

Dear \_\_\_\_\_

As the parent of your student \_\_\_\_\_, I am working with our pediatrician to complete an evaluation for a health concern. The evaluation requires a teacher to complete a behavioral screen. Would you please help us by filling out the attached forms?

Please note that you should complete each form on your own, without input from another teacher. Please complete the forms as soon as possible so the evaluation will proceed quickly. You may return the forms directly to our pediatrician. Use the attached fax cover sheet to return the form/s via fax, or you may scan or take a photo of each page of the behavioral screen, checking to ensure the entire page is within view and readable, and email directly to our pediatrician's nurse at [nursing@redbudpediatrics.com](mailto:nursing@redbudpediatrics.com).

Thank you very much for your help and for teaching our child!

Sincerely,

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



## Fax Transmittal Form

Phone: 316-201-1202

Fax: 316-201-1251

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**To:** Redbud Pediatrics

**From:**

**Fax #:** 316.201.1251

**Date:**

**Phone #:** 316.201.1202

**# of pages including cover:**

**Message:** Completed Teacher Vanderbilt Forms

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## Vanderbilt ADHD Diagnostic Teacher Rating Scale

**Child's Name:** \_\_\_\_\_ **Teacher's Name:** \_\_\_\_\_ **Teacher's Fax #** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**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  not on medication  not sure

Behavior:	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 refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start 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 when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when 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 in 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 get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen things of nontrivial value	0	1	2	3
28. Deliberately destroys other's 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

## Vanderbilt ADHD Diagnostic Teacher Rating Scale (DSM-5), Cont.

Child's Name: \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Academic & Social Performance:	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Reading	1.	2.	3.	4.	5.
2. Writing	1.	2.	3.	4.	5.
3. Mathematics	1.	2.	3.	4.	5.
4. Relationship with peers	1.	2.	3.	4.	5.
5. Following directions	1.	2.	3.	4.	5.
6. Disrupting class	1.	2.	3.	4.	5.
7. Assignment Completion	1.	2.	3.	4.	5.
8. Organizational Skills	1.	2.	3.	4.	5.

**Comments:**

**Tic Behaviors:** To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.  
 No tics present.  Yes, they occur nearly every day, but go unnoticed by most people.  Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.  
 No tics present.  Yes, they occur nearly every day, but go unnoticed by most people.  Yes, noticeable tics occur nearly every day
3. If **YES** to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)?  No  Yes

**Previous Diagnosis and Treatment:** Please answer the following questions to the best of your knowledge.

1. Has the child been diagnosed with ADHD or ADD?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Is he/she on medication for ADHD or ADD?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Is he/she on medication for Tic Disorder or Tourette's Disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes