

I . Developmental Factors

A. Prenatal History

1. How was your health during pregnancy?

Good Fair Poor Don't Know

2. How old were you when your child was born?

Under 20 20-24 30-34 35-39 40-44 Over 44 Don't Know

Do you recall using any of the following substances or medications during pregnancy?

3. Beer or wine

Never Once or twice 3-9 times 10-19 times 20-39 times 40+ times

4. Hard liquor

Never Once or twice 3-9 times 10-19 times 20-39 times 40+ times

5. Coffee or other caffeine (Coke, etc) taken together, how many times?

Never Once or twice 3-9 times 10-19 times 20-39 times 40+ times

6. Cigarettes

Never Once or twice 3-9 times 10-19 times 20-39 times 40+ times

7. Street Drugs

Never Once or twice 3-9 times 10-19 times 20-39 times 40+ times

8. Did you ingest any of the following substances?

Tranquilizers

Antiseizure medications (e.g. Dilantin)

Treatment for diabetes

Antibiotics (or antiviral medications)

Sleeping pills Other (please specify)

B. Perinatal History

9. Did you have toxemia or eclampsia?

No Yes Don't Know

10. Was there a Rh factor incompatibility?

No Yes Don't Know

11. At how many weeks was the child born?

Less than 37 weeks More than 37 weeks

12. What was the duration of labor?

Under 6 hr. 7-12hr. 12-18 hr. 19-24 hr. Over 24 hr. Don't Know

13. Were you given any drugs to ease the pain during labor?

Yes, Name of drug: No Don't Know

14. Were there any indications of fetal distress during labor or during birth?

No Yes Don't Know

15. Was delivery:

Normal? No Yes

Breech? No Yes

Caesarian? No Yes

Forceps? No Yes

Induced? No Yes

16. What was the child's birth weight?

2-4 lbs 4-6 lbs 6-8 lbs 8-10 lbs 10-12 lbs Don't Know

17. Were there any health complications following birth?

If yes, specify: No

C. Postnatal Period and Infancy

18. Were there any early infancy feeding problems? No Yes

19. Was the child colicky? No Yes

20. Were there early infancy sleep difficulties? No Yes

21. Were there problems with the infant's alertness? No Yes

22. Did the child experience any health problems during infancy?

If yes, specify: No

23. Did the child have any congenital problems? No Yes

24. Was the child an easy baby (i.e crying a lot, follow a schedule fairly well)?

Very easy Easy Average Difficult Very difficult

25. How did the baby behave with other people?

More social than average Average More unsocial than average

26. When the child wanted something, how insistent were they?

Very Average Not very Not at all

27. How would you rate the activity level of the child as an infant/toddler?

Very active Average Less active Not active

D. Developmental Milestone

28. At what age did they sit up?

3-6 mos. 7-12 mos. Over 12 mos. Don't Know

29. At what age did they crawl?

3-6 mos. 7-12 mos. Over 12 mos. Don't Know

30. At what age did they walk?

Under 1 yr. 1-2 yr. 2-3 yr. Don't Know

31. At what age did they speak single words (other than "mama" or "dada")?

9-13 mos. 14-18 mos. 19-24 mos. 25-36 mos. 37-48mos. Don't Know

32. At what age did they string two or more words together?

9-13 mos. 14-18 mos. 19-24 mos. 25-36 mos. 37-48mos. Don't Know

33. At what age were they toilet-trained? (bladder control)

Under 1 yr. 1-2 yr. 2-3 yr. 3-4 yr. Don't Know

34. At what age were they toilet-trained? (bowel control)

Under 1 yr. 1-2 yr. 2-3 yr. 3-4 yr. Don't Know

35. Approximately how much time did toilet training take from onset to completion?

Under 1 mos. 1-2 mos. 2-3 mos. Over 3 mos.

II . Medical History

36. How would you describe the child's health?

Very good Good Fair Poor Very poor

37. How is the child's hearing?

Good Fair Poor

38. How is the child's vision?

Good Fair Poor

39. How is the child's gross motor coordination?

Good Fair Poor

40. How is the child's fine motor coordination?

Good Fair Poor

41. How is the child's speech articulation?

Good Fair Poor

42. Has the child had any chronic health problems (e.g asthma, diabetes, heart condition)?

No Yes If yes, specify:

43. When was the onset of any chronic illness?

None Birth ____ year(s) old

44. Which of the following illnesses has the child had?

Mumps	No	Yes
Chicken pox	No	Yes
Measles	No	Yes
Whooping cough	No	Yes
Scarlet fever	No	Yes
Pneumonia	No	Yes
Encephalitis	No	Yes
Lead poisoning	No	Yes
Seizures	No	Yes
Otitis media	No	Yes

Other disease(specify):

45. Has the child had any accidents resulting in the following?

Broken bones	No	Yes
Head injury	No	Yes
Severe bruises	No	Yes
Stomach pumped	No	Yes
Eye injury	No	Yes
Lost teeth	No	Yes

Severe lacerations	No	Yes
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46. How many physical injury accidents?

47. Has the child had surgery for any of the following conditions?

Adenoids	No	Yes
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Appendicitis	No	Yes
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Digestive disorder	No	Yes
Constipation	1	1
Diarrhea	1	1
Heartburn	1	1
Indigestion	1	1
Nausea	1	1
Stomach pain	1	1
Swallowing difficulty	1	1
Vomiting	1	1

Leg or arm	No	Yes
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Burns	No	Yes
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48. How many times has the child been hospitalized?

49. Duration of hospitalization?

No Yes Don't Know

No Yes Don't Know

None Difficulty falling asleep Sleep continually disturbance Early waking

No Yes Don't Know

If yes, how often? If yes, was (s)he ever continent? No

If yes, how often? If yes, was (s)he ever continent? No

If yes, how often? If yes, was (s)he ever continent? No

57. Does the child have bowel control problems during the day?

If yes, how often? If yes, was (s)he ever continent? No

58. Does the child have any appetite control problems?
 Overeats Average Undereats

III. Treatment History

59. Has the child ever been prescribed any of the following? (Note duration in months.)

If yes, duration: Ritalin	No	Yes
If yes, duration: Dexedrine	No	Yes
If yes, duration: Adderall	No	Yes
If yes, duration: Anticonvulsants	No	Yes
If yes, duration: Wellbutrin	No	Yes
If yes, duration: Strattera	No	Yes
If yes, duration: Other prescription drugs	No	Yes

60. Has the child ever had any of the following forms of psychological treatment?

If yes, duration: Individual psychotherapy	No	Yes
If yes, duration: Group psychotherapy	No	Yes
If yes, duration: Family therapy with child	No	Yes
If yes, duration: Inpatient evaluation/Rx	No	Yes
If yes, duration: Residential treatment	No	Yes

IV. School History

Please summarize the child's progress(academic, social, testing)within each of these grades:
 Preschool:

Kindergarten:

Grades 1 through 3:

Grades 4 through 6:

Grades 7 through 12:

61. Has the child ever been in any type of special educational programs?

If yes, how long:

Learning disabilities class	No	Yes
Behavior/emotional disorders class	No	Yes
Resource room	No	Yes
Speech and language therapy	No	Yes

62. Has the child ever been?

If yes, how many times:

Suspended from school	No	Yes
Expelled from school	No	Yes
Retained in grade	No	Yes

63. Have any additional instructional modifications been attempted?

Behavior modification program None Daily/weekly report card Other:

V. Social History

64. How does the child get along with their sibling(s)?

Doesn't have any Better than average Average Worse than average

65. How easily does the child make friends?

Easier than average Average Worse than average Don't know

66. On average, how long does your child keep friendships?

Less than 6 months 6 months to 1 year More than 1 year Don't know

VI. Current Behavioral Concerns

67. What strategies have been implemented to address these problems?

(Circle which have been successful.)

Verbal reprimands

Time out(isolation)

Removal of privileges

Rewards

Physical punishment

Acquiescence to child

Avoidance of child

68. On average, what percentage of time does your child comply with initial commands?
0-20% 20-40% 40-60% 60-80% 80-100%
69. On average, what percentage of time does your child eventually comply with commands? 0-20% 20-40% 40-60% 60-80% 80-100%
70. To what extent are you and your partner/spouse consistent with respect to disciplinary strategies?
Most of the time Some of the time None of the time
71. Have any of the following stress events occurred within the past 12 months? (Circle all the apply.)
Parents divorced or separated
Family accident or illness
Death in family
Parent changed job
Changed schools
Family moved
Family financial problems
Other:

VII. Diagnostic Criteria

72. Which of the following are considered to be a significant problem currently?

Fidgets	No	Yes
Difficulty remaining seated	No	Yes
Easily distracted	No	Yes
Difficulty waiting turn	No	Yes
Often blurts out answers to questions before they have been completed	No	Yes
Difficulty following instructions	No	Yes
Difficulty sustaining attention	No	Yes
Shifts from one activity to another	No	Yes
Difficulty playing quietly	No	Yes
Often talks excessively	No	Yes
Often does not listen	No	Yes
Often loses things	No	Yes

Often engages in physically dangerous activities	No	Yes
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When did these problems begin? (Specify age)

Total for ADHD (8 or more)_____

73. Which of the following are considered to be a significant problem currently?

Often loses temper	No	Yes
Often argues with adults	No	Yes
Often actively defies or refuses adult requests or rules	No	Yes
Often deliberately does things that annoy other people	No	Yes
Often blames others for own mistakes	No	Yes
Is often touchy or easily annoyed by others	No	Yes
Is often angry or resentful	No	Yes
Is often spiteful or vindictive	No	Yes
Often swears or uses obscene language	No	Yes

When did these problems begin? (Specify age)

Total for Oppositional Defiant Disorder (5 or more)_____

74. Which of the following are considered to be a significant problem currently?

Stolen without confrontation	No	Yes
Stolen with confrontation	No	Yes
Ran away from home, overnight at least twice	No	Yes
Lies often	No	Yes
Deliberate fire-setting	No	Yes
Often truant	No	Yes
Breaking and entering	No	Yes
Destroyed another's property	No	Yes

Cruel to animals	No	Yes
Forced someone else into sexual activity	No	Yes
Used a weapon in a fight	No	Yes
Often initiates physical fights	No	Yes
Physically cruel to people	No	Yes

When did these problems begin? (Specify age)

Total for Conduct Disorder (3 or more)_____

75. Which of the following are considered to be a significant problem currently?

Unrealistic and persistent worry about possible harm to attachment figures	No	Yes
Unrealistic and persistent worry that a calamitous event will separate the child from attachment figure	No	Yes
Persistent school refusal	No	Yes
Persistent refusal to sleep alone	No	Yes
Persistent avoidance of being alone	No	Yes
Repeated nightmares re:separation	No	Yes
Somatic complaints	No	Yes
Excessive distress in anticipation of separation from attachment figure	No	Yes
Excessive distress when separated from home or attachment figures	No	Yes

When did these problems begin? (Specify age)

Total for Separation Anxiety Disorder (3 or more)_____

76. Which of the following are considered to be a significant problem currently?

Unrealistic worry about future events	No	Yes
Unrealistic concern about appropriateness of past behavior	No	Yes
Unrealistic concern about competence	No	Yes
Somatic complaints	No	Yes

Marked self-consciousness	No	Yes
Excessive need for reassurance	No	Yes
Marked inability to relax	No	Yes

When did these problems begin? (Specify age)

Total for Overanxious Disorder (4 or more)_____

77. Which of the following are considered to be a significant problem currently?

Depressed or irritable mood most of the day, nearly every day	No	Yes
Diminished pleasure in activities	No	Yes
Decrease or increase in appetite associated with possible failure to make weight gain	No	Yes
Insomnia or hypersomnia nearly every day	No	Yes
Psychomotor agitation or developmental disability	No	Yes
Fatigue or loss of energy	No	Yes
Feelings of worthlessness or excessive guilt	No	Yes
Diminished ability to concentrate	No	Yes
Suicidal ideation or attempt	No	Yes

When did these problems begin? (Specify age)

Total for Major Depressive Episode (items 3-9)(5 or more)_____

78. Which of the following are considered to be a significant problem currently?

Depressed or irritable mood for most of the day for 1 year	No	Yes
Poor appetite or overeating	No	Yes
Insomnia or hypersomnia	No	Yes
Low self-esteem	No	Yes
Poor concentration or difficulty making decisions	No	Yes
Feelings of hopelessness	No	Yes

VIII. Other Concerns

79. Has the child exhibited any of the symptoms below?

Stereotyped mannerisms	No	Yes
Odd postures	No	Yes
Excessive reaction to noise or falls to reach to loud noises	No	Yes
Overreacts to touch	No	Yes
Compulsive rituals	No	Yes
Motor tics	No	Yes
Vocal tics	No	Yes

Total_____

Note: The remaining questions in this section are optional

80. Has the child exhibited any symptoms of thought disturbance, including any of the following?

Loose thinking (e.g. tangential idea, circumstantial speech)	No	Yes
Bizarre idea (e.g. odd fascinations, delusions, hallucinations)	No	Yes
Disoriented, confused, staring, or "spacey"	No	Yes
Incoherent speech (mumbles, jargon)	No	Yes

Total_____

81. Has the child exhibited any symptoms of thought disturbance, including any of the following?

Excessive liability without reference to environment	No	Yes
Explosive temper with minimal provocation	No	Yes
Excessive clinging, attachment, or dependence on adults	No	Yes

Unusual fears	No	Yes
Strange aversions	No	Yes
Panic attacks	No	Yes
Excessively constricted or bland affect	No	Yes
Situationally inappropriate emotions	No	Yes
Total _____		

82. Has the child exhibited any symptoms of social conduct disturbance, including the following?

Little or no interest in peers	No	Yes
Significantly indiscreet remarks	No	Yes
Initiates or terminates interactions inappropriately	No	Yes
Qualitatively abnormal social behavior	No	Yes
Excessive reaction to changes in routine	No	Yes
Abnormalities of speech	No	Yes
Self-mutilation	No	Yes
Total _____		

IX. Family History

83. How long have you and the child's father/mother been married? Circle answer.
(Please note whether the child was the product of 1st, 2nd, etc marriage.)

Never Separated Divorced Widowed Married for ____ years

84. How stable is your current marriage?

Stable Unstable N/A

85. Please put a check mark in the appropriate sections Paternal Maternal Siblings

Problems with attention activity & impulse control as a child

Learning disabilities

Anxiety disorder

Substance abuse

Notes:

MILESTONE PEDIATRICS

4043 S. Route 59
Naperville, IL 60564
Ph:630-420-4275
Fax: 630-420-8957

ADHD AGREEMENT

I understand my child has been prescribed medication for the treatment of ADHD. The risks and benefits have been reviewed and discussed with me.

I agree and/or I have been informed of the following:

- 1) I am aware my child will need an ADHD follow up office visit every **6 months or sooner (if indicated) with a physician and will call at least 24 hours in advance if I have to cancel.** This appointment is necessary so that your child's height/weight/blood pressure, response to medication and general well-being can be established and be regularly monitored.
- 2) **Prescriptions will NOT be given if the last ADHD appointment is greater than 6 months.**
- 3) I will request refills of my child's medication **at least 3 days prior to the last dose of the current prescription.** (NOTE: refills cannot be filled on weekends or during on-call hours)
- 4) I will administer my child's medication as prescribed and **not adjust dosage on my own** without advice from the physician.
- 5) I understand that **ADHD medications are controlled substances that are regulated by state and federal law** because of their high risk for abuse. I acknowledge that I am responsible for protecting my child's prescription and my child's medication from being lost, stolen or misused by other persons.
- 6) Milestone Pediatrics staff may request information from the Illinois Prescription Monitoring program on all controlled medications dispensed to my child to establish prescription history.

I understand and agree to all of the above.

Print name of Parent/Guardian

Child's name & Date of Birth

Signature of Parent/Guardian

Today's Date

If able, please have both parents complete a parent NICHQ and have your child's teacher complete the teacher NICHQ. If your child has more than one teacher, more teacher forms are available on our website at milestonepediatrics.net

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
National Institute for
Children's Health Quality

McNeil
Consumer & Specialty Pharmaceuticals

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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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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NICHQ
National Institute for
Children's Health Quality

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D4**NICHQ Vanderbilt Assessment Scale—TEACHER Informant**

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

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HE0351

D4**NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued**

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		Above		Somewhat	
Academic Performance	Excellent	Average	Average	of a	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

		Above		Somewhat	
Classroom Behavioral Performance	Excellent	Average	Average	of a	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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