Intermountain® Healthcare

Mental Health Integration

School Baseline Evaluation Packet

To be filled out by physician/office staff

Today's Date: _____

Student's Name: _____ Student's Phone: _____

Physician Name: _____ Clinic FAX: _____

Clinic Name: _____ Clinic Phone: _____

Clinic Address: _____

_____ Zip: _____

Dear School Psychologist / Guidance Counselor or Teacher,

The student listed above is being evaluated by our clinic for symptoms possibly associated with Attention Deficit Hyperactivity Disorder (ADHD) or another mental health condition. **Your input is important** in this process—it is necessary to make an accurate diagnosis and form a treatment plan. This packet contains the following forms:

- ❒ **Vanderbilt ADHD TEACHER Rating Scale** (This scale helps assess symptoms of attention or hyperactivity problems and resulting degree of impairment. It also screens for anxiety, depression, oppositional defiant disorder, and conduct disorder.)
- ❒ **School Impairment Scale** (This scale helps identify domains of greatest impairment, which can help guide further evaluation, goal setting, and monitoring of treatment effects.)
- ❒ OTHER: _____

We would like you to **complete these forms** as soon as possible. **Generally, the student's teacher (or whoever spends the most time with the child) is the best person to complete these forms.** If the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. Please make copies of the attached forms as needed for this purpose.

There are two options for **returning the completed forms:**

1. **Return them to the student's parent.** The parent can then make a follow-up appointment with our office.
2. **With the parent's permission** (see below), you can return the forms **to our clinic** at the address listed above.

The school has my permission to return forms directly to the clinic. _____
Parent Signature

You may decide to do a **more thorough evaluation** at your discretion. If additional testing is done, please also send a copy of the psych report to our office.

If our evaluation shows that this child does have ADHD, we will communicate an **ADHD Patient Management Plan** through the parent. Management of ADHD requires ongoing communication between the primary care provider, the parent, and the school. Therefore, this child's parent may request ongoing feedback from you regarding the child's progress, including medication monitoring.

We appreciate your collaboration in providing the best care for this student. Thank you.

_____
Signature of Primary Care Provider

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Vanderbilt ADHD Teacher Rating Scale *(page 1 of 2)*

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

Completed by: _____ I am the child's: ☐ Teacher ☐ School Psychologist ☐ *Other:* _____

Class Time: _____ Class Name: _____

Directions: *Each rating should be considered in the context of what is appropriate for the age of the child. When completing this form, please think about the child's behaviors* ***in the past 6 months.***

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 when given directions and fails to finish activities (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 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 in 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 go along with adults' 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 or 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 other people's property	0	1	2	3

Adapted from the Vanderbilt ADHD Diagnostic Teacher Rating Scale
Mark L. Wolraich, MD. Oklahoma University Health Sciences Center. Used with permission.
ADD005 - 05/11

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Vanderbilt ADHD Teacher Rating Scale *(page 2 of 2)*

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

Symptoms *(continued)*	Never	Occasionally	Often	Very Often
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/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Above Average		Average		Problematic
36. **Academic performance**					
a. Reading	1	2	3	4	5
b. Mathematics	1	2	3	4	5
c. Written expression	1	2	3	4	5
d. Homework completion	1	2	3	4	5
37. **Classroom Behavior**					
a. Relationship with peers	1	2	3	4	5
b. Following directions/rules	1	2	3	4	5
c. Disrupting class	1	2	3	4	5
d. Assignment completion	1	2	3	4	5
e. Organizational skills	1	2	3	4	5

Comments:

Please return this form to:

Mailing address: _____

_____

_____

Fax Number: _____

For Office Use Only:

SYMPTOMS:

Number of questions scored 2 or 3 in questions 1-9: _____

Number of questions scored 2 or 3 in questions 10-18: _____

Total symptom score for questions 1-18 (add all scores): _____

Number of questions scored 2 or 3 in questions 19-28: _____

Number of questions scored 2 or 3 in questions 29-35: _____

PERFORMANCE:

Number of questions scored 4 or 5 in questions 36-37: _____

Average performance score (add all scores, then divide by 9): _____

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ADD005 - 05/11

School Impairment Scale *(page 1 of 2)*

Today's Date: _____ Child's Name: _____ Teacher's Name: _____

Directions: For each of the **Domains of Functioning** listed in the left column, please circle the number (1-7) that best describes the child's degree of impairment in the school setting. Remember—the higher the number, the greater the impairment.

	The student has symptoms that are appropriate to age/gender and **no** signs of impairment are shown at school.	The student has symptoms **a little more** frequently or intensely than expected of students of similar age/gender. Symptoms only **rarely** interfere with normal functioning at school.	The student has symptoms **somewhat** more frequently or intensely than expected of students of similar age/gender. Symptoms **sometimes** interfere with normal functioning at school.	The student has symptoms **a lot more** frequently or intensely than expected of students of similar age/gender. Symptoms **usually** interfere with normal functioning at school.	The student has symptoms **a great deal more** frequently or intensely than expected of students of similar age/gender. **Most of the time,** symptoms interfere with normal functioning at school.	The student has symptoms **so much more** frequently or intensely than expected of students of similar age/gender that symptoms **almost always** interfere with normal functioning at school.	The student's symptoms are **so frequent or intense** that they completely impair normal functioning. The symptoms may create a **crisis** that needs immediate action to prevent serious danger or harm.
Domain of Functioning	**No impairment**	**Slight impairment**	**Mild impairment**	**Moderate impairment**	**Severe impairment**	**Very severe impairment**	**Profound impairment**
Behavior How much do the student's symptoms impair the ability to comply to school rules, adult commands or general behavioral expectations?	1	2	3	4	5	6	7
Interpersonal Relationships How much do the student's symptoms impair the ability to form and maintain positive peer relationships?	1	2	3	4	5	6	7
Emotions How much do the student's symptoms impair the ability to express or control emotions?	1	2	3	4	5	6	7
Responsibilities How much do the student's symptoms impair the ability to perform daily school tasks and responsibilities?	1	2	3	4	5	6	7

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School Impairment Scale *(page 2 of 2)*

Today's Date: _____ Child's Name: _____ Teacher's Name: _____

Directions: For each **Area of Performance** listed in the left column, please circle the number (1-5) that best describes the student's level of performance

Area of Performance	Level of Performance				
	80-100% No problem	60-80% Mild problem	40-60% Moderate problem	20-40% Severe problem	0-20% Profound problem
Overall percent of daily work completed	1	2	3	4	5
Overall percent of accuracy of daily work	1	2	3	4	5
Percent of language arts work completed	1	2	3	4	5
Percent of accuracy of language arts work	1	2	3	4	5
Percent of math work completed	1	2	3	4	5
Percent of accuracy of math work	1	2	3	4	5
Mean on-task behavior	1	2	3	4	5
Tardies/truancy	1	2	3	4	5
Need for disciplinary action	1	2	3	4	5

If applicable, please circle the student's current GPA	3.5 to 4.0	3.0 to 3.5	2.5 to 3.0	2.0 to 2.5	1.5 to 2.0	Below 1.5

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