

NORTHERN KENTUCKY PEDIATRIC GROUP, P.S.C.

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Initial Letter to Teachers

Regarding: _____

Date: _____

Dear Teacher:

The parents of the above captioned student are seeking to have their child evaluated in our office for a health concern. As part of our evaluation process, we ask that both the child's parents and **two (2) teachers** complete a set of behavioral rating scales.

This information is important for the diagnosis and treatment of your student. Your time and cooperation in this matter is greatly appreciated. Attached please find a set of teacher rating scales (questionnaire). This form is called the NICHQ Vanderbilt Teacher Assessment Scale. Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher, or a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. If more than one sheet is needed, you have permission to copy the form for as many teachers as needed. Please note that the same teacher should complete each entire set of forms. Please fill them out as completely as possible. If you do not know the answer to a question, please write "Don't Know" so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

In your evaluation of your student, please don't give them a better evaluation of their behavior that is really true. Be bluntly honest. Also, in the comments section of the rating scales please write a narrative paragraph detailing how student is doing in your class. Please note any disruptive or problematic behaviors. If there is not enough space on the forms, attach a separate sheet.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher scales. Thank you for your assistance and cooperation in the completion of these forms.

Sincerely

Northern Kentucky Pediatric Group

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: _____ .

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 (e.g. 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 (e.g. "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 or her" | 0 | 1 | 2 | 3 |
| 35. Is sad, unhappy, or depressed | 0 | 1 | 2 | 3 |

NICHQVanderbiltTeacher.20050617

NICHQ Vanderbilt Assessment Scale – TEACHER Informant*

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Performance

| <i>Academic Performance</i> | Excellent | Average | Above Average | Somewhat of a Problem | Problematic |
|-----------------------------|-----------|---------|---------------|-----------------------|-------------|
| 36. Reading | 1 | 2 | 3 | 4 | 5 |
| 37. Mathematics | 1 | 2 | 3 | 4 | 5 |
| 38. Written expression | 1 | 2 | 3 | 4 | 5 |

| <i>Classroom Behavioral Performance</i> | Excellent | Average | Above 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:

Assessments /Questionnaire will not be evaluated without an appointment.
 Please call 763-785-4500 or you can make an appointment on our
 website at www.multicare-assoc.com.

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: _____