

Dear Parent,

We look forward to working with you to address your concerns about your child. We want to help you make the best of your time in our office. To give your child the best care, we need to know about your child's health, school, and social history.

There is some paperwork you can fill out ahead of time. Look at the list below and try to bring to your next visit any of the items you have. Making sure you bring the right information with you can be a big help.

- Information about how your child is doing in school. This may include:
 - report cards
 - teacher's notes
 - IEP
 - samples of your child's work
- Any tests or exams that assess your child's behavior or mental health.
- The names of teachers or school staff that you feel we may want to talk to. **If you want us to talk to school staff, you will need to sign the attached consent form.**

Much work will take place before we suggest a treatment plan. We will listen closely. We will be patient. We will try to learn as much about your child and his/her world as possible. We will ask about problems and challenges, and we also want to know your child's strengths. What experiences have been sources of joy? The evaluation will likely take more than one visit, because we want to get it right.

We will not give your child anything you do not agree with. We may suggest your child take medicine. But we will discuss this with you. Your views and your child's feelings are very important. We will be sure to include this in making a choice of what we hope is the best plan. For success we need your help with the help of your health care provider and school. We will work with you until we both feel that your child is on track for school success and a healthy life.

Caretaker Observations/Information

Child Name: _____

Date: _____

Caretaker: _____

Relationship: _____

Does this child receive any special services at school? (IEP____, 504 plan____) Do not know ____
If yes, how long has this been in place and for what problem?

Comments/concerns about this child's behavior in the home/school/ community setting (compared to other children of the same age). If concerns exist, please describe how this problem affects the child or others.

Comments/concerns about this child's learning /school work/homework (compared to other children of the same age). If concerns exist, please describe how this problem affects the child or others.

Comments/concerns about this child's mood or emotional state in the home/school/community setting (compared to other children of the same age). If concerns exist, please describe how this problem affects the child or others.

Continued on other side 

Describe how long each problem has been happening and any patterns that you observe.

Describe any life/home/school changes or stressful events that have taken place in this child's life (even if they seem small).

Describe the strengths and good qualities that you observe in this child?

Describe any strategies that have been used to address concerning behaviors.

Describe any other resources/support people/strategies that you think could be helpful to this child?

Other comments:

Thank you very much for your time and input.

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your 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. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to 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 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 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 remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining 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" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	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 in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

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

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

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-26: _____

Total number of questions scored 2 or 3 in questions 27-40: _____

Total number of questions scored 2 or 3 in questions 41-47: _____

Total number of questions scored 4 or 5 in questions 48-55: _____

Average Performance Score: _____

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CONSENT TO DISCLOSE



Asheville City Schools
85 Mountain Street, Asheville, NC 28801
828-350-6177 (phone) 828-255-5131 (fax)

STUDENT INFORMATION

Name _____

Grade _____ Date of Birth _____

School _____

Address _____

PROFESSIONAL, AGENCY, SCHOOL, ETC. DISCLOSING INFORMATION

I hereby consent _____ (Agency, School, Professional, etc.) to communicate with Asheville City Schools and to disclose confidential information (reports, evaluations, etc.) regarding my child for their use in providing educational services and/or treatment to my child.

ADDRESS _____

PHONE# _____

CHECK SPECIFIC INFORMATION IF APPLICABLE:

Psychological Evaluation	<input type="checkbox"/>	Pre-Placement Screening Data	<input type="checkbox"/>
Educational Evaluation	<input type="checkbox"/>	Behavioral Observations	<input type="checkbox"/>
Placement Records	<input type="checkbox"/>	Educational History	<input type="checkbox"/>
Individual Educational Program	<input type="checkbox"/>	Medical History	<input type="checkbox"/>
Socio-Development History	<input type="checkbox"/>	Speech/Language Evaluation	<input type="checkbox"/>
Medical Reports/Information	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

ADDITIONAL INFORMATION:

This Consent does not permit disclosure of notes by a mental health professional documenting or analyzing the contents of conversations with my child during counseling sessions and that are separate from the rest of my child's records.

Asheville City Schools will not disclose these records to any other agency without your written consent or authorization but will disclose specific educationally relevant material from these records to schools within our local educational agency to the extent necessary to provide services and treatment to your child.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Dear Teacher:

The parents of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student. **Your time and cooperation in this matter is greatly appreciated.**

These forms include:

1. NICHQ Vanderbilt Teacher Assessment Scale
2. Teacher Narrative

Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, 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 note that the same teacher should complete each entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write "Don't know," so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. **The completed form(s) should be returned to the parent OR faxed to us.**

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact us.

Teacher Observations/Information

Student Name: _____

Date: _____

Teacher: _____

Subject: _____

Does this student receive any special services? (IEP ____, 504 plan ____)

If yes, describe any identified problems as well as any interventions being used:

If no, are there any concerns about possible learning disabilities?

Comments/concerns about this student's behavior in the classroom or other school settings (compared to other children of the same age). If concerns exist, please describe the degree of impairment/severity observed.

Comments/concerns about this student's academic functioning (compared to other children of the same age). If concerns exist, please describe the degree of impairment/severity observed.

Comments/concerns about this student's mood or emotional state in the school setting (compared to other children of the same age). If concerns exist, please describe the degree of impairment/severity observed.

Continued on other side 

Describe how long each problem has been happening , any patterns that you observe, or any other factors/stressors that may be relevant.

What strengths and good qualities do you observe in this child?

Please describe any interventions being used that involve the student's caretakers. (For example, daily notes or rating systems that are tied to use of incentives in the home.)

If interventions with the student's caretakers have not yet been implemented, would it be appropriate for the caretaker to contact you to discuss possible strategies?

Are school counselors/ other resources involved? If not, are their other resources/supports that you think would be helpful to this child?

Other comments:

Thank you very much for your time and input.

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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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

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

Symptoms (continued)	Never	Occasionally	Often	Very Often
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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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