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| Patient Name: | |
| Date of Birth: | MRN/File No: |
| Physician Name: | Date: |

CADDRA Teacher Assessment Form

*Adapted from Dr Rosemary Tannock's Teacher Telephone Interview.
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| 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

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

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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. _____
