

TEACHER'S EVALUATION FORM

GRADE LEVEL: HIGH SCHOOL (9-12)

Child's Name: _____ D.O.B. _____

School: _____ Grade: _____

Type of Class: _____

Other Special Services: _____

Frequency: Full-Day Half-Day

1. ATTENDANCE: Good Fair Poor

2. ACADEMIC ACHIEVEMENT:

A. Test Grades & Dates	Date Given	Grade
Reading	_____	_____
Spelling	_____	_____
Arithmetic	_____	_____

Comments: _____

B. Comparison to Classroom Peers	Above Average	Average	Below Average	Among Worst in Class
Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills (Popularity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Judgement (Common Sense)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Adjustment (Conformity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. PHYSICAL DEVELOPMENT:

Appearance:

- Normal Normal/Overweight Normal/Very Small Normal/Unkempt
 Somewhat Abnormal Significantly Abnormal

Physical handicap or deformities (describe): _____

Sensory handicaps (visual, hearing, etc.): _____

Comments: _____

4. COORDINATION:

	Excellent	Very Good	Good	Fair	Poor
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. BEHAVIORAL AND AFFECT:

- | | | | | |
|---|----------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Moody | <input type="checkbox"/> Quiet | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Persevering | <input type="checkbox"/> Shy | <input type="checkbox"/> Angry | <input type="checkbox"/> Immature | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Slow | <input type="checkbox"/> Happy | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Disobedient |
| <input type="checkbox"/> Uncontrollable | <input type="checkbox"/> Fearful | <input type="checkbox"/> Other _____ | | |

Comments: _____

6. SPEECH & LANGUAGE FUNCTION:

- A. Is child bilingual? Yes No In which language?
Is child better in one than the other? Yes No Is so, which?
Child's communication can most typically be described as (check one):
 Spontaneous & meaningful Over talkative Inhibited Inadequate
- B. Speech: Normal Some articulation errors Difficult to understand Unintelligible
- C. Language:
Comparison to peers in his/her class: Good Average Fair Poor
Uses sentences: Yes No
Uses gestures: Yes No
- D. Comprehension: Adequate Questionable Inadequate
Responsiveness and comprehensions to language of—
Peers
Teacher
- Comments: _____

7. SOCIAL SKILLS

- A. Relationship to Teacher (Adults):
 Eager to Please Compliant Cooperative Defiant Rebellious
 Unable to accept discipline Need constant prodding or attention
- B. Participates in after school program (specify): _____
- C. Peer Relations:
 Initiates contact Disliked by other Children Disinterested in other Children
 Has friends Provokes other children Liked by other children
 Leader Mixes with group Not part of group Picked on by others
- Comments: _____

8. PSYCHOLOGICAL TESTS:

- | | Date | Tests | Results/Summary |
|-----------------------------------|-------|-------|-----------------|
| A. Individual Intelligence Tests: | _____ | _____ | _____ |
| B. Personality: | _____ | _____ | _____ |
| C. Psychiatric Evaluation: | _____ | _____ | _____ |

9. SPECIAL SKILLS:

- A. Time Orientation (check all that apply): Knows days Knows months Knows seasons
 Knows year Can tell time a little Can tell time well Able to plan Confused
- B. Use of Money (check all that apply): Knows coins Can make simple change
 Can make complex change Knows common prices Can be sent to the store
 Able to go shopping (including use of money) Able to plan (save/calculate)
- B. Traveling (check all that apply): Cannot travel at all Trusted in walking distances
 Cannot travel but would probably learn Able to travel in limited area Independent traveler
- Comments: _____

10. SPECIAL EDUCATION DEVICES:

- Current In the Past Speech Therapy Remedial Reading Perceptual Training

What facilities does your school or school system have that might be of assistance to this child?

11. EDUCATION PLANS:

A. Present class placement (specify): _____ Appropriate? Yes No

If yes, how long will student stay in present setting? _____

If no, what seems indicated? _____

B. In what setting do you think this student will be able to function in the future? (check one)

- Competitive Work Sheltered Workshop Unable to function/totally unproductive

Comments: _____

C. What do you see as future living arrangement needed? (check one)

- Able to live independently Semi-independent (hostel/family) Dependent family or institution

Needs help in basic self-care skills Comments: _____

12. COMMENTS

A. Please comment on any strengths or weaknesses: _____

B. What do you feel is most needed to help student better adjust, function or improve his/her work habits?

C. Please feel free to elaborate on any of the above points or to add other information you feel is relevant:

Signature: _____ **Date:** _____

Title: _____

VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE

Name: _____ Grade: _____

Date of Birth: _____ Teacher: _____ School: _____

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors _____.

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = 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 listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork <i>(not due to oppositional behavior or failure to understand)</i>	0	1	2	3
5. Has difficulty organizing tasks or 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 or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' 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 (ie, "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
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/her"	0	1	2	3
35. Is sad unhappy or depressed	0	1	2	3

VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE (continued)

ACADEMIC PERFORMANCE

	Problematic		Average		Above Average	
Reading	1	2	3	4	5	
Mathematics	1	2	3	4	5	
Written Expression	1	2	3	4	5	
Homework Completion	1	2	3	4	5	

CLASSROOM BEHAVIOR

	Problematic		Average		Above Average	
Relationship with peers	1	2	3	4	5	
Following directions/rules	1	2	3	4	5	
Disrupting class	1	2	3	4	5	
Assignment completion	1	2	3	4	5	
Organization skills	1	2	3	4	5	

Please include any observations you feel are pertinent: _____
