



Partners in Pediatrics Ltd.

Health Care for Children and Adolescents

www.pipstop.com

BROOKLYN PARK OFFICE
8500 Edinbrook Parkway
Brooklyn Park MN 55443
(763) 425-1211
FAX (763) 425-6277

CALHOUN OFFICE
3910 Excelsior Boulevard
St Louis Park, MN 55416
(952) 562-8787
FAX (952) 562-8788

MAPLE GROVE OFFICE
Bass Lake Center
12720 Bass Lake Road
Maple Grove MN 55369
(763) 559-2861
FAX (763) 559-1338

PLYMOUTH OFFICE
WestHealth
2855 Campus Drive, #350
Plymouth MN 55441
(763) 520-1200
FAX (763) 520-1201

ROGERS OFFICE
13980 Northdale Boulevard
Rogers MN 55374
(763) 428-1920
FAX (763) 428-3162

Dear Teacher:

One of your students is currently being evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parents and teacher complete a set of academic and behavioral rating scales.

Your time and cooperation in this matter is greatly appreciated. Attached please find a Release of Information Form that the parents have completed and a set of teacher rating scales and questionnaires. These forms may include:

For Elementary Students:

Teacher School Progress Initial Evaluation Form

For Middle School or High School Students:

Middle/High School Progress Report (please copy and have each teacher fill out)

For Elementary students, generally, the teacher who spends the most time with the child should complete the teacher rating scale. However, if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate rating scale from each teacher.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. If you have misplaced the forms, you can print them from our website www.pipstop.com.

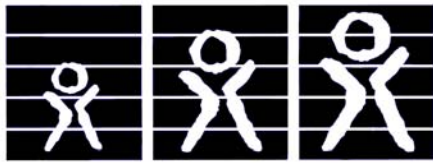


The forms should be returned to the parents.

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, please do not hesitate to contact us.

Sincerely,

Partners in Pediatrics



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MIDDLE/HIGH SCHOOL PROGRESS REPORT

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

Teacher: _____ Class/Subject: _____ Period or Time: _____

Please rate this student based on current school performance to this point in the term.
(Circle appropriate answers for each row)

1. Approximate current Grade	A	B	C	D	F or IC
2. % of assigned work completed	90-100%	80-89%	66-79%	50-65%	0-49%
3. Able to pay attention without prompting	Always	Often	Sometimes	Rarely	Never
4. Follows class discussion and teacher instructions	Always	Often	Sometimes	Rarely	Never
5. Learns new material	Very Quickly	Quickly	Average	Slowly	Very Slowly
6. Follows rules of behavior	Always	Often	Sometimes	Rarely	Never

Comments:

Please return completed form to Student/Family or Fax to Partners in Pediatrics:

<input type="checkbox"/> Brooklyn Park office 8500 Edinbrook Parkway Brooklyn Park MN 55443 Phone: 763-425-1211 Fax: 763-425-6277	<input type="checkbox"/> Calhoun office 3910 Excelsior Boulevard St Louis Park MN 55416 Phone: 952-562-8787 Fax: 952-562-8788	<input type="checkbox"/> Maple Grove office 12720 Bass Lake Road Maple Grove MN 55369 Phone: 763-559-2861 Fax: 763-559-1338
<input type="checkbox"/> Plymouth office 2855 Campus Drive, #350 Plymouth MN 55441 Phone: 763-520-1200 Fax: 763-520-1201		<input type="checkbox"/> Rogers office 13980 Northdale Boulevard Rogers MN 55374 Phone: 763-428-1920 Fax: 763-428-3162