**Thank you for filling out this fillable PDF. All blank spaces & number ratings can be typed into or clicked on. Please complete digitally and then email back, or print and fill out and fax back to us at contact info on last page.*

CHILD AND FAMILY INFORMATION

Child's name ______________________ Birthdate ____________ Age ________

Address ____

Home phone ______________ Work phone ______________ Dad/Mom (circle one)

Child's school ______________ Grade ______ Teacher's Name ______________

Is child in special education? ☐Yes ☐No If so what type? ☐Reading ☐Math ☐Spelling

☐Written Language☐ Speech/Language ☐ Occupational/Physical Therapy ☐Other

Father's name ______________________ Age ______ Education level ______ years

Father's place of employment ______________ Type of employment ______________

Mothers name ______________________ Age ______ Education level ______ years

Mother's place of employment ______________ Type of employment ______________

Is child adopted? ☐Yes ☐No If yes, age when adopted ______________

Are parents married? ☐Yes ☐No Separated? ☐Yes ☐No Divorced? ☐Yes ☐No

If parents not together, child's living situation: ______________________

Child's physician ______________ Address & phone ______________

Please list all other people living in the family/home(use the back if necessary):

Name	Age	School grade

A. Has this child endured any extremely stressful experience? If so, please describe ______________

____

B. Please list the problems with which you want help for this child.

1. ____
2. ____
3. ____
4. ____

C. What have you said to the child about this evaluation? ______________________

____

D. Were you specifically referred by someone? ☐Yes ☐No If so, whom? ______________

E. Has this child ever had previous evaluations outside of school? ☐Yes ☐No If so, where and when?

Please attach any available report(s). ______________________________

____

F. Has this child received any special treatments (diets, medications, psychological counseling, psychiatric help, etc. outside of school? ☐Yes ☐No If so please describe: ______________

____

DEVELOPMENTAL AND MEDICAL HISTORY

PREGNANCY PROBLEMS	YES	NO
1. Length of pregnancy (e.g. full term, 40 weeks, 32 weeks, etc.)		
2. Child's birth weight		
3. Problems with pregnancy		
4. Problems during labor and/or delivery		
5. Took illegal drugs during pregnancy		
6. Used alcoholic beverage during pregnancy		
a. If yes, approximate number of drinks per week		
7. Smoked cigarettes		
HEALTH PROBLEMS	**YES**	**NO**
8. Recurrent ear infections or PE tubes		
9. Meningitis		
10. Seizures		
11. Problems with vision		
12. Problems with hearing		
13. Head injury or other serious injury		
EARLY LIFE PROLEMS (ONSET BEFORE AGE 7)	**YES**	**NO**
14. Refusal to go to school/daycare		
15. Problems going along with change in daily routine		
16. Extreme restlessness		
17. Difficulty getting consoled		
18. Extreme reaction to tastes or touching		
19. Temper tantrums		
20. Irritability		
21. Headbanging		
22. Rocking in bed		
23. Self-destructive behavior		
24. Trouble making eye contact		
25. Failure to be affectionate		
26. Frequent or severe stomach aches		
27. Trouble falling asleep		
28. Trouble staying asleep		
EARLY DEVELOPMENT – was your child's development late in any of the following areas?	**YES**	**NO**
29. Sat up without help		
30. Crawling		
31. Walked alone (10-15 steps)		
32. Spoke first words (Mama, Dada, etc.)		
33. Put words together (Daddy bye-bye, Mama home, etc.)		
34. Spoke 2-3 word sentences		
35. Spoke clearly so strangers understood		
36. Fully bowel trained		
37. Fully bladder trained		
38. Able to dress self		
39. Able to tie shoelaces		

LANGUAGE FUNCTION	YES	NO
40. Does your child use long explanations when one or two words would have been better?		
41. Does you r child have difficulty telling about experiences in a logical sequence?		
42. Does your child often repeat or hesitate when talking?		
43. Do you have difficulty understanding your child's speech?		
44. Do other family members have difficulty understanding your child's speech?		
45. Does your child have difficulty understanding what you say to		
46. Does your child have difficulty following directions?		

FAMILY HISTORY	Child's Mother	Child's Father	Child's Brother(s)	Child's Sister(s)	Others: specify
Problems with aggressiveness, defiance, and oppositional behavior as a child					
Problems with attention, hyperactivity, and impulse control as a child					
Learning problems (reading, writing, math, etc.)					
Did **not** graduate from high school					
In trouble as a teenager					
Mental Retardation					
Psychosis or schizophrenia					
Depression (more than 2 weeks)					
Anxiety disorder that impaired adjustment					
Tics or Tourette's Syndrome					
Alcohol or drug abuse					
Antisocial behavior (assaults, thefts, etc.)					
Arrests					
Physical abuse					
Sexual abuse					

Social Concerns Please put an X in the appropriate column next to each possible concern you might have about your/this child's behavior.	Does not apply	Applies somewhat	Definitely applies
Is rejected by others of his/her age group			
Relates better to younger children or adults			
Says and does things that annoy peers			
Has trouble talking like other kids			
Is upset about peer relationships			
Has trouble forming new relationships			
Is reluctant to call friends on the telephone			
Spends a lot of time alone when not in school			
Has trouble dealing with problems or conflicts with others			
Gets picked on or bullied by others			
Lacks close friends			
Has trouble relating to the opposite sex			

Do you have any academic, social, and/or behavioral concerns in regard to this child? ________

____

____

____

Behavioral Health Evaluation: Frontier Pediatric Partners, PLLC
Parent/Caretaker Narrative Description of Child

Child: ______________________ **Date of Birth:** ______________

Parent/Caretaker: ______________________ **Date:** ______________

Instructions: Please describe in your own words,

1) **Any problems with this child's actions, behaviors and or performance in the following categories**
2) **Rate how much of an impairment (on function, performance, behavior and socially) and problem(s) it causes.**

HOME BEHAVIOR MANAGEMENT (how the child's actions affect the relationship with you, your spouse and other adults)				
Comments:				
IMPAIRMENT SCALE (Check one)				
None	Mild	Moderate	Moderately Severe	Severe

BEHAVIOR WITH SIBLINGS				
Comments:				
IMPAIRMENT SCALE (Check one)				
None	Mild	Moderate	Moderately Severe	Severe

BEHAVIOR IN THE COMMUNITY (with playmates, sports, outings, activities, etc.)				
Comments:				
IMPAIRMENT SCALE (Check one)				
None	Mild	Moderate	Moderately Severe	Severe

SELF ESTEEM				
Comments:				
IMPAIRMENT SCALE (Check one)				
None	Mild	Moderate	Moderately Severe	Severe

SCHOOL WORK PERFORMANCE (is child working to his/her ability?)				
Comments:				
IMPAIRMENT SCALE (Check one)				
None	Mild	Moderate	Moderately Severe	Severe

HOW CHILD'S ACTIONS AFFECT THE FAMILY OVERALL				
Comments:				
IMPAIRMENT SCALE (Check one)				
None	Mild	Moderate	Moderately Severe	Severe

HOW YOUR CHILD'S ACTIONS OR BEHAVIOR CAUSE AN OVERALL IMPAIRMENT OF FUNCTION OR PERFORMANCE				
Comments:				
IMPAIRMENT SCALE (Check one)				
None	Mild	Moderate	Moderately Severe	Severe

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: ___________ Child's Name: ___________________________ Date of Birth: ___________

Parent's Name: ___________________________ Parent's Phone Number: ___________________________

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

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. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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

Revised - 1102

American Academy of Pediatrics

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NICHQ

National Initiative for Children's Healthcare Quality

McNeil

Consumer & Specialty Pharmaceuticals

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: ___________ Child's Name: ___________________________ Date of Birth: ___________

Parent's Name: ___________________________ Parent's Phone Number: ___________________________

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: ___________

Total number of questions scored 2 or 3 in questions 10–18: ___________

Total Symptom Score for questions 1–18: ___________

Total number of questions scored 2 or 3 in questions 19–26: ___________

Total number of questions scored 2 or 3 in questions 27–40: ___________

Total number of questions scored 2 or 3 in questions 41–47: ___________

Total number of questions scored 4 or 5 in questions 48–55: ___________

Average Performance Score: ___________

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