



Dear Parents of \_\_\_\_\_,

We are writing to you because you have concerns about your child’s learning and/or behavior, and are interested in an evaluation for Attention Deficit Hyperactivity Disorder (ADHD). This letter describes the steps we take to make a diagnosis of ADHD and rule out other conditions, which may be related.

There are several common childhood conditions that may look like ADHD. Some of these conditions include, but are not limited to, learning disabilities, hearing or vision difficulty, and anxiety or mood disorders. In order to make an accurate diagnosis and deliver the best treatment recommendations, careful assessment by parents, teachers, and your medical home team is important.

Below are the steps necessary to complete the evaluation process.

<input type="checkbox"/> STEP 1	Parents discuss concerns with their child’s teacher and pediatrician.
<input type="checkbox"/> STEP 2	Your child’s pediatrician completes a physical exam (if needed), including a review of your child’s development, learning, and social behavior.
<input type="checkbox"/> STEP 3	<p><b>Parents and teachers/caregivers provide important information to assist us in better understanding your child or teen’s functioning in home and school settings.</b></p> <p>PARENTS are asked to complete the Behavioral Health Intake Packet, available on our website: <a href="http://www.metropediatrics.com">www.metropediatrics.com</a>.</p> <ol style="list-style-type: none"> <li>1. Once you open the site, click on “Patient Forms.”</li> <li>2. Select “Behavioral Health Intake Packet.” This packet includes a comprehensive history form and several questionnaires. Please only complete the checklists that pertain to your child.</li> <li>3. If you would like to securely upload the completed document, save it to your computer, click on the “upload it securely” button, and follow the instructions. It can also be printed and returned by mail or in person to your clinic.</li> </ol> <p>In addition to the above packet, parents need to complete a checklist called the Behavior Assessment System for Children (BASC-3). This will be sent to the email address you provide from the testing company (Pearson). Follow the link and instructions to complete the questionnaire. Please check your spam folder if you do not receive it. If patients reside in two separated households, we usually request that each parent completes this form. If you do not have access to the internet, we will provide you with paper forms and/or arrange a time for you to come into the clinic to complete the forms on a computer.</p> <p>TEACHERS are asked to complete the Vanderbilt Teacher Assessment, Teacher Questionnaire, and teacher version of the BASC-3. We will send instructions on how to access these forms to the teacher’s email address. If no teacher email is available, paper copies can be mailed out. <b>Parents are responsible for providing us with each teacher’s current email and/or mailing address.</b></p>
<input type="checkbox"/> STEP 4	Please complete and sign the enclosed release so that we may communicate with your child’s teacher if needed. They may also require this release to complete the online questionnaire.

<input type="checkbox"/> <b>STEP 5</b>	When all forms have been completed and returned, your medical home team will review the information and discuss recommendations for treatment or determine if any additional evaluation is necessary. <b>Please remember, returning ALL completed forms back to our office is the parents' responsibility.</b> Teachers sometimes need reminders from parents in order to complete their portion of the paperwork.
<input type="checkbox"/> <b>STEP 6</b>	Our office will contact you for follow up. If you have not heard from us within two weeks of turning in all completed forms, please call to follow up.
<b>FORMS CHECKLIST</b>	<input type="checkbox"/> <b>BEHAVIORAL HEALTH INTAKE PACKET</b> completed by parents. Please make sure to complete all portions of the packet that apply to your child, including the Vanderbilt Screen. <input type="checkbox"/> <b>VANDERBILT TEACHER ASSESSMENT</b> and <b>TEACHER QUESTIONNAIRE</b> completed by at least one of your child's teachers. <input type="checkbox"/> <b>BASC-3</b> online questionnaire from both teacher and parent.

We are excited to be a part of your child's care!

If you have any questions, please call us.

Your Care Team at  
Metropolitan Pediatrics

## Summer ADHD Evaluations

We take the process and treatment of ADHD very seriously and follow AAP recommendations for evaluation, which includes parent and teacher reports of behavior.


During the summer months most teachers are not available, and it can take a few months for teachers to know their new students well enough to accurately answer these questions.

We will start the process today by having you complete this cover sheet and take home the packet to work on. For now, please provide your child's most recent teacher's name and email. Once you have completed the parent forms, our behavioral health team will review them and call you to discuss next steps.

Next steps can include a number of things. Often we will want to gather teacher perspective once your child has been in class for a while. When you speak with a member of our behavioral health team, they will talk with you about how to get the new teacher's contact information.



### GRESHAM

 25050 SE Stark Street  
Suite 300  
Gresham, OR 97030  
503.667.8878

#### Monday-Friday

OPEN: 7:30am – 5:30pm  
Call us: 7:30am – 5:30pm


#### Saturday

OPEN: 10:00am – 12:00pm  
Call us: 8:00am – 12:00pm

#### Sunday

CLOSED: Care at Happy Valley  
Call us: 8:00am – 12:00pm

### HAPPY VALLEY

 9300 SE 91<sup>st</sup> Avenue  
Suite 200  
Happy Valley, OR 97086  
503.261.1171

#### Monday-Friday

OPEN: 8:30am – 5:30pm  
Call us: 7:30am – 5:30pm


#### Saturday

CLOSED: Care at Gresham  
Call us: 8:00am – 12:00pm

#### Sunday

OPEN: 10:00am – 12:00pm  
Call us: 8:00am – 12:00pm

### NORTHWEST

 1130 NW 22<sup>nd</sup> Avenue  
Suite 320  
Portland, OR 97210  
503.295.2546

#### Monday-Friday

OPEN: 8:30am – 5:30pm  
Call us: 7:30am – 5:30pm


#### Saturday

OPEN: 10:00am – 12:00pm  
Call us: 8:00am – 12:00pm

#### Sunday

OPEN: 10:00am – 12:00pm  
Call us: 8:00am – 12:00pm

### WESTSIDE

 15455 NW Greenbrier  
Parkway, Suite 111  
Beaverton, OR 97006  
503.531.3434

#### Monday-Friday

OPEN: 8:00am – 7:00pm  
Call us: 7:30am – 6:30pm

#### Saturday

OPEN: 9:00am – 3:00pm  
Call us: 8:00am – 2:30pm

#### Sunday

OPEN: 9:00am – 1:00pm  
Call us: 8:30am – 12:30pm



# Vanderbilt Teacher Assessment

Teacher Name: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_ Class Time: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Rating Scale:**  
 0 = Never  
 1 = Occasionally  
 2 = Often  
 3 = Very Often

Is this evaluation based on a time when the child was...?  On medication  
 Not on medication  
 Unsure

Symptoms	Rating
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="text"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="text"/>
3. Does not seem to listen when spoken to directly	<input type="text"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="text"/>
5. Has difficulty organizing tasks and activities	<input type="text"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="text"/>
7. Loses things necessary for tasks or activities (e.g., school assignments, pencils, books)	<input type="text"/>
8. Is easily distracted by extraneous stimuli	<input type="text"/>
9. Is forgetful in daily activities	<input type="text"/>
10. Fidgets with hands or feet or squirms in seat	<input type="text"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="text"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="text"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="text"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="text"/>
15. Talks excessively	<input type="text"/>
16. Blurts out answers before questions have been completed	<input type="text"/>
17. Has difficulty waiting in line	<input type="text"/>
18. Interrupts or intrudes on others (e.g., butts into conversations/games)	<input type="text"/>
19. Loses temper	<input type="text"/>

20. Actively defies or refuses to comply with adults' responses or requests	<input type="text"/>
21. Is angry or resentful	<input type="text"/>
22. Is spiteful and vindictive	<input type="text"/>
23. Bullies, threatens, or intimidates others	<input type="text"/>
24. Initiates physical fights	<input type="text"/>
25. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others)	<input type="text"/>
26. Is physically cruel to people	<input type="text"/>
27. Has stolen items of nontrivial value	<input type="text"/>
28. Deliberately destroys others' property	<input type="text"/>
29. Is fearful, anxious, or worried	<input type="text"/>
30. Is self-conscious or easily embarrassed	<input type="text"/>
31. Is afraid to try new things for fear of making mistakes	<input type="text"/>
32. Feels worthless or inferior	<input type="text"/>
33. Blames self for problems; feels guilty	<input type="text"/>
34. Feels lonely, unwanted, or unloved; complains that no one loves him or her	<input type="text"/>
35. Is sad, unhappy, or depressed	<input type="text"/>

**Directions:** Please complete the Performance sections using the following rating scale:

1 = Excellent      2 = Above Average      3 = Average      4 = Somewhat of a problem      5 = Problematic

<b>Academic Performance</b>	<b>Rating</b>
36. Reading	<input type="text"/>
37. Mathematics	<input type="text"/>
38. Written expression	<input type="text"/>

<b>Classroom Behavioral Performance</b>	<b>Rating</b>
39. Relationship with peers	<input type="text"/>
40. Following directions	<input type="text"/>
41. Disrupting class	<input type="text"/>
42. Assignment completion	<input type="text"/>
43. Organizational skills	<input type="text"/>

**Comments:**

**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	

# Teacher Questionnaire

Teacher Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Main Problems

1. How long have you known this child?

2. In your own words, briefly describe the child's main problem(s).

## Achievement in School Subjects

3. Group subjects into the appropriate category of achievement.

Very Good	Average	Barely Passing	Failing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Standardized Test Results

4. List intelligence, ability, or achievement tests.

Test / Subject Area	Date	Percentile	Standard Score	Grade Level
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Special Placements or Assistance

5. Please list any special education placement or other special assistance this child receives at school and the amount of time he or she receives it (e.g., tutoring, resource room).

Special Assistance / Placement	Who provides this service?	# Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please add any information concerning this child's home, family, or school relationships that might have bearing on the child's attitudes and behavior. Include any other thoughts you feel are relevant.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_