

Indian Crest Pediatrics
9035 Wadsworth Pkwy, Suite 3000
Westminster, CO 80021
303-422-7677

Dear Teacher,

_____ has been referred to Indian Crest Pediatrics for an evaluation. Your observations of this student in school are extremely important to insure the most comprehensive assessment. Therefore, we ask you to complete the enclosed questionnaire and return it to _____, who will forward it to us. Attached you will find the guardian's consent to release this information.

In advance, we thank you for your prompt assistance in this matter. Please contact my office if you have any questions or concerns.

Sincerely,

John Barbe, M.D.
Peter Knott, M.D.
Sona Shah, M.D.
Mark Colloton, P.A.C.
Kinsey Ringenberg, P.A.C.

Enclosure: NICHQ Vanderbilt Assessment Scale- TEACHER Informant

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

First, thank you for taking the time to complete the enclosed form. Your responses will give us a much better understanding of this child's school functioning. The instructions for filling out the form are listed below. Please follow these as closely as possible.

Who should complete these forms?

Ideally, this should be the teacher who spends the most time with the student. If two or more teachers wish to complete this questionnaire, each should do so independently on separate forms, which may be obtained from our office upon request.

What if the student is already taking medication?

If this student is now taking medication (e.g., Ritalin) for behavior management purposes, it is very likely that you have observed his/her behavior both on and off medication. Please answer the attached questionnaire based on how you observe your child most of the time. Also, please let us know on what basis you responded by checking one of the following:

- This student does not take medication for behavior problems.
- This student takes medication, but my ratings reflect how he/she behaves when off medication.
- This student takes medication, and my ratings reflect how he/she behaves when on medication.

Why do I have to answer questions about myself?

The conditions under which you observe this student can have a significant impact on our interpretation of your ratings. Having information about the school setting also allows us to make treatment recommendations that maximize this student's behavior and performance in school. For reasons such as these, we would appreciate your providing the information requested below:

Name of Teacher Completing Forms: _____

Type of Classroom Setting: Regular _____ Special Education _____

Number of Students in Classroom: _____

Number of Teachers/Aides in Classroom (including yourself): _____

Total Amount of Time (in hours) Spent with Student Each Day: _____

Once again, thank you for your time and assistance.

RELEASE OF INFORMATION

I request and authorize Indian Crest Pediatrics, Colorado to obtain / release information from / to (name of persons/agency):

For the period of _____
(Dates)

Who was evaluated by Indian Crest Pediatrics, Colorado, from _____ to _____

The requested information is to be used for the following purpose: Completion of comprehensive assessment

The parties to any pending or contemplated litigation are as follows (if none, so state):

<hr/>	<hr/>
Date	Signature of Patient or Person Authorized to Sign for Patient
	<hr/>
	Relationship to Patient
<hr/>	<hr/>
Date	Signature of Witness

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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NICHQ

National Initiative for Children's Healthcare Quality



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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School Data Regarding _____, to be completed by primary teacher.
Please help us in the evaluation of this student by filling out this brief questionnaire.

Teacher: _____ Phone: _____

1. Describe this student's main school problem: _____

2. Please give examples of this student's attention span: _____

3. Describe his/her interactions with classmates. Can he make friends, does he fight often, does he prefer to play alone? _____

4. Describe his/her interactions with teachers. If he misbehaves, what disciplinary actions are necessary? _____

5. Please provide us with results of any educational testing if done or any other school data you feel may be important: _____

Thank you for helping us with this evaluation, please return form to The Doctors at:

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Primary Doctor Physician's Assistant or Nurse Practitioner