

## Teacher Summary of Concerns

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB \_\_\_\_\_

Completed by: \_\_\_\_\_

Dear Teacher, Counselor, Nurse, Daycare Provider.

\_\_\_\_\_ has an upcoming appointment at Skagit Pediatrics Clinic for an evaluation for behavior or attention concerns. As you are aware, these diagnoses are best made by collecting and reviewing as much objective information as possible from the adults involved in the child's daily life.

We have asked the child's parent/guardian to collect several documents for our review prior to their first visit on \_\_\_\_\_. In addition to a Vanderbilt form, we request a summary describing your concerns. Please complete the following form and/or attach a narrative with further information if you feel it would be helpful.

We appreciate your input.

- 1) For how long have you been the child's teacher/counselor/daycare provider/school nurse? For what percent of the school week is the child in your classroom or under your care.
  
- 2) What concerns do you have regarding the child's behavior and what are the greatest barriers to success that you see?
  
- 3) Are you concerned for problems with attention and how do these manifest?
  
- 4) Are you concerned for problems with hyperactivity and how do these manifest?

- 5) Are you concerned for problems with impulsivity and how do these manifest?
  
- 6) Are you concerned for a learning disability and if so, has any testing been done? Does the child have an IEP in place?
  
- 7) Are you concerned for cognitive delay?
  
- 8) Are you concerned for depressive symptoms?
  
- 9) Are you concerned for anxious symptoms?
  
- 10) Does the child seem well rested while at school?
  
- 11) Are you concerned about the child's nutrition?

Any other comments?