

Beacon Psychology Services LLC

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Teacher Information Form

As the legal custodial parent/guardian of _____, I am currently in the process of having a psychological evaluation completed on my child, who is in your class. As part of the evaluation, Beacon Psychology Services is very interested in your impressions of my child. It would be very helpful for you to complete these pages and return them to me or directly to Beacon Psychology Services as soon as possible. If these pages do not allow you to convey all of your observations regarding my child, please feel free to call Beacon Psychology Services. Thank you very much.

Parent/legal guardian's signature

today's date

1. What is your name? _____

2. What is your relationship to this student and how long have you known him/her? _____

3. Please describe any special support, services, or help this student is receiving at school: _____

4. Please describe this student's overall academic performance in your classroom, including whether or not you feel this student is working up to his/her potential: _____

5. Please describe this student's ability to focus, concentrate, complete work independently, follow oral or written directions, etc.: _____

6. Please describe this student's mood/emotions in the classroom setting; i.e., moodiness, worry, anger/frustration (management); fearfulness, insecurity: _____

7. Please describe this student's ability to get along with peers in the school setting, including both in the classroom and in unstructured times such as lunchtime and recess: _____

8. Please describe this student's response to authority in the classroom setting; i.e., ability to follow rules, response to assignments, any problems with talking back, etc.: _____

9. Has any disciplinary action been taken with this student, including behavior plans, detentions, and suspension? _____

10. Please feel free to give any additional information that you think will be helpful in our evaluation of this student's educational, behavioral, and social needs: _____

Please take the time to also complete the attached checklist. Thank you for your input.

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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