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

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.

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

SCHOOL QUESTIONNAIRE

Name of Student:	Today's Date:
Date of Birth:	Grade:
School Name:	School District:
School Address:	
Form Completed By:	Position:
With help from:	Position:
School Contact Person:	Phone Number:

Please list this student's strengths, both academic and non-academic:
1.
2.
3.
4.
Please list your major concerns for this student, including academic, behavioral and/or social:
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.)
☐Recent Report Card
If applicable, copies of the student's ☐ IEP ☐504 plan ☐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			
☐	Co-taught Class			
☐	Specialized Class (specify) ☐15:1:1 ☐12:1:1 ☐8:1:1 ☐6:1:1			
☐	Support Services			
☐	1:1 aide			
☐	AIS (Specify):			
☐	Consultant Teacher			
☐	Counseling			
☐	Occupational Therapy			
☐	Physical Therapy			
☐	Resource Room			
☐	Response to Intervention (RtI)			
☐	Speech/Language Therapy			
☐	Other (Specify):			
☐	Individual Education Plan (IEP Classification:_____			Not Applicable
☐	Behavior Intervention Plan			

Please describe the student's classroom performance in the following areas:		
*Please note the grade level at which the student performs; a report card may be included in addition to this information, though should not be sent in lieu of this information		
Subject	Grade Level*	Comments (including approach/materials being used)
Reading		
Spelling		
Handwriting		
Written Expression		
Math		
Social Studies		
Science		

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

Communication Skills

Please discuss your observations for this student in the following areas:	
Language comprehension	
Verbal Expression	
Participation in discussion	
Ability to "read" social situations	
Conversational Skills	

Behavioral Observations

Please check behaviors that you have observed in this student:			
☐	Disorganized	☐	Easily frustrated
☐	Fails to finish tasks	☐	Anxious
☐	Fidgety/restless	☐	Irritable
☐	Inattentive/easily distracted	☐	Low self-esteem/self-confidence
☐	Impulsive	☐	Often seems fatigued
☐	Inconsistent performance	☐	Sad/depressed
☐	Task avoidance	☐	Somatic complaints (headaches/bellyaches, trips to nurse)
☐	Aggressive	☐	Peer difficulties
☐	Defiant	☐	Difficulty making friends
☐	Disruptive	☐	Self-absorbed/in own world
☐	Easily angered	☐	Socially isolated

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.

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

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

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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 *Academic Performance*	Excellent	Above Average	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

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: St. Luke's Developmental Pediatrics

Mailing address: 5425 Lanark Road Suite 200
Center Valley, PA 18034

Fax number: Fax: 833-214-7525

Email: Devpeds@sluhn.org

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: _____