

Dear Teacher:

The parents of one of your students are seeking to enroll their child in a program being offered by Judge Baker Children's Center. As part of our evaluation process, we ask that both the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student. 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 include:

1. Academic Classification Information Form
2. Pittsburgh Modified Conners Teacher Rating Scale
3. Parent/Teacher DBD Rating Scale
4. Child Behavior Check List- Teacher Report Form
5. Narrative Description of Child -- Teacher
6. Academic and Behavioral Target Form
7. Classroom Management Techniques

Generally, the teacher rating scales should be completed by the teacher who spends the most time with the child. 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 set of rating scales from each teacher. If more than one set of rating scales is required, please have the parent contact us directly at 617-278-4286 and we will forward additional rating scales as needed. Please note that the same teacher should complete each entire set of forms. Please fill out the forms as completely as possible. If you do not know the answer to a question, please write "don't know" so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

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. The forms should be mailed/faxed (617.232.8399) to us directly or 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, or if you would like additional information regarding services provided, please do not hesitate to contact Judge Baker Children's Center.

Sincerely,

Summer Treatment Program

**Mailing Address:
Judge Baker Children's Center
ATTN: Summer Treatment Program
53 Parker Hill Avenue
Boston, MA 02120-3225**

Academic Classification Information Form

Child's Name: _____ Current Grade Level: _____

School District: _____

School Name: _____

Principal: _____

School Address: _____

School Phone: _____

Teacher(s): _____

Is this student **classified** through the CSE? Yes No

If Yes: Classification:

- | | | |
|--|--|---|
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Multiply Handicapped |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Other Health Impaired | |
| <input type="checkbox"/> Mentally Retarded | <input type="checkbox"/> Other: _____ | |

Does the student have a(n): _____ IEP _____ 504 Accommodation Plan
If so, please include a copy of each along with a copy of the most current psychological report.

Class Type: ___ Reduced Multi-age ___ Option I* ___ Option II* ___ Option III*
(*please indicate ratio)

Class Size (number of kids in class): _____

Is there an aide in the class? Yes No If so, how often? _____

Services this student receives include: (frequency and duration)

- | | |
|-------------------------------|--------------------------------------|
| _____ Speech/Language Therapy | _____ Adaptive Physical Education |
| _____ Occupational Therapy | _____ Group or Individual Counseling |
| _____ Physical Therapy | _____ Vocational Counseling/Training |
| _____ Remedial Math | _____ Help Class |
| _____ Remedial Reading | _____ Consultant Teacher |
| _____ Resource Room | _____ Summer School Programs |
| _____ Social Worker | _____ Study Skills Groups |
| _____ Name: _____ | _____ Other: _____ |

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TEACHER(S) COMPLETING FORMS	SUBJECTS TAUGHT	TYPE OF CLASS (i.e., regular, special education, etc.)	HOURS SPENT WITH CHILD PER WEEK

IMPORTANT: If this child receives medication for ADHD, were these forms completed to reflect his or her **medicated** or **unmedicated** behavior?

- These ratings reflect this child's behavior when he or she has not received medication.
- These ratings reflect this child's behavior when he or she has received medication.
- This child does not receive medication.
- I do not know this child's medication status.

Please enclose this and all other completed rating scales in the provided envelope and return to parent.

TEACHER:

PLEASE DO NOT LEAVE ANY ITEMS
BLANK. IF YOU DO NOT HAVE A
RESPONSE TO SOME ITEMS, WRITE
“DON’T KNOW” OR “DK” NEXT TO THE
ITEM.

Pittsburgh Modified Conners Teacher Rating Scale

Child's Name: _____

Form completed by: _____

Date completed: _____

INSTRUCTIONS: Listed below are items concerning children's behavior or the problems they sometimes have. Read each item carefully and decide how much you think the items describe this child at this time.

	Not at All	Just a Little	Pretty Much	Very Much
1. Fidgeting				
2. Hums and makes other odd noises				
3. Excitable, Impulsive				
4. Inattentive, easily distracted				
5. Fails to finish things he or she starts (short attention span)				
6. Quarrelsome				
7. Acts "smart"				
8. Temper outburst- behavior explosive and unpredictable				
9. Defiant				
10. Uncooperative				
11. Restless and overactive				
12. Disturbs other children				
13. Demands must be met immediately -- easily frustrate				
14. Cries often and easily				
15. Mood changes quickly and drastically				
16. Fights, hits, punches, etc.				
17. Is disliked by other children				
18. Frequently interrupts other children's activities				
19. Bossy: always telling other children what to do				
20. Teases or calls other children names				
21. Refuses to participate in group activities				
22. Is actively rejected by other children				
23. Is simply ignored by other children				

24. To what extent is this child's behavior towards peers like that of a normal child?

Very much like a normal child 0 1 2 3 4 5 6 Not at all like a normal child 25. To what extent is this child's behavior towards adults like that of a normal child?

Very much like a normal child 0 1 2 3 4 5 6 Not at all like a normal child 26. To what extent do you find interacting with this child a pleasant experience?

Very pleasant 0 1 2 3 4 5 6 Very unpleasant

Overall, how serious a problem do you think this child has at this time?

NONE	MILD	MODERATE	SEVERE

Please feel free to include any additional comments on the reverse side of this form.

Teacher DBD Rating Scale

Child's Name: _____

Form completed by: _____

Date completed: _____

Check the column that best describes this child. Some items concern behaviors that may take place outside of the school setting; if you have no information about these behaviors, please check the box to indicate "don't know". Do not leave any items blank.

	Not at All	Just a Little	Pretty Much	Very Much
1. often interrupts or intrudes on others (e.g., butts into conversations or games)				
2. has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period) (<input type="checkbox"/> Check here if don't know)				
3. often argues with adults				
4. often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)				
5. often initiates physical fights with other members of his or her household (<input type="checkbox"/> Check here if don't know)				
6. has been physically cruel to people				
7. often talks excessively				
8. has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery) (<input type="checkbox"/> Check here if don't know)				
9. is often easily distracted by extraneous stimuli				
10. often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking), e.g., runs into street without looking				
11. often truant from school, beginning before age 13 years				
12. often fidgets with hands or feet or squirms in seat				
13. is often spiteful or vindictive				
14. often swears or uses obscene language				
15. often blames others for his or her mistakes or misbehavior				
16. has deliberately destroyed others' property (other than by fire setting)				
17. often actively defies or refuses to comply with adults' requests or rules				
18. often does not seem to listen when spoken to directly				
19. often blurts out answers before questions have been completed				
20. often initiates physical fights with others who do not live in his or her household (e.g., peers at school or in the neighborhood)				
21. often shifts from one uncompleted activity to another				

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	Not at All	Just a Little	Pretty Much	Very Much
22. often has difficulty playing or engaging in leisure activities quietly				
23. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
24. is often angry and resentful				
25. often leaves seat in classroom or in other situations in which remaining seated is expected				
26. is often touchy or easily annoyed by others				
27. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)				
28. often loses temper				
29. often has difficulty sustaining attention in tasks or play activities				
30. often has difficulty awaiting turn				
31. has forced someone into sexual activity (<input type="checkbox"/> Check here if don't know)				
32. often bullies, threatens, or intimidates others				
33. is often "on the go" or often acts as if "driven by a motor"				
34. often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
35. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)				
36. has been physically cruel to animals				
37. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
38. often stays out at night despite parental prohibitions, beginning before age 13 years				
39. often deliberately annoys people				
40. has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery) (<input type="checkbox"/> Check here if don't know)				
41. has deliberately engaged in fire setting with the intention of causing serious damage (<input type="checkbox"/> Check here if don't know)				
42. often has difficulty organizing tasks and activities				
43. has broken into someone else's house, building, or car (<input type="checkbox"/> Check here if don't know)				
44. is often forgetful in daily activities				
45. has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun) (<input type="checkbox"/> Check here if don't know)				

(3) How this child's problems affect his or her academic progress

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services Definitely needs treatment or special services

(4) How this child's problems affect your classroom in general

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services Definitely needs treatment or special services

(5) How this child's problems affect his or her self-esteem

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services Definitely needs treatment or special services

Please mark an "X" on the following line at the point that you believe reflects the overall severity of this child's problem in functioning and overall need for treatment.

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services Definitely needs treatment or special services

Academic and Behavioral Target Form

Child's Name: _____ Grade: _____

Teacher's Name: _____

Academic Subject Area	Specific Skills for Remediation or Enrichment	Functioning Grade Level
Math		
Computations		
Functional		
Other		
Language Arts		
Reading		
Word Identification		
Grammar		
Handwriting		
Other		

(Continued)

Please list SPECIFIC BEHAVIORS that you would like to see targeted for improvement in the classroom setting. These may be behaviors that you have indicated before on the classroom questionnaires or behaviors that you have not listed/identified before.

COMMENTS AND ADDITIONAL NOTES:

Thank you again for your help and the information you have provided.

Classroom Management Techniques

Child's Name: _____

Teacher's Name: _____

Date Completed: _____

Please read each classroom management technique and check the box that indicates how often you use this technique to manage this child's behavior.

	I use this regularly	I use this sometimes	Might be worth trying	Used in the past but it did not work	This would not fit well with my teaching
1. Classroom rules (i.e., rules identified and posted in classroom)					
2. Classroom structure (e.g., children with attentional and behavioral problems seated in the front of the classroom)					
3. Ignoring minor inappropriate behaviors (e.g., fidgeting, chewing on a pen).					
4. Praising appropriate behaviors (e.g., "I like the way you're working quietly Tom.")					
5. Giving appropriate commands (e.g., "Bobby, stand quietly with your hands at your side" - appropriate vs. "Stop fidgeting" - inappropriate)					
6. Reprimands for inappropriate behavior (e.g., put children's name on the board, verbal reprimands)					
7. Instructional procedures (e.g., individual seatwork assignments given in a folder at beginning of day, small group instruction, modified materials and/or curricula)					
8. Homework assignment book (e.g., daily agenda)					
9. Daily Home Note					
10. Weekly Home Note					
11. Daily report card with target behaviors/goals and feedback on meeting the goals					
12. Weekly report card with target behaviors/goals and feedback on meeting the goals.					
13. If . . . then contingencies (e.g., <u>If</u> you finish your seatwork, <u>then</u> you may have free time)					
14. Point or token reward system (e.g., children receive stickers for appropriate behavior).					
15. Response-cost system (e.g., lose 5 minutes of recess for each homework assignment not completed)					
16. Group or classwide contingencies (e.g., special activity for everyone if the whole class behaves)					
17. Time out					
18. Send to principal/disciplinarian's office					
19. School wide programs (e.g., school wide rules)					
20. Carrel/"Office" (e.g., student has barriers placed on the front and sides of desk to block out distractions)					
21. Taped behavioral reminders on the student's desk (e.g., "Stay in seat" written on a card taped to the desk)					
22. Other (Please describe)					