



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

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

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

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

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

<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.

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

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**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? \_\_\_\_\_

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**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? \_\_\_\_\_

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

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**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? \_\_\_\_\_

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

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

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

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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. \_\_\_\_\_

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