



ESSE HEALTH PEDIATRIC OFFICES

□ FLORISSANT PEDIATRICS

1225 Graham Road
Building C, Suite 1350
Florissant, MO 63031
Phone: 314.838.7912
Fax: 314.921.6283

□ TESSON FERRY PEDIATRICS

13303 Tesson Ferry Road
Suite 150
St. Louis, MO 63128
Phone: 314.842.5239
Fax: 314.842.3835

□ O'FALLON PEDIATRICS

9979 Winghaven Boulevard
Suite 206
O'Fallon, MO 63368
Phone: 636.561.5291
Fax: 636.561.5290

□ WATSON PEDIATRICS

9580 Watson Road
Suite A
Crestwood, MO 63126
Phone: 314.965.5437
Fax: 314.965.5439

□ MASON ROAD PEDIATRICS

13001 North Outer Forty Rd.
Suite 320
Town & Country, MO 63017
Phone: 314.567.7337
Fax: 314.851.4476

Dear Teacher:

The parents of one of your students are having their child evaluated by our office for a health concern. As part of our evaluation, we ask that you complete a questionnaire about this child's behavior and performance in the classroom. Attached to this letter you will find a Release of Information Form that the parents have completed and a Teacher ADHD Assessment form. **This information is important for the diagnosis and treatment of your student.**

Generally, the teacher who spends the most time with the child should complete the form. However, if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate form from each teacher. If more than one set of rating scales is required, please note on your completed assessment and we will forward additional rating scales as needed.

The same teacher should complete the entire questionnaire. If you do not know the answer to a question, please write "Don't know" so that we can be sure the item was not overlooked. Even though some of the questions in the rating scale may seem redundant, please complete the entire form. This is necessary to ensure that we obtain accurate diagnostic information.

Please return completed forms as soon as possible. The forms can be faxed or mailed to us directly with our contact information listed below.

Thank you for your assistance in the completion of these forms.

Sincerely,

Esse Health Pediatrics

Please fill out your contact information should we need to reach you.

Teacher's Contact Information:

Name: _____

Email: _____ Cell: _____

Time best to reach you: _____



I give permission to my child's pediatrician and/or nurse practitioner to discuss my child's school progress and class behavior with his/her teacher during the course of his/her treatment.

Name of child: _____

Parent signature: _____

Date: _____

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