

**Children's Resource Group**  
9106 N. Meridian Street, Suite 100  
Indianapolis, IN 46260  
Phone: 317-575-9111 Fax: 317-571-4470  
*www.ChildrensResourceGroup.com*

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**TEACHER INFORMATION REQUEST**

Re: \_\_\_\_\_ DOB: \_\_\_\_\_ Appt Date: \_\_\_\_\_

The above-named child is being seen at Children's Resource Group. 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 the requested information to the child's parents or directly to the office of Children's Resource Group. Thank you.

\_\_\_\_\_  
Parent Signature

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1. What is your relationship to the student and how long have you known him/her?  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Please give a brief description of the child's program including setting, type of classroom, and any special services such as tutoring, resource room, speech therapy, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Please describe the child's developmental, adaptive, and/or academic performance. Include the results of any standardized test scores or annual reports.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Has this child had any developmental, special education, or psychological testing? If so, please include the results of these tests.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe the child's behavior, including mood, response to assignments, ability to concentrate, and peer/authority relationships.

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

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7. Do you have any other specific concerns or additional information about this child that you feel would be particularly helpful in our observation?

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8. Please complete the Vanderbilt Teacher Behavior Evaluation Scale that is attached and return it with this form.

\_\_\_\_\_  
Teacher's Name (please print)

\_\_\_\_\_  
Course or Grade

\_\_\_\_\_  
Date

## 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 \_\_\_\_\_

**Very  
Never Occasionally Often Often**

1. Fails to give attention to details or makes careless mistakes in schoolwork
2. Has difficulty sustaining attention in tasks or activities
3. Does not listen when spoken to directly
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)
5. Has difficulty organizing tasks or activities
6. Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
7. Loses things necessary for tasks or activities (school assignments, pencils or books)
8. Is easily distracted by extraneous stimuli
9. Is forgetful in daily activities
10. Fidgets with hands or feet or squirms in seat
11. Leaves seat in classroom or in other situation in which remaining seated is expected
12. Runs about or climbs excessively in situations in which remaining seated is expected
13. Has difficulty playing or engaging in leisure activities quietly
14. Is "on the go" or often acts as if "driven by a motor"
15. Talks excessively
16. Blurts out answers before questions have been completed
17. Has difficulty waiting in line
18. Interrupts or intrudes on others (i.e. bursts into conversation or games)
19. Loses temper

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

**ACADEMIC PERFORMANCE**

- |                       | Problematic | Average | Above Average |
|-----------------------|-------------|---------|---------------|
| • Reading             |             |         |               |
| • Mathematics         |             |         |               |
| • Written expression  |             |         |               |
| • Homework completion |             |         |               |

**CLASSROOM BEHAVIOR**

- Relationship with peers
- Following directions/rules
- Disrupting class
- Assignment completion
- Organizational skills

Please include any observations you feel are pertinent:

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