

The Permanente Medical Group, Inc.

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San Francisco, CA 94115-3394

RUSSELL REIFF, M.D.
Behavioral/Developmental Pediatrics

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REPORT FROM SCHOOL

FOR TEACHERS

We are considering an evaluation of this child in a comprehensive study involving a variety of specialists. In order for us to do the best job possible in this consideration, we need your cooperation.

You see the child several hours a day. We need the benefit of your observations. We hope you will find time to answer this questionnaire briefly but thoughtfully. Your observations and concerns about him/her will be extremely useful and greatly appreciated.

Please skip questions which are not applicable due to age or otherwise.

RE: _____

(Home Address)	(Street)	(City)	(Zip)	(Phone #)
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(Birthdate)	(Grade)	(Type of Class)
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(Name of School)	(Teacher)	(Teacher Phone #)	(Principal)
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I. What are your chief concerns about this child?

II. What are the main questions which you hope to have us answer?

REPORT FROM SCHOOL

III. Significant general background information (parent-school contacts, progress of other family members in school, other).

IV. Significant school history (absences, retentions, changes of school, etc).

V. Current School Progress

1. Please estimate the grade level and class rank at which the child is now functioning. State your opinion about grade level as precisely as you can (low 3rd, high 4th, etc.)

	GRADE LEVEL	CLASS RANK UPPER THIRD	CLASS RANK MIDDLE THIRD	CLASS RANK LOWER THIRD
READING				
SPELLING				
ARITHMETIC				
PENMANSHIP				
WRITTEN WORK				
ORAL WORK				

Additional comments:

2. Is his/her physical health adequate for regular school attendance and full participation in school activities?
3. Does he/she sustain attention? If no, what seems to keep him/her from paying attention?
4. Does he/she have the manual dexterity to manipulate classroom material easily (e.g. crayons, scissors, pencil)?

REPORT FROM SCHOOL

5. Does he/she demonstrate adequacy in physical education and playground?
6. Does he/she understand spoken language adequately? (Oral instructions, oral explanations, listening to stories, classroom discussions, etc)?
7. Does he/she express him/herself in oral language easily, clearly, and fluently?
8. Does he/she recognize visual similarities and differences (geometric forms, letters, etc.)?
9. Does he/she reproduce what he/she sees accurately in writing and drawing?
10. Does he/she comprehend visual information (pictures, demonstrations, charts, etc.)?

11. Does he/she readily recognize similarities and differences in speech sounds when he/she hears them?
12. How does he/she figure out unfamiliar words when he/she read and spells?
13. Does he/she have an adequate fund of general information?
14. Does he/she remember what he/she has learned, immediate and long term?
 - a. Immediate memory:
 - b. Long-term memory:
15. Does he/she understand abstract concepts?
16. Does he/she draw logical conclusions from information (problem solving, answers to “why” questions, etc.)?
17. Is his performance reasonably consistent:
 - a. From day to day?
 - b. From one part of the day to another?
 - c. From one activity to another activity?
18. Does he/she accept responsibility and the limits of classroom authority?

19. Does he/she get along with other children?

20. How does he/she react to frustration and failure?

21. Does he/she work independently on assignments of his/her own initiative?

22. Does he/she show creativity and originality?

23. Does he/she have any special interests or talents?

24. Does he/she usually feel successful?

On the above items, please star those which are the child's particular strengths.

VI. Please check if the child displays the following behaviors to a greater extent than most pupils of his age:

☐ Distractibility

☐ Hyperactivity

☐ Daydreaming

☐ Other unusual behaviors

☐ Short Attention Span

☐ Temper Outbursts

☐ Deviant Speech Pattern

- VII. Does he/she show any physical defects or differences that contribute to his/her problems?
- VIII. What steps have been taken and/or what recommendations have been made to date to assist the child and family?
- IX. Has the child participated in any of your special programs (special class placement, remedial instruction, speech therapy)? Please give dates.
- X. What other special services or programs might be available to him/her now or in the near future?

What plans or resources in your community might be of assistance to this child and family (special classes or educational programs, Child Guidance Clinic, Family Service Agency, etc.).

Signature

Date

Position

Phone

Best time to call

REPORT FROM SCHOOL

We plan to contact the classroom teacher while we are deciding whether our evaluation might meet the needs of your student,_____.

We also want very much to establish a liaison with that person in your school or district who is most closely involved in planning and placement for that child. Whom should we call, please?

Name: _____

Position: _____

Address: _____

Phone Number: _____

Best time for us to call: _____

Have speech and hearing specialists and/or reading specialist been involved with the child? If so, we would appreciate you enclosing their reports.

Please summarize your concerns and impressions about the child.

Principal's signature

Date

If the child receives a Behavioral/Developmental Pediatrics evaluation, to who should our reports be sent:

Name: _____

Address: _____

Please forward this form to:

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