



Forest Park Pediatrics  
Washington University Clinical Associates

## ADHD Follow-up Visit(s)

Dear Parent,

ADHD is a chronic medical condition that requires ongoing contact between your child and the pediatrician throughout the year. It is important that we assess for changes in your child's performance at home and at school as well as evaluate for side effects from medication at "med check" appointments. Equally important is tracking of your child's vital signs, including blood pressure, heart rate, weight, and height, as these can all be impacted with all ADHD medications.

During the initiation phase of treatment, visits could occur **monthly** as the medication regimen is fine-tuned for your child. Once the child is deemed stable on the medication, the visits can be spaced out and will generally occur every **three, six, or twelve months**. The frequency of visits will be determined by your provider. Additionally, "med checks" will need to occur independently of your child's annual physical exam because of the time needed to assess not only his or her response to medication but also his or her performance in school, at home, and during extracurricular activities.

For many patients, ADHD can cause added stress both at home and at school. **Medication alone** will often reduce ADHD symptoms by 25-40%. **Environmental changes and counseling** often reduce these symptoms by 20-30%. **Combined treatment** is not significantly more effective than medication alone when looking at core ADHD symptoms, but it does improve academic performance, parent-child relations, social skills, and conduct measures- especially if ADHD is combined with anxiety. **Combined treatment** also often allows for lower stimulant dosages thus reducing adverse effects. For these reasons we recommend combined treatment (stimulant medication and behavioral therapy).

**Prior to a med-check visit:** You will be asked to go to [www.forestparkpediatrics.wustl.edu/forms](http://www.forestparkpediatrics.wustl.edu/forms) and download the ADHD Treatment Evaluation- Follow-up Complete packet (parent and school). This packet contains follow-up Vanderbilt forms for 2 parents, and 2 teachers. The Vanderbilt questionnaires provide quantitative data about the child's response to medication in several different settings and help the physician with medication management. If the forms are not turned in prior to your appointment, you may be asked to reschedule.

**Refilling medicines between Med-check appointments:** We ask you to submit a request for an ADHD Prescription refill by calling the nurses at 314-535-7855 (option 3), the refill line, or through the patient portal (MyChart) at least 5 days prior to the time your child will need the medication. Prior to refilling the medication, our office will check to make sure your child is current on the recommended well child visits and ADHD med-check visits.

Please do not hesitate to call our office if you have any questions.

Sincerely,

The physicians and providers of Forest Park Pediatrics



**ADHD Medication Recheck Visit (Parent Questionnaire)**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Current School/ Grade: \_\_\_\_\_

Medications (list all ADHD medications, including dose and time(s) of day they are taken:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

Please list any concerns you or the teacher have about your child’s ADHD:

How is your child’s school Performance (as reported by teacher to you)?

- Grades:  unchanged  improved
- Testing:  unchanged  improved
- Discipline:  unchanged  improved

How is your child’s home performance?

- Homework completion:  unchanged  improved  Not applicable
- Chore completion:  unchanged  improved  Not applicable
- Relationships with family:  unchanged  improved  Not applicable
- Relationships with friends:  unchanged  improved  Not applicable
- Extra-curricular activities:  unchanged  improved  Not applicable

Does your child have:  IEP  504 plan  Response to Intervention (RTI)  None

Does your child see other clinicians?  Yes  No

- Psychiatrist/ Developmental Pediatrician/ Neurologist
- Psychologist  Counselor  Therapist

Children with ADHD often have at least one comorbid condition (67%). Some examples include Oppositional Defiant Disorder (34.7%), Behavioral Disorders (30%), Anxiety Disorders (18%), Specific Phobias (11%), Depression (14%), Speech/ Language Problems (12%), and finally Learning Disabilities (46%).

Do you have any concerns for the comorbid conditions above:  Yes  No

- Which ones?  Oppositional Defiant Disorder  Behavioral disorders  anxiety disorder  
 Phobias  Depression  Speech/ Language concerns  Learning disability

PARENT # 1

Follow-up form

D5 NICHQ Vanderbilt Assessment Follow-up—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. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her behaviors.

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 1-18 describing various behavioral symptoms.

OFFICE USE

9

9

[Handwritten box]

Table with 6 columns: Performance, Excellent, Above Average, Average, Somewhat of a Problem, Problematic. Rows 19-26 describing overall and specific performance areas.

8

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality

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

Revised - 0303

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ National Institute for Children's Health Quality



HE0352

PARENT # 1 (cont.)

**D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

**Explain/Comments:**

**For Office Use Only**

Total Symptom Score for questions 1–18: \_\_\_\_\_

Average Performance Score for questions 19–26: \_\_\_\_\_

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

**NICHQ**  
National Institute for  
Children's Health Quality



PARENT #2 if present

Follow-up Form

D5 NICHQ Vanderbilt Assessment Follow-up—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. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her behaviors.

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 1-18 list various behavioral symptoms.

OFFICE USE

9

\_\_\_\_\_

9

[ ]

Table with 6 columns: Performance, Excellent, Above Average, Average, Somewhat of a Problem, Problematic. Rows 19-26 list overall and specific performance areas.

8

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality. Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303



PARENT #2 (cont.)

**D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

**Explain/Comments:**

**For Office Use Only**

Total Symptom Score for questions 1–18: \_\_\_\_\_

Average Performance Score for questions 19–26: \_\_\_\_\_

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

**NICHQ**  
National Institute for  
Children's Health Quality





# Forest Park Pediatrics

Washington University Clinical Associates

**Parents, please complete this page prior to giving this packet to your child's school.**

**Thank you,**

**The physicians at Forest Park Pediatrics.**

*Forest Park Pediatrics  
4488 Forest Park Ave., Suite 230  
St. Louis, MO 63108  
Office: (314) 535-7855  
Fax: (314) 534-2803*

Parental consent to the release of information between the school and Forest Park Pediatrics.

Beginning date: \_\_\_\_\_

Ending date: \_\_\_\_\_

**To be completed by Parent(s):**

**I agree with the following 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:** \_\_\_\_\_

\_\_\_\_\_



# Forest Park Pediatrics

Washington University Clinical Associates

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear Teacher:

This school packet is designed to obtain input from you to help with with our assessment of how your student's Attention Deficit Hyperactivity Disorder (ADHD) is responding to treatment. As you are aware, medication is only one treatment modality used to help manage symptoms of ADHD. The following rating scales are designed to help us determine if a medication adjustment is necessary.

Generally the teacher(s) who spend(s) 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.

As a reminder, peditatric patients with ADHD often have at least one comorbid condition (67%). Some examples include Oppositional Defiant Disorder (34.7%), Behavioral Disorders (30%), Anxiety Disorders (18%), Specific Phobias (11%), Depression (14%), Speech/ Language Problems (12%), and finally Learning Disabilities (46%). Please continue to monitor for these concerns and if your student isn't improving with current treatment, please provide feedback to the parent or write what you are seeing on the Vanderbilt Rating scales comment section.

We ask that you complete these rating scales as soon as possible as your student likely has an appointment with us in 1-2 weeks. 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:

- Consent for release of information between school and Forest Park Pediatrics
- Education Report Form (Teacher Completion) - AM and PM teachers if different
- NICHQ Vanderbilt Assessment Follow-up- Teacher Informant (AM)
- NICHQ Vanderbilt Assessment Follow-up- Teacher Informant (PM)

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

Sincerely,

The physicians and providers at Forest Park Pediatrics

Please complete based on behaviors in the morning classes.

Am class teacher

Follow UP

**D6 NICHQ Vanderbilt Assessment Follow-up—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 last assessment scale was filled out. 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. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

OFFICE USE

9

9

[ ]

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

8

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.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality  
Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.  
Revised - 0303

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ National Institute for Children's Health Quality



HE0353

Am 3 Class teacher (cont.)

**D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued**

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

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

Side Effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

**Explain/Comments:**

**For Office Use Only**  
Total Symptom Score for questions 1–18: \_\_\_\_\_  
Average Performance Score: \_\_\_\_\_

Please return this form to: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
Fax number: \_\_\_\_\_

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.





Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Education Report Form (Teacher completion)**

**School Information:**

School Name: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

Subject(s) you teach this student?  English  Math  Science  History  Language(s)  Arts  Other: \_\_\_\_\_

Is this student currently receiving any of the following supports in school?

RTI  IEP  504 Plan  Special Education from Special School District  Tutoring

Other: \_\_\_\_\_

Please rate your student's success in the following areas in relationship to grade level:

<b>Academic Skill</b>	<b>Above level</b>	<b>At Level</b>	<b>Nearing level</b>	<b>Below level</b>	<b>Not applicable</b>
English (reading/ writing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History/ Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and Humanities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort towards school assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to complete difficult items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer/ Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with teachers, admin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Areas of concern you see at school:**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete based on behaviors in the afternoon classes

PM

class teacher

Follow-up

**D6 NICHQ Vanderbilt Assessment Follow-up—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 last assessment scale was filled out. 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. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

OFFICE USE

9

9

[ ]

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

8

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.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality  
Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.  
Revised - 0303



PM class teacher (cont.)

**D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued**

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

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

Side Effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

**Explain/Comments:**

**For Office Use Only**  
 Total Symptom Score for questions 1–18: \_\_\_\_\_  
 Average Performance Score: \_\_\_\_\_

Please return this form to: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 Fax number: \_\_\_\_\_

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

11-22/rev0303

**NICHQ**  
National Institute for Children's Health Quality





Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Education Report Form (Teacher completion)**

**School Information:**

School Name: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

Subject(s) you teach this student?  English  Math  Science  History  Language(s)  Arts  Other: \_\_\_\_\_

Is this student currently receiving any of the following supports in school?

RTI  IEP  504 Plan  Special Education from Special School District  Tutoring

Other: \_\_\_\_\_

Please rate your student's success in the following areas in relationship to grade level:

<b>Academic Skill</b>	<b>Above level</b>	<b>At Level</b>	<b>Nearing level</b>	<b>Below level</b>	<b>Not applicable</b>
English (reading/ writing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History/ Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and Humanities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort towards school assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to complete difficult items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer/ Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with teachers, admin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Areas of concern you see at school:**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_