BEHAVIOR EVALUATION PACKET

There is one form that the teacher(s) will need to fill out.

The entire packet needs to be filled out and presented at or before the appointment.

CHILDHOOD HISTORY FORM

State Zip Child's School Name Address Grade Special Placement (if any) Child is presently living with: Natural Mother Natural Father Stepmother Adoptive Mother Adoptive Father Foster Mother Other (Specify) Jon-residential adults involved with this child on a regular basis: Source of Referral: Name defenses Griefly state main problem of this child: ARENTS Mother Occupation Age Age at time of pregnancy with patient School: Highest grade completed Learning problems Attention problems Behavior problems Behavior problems Medical Problems Medical Problems Medical Problems Medical Problems Medical Problems Medical Problems Medical Problems Medical Problems Medical Problems Medical Problems Medical Problems Address Ad	
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Adoptive Mother Adoptive Father Foster Mother Other (Specify)	
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Cource of Referral: Name	Foster Father
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Learning problems Attention problems Behavior problems Medical Problems	
Learning problems Attention problems Behavior problems Medical Problems	
Behavior problems	
Medical Problems	
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Have any of your blood relatives experienced problems similar to those your of describe:	child is experiencing? If so,
describe:	

						
Occupation			 	Bus.	Phone	
School: Highest grade compl	eted					
Learning problems _	,					
Attention problems _						
Behavior problems _						
Medical Problems		The state of the s				
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Name		Age	Ме	dical, Socia	d or Schoo	ol Problems
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INFANCY PERIOD				
Were any of the following present - to a significant d	egree – durir	ng the first fev	v years of life? If s	o, describe:
Did not enjoy cuddling				
Was not calmed by being held or stroked				
Difficult to comfort				
Colic Exc				
Excessive irritability				
Diminished sleep				
Frequent headbanging				
Difficult nursing Constantly into everything				
Constantly into everything		······································		
MEDICAL HISTORY				
If your child's medical history includes any of the for occurred and any other pertinent information:	ollowing, plea	se note the a	ge when the incid	lent or illness
Childhood diseases (describe ages and any comp				
Operations				
Hospitalization for illness				
Head injuries				
Convulsions	with fever	**************************************	_ without fever	
Coma				
Presistent high fevers	***************************************			
Eye problems				
Ear problems				
Allergies or Asthma				
Poisoning				
Sleep problems				
Appatite	**************************************			nantana da karangan da kar
DESCRIPTION OF STATUS				
PRESENT MEDICAL STATUS	107-1-1-4			
Height Present illnesses for which the child is being treated				
Present illnesses for which the child is being treated				
Medications child is taking on ongoing basis	······································			

DEVELOPMENTAL MILESTONES				
If you can recall, record the age at which your child re	eached the fo	llowing develo	opmental milestone	es. If you can-
not recall exactly, check item at right:	,		•	-
The state of the s	Age	Early	Normal	Late
Smiled	-	-		
Set without support				

DEVELOPMENTAL MILESTONES (continued):

	Crawled Stood without support									
	Walked without assistance		. 17			, 11 11 11 11 11 11 11 11			······································	***************************************
	Spoke first words								· · · · · · · · · · · · · · · · · · ·	
	Said phrases		·	-3						·
	Said sentences		·	···	·		, ,		······································	************
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	Bladder trained, dayBladder trained, night						 			***************************************
	Bowel trained, day								····	
	Bowel trained, night			 			· · · · · · · · · · · · · · · · · · ·	برپید خساسیسه		
	Rode tricycle	<u>, </u>		1 1 1 1					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Rode bicycle (without training	whaalat		(d 		· · · · · · · · · · · · · · · · · · ·				······································
	Buttoned clothing	Wileels) _		***************************************			····			······································
	Tied shoelaces		·	······································						
	New declares		······································					··········	<u> </u>	
	Named colors			 			 	 		
	Said alphabet in order						*			***************************************
	Began to read			*		 				
	INATION	. 1 1.				21				
Rati	INATION e your child on the following sk	kills:			G.	ood (Aı	verage		Poor
Rati	INATION e your child on the following sk	kills:			Go	ood		verage		Poor
Rati	INATION your child on the following sk WalkingRunning	kills:			Go.	ood		_		Poor
Rati	INATION your child on the following sk WalkingRunning	kills:			Go	ood		_		Poor
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Rati	INATION e your child on the following sk Walking Running Throwing Catching Shoelace tying Buttoning Writing Athletic abilities	dills:								
Rati	INATION e your child on the following sk Walking	dills:								
Rati	INATION e your child on the following sk Walking	dills:	ed to ot	her childre						
Rati	INATION e your child on the following sk Walking	s compare	ed to ot	her childre						
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Rati	INATION a your child on the following sk Walking	s compare	ed to ot	her childre	9 n					
Rati PR	INATION e your child on the following sk Walking	s compare	ed to of	her childre	en	well as	other ch	ildren his	s or he	rage?

SCHOOL HISTORY

Were you concerned about your child's ability	to succeed in I	kindergarten? If	so, please explain:	·*
Rate your child's school experiences related t	o academic lea	rning:	<i>b</i>	
		Good	Average	Poor
Nursery school				
Kindergarten				
Current grade			······································	·
To the best of your knowledge, at what grade Reading Spelling _	-	-		
Has your child ever had to repeat a grade? If s	so, when?			
Present class placement: Regular Class	SI	pecial Class (if so	, specify)	
Kinds of special counseling or remedial work y	our child is cur	rently receiving		
Describe briefly any academic school problem	IS	<u>.,</u>		
Rate your child's school experiences related to	o behavior:			
		Good	Average	Poor
Nursery school				
Kindergarten				
Current grade		······································	<u></u>	· · · · · · · · · · · · · · · · · · ·
Does your child's teacher describe any of the f Doesn't sit still in his or her seat			•	
Frequently gets up and walks around the class				
Shouts out. Doesn't wait to be called on				
Won't wait his or her turn				·
Doesn't cooperate well in group activities				
Typically does better in a one-to-one relationsh				
Doesn't respect the rights of others				
Doesn't pay attention during storytelling or sho				
Describe briefly any other classroom behavior	ai problems			······································
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R RELATIONS!						
Does your child	seek friendships	with peers?				····
s your child sou	ght by peers for f	riendship?	· · · · · · · · · · · · · · · · · · ·	· ·		<u> </u>
Does you child to	lay with children	primarily his o	r her own age? _			
Younger?		Older?		÷ .		
Describe briefly	any problems you	ir child may ha	ve with peers	·		
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o an excessive of Fidgets with Has difficulty Easily distract	or exaggerated de hands, feet or sq remaining seate sted by extraneou	egree when co uirms in seat _ d when require is stimulation	mpared to other	children his or	her own age.	
o an excessive of Fidgets with Has difficulty Easily distract	or exaggerated de hands, feet or sq remaining seate sted by extraneou	egree when co uirms in seat _ d when require is stimulation	mpared to other o	children his or	her own age.	
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DME	BEHAVIOR (continued):
	Acts like he or she is driven by a motor
	Wears out shoes more frequently than siblings
2	Wears out shoes more frequently than siblings
	Doesn't seem to learn from experience
	Poor memory
	A "different child"
her	es your child create more problems, either purposeful or non-purposeful, within the home setting than his siblings?
	es your child have difficulty benefitting from his experiences?
Тур	bes of discipline you use with your child
is ti	here a particular form of discipline that has proven effective?
beh	ve you participated in a parenting class or obtained other forms of information concerning discipline are
	ESTS AND ACCOMPLISHMENTS
Wha	at are your child's main hobbies and interests?
Wha	at are your child's areas of greatest accomplishment?
i à d	at does your child enjoy doing most?
wna	at does your child enjoy doing most?
	
Wha	at does your child dislike doing most?
M/hs	at do you like about your child?
. * 4 3 1 6	ti uv you mo uvut your omitti or a managaranti and a managaranti a
TNA	MES AND ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED:
	ng family doctor)
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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
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☐ 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.

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.

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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D3	NICHQ Vanderbilt Assessment Scale—PARENT Informant				
Today's Date:	Child's Name:	Date of Birth:			
Parent's Name:		Parent's Phone Number:			
<u>Directions:</u> Each rat When co	ing should be considered in the ompleting this form, please this	e context of what is appropriate for the age of your child. nk about your child's behaviors in the past <u>6 months.</u>			
Is this evaluation ba	ased on a time when the child	☐ was on medication ☐ was not on medication ☐ not sure?			

Symptoms	Never	Occasionally	Often	Very Often
 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
 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
 Avoids, dislikes, or does not want to start tasks that require ongoing mental effort 	0	1	2	3
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	I	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	Ţ	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	I	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	٠2	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

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Today's Date:	Child's Name:		Date of Birth:
Parent's Name:		Parent's Phone Number:	

NICHQ Vanderbilt Assessment Scale—PARENT Informant, continued

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

	Somewhat					
Performance	Excellent	Above 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:

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	NICHQ Vanderbilt A			A A VAN A A A A A A A A A A A A A A A A	3 3 3	
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Today's Date:	Child's Name:		Grade I	Level:	· · · · · · · · · · · · · · · · · · ·	
and sh weeks	ating should be considered in the rould reflect that child's behavior or months you have been able to based on a time when the child	since the beginning	of the sci ors:	hool year. Please	indicate t	he number o
Symptoms	ungga walio, na gani bo qali oʻshiliyo 1994, 1994 mara da asaliq mara da ungʻan sa asali 1994 mara da asali qa		Never	Occasionally	Often	Very Often
1. Fails to give at	tention to details or makes careless r	nistakes in schoolwork	0	1	2	3
2. Has difficulty	sustaining attention to tasks or activ	ities	0	1	2	3
3. Does not seen	n to listen when spoken to directly		0	1	2	3
	w through on instructions and fails to positional behavior or failure to und		0	1	2	3
***************************************	organizing tasks and activities		0	1	2	3
6. Avoids, dislike mental effort	es, or is reluctant to engage in tasks th	at require sustained	0	1	2	3
7. Loses things r	necessary for tasks or activities (schooloks)	ol assignments,	0	1	2	3
8. Is easily distra	cted by extraneous stimuli		0	1	2	3
9. Is forgetful in	daily activities		0	1	2	3
10. Fidgets with h	ands or feet or squirms in seat		0	1	2	3
11. Leaves seat in seated is expe	classroom or in other situations in w	hich remaining	0	1	2	3
12. Runs about or seated is expe	climbs excessively in situations in w	hich remaining	0	1	2	3
13. Has difficulty	playing or engaging in leisure activit	ies quietly	0	1	2	3
14. Is "on the go"	or often acts as if "driven by a motor	2)	0	1	2	3
15. Talks excessive	ely ·		0	1	2	3
16. Blurts out ans	wers before questions have been com	pleted	0	1	2	3
17. Has difficulty	waiting in line		0	1	2	3
18. Interrupts or i	intrudes on others (eg, butts into con	versations/games)	0	1	2	3
19. Loses temper			0	1	2	3
20. Actively defies	or refuses to comply with adult's rec	uests or rules	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.

31. Is afraid to try new things for fear of making mistakes

25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)

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

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21. Is angry or resentful

22. Is spiteful and vindictive

24. Initiates physical fights

26. Is physically cruel to people

29. Is fearful, anxious, or worried

27. Has stolen items of nontrivial value

28. Deliberately destroys others' property

30. Is self-conscious or easily embarrassed

23. Bullies, threatens, or intimidates others

NICHQ:



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			Class Name/Period: Grade Level:			
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Symptoms (contine	ued)		Never	Occasionally	Often	Very Often
32. Feels worthless o	or inferior		0	1	2	3
33. Blames self for pr			0	1	2	3
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	anted, or unloved; complains that "no o	one loves him or	her" 0	1	2	3
35. Is sad, unhappy,	or depressed	······································	0	1	2	3
Performance				Above	Somewhat of a	t
Academic Performa	ınce	Excellent	Average	Average		Problematic
36. Reading		1	2	3	4	5
37. Mathematics		1	2	3	4	5
38. Written expression	on	1	2	3	4	5
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			Above		of a	
Classroom Behavio		Excellent	Average	Average	·········	Problematic
39. Relationship with		1	2	3	4	5
40. Following directi	ions	1.	2	3	4	5
41. Disrupting class		1	2	3	4	5
42. Assignment com		1	2	3	4	5
43. Organizational sl	kills	11	2	3	4	5
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