Dear Teacher:

We are evaluating ___________________________ for possible behavioral problems. Your assistance is crucial. The information we obtain is important for the diagnosis and treatment of your student so that he/she can meet educational goals.

Please return the following information to the attention of Stephanie Weesies, Muskegon Family Care at your earliest convenience:

- Teacher Behavior Rating Scale (attached – 3 pages)
- Most recent IEP (if applicable)
- Most recent aptitude testing (with interpretation)
- Most recent report card
- Any other school testing or records that you feel would be helpful
- Most recent psychological assessment (if applicable)

I am in the clinic Monday – Friday from 8am-5pm. Please feel free to call me at 231-737-1895.

Sincerely,

Stephanie Weesies, Clinic Counselor
Muskegon Family Care

Enclosed: school releases, teacher scale
Muskegon Family Care Current Behavioral Rating Scale-Teacher Form

Child’s Name/DOB: ________________________________________ Today’s Date: ____________________

Grade: _____ School: ________________________________________ Teacher’s Name: __________________________

Does the child receive special education services? _____ Yes _____ No

Indicate what part of the day this evaluation represents: ___ Morning ___ Afternoon ___ All day

Is this based on a time when the child ___ was on medication ___ was not on medication ___ not sure?

If the child takes medication at school, list med/time taken/dose: ______________________________________

Never/ Rarely Sometimes Often Very

1. Makes thoughtless mistakes during activities that should be no trouble. 0 1 2 3
2. Fidgets with hands or feel or squirms in seat. 0 1 2 3
3. Cannot stick with an activity, whether it is work or play. 0 1 2 3
4. Cannot stay seated when expected to do so (school, church, meals). 0 1 2 3
5. Doesn’t listen when spoken to directly. 0 1 2 3

6. Seems restless. 0 1 2 3
7. Doesn’t finish homework or chores or list of instructions. 0 1 2 3
8. Has trouble playing or doing fun things quietly. 0 1 2 3
9. Just can’t get organized, even when trying. 0 1 2 3
10. Seems “on the go” or “driven by a motor”. 0 1 2 3
11. Has trouble starting tasks that are long, boring or repetitive. 0 1 2 3
12. Seems to talk nonstop. 0 1 2 3

13. Loses things needed for tasks or activities. 0 1 2 3
14. Blurs out answers even before a question is finished. 0 1 2 3
15. Is easily distracted or pulled off a task. 0 1 2 3
16. Has trouble waiting his/her turn. 0 1 2 3
17. Is forgetful. 0 1 2 3
18. Cuts people off in conversation or breaks into others’ activities. 0 1 2 3

19. Is fearful, anxious, or worried. 0 1 2 3
20. Is afraid to try new things for fear of making a mistake 0 1 2 3
21. Feels worthless or inferior. 0 1 2 3
22. Blames self for problems, feels guilty. 0 1 2 3
23. Feels lonely, unwanted, or unloved; complains “no one loves me”. 0 1 2 3
24. Is sad, unhappy, or depressed. 0 1 2 3
25. Is self-conscious or easily embarrassed. 0 1 2 3

26. Loses temper. 0 1 2 3
27. Argues with adults. 0 1 2 3
28. Is defiant or refuses to comply with adults’ requests or rules. 0 1 2 3
29. Deliberately annoys people. 0 1 2 3
30. Blames others for mistakes or misbehavior. 0 1 2 3
31. Is touchy or easily annoyed by others. 0 1 2 3
32. Is angry or resentful. 0 1 2 3
33. Wants to “get even” with others. 0 1 2 3

Continued on Page 2

C:\Documents and Settings\pbergquist\Local Settings\Temporary Internet Files\OLKE5\ADHD Initial Teacher Assessment.doc
1. On a scale of 1-5, with 5 being the greatest, how concerned are you about this child’s behavior?

   1-Not at all  2-A little  3-Moderately  4-Rather  5-Very Concerned Concerned Concerned Concerned Concerned

2. How long have you noticed these concerning behaviors?

3. How do these behaviors affect the student’s educational progress?

4. Please describe the child’s classroom behavior:

5. What is the child’s typical learning patterns / styles (e.g. auditory, visual, requires movement, etc.)?

6. Do you have any concerns about the child’s ability to see or hear? __Yes  __No

7. Please describe the child’s strengths (special skills, interests, abilities):

8. How does the child interact with peers?

9. Please describe any suspensions or other disciplinary actions:

10. Please describe any adaptations you have made to assist the child:

11. Describe the child’s attendance at school?

12. How concerned are you about the level of parental involvement and follow-through that exists for this child?

   1-Not at all  2-A little  3-Moderately  4-Rather  5-Very Concerned Concerned Concerned Concerned Concerned

Continued on Page 3
Muskegon Family Care *Current* Behavioral Rating Scale-Teacher Form-Page 3

Child’s Name: ____________________________________________  Today’s Date: ____________________

**Instructions:** To what extent do the problems you may have circled on the previous page interfere with this child’s *recent ability* to function in each of these areas of school activities?

<table>
<thead>
<tr>
<th>Areas</th>
<th>Never/ Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In his/her completion of class work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. In his/her completion of homework assignments.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. In his/her behavior in the school classroom.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. In his/her behavior on the school bus.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. In sports, clubs, or other organizations held at school.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. In his/her interactions with classmates.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. In his/her play or recreational activities at recess.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. In his/her behavior in the lunchroom at school.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. In his/her management of time at school.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Teacher’s comments: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Teacher Signature: ____________________________________________________________

Teacher Phone Contact Number: _________________________________________________

Teacher Fax Number: __________________________________________________________

Teacher E-mail Address (if applicable): _________________________________________

Would you like to receive/respond to future teacher rating scales by e-mail?

_____ Yes, send to e-mail address above.

_____ No, please continue to send teacher scales by mail or fax.

Please return all pages of the form by fax (773-7500) or mail to:
Muskegon Family Care, Attn: Stephanie Weesies, Clinic Counselor
1700 Oak Ave., Suite 400, Muskegon, MI 49442
Thank-you! Stephanie Weesies (231) 737-1895