

SKAGIT PEDIATRICS, LLP

Due
OK to fax to # 428-3941
Attn: Erin

Completed By: _____ Today's Date: _____

Dear Teacher, Counselor, Nurse,

_____ DOB ____ / ____ / ____ has an upcoming appointment at Skagit Pediatrics Clinic for an evaluation for possible ADD/ADHD. As you are aware, this is a diagnosis best made by collecting and reviewing as much objective and narrative information as possible from the various adults involved in his/her daily life both at home and at school.

Toward that end, we have given her/his guardian(s) a list of documents to collect and provide for our review prior to his/her first appointment. In addition to asking for Vanderbilts to be completed by current teachers, school counselors and school nurses, we find it helpful to also have a written narrative from these same people describing their salient concerns.

Thank you, in advance, for taking the time to complete the remainder of this form. If you prefer to attach your own written narrative that would be fine.

1. For how long have you been his/her teacher/RN/counselor _____? For what % of the school week is she/he in your classroom _____?

2. What do you see as the greatest barrier to success in the classroom?

3. If there is a problem with attention span, how does it manifest the most?

4. If there is also a problem with hyperactivity, how does it manifest the most?

5. If there is also a problem with impulsivity, how does it manifest the most?

6. Is there any indication of a learning disability? If so, has any testing been done? What is the most current IEP date?

7. Is there a concern about cognitive delays?

8. Does the student demonstrate oppositional or defiant behaviors?
If yes, how severe are these on a scale of 1-5(worst)?

9. Does the student seem depressed or anxious?

10. Does the student seem rested upon arrival at school?

11. Are you concerned about the student's nutrition?

12. Any additional comments?

THANK YOU FOR YOUR VALUABLE HELP AND YOUR TIME!

*The Doctors and ARNPs at Skagit Pediatrics Clinic
2101 Little Mountain Lane, Mt. Vernon, WA 98274
Phone: (360) 428-2622 Fax: (360) 428-3941*