

TEACHER SCHOOL PROGRESS FOLLOW-UP EVALUATION

Teacher to Complete
in the month of _____

Child's Name: _____ Grade Level: _____ Today's Date: _____

Teacher's Name: _____ Class Name/subject: _____ Class Time /Period: _____

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN	
1. 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	
4. 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	
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	0	1	2	3	
7. 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	1	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	1	2	3	
20. Loses temper.	0	1	2	3	
21. Actively defies or refuses to go along with adults' requests and/or activities.	0	1	2	3	
22. Deliberately annoys people.	0	1	2	3	
23. Blames others for his or her mistakes or misbehavior.	0	1	2	3	
24. Is touchy or easily annoyed by others.	0	1	2	3	
25. Is angry or resentful.	0	1	2	3	
26. Is spiteful and wants to get even.	0	1	2	3	
27. Is fearful, anxious, or worried.	0	1	2	3	
28. Is afraid to try new things for fear of making mistakes.	0	1	2	3	
29. Feels worthless or inferior.	0	1	2	3	
30. Blames self for problems, feels guilty.	0	1	2	3	
31. Feels lonely, unwanted, or unloved; complains that "no one loves him or her".	0	1	2	3	
32. Is sad, unhappy, or depressed.	0	1	2	3	
33. Is self-conscious or easily embarrassed.	0	1	2	3	
PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
34. Following directions	1	2	3	4	5
35. Disrupting class	1	2	3	4	5
36. Assignment completion	1	2	3	4	5
37. Organizational skills	1	2	3	4	5
38. Relationships with peers	1	2	3	4	5
48. Reading – accuracy of work completed	1	2	3	4	5
49. Mathematics – accuracy of work completed	1	2	3	4	5
50. Written expression - accuracy of work completed	1	2	3	4	5



Child's Name: _____ Date of Birth: _____

COMMENTS:

Please return this form to: **PARTNERS IN PEDIATRICS** or send to parents

<input type="checkbox"/> Brooklyn Park office 8500 Edinbrook Parkway Brooklyn Park MN 55443 Phone: 763-425-1211 Fax: 612-874-2907	<input type="checkbox"/> Calhoun office 3910 Excelsior Boulevard St Louis Park MN 55416 Phone: 952-562-8787 Fax: 612-874-2909	<input type="checkbox"/> Maple Grove office 12720 Bass Lake Road Maple Grove MN 55369 Phone: 763-559-2861 Fax: 612-874-2902
<input type="checkbox"/> Plymouth office 2855 Campus Drive, #350 Plymouth MN 55441 Phone: 763-520-1200 Fax: 612-874-2908	<input type="checkbox"/> Rogers office 13980 Northdale Boulevard Rogers MN 55374 Phone: 763-428-1920 Fax: 612-874-2916	

For Office Use Only

Inattention 1-9: _____/9 Hyp-Imp 10-18: _____/9 ODD 19-26: _____/8 Dep / Anx 27-33: _____/7

Academic Strengths:

Academic Weakness:

Provider Initials: _____