



# Teacher Evaluation

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

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ MRN \_\_\_\_\_

School's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Teacher / Staff Completing This Form \_\_\_\_\_ Subject: \_\_\_\_\_

Dear Teacher,

Your student is a patient of Dr. \_\_\_\_\_ at Esse Health and is being evaluated by our office.

Please complete this Vanderbilt Teacher Behavior Evaluation Scale based on behaviors you have observed in the school setting.

Each rating should be considered in the context of what is appropriate for the age of the children you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors \_\_\_\_\_.

Frequency Code:      0 = Never      1 = Occasionally      2 = Often      3 = 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 thing 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 (e.g., butts into conversations or games)  | 0 | 1 | 2 | 3 |
| 19. Loses temper  | 0 | 1 | 2 | 3 |
| 20. Actively defies or refuses to comply with adults' 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 (i.e., "cons" others)   | 0 | 1 | 2 | 3 |



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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
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/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

## ACADEMIC PERFORMANCE

	Problematic		Average	Above Average	
Reading	1	2	3	4	5
Mathematics	1	2	3	4	5
Written expression	1	2	3	4	5
Homework completion	1	2	3	4	5

## CLASSROOM BEHAVIOR

	Problematic		Average	Above Average	
Relationship with peers	1	2	3	4	5
Following directions/rules	1	2	3	4	5
Disrupting class	1	2	3	4	5
Assignment completion	1	2	3	4	5
Organizational skills	1	2	3	4	5

Please include any observations you feel are pertinent: \_\_\_\_\_

\_\_\_\_\_

When this scale is complete please return it to your student's parent or mail directly to our office.

The parents of your student will be asked to sign a release form giving permission for the doctor or nurse practitioner to contact you to discuss progress of this student. Please list contact information below:

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

Daytime phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Evening phone (if preferable): \_\_\_\_\_

Fax number: \_\_\_\_\_

The best times to contact me are: \_\_\_\_\_

Thank you very much for your time and consideration.