



Genesis Pediatrics, LLC  
900 Elmgrove Road  
Rochester, NY 14624  
Phone: (585) 426-4100  
Fax: (585) 426-3701



## Physician's Request for Information

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

If the following requested information has been compiled on an evaluation form, that form may be sent in lieu of completing this form. Otherwise, please complete and return this form along with requested information to:

Genesis Pediatrics  
900 Elmgrove Road  
Rochester, NY 14624

A description by the student's teacher or other school personnel of any problem related to academic progress or classroom behavior:

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Description of current classroom setting (type of class, teacher:pupil ratio, etc.)

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Describe any additional resources provided?

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Continued on back

School team/CSE evaluations planned for this student? If completed, please send a copy of the report.

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Academic achievement test results.

Has psychological testing been planned for this student? If completed, please send a copy of the report.

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Teacher description of classroom behavior.

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Current school interventions.

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Any other information that the school may believe to be helpful.

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# NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Class Time: \_\_\_\_\_

Class Name/Period: \_\_\_\_\_

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: \_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often
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1. Fails to give attention to details or makes careless mistakes in schoolwork				
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2. Has difficulty sustaining attention to tasks or activities				
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3. Does not seem to listen when spoken to directly				
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4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)				
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5. Has difficulty organizing tasks and activities				
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6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort				
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7. Loses things necessary for tasks or activities (school assignments, pencils, books)				
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8. Is easily distracted by extraneous stimuli				
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9. Is forgetful in daily activities				
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10. Fidgets with hands or feet or squirms in seat				
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11. Leaves seat in classroom or in other situations in which remaining seated is expected				
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12. Runs about or climbs excessively in situations in which remaining seated is expected				
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13. Has difficulty playing or engaging in leisure activities quietly				
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14. Is "on the go" or often acts as if "driven by a motor"				
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15. Talks excessively				
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16. Blurts out answers before questions have been completed				
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17. Has difficulty waiting in line				
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18. Interrupts or intrudes in on others (eg, butts into conversations/games)				
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**Symptoms (continued)** Never    Occasionally    Often    Very Often

- 19. Loses temper \_\_\_\_\_
- 20. Activity defies or refuses to comply with adults' requests or rules \_\_\_\_\_
- 21. Is angry or resentful \_\_\_\_\_
- 22. Is spiteful and vindictive \_\_\_\_\_
- 23. Bullies, threatens, or intimidates others \_\_\_\_\_
- 24. Initiates physical fights \_\_\_\_\_
- 25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others) \_\_\_\_\_
- 26. Is physically cruel to people \_\_\_\_\_
- 27. Has stolen items of nontrivial value \_\_\_\_\_
- 28. Deliberately destroys others' property \_\_\_\_\_

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- 29. Is fearful, anxious, or worried \_\_\_\_\_
- 30. Is self-conscious or easily embarrassed \_\_\_\_\_
- 31. Is afraid to try new things for fear of making mistakes \_\_\_\_\_
- 32. Feels worthless or inferior \_\_\_\_\_
- 33. Blames self for problems; feels guilty \_\_\_\_\_
- 34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" \_\_\_\_\_
- 35. Is sad, unhappy, or depressed \_\_\_\_\_

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**Academic Performance** Excellent    Above Average    Average    Somewhat of a Problem    Problematic

- 36. Reading \_\_\_\_\_
- 37. Mathematics \_\_\_\_\_
- 38. Written expression \_\_\_\_\_

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4s: \_\_\_\_/3

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5s: \_\_\_\_/3

**Classroom Behavioral Performance** Excellent    Above Average    Average    Somewhat of a Problem    Problematic

- 39. Relationship with peers \_\_\_\_\_
- 40. Following directions \_\_\_\_\_
- 41. Disrupting class \_\_\_\_\_
- 42. Assignment completion \_\_\_\_\_
- 43. Organizational skills \_\_\_\_\_

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4s: \_\_\_\_/5

For Office Use Only  
5s: \_\_\_\_/5

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Fax number: \_\_\_\_\_