

Intermountain Behavioral Health

Teacher Packet

To be filled out by office staff

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Today's Date: _____ Student's Name: _____
Parent / Guardian's Name: _____ Parent / Guardian's Phone: _____
Physician/APP Name: _____ Clinic FAX: _____
Clinic Name: _____ Clinic Phone: _____
Clinic Address: _____

Dear Parent / Guardian,

Your child/ adolescent has been referred for evaluation of Attention Deficit Hyperactivity Disorder (ADHD), learning issues, behavior problems at school, or another issue impacting their experience at school. We ask you to give this packet to your child's teacher(s) to gather information about their functioning and behavior at school. Multiple packets may be given to get the perspective of a variety of teachers. If it is the beginning of the school year, you may consider asking last year's teacher to complete this packet. Please give to the following teacher(s), depending on your child's school level:

- **Preschool / Elementary:** Main classroom teacher and resource / learning lab / special education teachers.
- **Middle / High School:** 3 – 4 academic (Math, English, Science, etc.) teachers who know your child well.
- **Homeschool:** Teacher for an extracurricular activity (dance, sports coach, church teacher, etc.)

If your child has a 504 plan, IEP, or any testing completed by the school psychologist, please bring a copy to your child's appointment along with the completed teacher packet(s).

Dear Teacher,

The student listed above is being evaluated by our clinic for symptoms possibly associated with Attention Deficit Hyperactivity Disorder (ADHD), learning issues, behavior problems at school, or another issue impacting their experience at school. 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.

We appreciate your collaboration in providing the best care for this student by completing this packet.

Please return complete forms to the student's parent or guardian to be brought to their scheduled appointment on: _____

Thank you

Intermountain Behavioral Health

Vanderbilt ADHD Teacher Rating Scale

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

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	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Does not seem to listen when spoken to directly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Has difficulty organizing tasks and activities	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Is easily distracted by extraneous stimuli	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Is forgetful in daily activities	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. Fidgets with hands or feet, or squirms in seat	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15. Talks excessively	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
16. Blurts out answers before questions have been completed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
17. Has difficulty waiting in line	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
19. Loses temper	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20. Actively defies or refuses to comply with adult's requests or rules	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

(Continued on next page)



Symptoms (continued)	Never	Occasionally	Often	Very Often
21. Is angry or resentful	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
22. Is spiteful and vindictive	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
23. Bullies, threatens, or intimidates others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
24. Initiates physical fights	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
26. Is physically cruel to people	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
27. Has stolen items of nontrivial value	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
28. Deliberately destroys others' property	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
29. Is fearful, anxious, or worried	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
30. Is self-conscious or easily embarrassed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
31. Is afraid to try new things for fear of making mistakes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
32. Feels worthless or inferior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
33. Blames self for problems; feels guilty	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
35. Is sad, unhappy, or depressed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Academic Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
36 Reading	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
37. Mathematics	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
38. Written expression	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
39. Relationship with peers	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
40. Following directions	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
41. Disrupting class	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
42 Assignment completion	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
43 Organizational skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Intermountain Behavioral Health

School Impairment Scale

Teacher
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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?	o 1	o 2	o 3	o 4	o 5	o 6	o 7
Interpersonal Relationships How much do the student's symptoms impair the ability to form and maintain positive peer relationships?	o 1	o 2	o 3	o 4	o 5	o 6	o 7
Emotions How much do the student's symptoms impair the ability to express or control emotions?	o 1	o 2	o 3	o 4	o 5	o 6	o 7
Responsibilities How much do the student's symptoms impair the ability to perform daily school tasks and responsibilities?	o 1	o 2	o 3	o 4	o 5	o 6	o 7



School Impairment Scale

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	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	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Overall percent of accuracy of daily work	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Percent of language arts work completed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Percent of accuracy of language arts work	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Percent of math work completed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Percent of accuracy of math work	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Mean on-task behavior	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Tardies/truancy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Need for disciplinary action	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

If applicable, please circle the student's current GPA	<input type="radio"/> 3.6–4.0	<input type="radio"/> 3.1–3.5	<input type="radio"/> 2.6–3.0	<input type="radio"/> 2.1–2.5	<input type="radio"/> 1.6–2.0	<input type="radio"/> ≤1.5
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