

Melissa Thingvoll MD PLLC  
 100 District Dr. Ste 218  
 Asheville NC 28803  
 Phone: (828)774-5068 FAX: (828)575-5448

**Educational Questionnaire (To Be Completed by Patient's Teacher)**

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
 Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name of School \_\_\_\_\_  
 Student's Present Grade \_\_\_\_\_ Number of Students in Classroom \_\_\_\_\_  
 Teacher's Name \_\_\_\_\_ Teacher's Phone \_\_\_\_\_

Has the student ever repeated a grade? Yes No If yes, which grade \_\_\_\_\_

Has this student had a Functional Behavioral Assessment (FBA)? Yes No

If yes, has a behavioral intervention plan been developed? Yes No

Please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this student have difficulty with organizational skills? Yes No

Does this student currently have an IEP? Yes No

Does this student currently have a 504 Accomodation/Support plan? Yes No

Does this student receive speech therapy? Yes No

Does this student receive physical therapy? Yes No

Does this student receive occupational therapy? Yes No

Student's current reading grade level \_\_\_\_\_

Student's current math grade level \_\_\_\_\_

Student's current written language grade level \_\_\_\_\_

Has the student been evaluated for special education services? Yes No

Has the student been reviewed by the Committee on Special Education (CSE)? Yes No

If yes, what classification? \_\_\_\_\_

Does this student receive services from a special education teacher? Yes No

If yes, which type?

Inclusion Classroom

Self-contained classroom

Blended classroom

Resource room

Consultant teacher

Other, please describe \_\_\_\_\_

Has this student had any of the following assessments or tests?

Evaluation/Test	Yes	No	Results/Comments
Psychoeducational Testing	<input type="checkbox"/>	<input type="checkbox"/>	
Standardized Achievement Tests	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

In order to perform a thorough evaluation of this student, please send copies of the results of the above listed evaluations/tests along with this form.

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**Please comment on the following areas:**

Greatest strengths of this child \_\_\_\_\_

\_\_\_\_\_

Describe student's interests and abilities \_\_\_\_\_

\_\_\_\_\_

Behavioral concerns \_\_\_\_\_

\_\_\_\_\_

Learning or academic concerns \_\_\_\_\_

\_\_\_\_\_

Social concerns (please note any strengths or problems, e.g. peer relationships, ability to "take a joke", show empathy) \_\_\_\_\_

\_\_\_\_\_

Verbal expression/ability to communicate (please note any strengths or problems, e.g. vocabulary, organizing and expressing ideas, speech intelligibility) \_\_\_\_\_

\_\_\_\_\_

Auditory processing (please note any strengths or problems, e.g. following/understanding directions, understanding aural presentations) \_\_\_\_\_

\_\_\_\_\_

Fine motor/gross motor concerns \_\_\_\_\_

\_\_\_\_\_

What are the specific questions you would like addressed during this evaluation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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. Wolraich, MD.

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NICHQ

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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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
<b>Academic Performance</b>					
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: \_\_\_\_\_

