

Children's Resource Group • CRG Associates

9106 N. Meridian Street, Suite 100
Indianapolis, IN 46260
Phone: 317-575-9111 Fax: 317-571-4470

TEACHER INFORMATION REQUEST

Re: _____ DOB: _____ Appt Date: _____

We are having the above-named child seen at Children's Resource Group/CRG Associates. In order to gain as complete a picture of the child's functioning as possible, it would be helpful if you would provide the information requested below. Please return this form and requested information to the child's parents or directly to the office of Children's Resource Group/CRG Associates. Thank you.

Parent Signature

MIDDLE-SECONDARY SCHOOL

1. What is your relationship to the student and how long have you known him/her?

2. What subject or class do you teach?

3. Please describe in general the student's behavior, including mood, response to assignments, ability to concentrate, and peer/authority relationships.

4. On the basis of your experience with other children, how well do you feel this student is working up to his/her potential?

Vanderbilt Teacher Behavior Evaluation Scale

Student Name _____ Grade _____ DOB _____

Teacher/Subject _____ School _____

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors _____. Today's date _____

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention in tasks or activities	0	1	2	3
3. Does not listen when spoken directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks or 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 situation 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 (i.e., bursts into conversation or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3

22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

ACADEMIC PERFORMANCE

	Problematic		Average	Above Average	
	1	2	3	4	5
§ Reading	1	2	3	4	5
§ Mathematics	1	2	3	4	5
§ Written expression	1	2	3	4	5
§ Homework completion	1	2	3	4	5

CLASSROOM BEHAVIOR

§ Relationship with peers	1	2	3	4	5
§ Following directions/rules	1	2	3	4	5
§ Disrupting class	1	2	3	4	5
§ Assignment completion	1	2	3	4	5
§ Organizational skills	1	2	3	4	5

Please include any observations you feel are pertinent: _____
