

Skagit Pediatrics

2101 Little Mountain Lane, Mount Vernon, WA, 98274 ph. 360-428-2622 fax 360-428-3941

Teacher Summary of Concerns

Date: _____

Child's Name: _____ Child's DOB _____

Completed by: _____

Dear Teacher, Counselor, Nurse, Daycare Provider.

_____ is being evaluated at Skagit Pediatrics Clinic 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 his/her parent/guardian to collect several documents for our review prior to their first visit with a provider. 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?