Our Lady of Lourdes Physician Group

Pediatrics at WCC
4630 Ambassador Caffery Pkwy, #308
Lafayette, LA 70508
O: 337-470-3860
F: 337-470-3858

ADHD ASSESSMENT PROCESS

Hi there!

Thank you for reaching out about evaluating your child for Attention-Deficit/Hyperactivity Disorder (ADHD). To help us better understand your child's behavior at home and school, we use Vanderbilt forms, which gather valuable insights for the evaluation process.

We ask that you complete the parent form, sharing your observations of your child's behavior at home. If other caregivers have helpful input, they are welcome to complete a form too.

You can access the form by scanning the QR code below or visiting the URL. Just enter your child's name and date of birth to complete and submit the form electronically:

JoshNP.com/adhd-parent

We've included a letter with a QR code for your child's teachers to complete the teacher form. Before sending it to school, please fill out your child's information at the top. It's important to get input from all of your child's teachers, so feel free to make additional copies if needed. A helpful approach is to give the forms to the school office or a guidance counselor to ensure they're distributed properly. Input from the entire teaching team is essential for understanding your child's behavior across different classroom settings.

Once we've received all the forms, we'll contact you to schedule a follow-up visit. During this appointment, we'll review the results and discuss any next steps.

Thank you for trusting us with your child's care. We look forward to working with you to support their success.

Yours in Health,

Joshua LeJeune, FNP, PMHS
Nurse Practitioner, Pediatric Primary Care Mental Health Specialist
Lourdes Physician Group – Pediatrics at WCC

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ADHD TEACHER ASSESSMENT

Student First Name	Last Name	Date of Birth (DD/MM/YYYY)

Dear Educator,

We are currently evaluating one of your students to determine if they may meet the criteria for Attention-Deficit/Hyperactivity Disorder (ADHD). Your insights and observations in the classroom are an essential part of this process, and we greatly value your input.

To make this as convenient as possible, we are using an online platform called NovoPsych to complete the traditional Vanderbilt forms. We kindly ask that you complete this online form as thoroughly and honestly as possible, as your feedback will help us better understand the student's behavior and needs.

You can access the form by scanning the QR code below or visiting the URL. Once there, simply enter the student's name and date of birth to complete and submit the form electronically:

JoshNP.com/adhd-teacher

If you would prefer traditional paper forms, you may find the forms you need on the following pages, along with return information found at the end of the second page.

Thank you for your time and thoughtful contributions to this evaluation. If you have any questions or need further assistance, please don't hesitate to reach out.

Yours in Health,

Joshua LeJeune, FNP, PMHS
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Yours in Health,

Joshua LeJeune, FNP, PMHS
Nurse Practitioner, Pediatric Primary Care Mental Health Specialist
Lourdes Physician Group – Pediatrics at WCC

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: **Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.**

Is this evaluation based on a time when the child ☐ **was on medication** ☐ **was not on medication** ☐ **not sure?**

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to 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 and 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 situations 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 (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's 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 (eg, "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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ National Initiative for Children's Health Quality

McNeil Consumer & Specialty Pharmaceuticals

HE0351

NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
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 or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

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