider for review. *(This may be prior to your scheduled consultation appointment).*

Once the packet is in our office, your provider will be able to evaluate and interpret the data prior to this appointment and we can let you know if any additional information is needed.

This consultation appointment will usually last 30-45 minutes *(varies by provider)*, and your child should attend this appointment.

Additional information and documents regarding ADHD appear on our website under the **Resources** tab. You will find the following:

- 1.) General information about ADHD
- 2.) ADHD Fact sheet
- 3.) Evaluating your child for ADHD
- 4.) ADHD evaluation timeline
- 5.) Working with your child's school
- 6.) Educational rights for children with ADHD
- 7.) Request for assessment for educational services under section 504 sample letter
- 8.) Request for assessment for Special Education sample letter
- 9.) ADHD medication fact sheet and consent form.

Please take time to review the ADHD Medication Fact Sheet and Consent Form. You will need to sign this form if you and your provider agree to start medication therapy.

Thank you for taking the time to gather this information which is essential to a thorough evaluation for ADHD.

Sincerely,

Forest Park Pediatrics Physicians



Forest Park Pediatrics

Washington University Clinica Associates

Evaluation Packet Checklist

Please use this checklist as a reminder to complete all your forms and to return them to our office. Once we receive all the forms, the provider will review them and will have someone from our staff contact you to schedule the appointment.

- Patient Educational History form**
- 1 or 2 Parent Vanderbilt Rating Scales** (*Each parent/ guardian should complete separately*).
- 2 Teacher Vanderbilt Rating Scales** (*Has a cover letter to use when you give it to the school*).
Please request 1 AM teacher and 1 PM teacher- even if it is the same teacher for completing the scales.
- 1 classroom observation report** (*Completed by someone other than the classroom teacher*).
- Stimulant Medication Fact Sheet and Consent form** (*Will need to sign if medication is started*).

Optional Mental Health Forms

(If your provider requested them to be completed)

- SCARED scale** (*For 8-11 year olds: you may help them complete the CHILD version. If your child doesn't understand, please complete the Parent Version. No need to do both. Children **over 12** should complete their own CHILD version*).
- GAD-7 scale (For children **8 years and above**).
- PHQ-9 scale (For children **12 years old and above**).

School or Other Evaluations

(If any of these have been completed previously)

- Copies of psychoeducational testing or other private evaluations (ADHD, Learning disability, Neuropsychological, etc.)
- Copies of pertinent school records (standardized testing, testing for gifted program, recent report card, IEP plans, notes from teachers, 504 plans, etc.)



Date: _____

Child's Name: _____

DOB: _____

Educational History Form

School Information:

School Name: _____

Current Grade level: _____

What grade did school problems start? _____

Is your child currently receiving any of the following supports in school?

- RTI IEP 504 Plan Special Education from Special School District

Other: _____

Has your child had educational or psychological testing? _____ If yes, by whom? _____
(Please bring your physician a copy of this testing to place in your child's medical record)

Results of the test? _____

Areas of concern:

- absenteeism peer relations memory written expression classwork completion
- anger control risk taking motor skills attention homework disobedience
- self-esteem reading distractibility health problems disruptive behaviors
- unhappy receptive language math spelling motivation test taking
- inconsistent performance immaturity anxious expressive language retaining information

Comments: _____

Social/ Family History:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Married Divorced Separated Patient lives with: _____

Siblings (names and ages): _____

Is there a family history of attention or learning difficulties, anxiety, depression, substance abuse, other psychiatric health problems? _____

If yes please explain: _____

PARENT #1

Initial Form

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?

office USE

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-32 describing various behavioral symptoms.

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

Revised - 1102

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PARENT #1 (cont.)

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

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

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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

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Performance	Excellent	Above Average	Somewhat		
			Average	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

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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: _____

WUCA – Forest Park Pediatrics, LLC
 4488 Forest Park Ave, Suite 230
 St. Louis, MO 63108
 Ph#: 314-535-7855

PARENT # 2 (if present)

Initial Form

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?

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-32 listing various behavioral symptoms.

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PARENT #2 (cont.)

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

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Performance	Excellent	Above Average	Average	Somewhat of a Problem	
				Problematic	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

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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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Stimulant Medication Fact Sheet and Consent

Prescription Policy and Consent Form

Stimulant Medications are considered a very safe and effective way to treat ADD/ADHD. Methylphenidate (the original stimulant) has been prescribed since 1955 and its use in children for ADHD started in the 1960s. Stimulants have a relatively short half-life: the effects typically last 4 to 12 hours depending on which preparation is used. The most common side effect is decreased appetite. Less common side effects include headache, stomachache, irritability, behavioral and mood changes, and difficulty falling asleep. The behavior, mood and sleep changes are usually as the result of the medication wearing off. Many of these side effects are temporary and can be managed by dosage adjustments. On rare occasions, stimulants may lessen the threshold for tics- fortunately they usually disappear when the medication is discontinued. Concerns about delayed growth have been raised but studies into adult life show no significant growth delay.

Some studies show that stimulants might increase the risk of irregular heart rate, increased blood pressure and possibly sudden death (a “black box” warning for stimulants). These events are extremely rare (less than one in a million in the case of sudden death). If your child has a heart condition or there is a serious heart condition in a close family member, please inform your provider prior to starting this type of medication.

If your child is experiencing a potential side effect, call our office or schedule an appointment to discuss the concern. If at any time you think your child needs a medication adjustment or change, please make an appointment to discuss it. Although stimulants are the most effective individual treatment for ADHD, there is greater benefit when used in combination with other interventions such as counseling, behavioral modification programs, and classroom modifications. The American Academy of Pediatrics doesn’t recommend monitoring of blood tests or electrocardiograms (ECG) for patients taking stimulant medications.

Forest Park Pediatrics Policy on Stimulant Refills and ADHD Follow up Visits.

Stimulant medications are considered controlled substances and cannot be called to pharmacies. Please call or send a message through MyChart a few days before your child’s prescription runs out. Your doctor will write/ refill a prescription that will be sent electronically to your chosen pharmacy. Depending on when your last ADHD follow up visit occurred, your provider may require an office visit prior to renewing the prescription.

Follow up visits are important to monitor for effectiveness and possible side effects of the treatment. Follow-up visit schedules will vary depending on your provider, but you should be prepared to see your provider as follows:

- 1.) A follow up visit within 30 days of starting a medication or changing a medication.
- 2.) Routine follow-ups every 3, 6 or 12 months (varies by provider and your child’s symptoms).
- 3.) Some providers may count your annual physical as one of the follow-up visits. If this happens you will be charged a “sick visit” charge in addition to the “well visit” charge.
- 4.) If you do not keep a scheduled follow-up appointment, your provider may choose not to refill your prescription until the appointment is completed. *Please remember these medications are **controlled substances** and we are required to monitor benefits and side effects of these medications for your child’s health.*

I have read the above and agree that my child _____ can be treated with stimulant medication. I also understand and agree with the policy on refills and follow-up visits.

Parent Signature _____ Date: _____

Witness: _____ Date: _____



Forest Park Pediatrics

Washington University Clinical Associates

Student's Name: _____ DOB: _____

Dear Teacher:

This school packet is designed to give you some basic information on Attention Deficit Hyperactivity Disorder (ADHD). A thorough evaluation requires input from the family and the school prior to deciding whether a child should be diagnosed with ADHD.

Please take time to review these handouts and complete the two questionnaires entitled "NICHQ Vanderbilt Assessment Scale- Teacher Informant." Generally the teacher(s) who spends the most time with the child should complete the teacher rating scales. There should be one labelled for a morning (AM) class time and one labelled for an afternoon (PM) class time. If the student only has one teacher for the morning and afternoon please complete **both** questionnaires but based on the listed time of day written on the questionnaire. This information will be used to evaluate how the medication, if prescribed, is working in the morning and in the afternoon. Please fill out the forms as completely as possible. If you do not know the answer to a question, please write "don't know" so we know the item wasn't overlooked.

Included in this packet is a classroom behavior observation form. Please have another teacher, counselor or administrator complete this form while you are instructing the classroom. This will allow us to "see" real time what you are experiencing on a daily basis and is a valuable piece of information in this child's evaluation.

We ask that you complete these forms as soon as possible as we are not able to complete a child's evaluation without input from the parent(s) and the school. When finished, please return the forms listed below to the parent(s) or our office. **Our fax number is (314)-534-2803**, please send to attention of Nurses.

Your time and cooperation is greatly appreciated. If you have any questions or concerns regarding the enclosed materials, please do not hesitate to contact us.

Items to return:

- NICHQ Vanderbilt Assessment Scale- Teacher Informant (AM)
- NICHQ Vanderbilt Assessment Scale- Teacher Informant (PM)
- Woodcock Classroom Behavior Observation Form
- Relevant school testing- standardized achievement testing (if available)
- Copies of any psychological-educational testing (if available)
- Information about RTI, 504, or IEP for this student.

Thank you for taking the time to collect this information which is essential to the thorough evaluation of your student's focus, behavior, and school performance.

Sincerely,

The Physicians and Providers of Forest Park Pediatrics



Forest Park Pediatrics
Washington University Clinical Associates

School Communication- Student Evaluation for ADHD

Student: _____ DOB: _____ Grade level: _____

The student listed above is starting an evaluation for a possible diagnosis of attention deficit hyperactivity disorder (ADHD). As part of this evaluation, we would like to request the school's cooperation in completion of the two included NICHQ Vanderbilt Teacher Assessment Scales and the classroom observation report.

The two "Vanderbilt" forms should be completed during a morning (AM) class time and during an afternoon (PM) class time. 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 (*it can be the same reporter if that person teaches the student in the morning and afternoon*). If there are any questions the reporter is unable to answer, please indicate "don't know" or "N/A" so we will know the question was not overlooked.

A classroom observation is also requested. Please have a teacher, counselor or administrator complete this form while the classroom teacher is instructing the student's classroom. This will allow us to "see" real time what the teacher is experiencing on a daily basis and is a valuable piece of information in this child's evaluation.

Though not required to improve diagnostic accuracy of ADHD, psychoeducational testing would be beneficial in clarifying the learning strengths and weaknesses of this student. The society of Developmental and Behavioral Pediatrics recommends psychoeducational testing with suspected comorbidities of ADHD such as learning disabilities, intellectual disability or autism spectrum disorders. They also recommend the consideration of testing when there is poor academic progress or suboptimal response to treatment for ADHD symptoms. If psychometric assessment is requested, the student should have at the very least, a WISC-V, due to the high incidence of learning disability or other co-morbidity associated with ADHD. Over 70% of students with complex ADHD have a coexisting learning and/ or mental health condition identified through a comprehensive psychoeducational assessment. For therapy beyond medication alone, it is strongly recommended that the student have a complete 504 plan or IEP as well.

If this type of 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 we may complete the documentation of his/her full diagnosis and treatment.

Please contact us if you have any questions or comments.

The Providers at Forest Park Pediatrics
4488 Forest Park Avenue, suite 230
Saint Louis, MO 63108
Office: (314) 535-7855
Fax: (314) 534-2803



Forest Park Pediatrics
Washington University Clinical Associates

Student: _____ DOB: _____ Grade level: _____

We believe school input is necessary to ensure a complete and accurate evaluation for the diagnosis of ADHD. We are requesting information from the school and teacher as listed below. Please note the signed parental release of information at the bottom of this page.

- 1 NICHQ Vanderbilt Assessment Scale- TEACHER Informant (AM)
- 1 NICHQ Vanderbilt Assessment Scale- TEACHER Informant (PM)
- 1 Woodcock Classroom Behavior Observation Form
- Relevant school testing or standardized achievement testing (if available)
- Copies of any psychological-educational testing completed (if available)
- Information about RTI, 504, or IEP for this student.

In addition, we also request referral of this student to your appropriate educational assessment team to develop school-based strategies for academic and behavioral problems if not already done.

Thank you for your time and cooperation.

Sincerely,

The Providers at Forest Park Pediatrics.

To be completed by Parent(s):

I agree with the above requests and grant permission for my child's school to release the requested information as well as future progress reports to Forest Park Pediatrics at the above address.

School: _____

Parent (signature): _____ **Date:** _____

Parent (print): _____ **Phone:** _____

Address: _____



class teacher

Please complete based on behaviors in the morning classes

Initial Form

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

DOB: _____

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: _____.

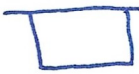
Is this evaluation based on a time when the child was on medication was not on medication not sure?

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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

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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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HE0351

Am Class Teacher (cont.)

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____
 Today's Date: _____ Child's Name: _____ Grade Level: _____

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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 Academic Performance	Excellent	Above Average	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

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

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Comments:

Please return this form to: _____
 Mailing address: _____
 Fax number: _____

WUCA – Forest Park Pediatrics, LLC
4488 Forest Park Ave, Suite 230
St. Louis, MO 63108
Ph#: 314-535-7855

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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Please complete based on behaviors in the afternoon classes

class teacher

Initial Form

D4

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

DOB: _____

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

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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

American Academy of Pediatrics



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NICHQ National Institute for Children's Health Quality



HE0351

Pm Class teacher (cont.)

D4 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

OFFICE USE

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Performance Academic Performance	Excellent	Above Average	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

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

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Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

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4488 Forest Park Ave, Suite 230
St. Louis, MO 63108
Ph#: 314-535-7855

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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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Person completing form should be different from person teaching the class.

Classroom Behavior Observation Form



Student's Name (Last) _____ (First) _____ Date _____

Teacher's Name (Last) _____ Time _____

Observer's Name (Last) _____ (First) _____

Class subject observed: _____

Part I: Time Sampling of Behavior

At the end of each 30-second interval, first observe the comparison student's behavior and place a + in the column for on-task behavior or a - for off-task behavior. Then observe the referred student. Record a + or a - as before. Categorize the referred student's problem behaviors by placing a check mark in the appropriate column. Make brief notes to help identify the antecedents, consequences, or perceived reason for the problem behavior.

	Comparison Student (+ or -)	✓ Problem Behaviors (Referred Student)								Notes	
		Referred Student (+ or -)	Inattentive	Overactive	Impulsive	Uncooperative	Anxious	Withdrawn	Aggressive		Other Inappropriate
30 sec											
1 min											
30 sec											
2 min											
30 sec											
3 min											
30 sec											
4 min											
30 sec											
5 min											
30 sec											
6 min											
30 sec											
7 min											
30 sec											
8 min											
30 sec											
9 min											
30 sec											
10 min											
30 sec											
11 min											
30 sec											
12 min											
30 sec											
13 min											
30 sec											
14 min											
30 sec											
15 min											

B. Off-task totals for referred student (number of - marks)
 A. Off-task totals for comparison student (number of - marks)

Part II: Problem Behaviors Observed

Sum the Problem Behaviors columns in Part I. If the student did not demonstrate the following problem behaviors, check Not Observed. If the problem behavior was observed, check Yes, note the specific behavior, then rate the levels of severity (to self) and disruptiveness (to others).

- A. Inattentiveness.** Did the student have difficulty paying attention, sustaining alertness, or maintaining effort? For example, did he or she look around, fail to listen to instructions or lessons, or become distracted by extraneous stimuli?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- B. Overactivity.** Was the student overly active for his or her age or grade? For example, did he or she fidget or jump out of his or her seat, walk or run around the classroom inappropriately, or sit or stand on a desk?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- C. Impulsiveness.** Did the student act impulsively? For example, did he or she blurt out answers before questions were completed, interrupt others, butt into conversations or games, or fail to wait for a turn?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- D. Uncooperative behavior.** Was the student uncooperative? For example, did he or she refuse to follow instructions or rules, act defiantly, argue or talk back to the teacher, pout, refuse to take turns or share, or cheat?

1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- E. Anxiousness.** Did the student appear overtly anxious? For example, did he or she pull his or her hair, bite his or her nails, twitch, pace, shake, repetitively tap his or her hands or feet, show a tense or worried expression, tremble, complain of a stomachache, or cry?

1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- F. Withdrawal.** Did the student seem to withdraw from others or from the classroom activities? For example, did he or she stare blankly or daydream, inappropriately fiddle with objects, or appear sullen or detached?

1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

G. Aggressiveness. Did the student act aggressively to other people or property? For example, did he or she hit, kick, bite, pinch, scratch, push, throw objects at, or spit at another; threaten, bully, or verbally abuse another; or break, deface, or destroy things?

- 1. Not Observed
- 2. Yes (describe) _____

a. Severity. How seriously did this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive was this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

H. Other inappropriate behaviors (nonaggressive). Did the student behave in ways that were socially inappropriate or offensive to others? For example, did he or she swear or use vulgar language, tease others, tattle on others, talk too loudly, bother others who were trying to work, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

- 1. Not Observed
- 2. Yes (describe) _____

a. Severity. How seriously did this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive was this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

Part III: Review of Classroom Observation

A. Review the problem behaviors identified in Part II. Identify the primary problem behavior observed.

(Check one.)

- 1. No serious problem behaviors were observed
- 2. Inattentiveness
- 3. Overactivity
- 4. Impulsiveness
- 5. Uncooperative behavior
- 6. Anxiousness
- 7. Withdrawal
- 8. Aggressiveness
- 9. Nonaggressive, classroom-inappropriate behaviors
- 10. Other _____

B. Considering the primary problem behavior identified, please complete the following sentences to describe what typically happened immediately prior to and immediately after the problem behavior occurred. You may also develop a hypothesis about the reason for the problem behavior.

- 1. Immediately before the problem behavior occurred, _____
- 2. Right after the behavior occurred, _____
- 3. This behavior may have occurred because _____

C. Type of activity or activities observed. (Check all that apply.)

- 1. Teacher-directed large classroom activity
- 2. Small group activity
- 3. One-to-one instruction
- 4. Individual activity (seatwork)

D. Does the student wear glasses?

- 1. No
- 2. Yes

If Yes, was the student wearing them during the observation?

- a. No
- b. Yes

E. Does the student wear a hearing aid?

- 1. No
- 2. Yes

If Yes, was the student wearing it during the observation?

- a. No
- b. Yes

F. Does the student take medication for behavior?

- 1. No
- 2. Yes

If Yes, was the student on medication during the observation?

- a. No
- b. Yes

G. According to the teacher, was the student's behavior during the observation typical of that student?

- 1. No
- 2. Yes

If no, the teacher reported the student's behavior was not typical because _____

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