

Sunnyhill Pediatric Clinic

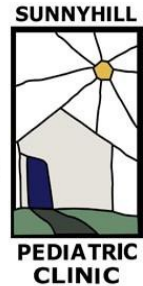
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EDUCATION INFORMATION FORM

(To be completed by school staff)

STUDENT NAME: _____

DATE: _____

The following questionnaire is to assist in the evaluation of the child for possible learning/attention difficulties.

This information will be reviewed with the parents when the child is seen in our office. In most cases time does not allow for contact with school staff. If you have urgent concerns about this child, please leave a message once parental consent is obtained.

Thank you for your time and attention to these forms.

Consent is assumed when the parents hand deliver this form, if this form is not hand delivered by the parent it is the responsibility of the individual completing this form to seek appropriate consent.

School Contact Person: _____

Phone Number: _____

Please return to parents or email to reception@sunnyhillpediatricclinic.ca

*Adapted Educational Information Form has been developed from Dr. Rosemary Tannocks's teacher telephone interview. Reprinted for clinical use only with permission from the BC Provincial ADHD Program.



Patient Name:		MRN/File No:	
Date of Birth:		Date:	
Physician Name:			

CADDRA Teacher Assessment Form

*Adapted from Dr Rosemary Tannock's Teacher Telephone Interview.
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Student's Name:	Age:	Sex:
School:	Grade:	

Educator completing this form: _____ Date completed: _____

How long have you known the student? _____ Time spent each day with student: _____

Student's Placement: _____ Special Ed: Yes No Hrs per week: _____

Student's Educational Designation: _____ None

Does this student have an educational plan?: Yes No

ACADEMIC PERFORMANCE	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Handwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Written syntax (sentence level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Written composition (text level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MATHEMATICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h) Computation (accuracy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i) Computation (fluency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j) Applied mathematical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLASSROOM PERFORMANCE	Well Below Average	Below Average	Average	Above Average	Well Above Average	n/a
Following directions/instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assignment completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classroom Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CADDRA Teacher Assessment Form

Strengths: What are this student's strengths?

Education Plan: If this student has an education plan, what are the recommendations? Do they work?

Accommodations: What accommodations are in place? Are they effective?

Class Instructions: How well does this student handle large-group instruction? Does s/he follow instructions well? Can s/he wait for a turn to respond? Would s/he stand out from same-sex peers? In what way?

Individual Seat Work: How well does this student self-regulate attention and behaviour during assignments to be completed as individual seat work? Is the work generally completed? Would s/he stand out from same-sex peers? In what way?

Transitions: How does this student handle transitions such as going in and out for recess, changing classes or changing activities? Do s/he follow routines well? What amount of supervision or reminders does s/he need?

Impact on Peer Relations: How does this student get along with others? Does this student have friends that seek him/ her out? Does s/he initiate play successfully?

Conflict and Aggression: – Is s/he often in conflict with adults or peers? How does s/he resolve arguments? Is the student verbally or physically aggressive? Is s/he the target of verbal or physical aggression by peers?

Academic Abilities: We would like to know about this student's general abilities and academic skills. Does this student appear to learn at a similar rate to others? Does this student appear to have specific weaknesses in learning?

Self-help Skills, independence, problem solving, activities of daily living:

Motor Skills (gross/fine): Does this student have problem with gym, sports, writing? If so, please describe.

Written Output: Does this student have problems putting ideas down in writing? If so, please describe.

Primary Areas of Concern: What are your major areas of concern/worry for this student? How long has this/these been a concern for you?

Impact on Student: To what extent are these difficulties for the student upsetting or distressing to the student him/ herself, to you and/or the other students?

Impact on the Class: Does this student make it difficult for you to teach the class?

Medications: If this student is on medication, is there anything you would like to highlight about the differences when s/he is on medication compared to off?

Parent Involvement: What has been the involvement of the parent(s)?

Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships?

Has the student had any particular problems with homework or handing in assignments?

Is there anything else you would like us to know? If you feel the need to contact the student's clinician during this assessment please feel free to do so.