Intermountain Behavioral Health

Paquete para el maestro

To be filled out by office staff

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: _____

Estimados padres/tutores,

Su niño/adolescente ha sido remitido a una evaluación de Trastorno por déficit de atención con hiperactividad (ADHD, por sus siglas en inglés), problemas de aprendizaje, problemas de comportamiento en la escuela, u otros problemas que están afectando su experiencia en la escuela. Le pedimos que entregue este paquete al maestro(s) de su niño para recopilar información acerca del funcionamiento y comportamiento en al escuela. Es posible que se entregue varios paquetes para conseguir perspectivas de diferentes maestros. Si es el inicio del año escolar, piense en pedir a los maestros del año pasado que llenen el paquete. Según el grado del niño, por favor, entregue el paquete a los siguientes maestros:

- **Jardín/Primaria**: maestros de la clase principal/laboratorio de aprendizaje/educación especial.
- **Intermedia/Secundaria:** 3 – 4 maestros académicos (matemáticas, inglés, ciencias, etc.) quienes conocen bien a su niño.
- **Escuela en el hogar:** maestro de una actividad extracurricular (maestra de baile, entrenador, maestro en la iglesia, etc.)

Si su niño está en el plan 504, IEP o ha completado alguna evaluación por parte del psicólogo de la escuela, por favor lleve una copia a la cita de su niño junto con el paquete para el maestro completo.

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'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	◯ 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

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Symptoms (continued)	Never	Occasionally	Often	Very Often
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
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

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

Intermountain Behavioral Health

School Impairment Scale

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.

Domain of Functioning	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.
	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

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	○ 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	○ 3.6 – 4.0	○ 3.1 – 3.5	○ 2.6 – 3.0	○ 2.1 – 2.5	○ 1.6 – 2.0	○ ≤ 1.5