Intermountain® Healthcare

Mental Health Integration

Student 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 gives a baseline understanding of where the student is functioning and behaving.
- ❒ **Vanderbilt ADHD TEACHER Follow Up Rating Scale –** This scale helps assess current status of symptoms, monitors for effectiveness of interventions, and provides feedback about potential side effects.

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 psychological report to our office.

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

_____
Signature of Primary Care Provider

ADD007 (Full School Baseline Packet) - 09/20

50402
MHI Pack 50402

MHI Pack 50402

Vanderbilt ADHD teacher rating scale:

Parent/Child

Teacher's name: _____ Class time: _____Class name or period: _____

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 ◯ Unsure

	Symptoms	Never	Occasionally	Often	Very Often
1.	Fails to pay attention to details or makes careless mistakes in schoolwork	◉ 0	◯ 1	◯ 2	◯ 3
2.	Has difficulty keeping attention on 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 because they refuse or can't 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 noises or other 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 when staying seated is expected	◯ 0	◯ 1	◯ 2	◯ 3
12.	Runs around or climbs too much when staying 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" often, or seems to be "driven by a motor"	◯ 0	◯ 1	◯ 2	◯ 3
15.	Always seems to be talking or can't stop talking	◯ 0	◯ 1	◯ 2	◯ 3
16.	Blurts out answers before questions have been completed	◯ 0	◯ 1	◯ 2	◯ 3
17.	Has difficulty waiting his or her turn	◯ 0	◯ 1	◯ 2	◯ 3
18.	Interrupts or intrudes on others (butts into conversations or games)	◯ 0	◯ 1	◯ 2	◯ 3
19.	Loses temper	◯ 0	◯ 1	◯ 2	◯ 3
20.	Actively defies or refuses to comply with adults' requests or rules	◯ 0	◯ 1	◯ 2	◯ 3
21.	Is angry or resentful	◯ 0	◯ 1	◯ 2	◯ 3
22.	Is spiteful and wants to "get even"	◯ 0	◯ 1	◯ 2	◯ 3
23.	Bullies, threatens, or intimidates others	◯ 0	◯ 1	◯ 2	◯ 3
24.	Starts physical fights	◯ 0	◯ 1	◯ 2	◯ 3

	Symptoms	Never	Occasionally	Often	Very Often
25.	Lies to get favors or items (such as toys or food), or lies to avoid doing what he or she is supposed to be doing (tricks others)	○ 0	○ 1	○ 2	○ 3
26.	Is physically cruel to people (hits, slaps, or pinches others)	○ 0	○ 1	○ 2	○ 3
27.	Has stolen items of value	○ 0	○ 1	○ 2	○ 3
28.	Destroys others' property on purpose	○ 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, or feels guilty	○ 0	○ 1	○ 2	○ 3
34.	Feels lonely, unwanted, unloved, or says "no one loves" them	○ 0	○ 1	○ 2	○ 3
35.	Is sad, unhappy, or depressed	○ 0	○ 1	○ 2	○ 3

Performance How well is the child doing in each subject?	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	○ 1	○ 2	○3	○ 4	○ 5
37. Math	○ 1	○ 2	○3	○ 4	○ 5
38. Writing	○ 1	○ 2	○3	○ 4	○ 5
Rate the child's classroom behavior.					
39. Gets along with others, has friends, respects peers	○ 1	○ 2	○ 3	○ 4	○ 5
40. Follows directions	○ 1	○ 2	○ 3	○ 4	○ 5
41. Does not disrupt class	○ 1	○ 2	○ 3	○ 4	○ 5
42. Finishes assignments	○ 1	○ 2	○ 3	○ 4	○ 5
43. Is Organized	○ 1	○ 2	○ 3	○ 4	○ 5

Vanderbilt ADHD teacher follow-up rating scale:

Teacher's name: _____ Class time: _____Class name or period: _____

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 evaluating. Rate the child's behavior since the beginning of the school year. Please* ***indicate the number of weeks*** *or* ***months*** *you have been able to observe the behaviors:* _____

Is this evaluation based on a time when the child: ◯ Was on medication ◯ Was not on medication ◯ Unsure

	Symptoms	Never	Occasionally	Often	Very Often
1.	Does not pay attention to details or makes careless mistakes (such as mistakes on homework)	◯ 0	◯ 1	◯ 2	◯ 3
2.	Has difficulty keeping attention on what needs to be done	◯ 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 because they refuse or don't understand)	◯ 0	◯ 1	◯ 2	◯ 3
5.	Has difficulty organizing tasks and activities	◯ 0	◯ 1	◯ 2	◯ 3
6.	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	◯ 0	◯ 1	◯ 2	◯ 3
7.	Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	◯ 0	◯ 1	◯ 2	◯ 3
8.	Is easily distracted by noises or other 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 when staying seated is expected	◯ 0	◯ 1	◯ 2	◯ 3
12.	Runs around or climbs too much when staying seated is expected	◯ 0	◯ 1	◯ 2	◯ 3
13.	Has difficulty playing or beginning quiet play activities	◯ 0	◯ 1	◯ 2	◯ 3
14.	Is "on the go" often or seems to be "driven by a motor"	◯ 0	◯ 1	◯ 2	◯ 3
15.	Talks too much	◯ 0	◯ 1	◯ 2	◯ 3
16.	Blurts out answers before entire questions have been asked	◯ 0	◯ 1	◯ 2	◯ 3
17.	Has difficulty waiting his or her turn	◯ 0	◯ 1	◯ 2	◯ 3
18.	Interrupts or intrudes on others' conversations or activities	◯ 0	◯ 1	◯ 2	◯ 3

Performance Academic Response	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
20. Math	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
21. Writing	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
22. Has positive relationships with peers	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
23. Follows directions	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
24. Does not disrupt class	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
25. Completes assignments	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
26. Is organized	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5

Side effects:

Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	**Mild**	**Moderate**	**Severe**
1. Headache	○	○	○	○
2. Stomachache	○	○	○	○
3. Change in appetite (if yes, explain below)	○	○	○	○
4. Trouble sleeping	○	○	○	○
5. Irritability in the late morning, late afternoon, or evening (explain)	○	○	○	○
6. Socially withdrawn or is interacting less with others	○	○	○	○
7. Extreme sadness or unusual crying	○	○	○	○
8. Seems dull, tired, or listless	○	○	○	○
9. Feels shaky or has tremors	○	○	○	○
10. Repetitive movements: tics, jerking, twitching, or eye-blinking (explain)	○	○	○	○
11. Picks at skin or fingers, or bites nails, lip, or inside cheek (explain)	○	○	○	○
12. Sees or hears things that aren't there	○	○	○	○

Please provide additional information about the side effects the child has experienced in the past week: