

focus on kids

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Dear Parent or Guardian,

You have requested that we complete an ADHD evaluation on your child. To help us have a better understanding of your child's behavior and needs, we request some information about your child and how they interact in different settings.

First, we will need at least one parent or guardian to complete a set of questionnaires. Ideally, the parent or guardian who spends the most time with the child should complete the questionnaires. If two or more parents/guardians wish to complete the questionnaires, each should do so independently and on separate forms.

Second, we will need at least one teacher, preferably two, to complete a questionnaire. Ideally, this should be a teacher or the teachers who spend the most time with the child during their school day. If multiple teachers are completing this questionnaire, it should be done independently and on separate forms.

We will need both sets of these questionnaires completed prior to scheduling an evaluation appointment for your child.

These questionnaires can be completed by:

1. Having our office assign the appropriate questionnaires to you and/or the teacher/s on Chadis. As a parent, you should already have a Chadis account. For a teacher, we will just need the teacher's full name and email address. Usually this can be found on your child's school account.

OR

2. Completing the attached questionnaires and returning them to our office. There is a set for one parent/guardian and one teacher. The teacher's questionnaire includes a letter explaining what we are requesting of them. If more than one of either of the questionnaires is needed, please feel free to make copies.

If you choose to complete these questionnaires via Chadis, please call the office 24 business hours after completion to get your child scheduled for an evaluation. If you are completing the paper version, either schedule when you are dropping the forms off or if emailing copies, please call to schedule 24 business hours after sending to schedule.

In advance, we thank you for your prompt assistance in this matter. Please contact our office if you have any questions.

Sincerely,

Focus on Kids Pediatrics

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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 Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.
 Revised - 1102

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		Somewhat	
		Average	Average	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: _____



Detailed Information About Your Child

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

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

Describe your main concerns about your child: _____

Please give examples of your child's attention span: _____

Describe your child's interactions with friends: _____

Describe your child's interactions with family members living within their household: _____

Any other additional information you can provide about your child that may be helpful: _____

Thank you for your help and participation with this evaluation!



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Jamie Allen, PA-C Mitchell McTavish, PA-C

Dear Teacher,

_____ has been referred to Focus on Kids for an evaluation. Your observations of this student in school are extremely important to ensure the most comprehensive assessment. Therefore, we ask you to complete the attached questionnaire and return it to the parent or guardian of the above-listed student.

Ideally this should be completed by the teacher or teachers who spend the most time with the student. If multiple teachers are completing this questionnaire, it should be done independently and on separate forms. We do ask for the teacher's name and what the classroom setting is for your class because this can impact what you are observing, which can impact our treatment plan.

In advance, we thank you for your prompt assistance in this matter. Please contact our office if you have any questions.

Sincerely,

Focus on Kids Pediatrics

PLEASE NOTE: IF YOU WOULD PREFER TO COMPLETE THIS QUESTIONNAIRE ELECTRONICALLY, PLEASE PROVIDE YOUR EMAIL ADDRESS TO THE PARENT OR GUARDIAN AND OUR OFFICE WILL SEND AN ELECTRONIC VERSION THAT WILL COME FROM CHADIS AND IT WILL BE SUBMITTED DIRECTLY TO OUR OFFICE.

If you choose to complete the questionnaire via Chadis, you do not need to complete the rest of this packet.

Name of Teacher Completing Questionnaire: _____

Type of Classroom Setting: _____ Regular _____ Special Education

Number of students in Classroom: _____

Number of Teachers/Aides in Classroom (including yourself): _____

Total Amount of Time (in hours) Spent with Student Each Day: _____

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NICHQ
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Children's Health Quality



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 L. Wolraich, MD.
Revised - 0303



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	Above Average	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:

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: _____



Detailed Student Information

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

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

Describe this student's main school problem: _____

Please give examples of this student's attention span: _____

Describe the student's interactions with classmates: _____

Describe the student's interactions with teachers and disciplinary actions that are needed: _____

Any other additional information you can provide about the student that may be helpful: _____

Thank you for helping us with this evaluation!