

TEACHER RATING FORM

Student: _____ Date Completed: _____
 School: _____ Fax#: _____ Phone: _____
 Teacher: _____ Nurse: _____
 Parent: _____ Home Phone: _____
 Physician/NP: _____ Office Phone: _____
 Office Address: _____ Fax#: _____

For each item please circle the number that describes the student. 0=none 1=mild 2=moderate 3=severe

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|---|---|---|---|---|
| 1. Often fails to give close attention to details or makes careless mistakes. | 0 | 1 | 2 | 3 |
| 2. Often has difficulty in sustaining attention to tasks or play activity. | 0 | 1 | 2 | 3 |
| 3. Often does not seem to listen when spoken to. | 0 | 1 | 2 | 3 |
| 4. Often fails to finish school work or follow through on tasks. | 0 | 1 | 2 | 3 |
| 5. Often has difficulty organizing tasks and activity. | 0 | 1 | 2 | 3 |
| 6. Often has difficulty with tasks that require sustained mental effort. | 0 | 1 | 2 | 3 |
| 7. Often loses assignments, pencils, books, etc. | 0 | 1 | 2 | 3 |
| 8. Often is distracted by extraneous stimuli. | 0 | 1 | 2 | 3 |
| 9. Often is forgetful in daily activities. | 0 | 1 | 2 | 3 |

Describes hyperactivity/impulsiveness

- | | | | | |
|---|---|---|---|---|
| 1. Often fidgets with hands or feet or squirms in his/her seat. | 0 | 1 | 2 | 3 |
| 2. Often leaves his/her seat in the classroom when not appropriate. | 0 | 1 | 2 | 3 |
| 3. Often climbs or runs around the classroom. | 0 | 1 | 2 | 3 |
| 4. Often has trouble playing or doing leisure activities quietly. | 0 | 1 | 2 | 3 |
| 5. Often is "on the go" or seems to be "driven by a motor". | 0 | 1 | 2 | 3 |
| 6. Often talks excessively. | 0 | 1 | 2 | 3 |
| 7. Often calls out answers before the end of the question. | 0 | 1 | 2 | 3 |
| 8. Often has difficulty awaiting his/her turn. | 0 | 1 | 2 | 3 |
| 9. Often interrupts other people's conversations. | 0 | 1 | 2 | 3 |

Please answer the following questions with a short statement.

- How would you describe the student's overall progress this past month?

- Please describe specific issues that have improved or gotten worse:
 behavior, academics, relationships with teachers and peers.

- Please describe if behavior varies with the time of day.

- Have there been any fights, disciplinary actions, suspensions? Yes No

To be completed by the school nurse and faxed or mailed to the provider who has prescribed medication.

Medication _____ Dose _____ Time _____ Missed Doses _____
 Weight _____ Pulse _____ BP _____ / _____ Side Effects noted none ()