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Hello Teacher: The information you provide in this questionnaire will assist in the evaluation of your student. Please complete this form and fax to me. Thank you.

Walter B. Branch, Ph.D.
Licensed Psychologist

Child's Name: _____ Sex: M or F School: _____ Date: _____
Teacher's Name: _____ Grade: _____ Subject: _____

Overall Class Standing: Lower / Middle / Upper
Estimated Instructional Level in Reading: _____ Spelling: _____ Math: _____ Other: _____
Student has the most difficulty in: _____

Does Seatwork: Always / Usually / Seldom
Seatwork is usually: Accurate / Inaccurate Neat / Sloppy On Time / Late
Assigned Seatwork is usually done: Independently / With Much help
Does Homework: Always / Usually / Seldom / Never

Please check the words and/or phrases which best describe this student

- | | | |
|---|--|---|
| <input type="checkbox"/> good attention span | <input type="checkbox"/> likes to please | <input type="checkbox"/> tense and anxious |
| <input type="checkbox"/> follows directions | <input type="checkbox"/> relates well to peers | <input type="checkbox"/> not a discipline problem |
| <input type="checkbox"/> has trouble remembering | <input type="checkbox"/> appropriately competitive | <input type="checkbox"/> daydreams |
| <input type="checkbox"/> slow to learn new material | <input type="checkbox"/> has "spotty learning" | <input type="checkbox"/> teases other children |
| <input type="checkbox"/> cooperative with the teacher | <input type="checkbox"/> easy to control | <input type="checkbox"/> is picked on |
| <input type="checkbox"/> timid and shy | <input type="checkbox"/> fears failure | <input type="checkbox"/> poor social skills |
| <input type="checkbox"/> a loner | <input type="checkbox"/> dislikes school | <input type="checkbox"/> seeks attention |
| <input type="checkbox"/> gives up easily | <input type="checkbox"/> fights (others) | <input type="checkbox"/> good manners |
| <input type="checkbox"/> bizarre statements or behaviors (if yes, please explain) | | |

Disciplinary measures required: Never / Rarely / Frequently

Any physical impairments noted: None / Visual / Hearing / Motor / Other

Any speech/language impairments : No Impairment / Some Impairment / Moderate or Severe Impairment

There are more questions on the reverse side.

Student's Name: _____ Person completing this form: _____

Is this student in special education yes / no. If yes, which category of special education? _____

Is he or she served under OHI yes / no

Is he or she served under section 504 yes / no

Is he or she served under PSI yes /no

Is he or she served under EIP yes / no

Is this child receiving RTI monitoring or intervention? Is so, please describe

Has this student had a psychological evaluation by the school psychologist?

Please describe any social skills problems this child may have.

Please describe any academic or behavioral strengths this child may have.

What is your greatest concern regarding this student?

Additional Comments (if needed):

Thank-you very much for your assistance!

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.

Revised - 0303

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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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11-20/rev0303

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