

BROOKLYN PARK OFFICE
8500 Edinbrook Parkway
Brooklyn Park MN 55443
(763) 425-1211
FAX (612) 874-2907

CALHOUN OFFICE
3910 Excelsior Boulevard
St Louis Park, MN 55416
(952) 562-8787
FAX (612) 874-2909

MAPLE GROVE OFFICE
Bass Lake Center
12720 Bass Lake Road
Maple Grove MN 55369
(763) 559-2861
FAX (612) 874-2902

PLYMOUTH OFFICE
WestHealth
2855 Campus Drive, #350
Plymouth MN 55441
(763) 520-1200
FAX (612) 874-2908

ROGERS OFFICE
13980 Northdale Boulevard
Rogers MN 55374
(763) 428-1920
FAX (612) 874-2916

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

TEACHER SCHOOL PROGRESS INITIAL EVALUATION

Teacher to Complete

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

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

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities.	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 schoolwork (not due to oppositional behavior or failure to understand).	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected.	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected.	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor".	0	1	2	3
15. Talks excessively.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting in line.	0	1	2	3
18. Interrupts or intrudes on others (butts into conversations/games).	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. Bullies, threatens, or intimidates others.	0	1	2	3
28. Starts physical fights.	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e. "cons" others).	0	1	2	3
30. Is truant from school (skips school) without permission.	0	1	2	3
31. Is physically cruel to people.	0	1	2	3
32. Has stolen things that have value.	0	1	2	3
33. Deliberately destroys others' property.	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun).	0	1	2	3
35. Is physically cruel to animals.	0	1	2	3
36. Has deliberately set fires to cause damage.	0	1	2	3
37. Has broken into someone else's home, business, or car.	0	1	2	3
38. Has stayed out at night without permission.	0	1	2	3
39. Has run away from home overnight.	0	1	2	3
40. Has forced someone into sexual activity.	0	1	2	3



Name: _____ Date of Birth: _____

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
41. Is fearful, anxious, or worried.	0	1	2	3
42. Is afraid to try new things for fear of making mistakes.	0	1	2	3
43. Feels worthless or inferior.	0	1	2	3
44. Blames self for problems, feels guilty.	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her".	0	1	2	3
46. Is sad, unhappy, or depressed.	0	1	2	3
47. Is self-conscious or easily embarrassed.	0	1	2	3

PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
ACADEMIC PERFORMANCE					
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

CLASSROOM BEHAVIORAL PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
51. Relationships with peers	1	2	3	4	5
52. Following directions	1	2	3	4	5
53. Disrupting class	1	2	3	4	5
54. Assignment completion	1	2	3	4	5
55. Organizational skills	1	2	3	4	5

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	

Provider Initials: _____