Meridian Pediatrics

Child's Name:
Parent's Name:

The above-named child is being evaluated for attention, school, or behavior problems. As part of this comprehensive evaluation, we ask that you complete and return the following forms as soon as possible. Please fill out the school-related forms detailed below and RETURN them promptly to the child's parents or fax them directly to this child's doctor, _____ , at ( )_____.

- School Questionnaire
- Teacher Questionnaire: Child Behavior
- Teacher Questionnaire: School Performance

If this child has more than one academic teacher, please make sure two academic teachers fill out the two Teacher Questionnaires (the school can copy the forms). **If this child is enrolled in summer school** have this child's summer school teacher complete the forms.

Please be as honest as possible in your responses. NOTE: Your comments are one part of a comprehensive evaluation; no diagnoses regarding this child will be made without input from several sources and without review by a trained clinician.

The parent/guardian of the above named child has signed the following consent form that allows you to release the requested information.

MEDICAL RECORDS: Authorization is hereby granted for release of any information between professionals who are evaluating and treating my child, including other physicians, psychologists, counselors, and school personnel. This authorization includes release of results of psycho educational testing, evaluations for grades, report cards, IEP's, and impressions. A copy of this authorization is as valid as the original up to 24 months from the date below.

Thank you for your concern and commitment to helping this child.

School Questionnaire

Child's Name: **Age:** **Sex: M F** **Today's Date:**

Person(s) completing form: Title/Position:

The above named child has been referred for evaluation. Since a large part of the child's day is spent in school, a description of the child's behavior and school environment will be extremely useful in our assessment. The parent/guardian of this child has signed the following consent form that allows you to release the requested information.

MEDICAL RECORDS: Authorization is hereby granted for release of any information between professionals who are evaluating and treating my child, including other physicians, psychologists, counselors, and school personnel. This authorization includes release of results of psychoeducational testing, evaluations for grades, report cards, IEPs, and impressions. A copy of this authorization is as valid as the original up to 24 months from the date below.

Name of School:		School District:		
Teacher (primary):		Principal:		
School FAX:		School Phone:		
School Address:		City:	State:	Zip:
Child's Current Grade:	Months/Years at present school:	School Type (public, private, etc.):		
Indicate which school track this child is currently enrolled in: _____ **Traditional** (Sept-June) _____ **Year-Round** _____ **Summer School**				

CHIEF CONCERN

1. How long have teachers been concerned about this child?

2. What **concerns** do teachers have about this student?

a.

b.

c.

3. Please describe this child's **strongest** areas in school:

a.

b.

c.

4. Please describe this child's **weakest** areas in school:

a.

b.

c.

HISTORY: School Intervention

Y	**N**	**1.** Has this child been in an **Early Intervention program**?
Y	**N**	**2.** Has this child had **speech, occupational or physical therapy**?
Y	**N**	**3.** Has this child **repeated a grade**? If Yes, which grade(s)?
Y	**N**	**4.** Has this child's **repeating a grade been discussed**? Specify:
Y	**N**	**5.** Is there a possibility that **current grade or subjects will need repeating**? Specify:
Y	**N**	**6.** Has this child received **any special education services**? Specify:
Y	**N**	**7.** Is this child **currently receiving any special education services**? Specify:
Y	**N**	**8.** Have any **disciplinary actions** been taken (suspension or expulsion)? Specify:

(OFFICE USE ONLY) concern ≥ 6 months: Y N School Intervention: Y N

School Questionnaire *(continued)*

Child's Name:

HISTORY: School Problems Reported

For each of the following grades this child has completed, were any **problems reported**? If Yes, please **describe** the concerns, in the space provided.

			Academics	Behavior
Y	**N**	Preschool		
Y	**N**	Kindergarten		
Y	**N**	First grade		
Y	**N**	Second grade		
Y	**N**	Third grade		
Y	**N**	Fourth and fifth grade		
Y	**N**	Sixth through eighth grade		
Y	**N**	High School		

HISTORY: Testing

Please list any Aptitude/Psychological or Achievement/Academic tests administered to this child (Please send copies of diagnostic testing results so that we do not duplicate testing).

Name of Test (no abbreviations, please)	Date Given	Grade/Year	Results
a.			
b.			
c.			
d.			

****Please attach any standardized testing, report cards, school study team summaries or IEP result available for this student.****

(OFFICE USE ONLY) **Academic School Performance: Y N** **Behavior School Performance: Y N** **Years: Y N**

TEACHER QUESTIONNAIRE: Child Behavior

Child's Name:				
Check the box that best describes your child's behavior over the past 6 months. *If your child is currently taking medication, please rate your child's behavior NOT on medication.*	**Never Rarely 0**	**Occa-sionally 1**	**Often 2**	**Very Often 3**
1. Fails to give close attention to details or **makes careless mistakes in schoolwork**.				
2. Has **difficulty sustaining attention** in tasks or activities.				
3. Does not listen when spoken to directly.				
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).				
5. Has **difficulties organizing** tasks and activities.				
6. Avoids, dislikes, or is **reluctant to engage in tasks** that require sustained mental effort.				
7. Loses things necessary for tasks or activities (school assignments, pencils, books).				
8. Is **easily distracted** by extraneous stimuli.				
9. Is **forgetful** in daily activities.				
10. Fidgets with hands or feet or squirms in seat.				
11. Leaves seat in classroom or in other situations in which remaining seated is expected.				
12. Runs about or climbs excessively in situations in which remaining seated is expected.				
13. Has difficulty playing or engaging in leisure activities quietly.				
14. Is **"on the go"** or acts as if "driven by a motor."				
15. Talks excessively.				
16. Blurts out answers before questions have been completed.				
17. Has **difficulty waiting in line.**				
18. Interrupts or intrudes on others (e.g. butts into conversations or games).				
19. Loses temper.				
20. Actively **defies or refuses** to comply with adult's request or rules.				
21. Is angry or resentful.				
22. Is spiteful and **vindictive**.				
23. Bullies, threatens, or scares others.				
24. Initiates physical fights.				
25. Lies to obtain goods for favors or to avoid obligations (i.e. "cons" others)				
26. Is **physically cruel** to people.				
27. Has **stolen items of nontrivial value**.				
28. Deliberately **destroys others' property**.				

(OFFICE USE ONLY) 1—9:____ / 9 Inattentive: ☐≥ 6 / 9 DuPaul: 10—18: ____ / 9 Hyperactive: ☐≥ 6 / 9 DuPaul: 19—28: ____ / 10 Oppositional Defiant Disorder/Conduct Disorder: ☐≥ 3 / 10

TEACHER QUESTIONNAIRE: Child Behavior *(continued)*

Child's Name:

Check the box that best describes your child's behavior over the past 6 months. *If your child is currently taking medication, please rate your child's behavior NOT on medication.*	**Never Rarely 0**	**Occa-sionally 1**	**Often 2**	**Very Often 3**
29. Is **fearful, anxious, or worried.**				
30. Is **self-conscious** or easily embarrassed.				
31. Is **afraid to try new things** for fear of making mistakes.				
32. Feels **worthless or inferior.**				
33. Blames self for problems, feels guilty.				
34. Feels lonely, unwanted, or unloved; complains that "no one loves me."				
35. Is **sad, unhappy, or depressed.**				
36. Is physically **mean to animals.**				
37. Skips school **without permission.**				
38. Has **set fires** on purpose to cause damage.				
39. Has **broken into** someone else's home, business, or car.				
40. Has **used a weapon** that can cause serious physical harm (e.g. bat., broken bottle, brick).				
41. Has **said things like "I wish I were dead"** or has tried to hurt self.				
42. Has **distinct periods where mood is unusually irritable OR unusually good, cheerful, or high** which is clearly excessive or different from normal mood.				
43. Seems to have **compulsions** (repetitive behaviors that this child seems driven to carry out, such as repeated hand washing, counting, or erasing until holes appear).				
44. Seems to have **obsessions** (persistent or repetitive thoughts that distress this child, such as worry about germs or doors left unlocked).				
45. Has prolonged temper tantrums (greater than 20-30 minutes).				
46. Hears voices telling the child to do bad things.				
47. Seems **unaware of others existence,** is **uninterested in interacting with others.**				
48. Has **odd, eccentric or unusual preoccupations** (e.g. clothing items, toys, neatness).				
49. Appears **uninterested in activities** children his or her age usually like or participate in.				

50. Does this child's **educational placement** seem appropriate? Comments:		**Y**	**N**
51. Do this child's **parent(s) appear to be invested** in this child's academic success? Comments:		**Y**	**N**
52. Does this child seem **motivated** to learn? Comments:		**Y**	**N**
53. a. Is this child on medications for ADHD? **(if yes, please answer 53b-53e)**	**Don't Know**	**Y**	**N**
b. Do you know the **name of the medication and when the child takes it**?		**Y**	**N**
c. If yes, **Medication**: **Times of day** child takes medication (specify am/pm):			
d. Do you believe **medication is helping** this child? Comments:		**Y**	**N**
e. Does the medication seem to work **all school day**? Comments"		**Y**	**N**

(OFFICE USE ONLY) 29—35:____ / 7 Anxiety/Depression ☐≥ 3 / 7 36—49: ____ / 14 Mental Health Concerns 50. Education Placement: Y N 51. Invested: Y N 52. Motivations: Y N

TEACHER QUESTIONNAIRE: School performance

Child's Name:

Person(s) completing form: Subject / Time of Class:

Telephone Number: FAX Number:

TEACHERS: For students in Kindergarten through High School, please completely fill out the rest of the packet.

CURRENT: Classroom Behavior

Please check the appropriate box	Above Average		Average		Problematic
1. Understanding verbal instructions	1	2	3	4	5
2. Classroom assignment completion	1	2	3	4	5
3. Organizational skills	1	2	3	4	5
4. Getting homework to and from school	1	2	3	4	5
5. Homework completion	1	2	3	4	5
6. Relationship with peers	1	2	3	4	5
7. Following directions	1	2	3	4	5
8. Disrupting class	1	2	3	4	5
9. Verbal participation in class	1	2	3	4	5

CURRENT: School Performance

Please check the appropriate box	Above Average		Average		Problematic
1. Reading decoding	1	2	3	4	5
2. Reading comprehension	1	2	3	4	5
3. Reading rate/fluency	1	2	3	4	5
4. Spelling accuracy	1	2	3	4	5
5. Mathematics concepts	1	2	3	4	5
6. Mathematics computation	1	2	3	4	5
7. Handwriting	1	2	3	4	5
8. Writing rate	1	2	3	4	5
9. Punctuation/grammar	1	2	3	4	5
10. Ability to express thoughts through writing	1	2	3	4	5
11. Gross motor skills	1	2	3	4	5
12. Fine motor skills (using pencil & scissors)	1	2	3	4	5

CURRENT: Summary

Please summarize this child's <u>OVERALL</u> functioning (i.e., emotionally, behaviorally, socially, academically, etc.) by choosing **ONE** number below.
Compare this child's functioning in 2 settings – at school, and with peers, to "average children" his/her age that you are familiar with from your experience.
Please circle only one number.

1	**Excellent** functioning / No impairment in settings
2	**Good** functioning / Rarely shows impairment in settings
3	**Mild** difficulty in functioning / Sometimes shows impairment in settings
4	**Moderate** difficulty in functioning / Usually shows impairment in settings
5	**Severe** difficulties in functioning / Most of the time shows impairment in settings
6	**Needs considerable supervision** in **all** settings to prevent from hurting self or others
7	**Needs 24-hour <u>professional</u> care and supervision** due to severe behavior or gross impairment(s)

(OFFICE USE ONLY) Behavior: Y N School Performance: Y N Impairment ≥ 4: Y N

TEACHER QUESTIONNAIRE: Child Behavior *(continued)*

HISTORY: Learning Problems

We are interested in whether or not this child has learning problems **above and beyond** what would be expected for **his or her developmental age**.

Check the box that best describes the child's learning problems over the past 6 months.	Never Rarely 0	Occa-sionally 1	Often 2	Very Often 3
1. Has trouble **learning new material** in an appropriate time frame for age and skills.				
2. Has little **desire to master** new skills.				
3. Unable to tell time, days of the week, months of the year.				
4. Can't **repeat information**.				
5. Knows material one day; doesn't know it the next.				
6. Has trouble **holding several different things in mind** while working.				
7. Has trouble **following multi-step directions**.				
8. Has difficulty **copying written material** from blackboard.				
9. Difficulty **orienting self** (i.e., gets lost, can't find way, or gets turned around easily).				
10. Has poor **spatial judgment** and often bumps into things.				
11. Confuses **directionality** (up/down, left/right, over/under).				
12. Has poor spatial organization on paper (difficulty staying in lines, maintaining space between words, staying within page margins).				
13. Mixes up capital and lower case letters when writing.				
14. Reverses letters and numbers.				
15. Has trouble **expressing words** or events in correct order.				
16. Often **mispronounces known or familiar words** or uses wrong word.				
17. Has trouble **verbally expressing thoughts.**				
18. Says things that have **little or no connection to what others are discussing.**				
19. Has difficulty **distinguishing long vowel sounds and short vowel sounds**.				
20. Depends on teacher or others for **repetition of task instructions**.				
21. Displays **poor word attack skills** (can't sound out words).				
22. Puts wrong **number of letters in words**.				
23. Confuses consonant sounds, for example: d-b, d-t, m-n, p-b, f-v, s-z				
24. Unable to **keep place on page** when reading.				

Do you have any **additional comments** that you think would be helpful?

(OFFICE USE ONLY) 1—8:____ / 8 General ☐≥ 4 / 8 9—14: ____ / 6 Visual/Spatial Processing ☐≥ 3 / 6 15—20: ____ / 6 Language☐≥ 3 / 6 21—24: ____ / 4 Reading/Writing ☐≥ 2 / 4

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