

Student Name: _____

DOB: ___/___/___

Dear School:

Please detach and keep this cover page for your records. Pages 2 through 4 should be mailed to the address below.

The above named student is being evaluated for school problems. Information from the school is critical in this evaluation. We are asking you to complete the following packet and return to the address below within 2 weeks. Your cooperation in completing this questionnaire is a very important part, and your comments and insights will be greatly appreciated.

The parents/guardians should have signed the release that appears below, to exchange information. This is for you to keep. Thank you for your assistance. If you have any questions or have additional information that you feel would be helpful, please feel free to call. Please send all forms to the address that appears below.

Sincerely,

PLEASE ENTER NAME OF DOCTOR

Four Seasons Pediatrics
532 Moe Road
Clifton Park, NY 12065

Telephone 383-2425

**PERMISSION TO EXCHANGE MEDICAL AND SCHOOL INFORMATION
(FOR PATIENT'S MEDICAL RECORD)**

I, _____ authorize Four Seasons Pediatrics to exchange information with _____ (name of school) regarding fln; DOB: dobn (Student name and date of birth)

In order to facilitate communication between my child's school and my doctor, I hereby give permission for sharing of medical, social, personal, and educational information relevant to the care and treatment of my child's learning difficulties.

I understand that my permission is required to release any information related to psychiatric and emotional health, sexual abuse, and/or drug and alcohol use, and I do grant permission for including such information if relevant in the care and treatment of my child's medical condition.

I understand that the confidentiality of these records will be protected. These records cannot be disclosed without written consent, except as provided for under Federal or State of New York laws. I also understand that this consent can be revoked at any time, except to the extent that action has been taken. I further acknowledge that I understand the purpose of this release and consent is given of my own free will.

Signature and relationship of individual authorizing release

Date

School Packet B

Patient Name: _____

DOB: ___/___/___

Date: ___/___/___ Age: _____ Grade: _____ Teacher: _____

School: _____ Phone: _____ Fax: _____

School Address: _____

In what role, and for how long have you had contact with this student? _____

Has this child been held back or advanced any grades? _____

If yes, state reason: _____

Length of attendance at your school: _____

Frequency of absence from school: _____

Please briefly summarize any educational testing performed on this child (or attach information) Please include IQ testing. (If testing will be done in the future, please state approximately when). _____

Please describe briefly any problem areas you have observed in this child:

How would you rate the severity of this child's problems compared to classmates of same age and sex?

What procedures (if any) have been tried to change any of these concerns? Did it work?

Please describe any special help or services this child is receiving at school:

Briefly characterize student's relationships with peers and adults:

ACADEMIC ACHIEVEMENT (as appropriate)

Subject Fields	N/A	Poor	Fair	Good	Excellent
Apparent Intelligence	—	—	—	—	—
Penmanship	—	—	—	—	—
Language/Art	—	—	—	—	—
Reading	—	—	—	—	—
Spelling	—	—	—	—	—
Math	—	—	—	—	—
Sciences	—	—	—	—	—
Social Studies	—	—	—	—	—
P.E. (recess)	—	—	—	—	—

Please attach any copies of CSE and/or IEP’s that have been developed on this student.

Any other comments you have:

Please continue on by circling the answer that best fits the following:

ODD	4 / 6 months		
1. Loses temper?	Rarely	Sometimes	Always
2. Argues with adults?	Rarely	Sometimes	Always
3. Actively defies or refuses to comply with adult requests or rules?	Rarely	Sometimes	Always
4. Deliberately annoys people?	Rarely	Sometimes	Always
5. Blames others for his/her own mistakes or misbehavior?	Rarely	Sometimes	Always
6. Is touchy or easily annoyed by others?	Rarely	Sometimes	Always
7. Angry or resentful?	Rarely	Sometimes	Always
8. Spiteful or vindictive?	Rarely	Sometimes	Always

ADHD Rating Scale IV – School Version

	0	1	2	3
1. Fails to give close attention to details or makes careless mistakes in school work, work, or other activities?	Never	Sometimes	Often	Always
2. Fidgets with hands or feet or squirms in seat?	Never	Sometimes	Often	Always
3. Has difficulty sustaining attention in tasks or play activities?	Never	Sometimes	Often	Always
4. Leaves the seat in class or in other situations in which remaining seated is expected?	Never	Sometimes	Often	Always
5. Does not seem to listen when spoken to directly?	Never	Sometimes	Often	Always
6. Runs about or climbs excessively in situations in which it is inappropriate?	Never	Sometimes	Often	Always
7. Does not follow through on instructions or finish schoolwork, chores, or work?	Never	Sometimes	Often	Always
8. Has difficulty playing or engaging in leisure activities quietly?	Never	Sometimes	Often	Always
9. Has difficulty organizing tasks and activities?	Never	Sometimes	Often	Always
10. Seems driven by a motor or always on the go?	Never	Sometimes	Often	Always
11. Avoids, dislikes, or seems reluctant to engage in tasks that require sustained mental effort such as schoolwork or home work?	Never	Sometimes	Often	Always
12. Talks excessively?	Never	Sometimes	Often	Always
13. Loses things necessary for tasks or activities (toys, school assignments, pencils, books, tools)?	Never	Sometimes	Often	Always
14. Blurts out answers before the question is completed?	Never	Sometimes	Often	Always
15. Is easily distracted by things that go on around him?	Never	Sometimes	Often	Always
16. Has difficulty waiting turns?	Never	Sometimes	Often	Always
17. Is forgetful in daily activities?	Never	Sometimes	Often	Always
18. Interrupts or intrudes on others (butt into conversations or games)?	Never	Sometimes	Often	Always

Inattention = _____ 2 Std Dev = _____ Hyp-Imp = _____ 2 Std Dev = _____
 Combined = _____ 2 Std Dev = _____

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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HE0351

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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