



Teacher Rating Form

Dear Educational Professional,

As part of the Neuropsychological Evaluation being administered to your student, we view your input and feedback as very important and would like to ask you a few, brief questions. Please complete this form and return it back to the child's parent/guardian so that they may take it with them to complete their child's file. Please feel free to attach any additional information that you believe is relevant to this evaluation (e.g., letters, notes, report cards, disciplinary reports, etc.)

If the student has a current IEP or 504 Plan or if they have been evaluated by a psychologist, neuropsychologist, school psychologist, or educational specialist, please assist the family in obtaining the most recent copy of any of these reports/evaluations.

We know your time is limited and valuable so we thank you for taking few minutes to attend to this!

Release of Information

I (parent/guardian) hereby authorize my child's educational professional or daycare provider to provide the following information to Access Point – Pediatric Neurobehavioral Diagnostics Division for the purposes of conducting a Neuropsychological Evaluation.

Authorizing Parent/Guardian Name (please print): _____

Authorizing Parent/Guardian Signature: _____

Child/Student Name: _____

Child/Student DOB: _____



Name of Student's School or Day Care Provider: _____
Name of Student's Teacher: _____
Current Grade Attending: _____

Please check the appropriate box:

In the following academic areas, please rate the student's abilities / performance level:

- | | | | |
|---------------------------------------|--|----------------------------------|--------------------------------------|
| Reading | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Problematic |
| Writing | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Problematic |
| Mathematics | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Problematic |
| Interactions with Teachers | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Problematic |
| Interactions with Peers | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Problematic |
| Participation in Organized Activities | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Problematic |

Has testing been completed by the School? Yes No

Present Class Placement: Regular Education Classroom
 Special Education Class
If "checked", please specify: _____

 Bilingual/ESL Services
 Gifted and Talented Services

Does the child receive educational services through an IEP or 504 Plan? Yes No
If "Yes", for what classification? _____

Is the student receiving any of the following through the school district?

- Psychological Testing
- Speech Language Therapy
- Occupational Therapy
- Physical Therapy
- Developmental Therapy
- Therapy / Counseling
- Social Skills Group(s)
- Psychosocial Rehabilitation (PSR)

[please continue to the next page]

- Intensive Behavior Intervention (IBI)
- Other: _____

Please list any behavioral concerns you have for this student:

Any concerns regarding the student's social functioning: Yes No

If "Yes", please describe your concerns: _____

Please indicate by checking the appropriate box if the student has difficulties with any of the following to the extent that they interfere with academic or social functioning. Of note, however, please indicate **ONLY** if these difficulties are **SIGNIFICANT** or go beyond what would be **NORMALLY** expected for child of his or her age:

- Social Isolation
- Timid / Shy
- Often bullied, threatened, or intimidated by others
- Temper Tantrums
- Low Frustration Tolerance
- Attention Seeking Behavior
- Laziness
- Does not pay attention to detail or makes careless mistakes
- Has difficulty keeping attention to what needs to be done
- Does not seem to listen when spoken to directly
- Does not follow through when given directions/ fails to finish activities (not due to refusal or failure to understand)
- Has difficulty organizing tasks and activities
- Avoids, dislikes, or does not want to start tasks that require ongoing mental effort
- Loses things necessary for tasks or activities (assignments, pencils, books)
- Is easily distracted by noises or other stimuli
- Is forgetful of daily activities
- Fidgets with hands or feet or squirms in seat
- Leaves seat when remaining in seat is expected
- Runs about or climbs too much
- Has difficulty playing or beginning quiet activities
- Is "on the go" or acts as if "driven by a motor"
- Talks too much
- Blurts out answers before questions have been completed
- Has difficulty waiting his or her turn
- Interrupts or intrudes in on others' conversations and/or activities
- Loses temper
- Argues with adults/teachers
- Actively defies or refuses to go along with adults'/teachers requests or rules
- Deliberately annoys people
- Blames others for his or her mistakes or misbehaviors
- Is touchy or easily annoyed by others
- Is angry and resentful
- Is spiteful and wants to "get even"
- Bullies, threatens, or intimidates others

- Starts physical fights
- Lies to get out of trouble, avoid obligations, or to obtain goods or favors
- Is truant from school without permission
- Is physically cruel to people
- Is physically cruel to animals
- Has stolen from teachers or classmates
- Deliberately destroys others' property
- Has used a weapon that can cause physical harm (bat, knife, brick, gun, etc.)
- Has deliberately set fires to cause damage
- Uses profanity
- Gang Involvement
- Alcohol / Substance use
- Cigarette use
- Depressed mood, unhappiness
- Decreased interest or pleasure in daily activities
- Has low energy or fatigue
- Seems excessively agitated
- Seems excessively slowed down
- Excessively crying
- Has difficulty making decisions
- Has feelings of hopelessness
- Lack of confidence
- Low self-esteem
- Fainting, falling down
- Unusual fears
- Avoidance
- Has excessive anxiety or worry
- Feels that worry is difficult to control
- Is restless or feels keyed up or "on edge"
- Is easily fatigued
- Excessive irritability
- Has muscle tension
- Has repetitive behaviors such as hand-washing, lining things up, checking on things before leaving a room, or mental acts such as a need to keep counting things or repeating words over and over.
- Has thoughts that persist and keep coming back, that cause worry or anxiety

Thank you again for your time! When completed, please return this form to the student's parent/guardian or fax it to our office at 208.522.4138.

Sincerely,

Dr. Darla Lawson, Ph.D.
Access Point
Pediatric Neurobehavioral Diagnostics Division