





Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

MRN/File No: \_\_\_\_\_

Date: \_\_\_\_\_

## CADDRA Teacher Assessment Form

*Adapted from Dr Rosemary Tannock's Teacher Telephone Interview.  
Reprinted for clinical use only with permission from the BC Provincial ADHD Program.*

|                       |              |            |
|-----------------------|--------------|------------|
| Student's Name: _____ | Age: _____   | Sex: _____ |
| School: _____         | Grade: _____ |            |

Educator completing this form: \_\_\_\_\_ Date completed: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ Time spent each day with student: \_\_\_\_\_

Student's Placement: \_\_\_\_\_ Special Ed:  Yes  No Hrs per week: \_\_\_\_\_

Student's Educational Designation: \_\_\_\_\_  None

Does this student have an educational plan?:  Yes  No

| <b>ACADEMIC PERFORMANCE</b>         | Well Below Grade Level | Somewhat Below Grade Level | At Grade Level | Somewhat Above Grade Level | Well Above Grade Level | n/a |
|-------------------------------------|------------------------|----------------------------|----------------|----------------------------|------------------------|-----|
| <b>READING</b>                      |                        |                            |                |                            |                        |     |
| a) Decoding                         |                        |                            |                |                            |                        |     |
| b) Comprehension                    |                        |                            |                |                            |                        |     |
| c) Fluency                          |                        |                            |                |                            |                        |     |
| <b>WRITING</b>                      |                        |                            |                |                            |                        |     |
| d) Handwriting                      |                        |                            |                |                            |                        |     |
| e) Spelling                         |                        |                            |                |                            |                        |     |
| f) Written syntax (sentence level)  |                        |                            |                |                            |                        |     |
| g) Written composition (text level) |                        |                            |                |                            |                        |     |
| <b>MATHEMATICS</b>                  |                        |                            |                |                            |                        |     |
| h) Computation (accuracy)           |                        |                            |                |                            |                        |     |
| i) Computation (fluency)            |                        |                            |                |                            |                        |     |
| j) Applied mathematical reasoning   |                        |                            |                |                            |                        |     |
| <b>CLASSROOM PERFORMANCE</b>        | Well Below Average     | Below Average              | Average        | Above Average              | Well Above Average     | n/a |
| Following directions/instructions   |                        |                            |                |                            |                        |     |
| Organizational skills               |                        |                            |                |                            |                        |     |
| Assignment completion               |                        |                            |                |                            |                        |     |
| Peer relationships                  |                        |                            |                |                            |                        |     |
| Classroom Behaviour                 |                        |                            |                |                            |                        |     |

# CADDRA Teacher Assessment Form

**Strengths:** What are this student's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education plan:** If this student has an education plan, what are the recommendations? Do they work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodations:** What accommodations are in place? Are they effective? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Class Instructions:** How well does this student handle large-group instruction? Does s/he follow instructions well? Can s/he wait for a turn to respond? Would s/he stand out from same-sex peers? In what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual seat work:** How well does this student self-regulate attention and behaviour during assignments to be completed as individual seat work? Is the work generally completed? Would s/he stand out from same-sex peers? In what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transitions:** How does this student handle transitions such as going in and out for recess, changing classes or changing activities? Does s/he follow routines well? What amount of supervision or reminders does s/he need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Impact on peer relations:** How does this student get along with others? Does this student have friends that seek him/her out? Does s/he initiate play successfully? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conflict and Aggression:** – Is s/he often in conflict with adults or peers? How does s/he resolve arguments? Is the student verbally or physically aggressive? Is s/he the target of verbal or physical aggression by peers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic Abilities:** We would like to know about this student's general abilities and academic skills. Does this student appear to learn at a similar rate to others? Does this student appear to have specific weaknesses in learning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self-help skills,** independence, problem solving, activities of daily living: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor Skills (gross/fine):** Does this student have problems with gym, sports, writing? If so, please describe.

---

---

---

---

**Written output:** Does this student have problems putting ideas down in writing? If so, please describe.

---

---

---

---

**Primary Areas of concern:** What are your major areas of concern/worry for this student? How long has this/these been a concern for you? \_\_\_\_\_

---

---

---

---

**Impact on student:** To what extent are these difficulties for the student upsetting or distressing to the student him/herself, to you and/or the other students? \_\_\_\_\_

---

---

---

---

**Impact on the class:** Does this student make it difficult for you to teach the class? \_\_\_\_\_

---

---

---

---

**Medications:** If this student is on medication, is there anything you would like to highlight about the differences when s/he is on medication compared to off? \_\_\_\_\_

---

---

---

---

**Parent involvement:** What has been the involvement of the parent(s)? \_\_\_\_\_

---

---

---

---

Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships? \_\_\_\_\_

---

---

---

---

Has the student had any particular problems with homework or handing in assignments? \_\_\_\_\_

---

---

---

---

Is there anything else you would like us to know? If you feel the need to contact the student's clinician during this assessment please feel free to do so. \_\_\_\_\_

---

---

---

---

---

---

---

---



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

MRN/File No: \_\_\_\_\_

Date: \_\_\_\_\_

## SNAP-IV 26 – Teacher and Parent Rating Scale

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity:  African-American  Asian  Caucasian  Hispanic Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

| <i>For each item, check the column which best describes this child:</i>                             | Not At All | Just A Little | Quite A Bit | Very Much |
|---|------------|---------------|-------------|-----------|
| 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks |            |               |             |           |
| 2. Often has difficulty sustaining attention in tasks or play activities                            |            |               |             |           |
| 3. Often does not seem to listen when spoken to directly  |            |               |             |           |
| 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties  |            |               |             |           |
| 5. Often has difficulty organizing tasks and activities   |            |               |             |           |
| 6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort        |            |               |             |           |
| 7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)  |            |               |             |           |
| 8. Often is distracted by extraneous stimuli  |            |               |             |           |
| 9. Often is forgetful in daily activities   |            |               |             |           |
| 10. Often has difficulty maintaining alertness, orienting to requests, or executing directions      |            |               |             |           |
| 11. Often fidgets with hands or feet or squirms in seat   |            |               |             |           |
| 12. Often leaves seat in classroom or in other situations in which remaining seated is expected     |            |               |             |           |
| 13. Often runs about or climbs excessively in situations in which it is inappropriate               |            |               |             |           |
| 14. Often has difficulty playing or engaging in leisure activities quietly                          |            |               |             |           |
| 15. Often is "on the go" or often acts as if "driven by a motor"                                    |            |               |             |           |
| 16. Often talks excessively   |            |               |             |           |
| 17. Often blurts out answers before questions have been completed                                   |            |               |             |           |
| 18. Often has difficulty awaiting turn  |            |               |             |           |
| 19. Often loses temper  |            |               |             |           |
| 20. Often argues with adults  |            |               |             |           |
| 21. Often actively defies or refuses adult requests or rules  |            |               |             |           |
| 22. Often deliberately does things that annoy other people  |            |               |             |           |
| 23. Often blames others for his or her mistakes or misbehavior                                      |            |               |             |           |
| 24. Often touchy or easily annoyed by others  |            |               |             |           |
| 25. Often is angry and resentful  |            |               |             |           |
| 26. Often is spiteful or vindictive   |            |               |             |           |