

Hamblen Pediatric Associates, Inc

1817 W Morris Blvd
Morristown, TN 37813
423-581-3904

www.hamblenped.com

1405 S Sizer Street, Suite E
Jefferson City, TN 37760
865-475-5377

Dear Teacher:

The parents of one of your students are seeking to have their child evaluated by our office for a health concern.

As part of our evaluation process, we ask that both the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student. Your time and cooperation in this matter is greatly appreciated. Attached please find a release of information form that the parents have completed and a set of teacher rating scales and questionnaires. These forms include:

1. NICHQ Vanderbilt Teacher Assessment Scale
2. Copy of the last report card/Grades student is currently making.
3. If available, copy of Psychological report if School psychologist saw student.
4. Any additional comments/information you may have to assist in the diagnosis/treatment.

Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. If more than one set of rating scales is required, please have the parent contact us directly at 423-581-3904 or our Jefferson City office at 865-475-5377 and we will forward additional rating scales as needed. Please note that the same teacher should complete each entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write, "Don't know", so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. The forms should be mailed to us directly in the envelope provided.

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact us.

Sincerely,

The Physicians of Hamblen Pediatric Associates, Inc

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark I. Wolraich, MD.

Revised - 1102

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NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Somewhat				
	Excellent	Average	Above Average	of a Problem	Problematic
Academic Performance					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Somewhat				
	Excellent	Above Average	Average	of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-28: _____

Total number of questions scored 2 or 3 in questions 29-35: _____

Total number of questions scored 4 or 5 in questions 36-43: _____

Average Performance Score: _____

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Hamblen Pediatric Associates, Inc

1817 West Morris Blvd
Morristown, TN 37813
Telephone: 423-581-3904
Fax: 423-581-6120

657 E. Broadway Blvd
Jefferson City, TN 37760
Telephone: 865-475-5377
Fax: 865-475-3577

Date of Request: _____

Records Being Requested From:

Name of School: _____

or: HPA – Morristown HPA – Jefferson City

Patient Name: _____ Date of Birth: _____

I request that the above named patients' medical records be released to:

1817 West Morris Blvd
Morristown, TN 37813
Telephone: 423-581-3904
Fax: 423-581-6120

657 E. Broadway Blvd
Jefferson City, TN 37760
Telephone: 865-475-5377
Fax: 865-475-3577

Or: _____

I allow the following information to be released: PLEASE CHECK ONE OF THE BOXES BELOW:

- | | |
|---|---|
| <input type="checkbox"/> Entire medical record | <input type="checkbox"/> Progress notes from _____ to _____ |
| <input type="checkbox"/> Lab work dated _____ | <input type="checkbox"/> Psychotherapy notes to be released |
| <input type="checkbox"/> Immunization Record only | <input type="checkbox"/> Other: _____ |

I understand that this consent is good for 1 year and may be revoked at any time. This request is for the following reason.

- | | |
|--|--|
| <input type="checkbox"/> Insurance Change – New physician | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Specialty Consult (i.e. ENT, Surgeon) | <input type="checkbox"/> Dissatisfaction |
| <input type="checkbox"/> Exchange of information with School | <input type="checkbox"/> Personal Use |
| <input type="checkbox"/> Other: _____ | |

Patient/Guardian Signature _____
Relationship: _____ Date: _____

Witness: _____ Date: _____

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Jefferson City, TN 37760
Telephone: 865-475-5377
Fax: 865-475-3857

Date of Request: _____

Records Being Requested From:

or: HPA – Morrystown

HPA – Jefferson City

Patient Name: _____ Date of Birth: _____

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Morrystown, TN 37813
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1405 S Sizer Street Suite E
Jefferson City, TN 37760
Telephone: 865-475-5377
Fax: 865-475-3857

Or: _____

I allow the following information to be released: PLEASE CHECK ONE OF THE BOXES BELOW:

- Entire medical record
- Lab work dated _____
- Immunization Record only
- Progress notes from _____ to _____
- Psychotherapy notes to be released
- Other: _____

I understand that this consent is good for 1 year and may be revoked at any time by written notice to Hamblen Pediatric. This request is for the following reason.

- Insurance Change – New physician
- Specialty Consult (i.e. ENT, Surgeon)
- Exchange of information with School
- Other: _____
- Relocation
- Dissatisfaction
- Personal Use

I understand that once the requested information is sent that additional disclosures may occur and Hamblen Pediatric will be held harmless for further disclosures by/to other parties.

Patient/Guardian Signature _____
Relationship: _____ Date _____
Witness: _____ Date: _____

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past **6 months**.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-26: _____

Total number of questions scored 2 or 3 in questions 27-40: _____

Total number of questions scored 2 or 3 in questions 41-47: _____

Total number of questions scored 4 or 5 in questions 48-55: _____

Average Performance Score: _____

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Patient Name _____ Date _____

ADD/ADHD Parent Questionnaire

Please complete the following questions. This form must be completed before the physician performs his/her assessment of the child.

1. Is your child on any medication? _____ If yes, please list the name of the medication.

2. Does your child see any specialist(s) (include psychiatrists, social workers, medical doctors). ___ Yes ___ No. If yes, please list the name of the specialist, and the reason they are being seen and how often

3. Has your child had any hospitalizations other than birth.

4. Do you need any referrals for specialists you are currently seeing or any new specialists?

5. What is the reason this evaluation was made? (behavior at home, behavior at school, teacher comments, etc.)

6. At what age did you, as a parent, suspect there was a problem with your child?

7. What are your child's sleep habits?

8. How is your child's appetite?

9. What school does your child attend? _____ What grade is your child in?
_____ What grades does your child make?

10. Who is your child's teacher? _____

11. Is your child in regular classes or resource class?

12. Do you have multi-disciplinary meetings at school? _____ When
was the last multi-disciplinary meeting? _____ When is the next
multi-disciplinary meeting? Who leads the multi-disciplinary meetings?

13. How is the student/teacher rapport? (How does the student and teacher get along?)

How was the student/teacher rapport in the past (earlier grades)?

14. How does your child and you get along? _____ Are you
able to talk to your child easily? _____ Does your child get along with
his/her brothers and/or sisters? _____

15. Does your child enjoy school or does he/she dislike school? _____

16. Does the patient have any of the following tendencies?

Aggression:	_____	Yes	_____	No
Defiant (says no a lot)	_____	Yes	_____	No
Hyperactive	_____	Yes	_____	No
Cannot concentrate	_____	Yes	_____	No
Cannot stay on task	_____	Yes	_____	No

17. How does the patient get along with other children? _____
How does the patient get along with pets/animals? _____

18. How does the patient treat their possessions? _____

19. Has the patient ever threatened to hurt themselves or someone else? ___ Yes ___ No

20. Is there ANY family history of emotional or mental disorders, ADD/ADHD,
severe temper, or aggressive behavior? If yes, please describe and list who.

Thank you for completing this form This will help the physician work with your child
and yourself

Evaluating Your Child for ADHD

So you think your child may have ADHD, attention-deficit/hyperactivity disorder? Or your child's teacher thinks your child may have ADHD? There are steps that need to be taken to make a diagnosis of ADHD. Some children may have a learning disability, some children may have difficulty with

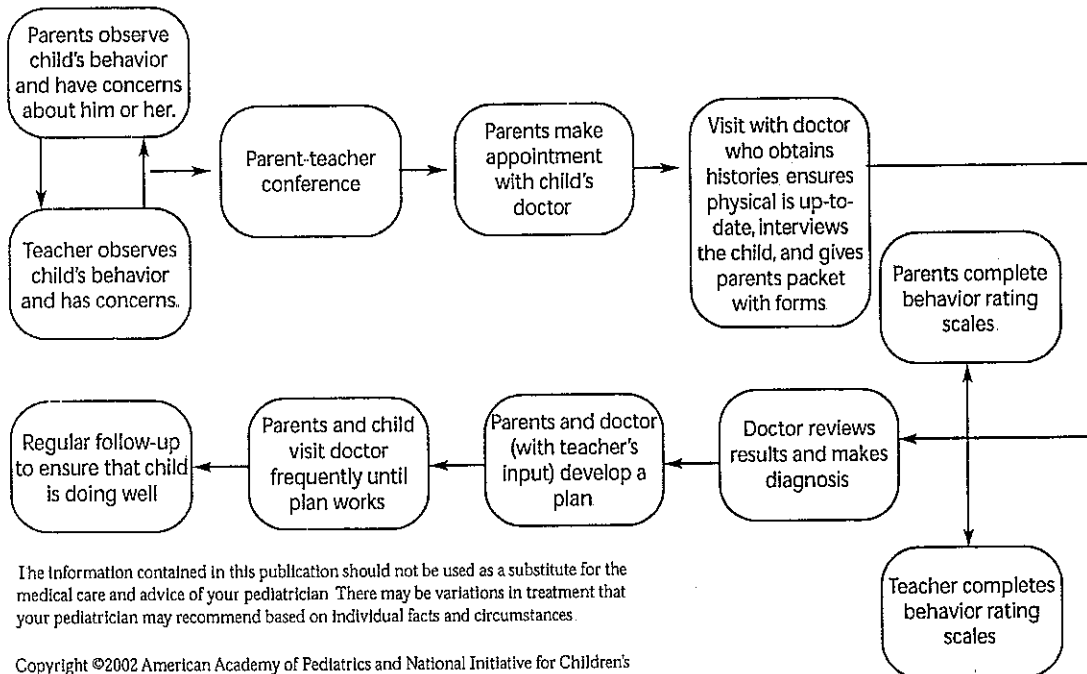
their hearing or vision, and some children may actually have ADHD. The answer comes from the parents, other family members, doctors, and other professionals working as a team. Here are the steps that the *team* needs to take to evaluate your child.

The steps in an evaluation are as follows:

- Step 1:** Parents make careful observations of the child's behavior at home.
- Step 2:** Teacher (s) makes careful observations of the child at school.
- Step 3:** Parents and the child's teacher (s) have a meeting about concerns.
- Step 4:** Parents make an appointment with the child's doctor. Parents give the doctor the name and phone number of the teacher (s) and school.
- Step 5:** The doctor obtains a history, completes a physical examination (if not done recently), screens the child's hearing and vision, and interviews the child.
- Step 6:** Parents are given a packet of information about ADHD, including parent and teacher behavior questionnaires, to be filled out before the next visit.
- Step 7:** The teacher (s) returns the questionnaire by mail or fax.
- Step 8:** At a second doctor visit, the doctor reviews the results of the parent and teacher questionnaires and determines if any other testing is required to make a diagnosis of ADHD or other condition.
- Step 9:** The doctor makes a diagnosis and reviews a plan for improvement with the parents.
- Step 10:** The child will need to revisit the doctor until the plan is in place and the child begins to show improvement, and then regularly for monitoring. Parents and teachers may be asked to provide behavior ratings at many times in this process.

Adapted from materials by Heidi Feldman, MD, PhD

ADHD Evaluation Timeline



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Does My Child Have ADHD?

Many parents worry about this question. The answer comes from children, families, teachers, and doctors working together as a team. Watching your child's behavior at home and in the community is very important to help answer this question. Your doctor will ask you to fill out rating scales about your child. Watching your child's behavior and talking with other adults in the child's life will be important for filling out the forms.

Here are a few tips about what you can do to help answer the question:

Watch your child closely during activities where he or she should pay attention.

- Doing homework
- Doing chores
- During storytelling or reading

Watch your child when you expect him or her to sit for a while or think before acting.

- Sitting through a family meal
- During a religious service
- Crossing the street
- Being frustrated
- With brothers or sisters
- While you are on the phone

Pay attention to how the environment affects your child's behavior. Make changes at home to improve your child's behavior.

- Ensure that your child understands what is expected. Speak slowly to your child. Have your child repeat the instructions.
- Turn off the TV or computer games during meals and homework. Also, close the curtains if it will help your child pay attention to what he or she needs to be doing.
- Provide structure to home life, such as regular mealtimes and bedtime. Write down the schedule and put it where the entire family can see it. Stick to the schedule.
- Provide your child with planned breaks during long assignments.
- Give rewards for paying attention and sitting, not just for getting things right and finishing. Some rewards might be: dessert for sitting through a meal, outdoor play for finishing homework, and praise for talking through problems.
- Try to find out what things set off problem behaviors. See if you can eliminate the triggers.

If your child spends time in 2 households, compare observations.

- Consult your child's other parent about behavior in that home. Cooperation between parents in this area really helps the child.
- If the child behaves differently, consider differences in the environment that may explain the difference in behavior. Differences are common and not a mark of good or bad parenting.

Talk to your child's teacher.

- Learn about your child's behavior at school. Talk about how your child does during academic lessons and also during play with other children.
- Compare your child's behavior in subjects he or she likes and those in which he or she has trouble with the work.
- Determine how the environment at school affects your child's behavior. When does your child perform well? What events trigger problem behaviors?
- Consider with the teacher whether your child's learning abilities should be evaluated at school. If he or she has poor grades in all subjects or in just a few subjects or requires extra time and effort to learn material, then a learning evaluation may be valuable.

Gather impressions from other adult caregivers who know your child well.

- Scout leaders or religious instructors who see your child during structured activities and during play with other children.
- Relatives or neighbors who spend time with your child.
- Determine how other environments affect your child's behavior. When does your child perform well? What events trigger problem behaviors?

Make an appointment to see your child's doctor.

- Let the receptionist know you are concerned that your child might have ADHD.
- If possible, arrange a visit when both parents can attend.

Adapted from materials by Heidi Feldman, MD, PhD

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