

Provincial ADHD Program

Clinical Care, Training & Research of Attention Deficit Hyperactivity Disorder (ADHD) in Children, Adolescents and Adults

Clinic location:

Children's & Women's Health Centre of BC
Room B425A - Shaughnessy Building
4500 Oak Street, Vancouver, BC

Mailing address:

Provincial ADHD Program
Box #178 – 4500 Oak Street
Vancouver, BC V6H 3N1

Phone: 604-875-3551

Clinic Fax: 604-875-2870

Email: adhd@cw.bc.ca

Research Fax: 604-875-2468

Teacher Assessment Form

Child/Youth's Name	Age	Sex
School	Grade	Date

Name of person completing this form: _____

Length of time you have known this student: _____ Time spent each day with student: _____

Type of Class (e.g. Gr.8 English, Resource Room, Special Education): _____

Current Educational Designation (e.g. Behaviour Disorder, Learning Disabled/IEP)

Current Classroom Performance: Check each box based on your experience with this student compared to other students at this grade level. [N/A if not aware]

ABILITIES	> 2yrs below	1-2yrs below	Average	1-2yrs above	> 2yrs above
Reading					
Writing					
Mathematics					
Spelling					
	Poor	Below Average	Average	Above Average	Superior
Homework					
Classroom Assignments					
Classroom Behaviour					
Classroom Participation					

Does this child require more supervision or time from you than other children?

Does this child make it difficult for you to teach the rest of the class?

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1. IEP

Does this child have an Individual Education Plan _____?

What are the key recommendations?

2. LAC

Is this child receiving learning assistance? How much time/week?

For what subjects?

Has he had testing done at school?

Does he spend time in the resource room? How much time/week on average?

Does this child have a special education assistant?

What accommodations are being used to help the child in the classroom?

Transitions – How does this child/youth handle transitions such as going in and out for recess, changing classes or changing activities? Does s/he follow routines well? What amount of supervision or reminders does s/he need?

Social Interactions – How does this child/youth get along with others? Does this child/youth have friends that seek him/her out? Does s/he initiate play successfully?

Conflict and Aggression: Is s/he often in conflict with adults or peers? How does s/he resolve arguments? Is the child/youth verbally or physically aggressive? Is s/he the target of verbal or physical aggression by peers?

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Academic Abilities: We would like to know about this child/youth's general abilities and skills. If the child is behind academically, what do you feel is the cause?

Self-Help Skills, independence, problem solving, activities of daily living:

Motor Skills (gross/fine – written output):

Primary Areas of Concern: What are your major areas of concern/worry for this child? How long has this been a concern for you? To what extent are these difficulties for the child/youth upsetting or distressing to the child/youth? Or to you and the other students?

Medications: If this child/youth is on medication, is there anything you would like to highlight about the differences when s/he is on medication compared to off?

Strengths: What are this child's greatest strengths? Is there anything else you would like us to know?