St Luke's
Developmental Pediatrics

St. Luke's Developmental Pediatrics
5425 Lanark Road Suite 200
Center Valley, PA 18034
Phone: 484-658-5437
Fax: 833-214-7525

DATE:

RE:

DOB:

Dear Teacher(s),

The parent(s)/guardian(s) of the above-named child have requested an evaluation with our office. Your input is a very important part of establishing a correct diagnosis. Please have the appropriate teachers complete the attached for and return them to the address or fax number listed above.

Thank you for your cooperation.

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DAYCARE/PRESCHOOL QUESTIONNAIRE

Name of Student:	Todays Date:
Date of Birth:	Age:
Program Name:	School District:
Program Address:	
Form Completed By:	Position:
With help from:	Position:
Contact Person:	Phone Number:

Please list this child's strengths as you see them:
1.
2.
3.
4.
Please list your major concerns for this child:
1.
2.
3.
4.
What Modifications, strategies, or approaches have been tried? What were the results?
Please attach the following:
☐Reports of individual or group testing that have been performed on this student (e.g. psychological, academic, standardized state tests, speech/language, OT/PT, social, behavioral assessments, etc.)
☐ If possible, please attach one or more typical samples of this child's work
If applicable, copies of the student's ☐ IEP ☐Behavioral Intervention Plan

Name:_____ **Date of Birth**:_____

Please describe the student's current educational program:				
Program		Frequency	Period of time the child has received services	Direct Service or Consultation?
☐	Regular Education Class			Not Applicable
☐	Blended/Integrated Class			
☐	Specialized Class (specify):			
	Number of children in the class			
☐	Support Services			
	☐ 1:1 aide			
	☐ Consultant Teacher			
	☐ Counseling			
	☐ Occupational Therapy			
	☐ Physical Therapy			
	☐ Speech/Language Therapy			
	☐ Other (Specify):			
☐	Individual Education Plan (IEP			Not Applicable
☐	Behavior Intervention Plan			

Behavioral Observations

Please check behaviors that you have observed in this student:			
☐	Difficulty waiting	☐	Strong-willed/persistent
☐	Disorganized/loses belongings	☐	Shuts down
☐	Fails to finish tasks	☐	Temper tantrum
☐	Fidgety/restless	☐	Wets or soils pants
☐	Forgets what she/he just heard	☐	Anxious
☐	Inattentive/easily distracted	☐	Irritable
☐	Impulsive/doesn't think before acting	☐	Low self-esteem/self-confidence
☐	Inconsistent performance	☐	Often seems fatigued/tired
☐	Loses interest easily	☐	Overly sensitive to touch, noise, light
☐	Aggressive	☐	Slow-to-warm-up/shy
☐	Defiant	☐	Sad/Depressed
☐	Discipline not effective	☐	Over-focuses on specific activities
☐	Disruptive	☐	Repetitive behaviors/movement/play
☐	Easily angered or frustrated	☐	Socially isolated

Name:_____ **Date of Birth**:_____

Please rate your observations of the child's performance in the following areas:				
	Developmental functions	**Deficient for age**	**Appropriate for age**	**Advanced for Age**
Gross Motor	Large muscle strength			
	Overall coordination			
	Running speed & agility			
	Catching/throwing a large ball			
	Jumping, hopping, skipping			
	Learning new motor skills			
Fine Motor	Holding scissors			
	Holding pencil or crayon			
	Tracing & coloring			
	Managing zippers & buttons			
	Manipulating eating utensils			
	Learning new craft skills			
Visual Spatial	Distinguishing different sizes & Shapes			
	Copying letters or figures			
	Drawing simple shapes			
	Drawing similar letters (b-d, etc.)			
	Assembling puzzles			
	Learning to write new letters, numbers or shapes			
	Learning where to find things			
Expressive Language	Pronouncing words easily			
	Enunciating (articulating) words easily			
	Speaking understandably			
	Speaking full sentences			
	Using words in the right order			
	Size of spoken vocabulary			
	Verbal participation (willingness to speak)			
Receptive Language & memory	Following spoken instructions			
	Remembering words to rhymes and songs			
	Showing an interest in stories			
	Understanding of stories			
	Remembering names of letters, numbers objects			
	Understanding instruction without repetition			
	Learning new words			

Name:_____ **Date of Birth**:_____

Please rate your observations of the child's performance in the following areas (continued):				
	Developmental functions	**Deficient for age**	**Appropriate for age**	**Advanced for Age**
Time & Sequencing	Understanding time concepts			
	Understanding number concepts			
	Doing things in the right order			
	Using time word correctly (before, after, now, later)			
	Following multi-step directions			
	Remember routines, & schedules			
	Adjusting to new routines & schedules			
Social & Play Skills	Making eye contact			
	Use of nonverbal communication			
	Seeking out others for interaction			
	Ability to play/share with other children			
	Ability to play appropriately with toys			
	Imaginative play skills			

Comments & Observations:

Please return this form to the address or fax number on the first page at your earliest convenience.
Thank you for your time and effort on behalf of this child.

ADHD Rating Scale IV – Preschool / Daycare Version (Teacher)

Date:_____

Childs Name:_____ Sex: M F DOB:_____ Age:_____

Completed By: _____ Relationship:_____

Circle the number that **best describes** the child's behavior over the past 6 months	Rarely or never	Sometimes	Often	Very Often
1. Fails to give close attention to details (i.e. rushes through activities, makes careless mistakes)	0	1	2	3
2. Fidgets with hands or feet or squirms in seat (taps hands or feet)	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
4. Leaves seat in classroom, during meals, or in other situations in which remaining seated is expected	0	1	2	3
5. Does not seem to listen when spoken to directly (tunes you out)	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
7. Does not follow through on instructions or fails to finish tasks (i.e "go upstairs, get your shoes and socks"; has difficulty with transitions)	0	1	2	3
8. Has difficulty playing quietly (alone or in groups)	0	1	2	3
9. Has difficulty organizing tasks and activities (i.e. choosing an activity, getting materials, doing steps in order)	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor"	0	1	2	3
11. Avoids tasks that require sustained mental effort (i.e. puzzles, learning ABC's, writing name)	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities (i.e. mittens, shoes, backpack)	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities (i.e. forgets papers, forgets directions)	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3