

# 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: \_\_\_\_\_

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