



BAER PEDIATRICS LLC

3009 N. Ballas Road, Suite 257-C, St. Louis, MO 63131

[p] 314.569.2112 [f] 314.569.1270

www.baerpediatrics.com

ADHD EVALUATION

Dear Teacher/Counselor,

We are currently evaluating one of your students for concerns regarding ADHD. In order to complete this evaluation, we are asking you to complete the following questionnaire and rating scale. Each teacher should complete a separate questionnaire and survey.

In addition to the questionnaire and survey, it would be helpful to receive copies of any evaluations performed at school. These may include achievement tests or educational assessments, IEP reports, 504 plans, or school psychologist reports.

A signed Authorization for Disclosure of Protected Health Information by the parent/guardian is also enclosed.

Thank you for your assistance and cooperation in the completion of these forms. Please call if you have any questions regarding the enclosed material.

Sincerely,

Baer Pediatrics



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ADHD EVALUATION

Authorization for Disclosure of Protected Health Information (Please sign and give to your child's teacher(s))

Child's Name

Date of Birth

I hereby authorize the below organization to release and receive information on my child's behalf:

School

Contact Person

Title

Telephone #

Address

City

State

Zip

Information to be released to:

Baer Pediatrics, LLC
3009 N. Ballas Rd.
Suite 257-C
St. Louis, MO 63131

Information being requested:

- Teacher Questionnaire
- NICHQ Vanderbilt Assessment
- Recent psychometric, academic, any current IEP/504 plan in use and behavioral assessments

Other: _____

Signature

Relationship to Child

Address

City

State

Zip

Primary Phone #

Secondary Phone #



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ADHD EVALUATION TEACHER QUESTIONNAIRE

Child's Name _____

Date Completed _____

School Name _____

Child's Grade _____

Teacher's Name _____

Subject Taught _____

Hours with child (daily average) _____

Number of students in class _____

How long have you known this child _____

Is this child absent often? _____

Has this child repeated/skipped any grades? _____

Has this child had any or planned to have any IQ or educational assessments? _____

If so, what is the child's Full IQ _____ Verbal IQ _____ Performance IQ _____

Does this child have an IEP _____ (if so please attach copy of most recent)

Please describe any special help/services this child receives in and outside of the classroom:



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ADHD EVALUATION TEACHER QUESTIONNAIRE

Please rate the child's ability in the following for his/her grade level:

	Failing	Below Average	Average	Above Average	Superior
Reading					
Mathematics					
Spelling					
Handwriting					
Written Expression					
Overall academic achievement					
Social Interactions					

PLEASE DESCRIBE THIS CHILD'S STRENGTHS AND DIFFICULTIES AS YOU SEE THEM

PLEASE LIST ANY SPECIFIC QUESTIONS AND/OR AREAS IN WHICH YOU WOULD LIKE TO HELP THIS CHILD

ANY ADDITIONAL COMMENTS

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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: _____.

Symptoms	was on medication		was not on medication		not sure?
	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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**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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
<i>Academic Performance</i>					
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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