

PDR Teacher Report Form

re: _____
Child

Dear Teacher(s),

A request has been made for this child to be evaluated at Randall Children's Hospital, Pediatric Development & Rehab. Your view of the child is of paramount importance to us in obtaining a comprehensive evaluation.

If this child is receiving special education, please ask those staff to assist you in completing this form. In addition, we would appreciate it if you would contact the Special Education Director to release the most recent evaluations (e.g. psychological, education, etc.) as well as the child's current I.E.P.

We appreciate your completing this form, which is of much help to us in understanding this child. We suggest you keep a copy for your records.

Please complete and return to:

Randall Children's Hospital, Pediatric Development and Rehabilitation (PDR)
2801 N. Gantenbein, Room 2225
Portland, Oregon 97227
Fax 503-413-4719

Sincerely,

PDR Clinical Intake

Child's Name: _____ DOB: _____

School: _____

School Address: _____

Principal (please print): _____

Teacher (please print): _____

Date entered this school: _____ Today's Date: _____

Check type of program: Daycare EI/ECSE Head Start Preschool
 ESL/Bilingual Kindergarten Other (specify): _____

Check type of classroom: Regular Education Integrated Classroom
 Self-Contained Special Ed. Other - please specify: _____

Does the child receive Early Intervention services: No Yes

Does the child receive Special Education: No Referred for testing
 Yes - please list the disability: _____

Related services, if any: PT OT Adaptive PE Speech/Language
 Teacher's Aide Other _____

Please describe the program: Number of students: _____ Number of adults: _____
Length of school day: _____ Integration, if applicable: _____

How many schools has this child attended? _____

Last vision screening: Date: _____ Results: _____

Last hearing screening: Date: _____ Results: _____

Classroom Performance

Do you have concerns regarding this child's?

1. Expressive Language: No Yes If yes, describe: _____

Classroom Performance continued

Do you have concerns regarding this child's?

2. Language Comprehension: No Yes If yes, describe: _____

3. Fine Motor: No Yes If yes, describe: _____

4. Gross Motor: No Yes If yes, describe: _____

3. Self-Help: No Yes If yes, describe: _____

Please comment on this child's:

1. Social skills

a) Relationships with adults: _____

b) Peer relationships: _____

2. Attention abilities: _____

3. Activity level: _____

4. Behavior: _____

Does the child have any specific developmental and/or learning problems: No Yes

If yes, describe: _____

Does the child have any specific social-emotional behavior problems: No Yes

If yes, describe: _____

State below any other problems or concerns not mentioned above: _____

What special instructional approaches or techniques have been attempted with this child? _____

How did he/she respond to this? _____

Do you feel this child has any special creative ability, talent or assets? _____

INTELLIGENCE TESTS - GROUP OR INDIVIDUAL

A copy of the actual test record is preferred. Otherwise, please indicate whether grade equivalent, standard score, percentile, stanine, etc., is used:

| Name and Form | Date of Testing | Grade at Testing | Results |
|---------------|-----------------|------------------|---------|
| | | | |
| | | | |

READINESS TEST DATA

| Name and Form | Date of Testing | Grade at Testing | Results |
|---------------|-----------------|------------------|---------|
| | | | |
| | | | |

ACADEMIC SKILLS

Please rate each statement where applicable. Circle the appropriate number. Use the following criteria:

- (1) Never - not at all
- (2) Rarely - 1 to 25 percent of the time
- (3) Occasionally - between 25 and 50 percent of the time
- (4) Often - more than 50 percent of the time
- (5) Very frequently - almost always (90 to 100 percent of the time)

Basic Knowledge

Circle Appropriate Number **Comments**

| | Never | Rarely | Occas. | Often | Very Freq. |
|------------------------------------|-------|--------|--------|-------|------------|
| Identifies simple body parts | 1 | 2 | 3 | 4 | 5 |
| Identifies two dimensional shapes | 1 | 2 | 3 | 4 | 5 |
| Names primary colors | 1 | 2 | 3 | 4 | 5 |
| Recognizes letters of alphabet | 1 | 2 | 3 | 4 | 5 |
| Can recite alphabet in mixed order | 1 | 2 | 3 | 4 | 5 |
| Knowledge of letter sounds | 1 | 2 | 3 | 4 | 5 |
| Recognizes numerals 1 to 10 | 1 | 2 | 3 | 4 | 5 |
| Can count rotely 1 to 10 | 1 | 2 | 3 | 4 | 5 |
| Can count rationally 1 to 10 | 1 | 2 | 3 | 4 | 5 |

Handwriting

Circle Appropriate Number

Comments

| | Never | Rarely | Occas. | Often | Very Freq. |
|---|-------|--------|--------|-------|------------|
| Recognizes name in print | 1 | 2 | 3 | 4 | 5 |
| Writes first name from cue card | 1 | 2 | 3 | 4 | 5 |
| Writes first name from memory | 1 | 2 | 3 | 4 | 5 |
| Writes letters of the alphabet from cue cards | 1 | 2 | 3 | 4 | 5 |
| Writes letters of the alphabet from memory | 1 | 2 | 3 | 4 | 5 |

If applicable, please estimate present:

Reading grade level _____

Math grade level _____

1. If the child is in a pre-kindergarten program, do you think he/she will be ready for kindergarten? Yes No Not sure Too early to say N/A
2. If the child is in kindergarten, do you think he/she will be ready for first grade? Yes No Not sure Too early to say N/A
3. Do you think child will need to repeat present program? Yes No Not sure Too early to say N/A
4. Do you think child will need some form of special education? Yes No Not sure Too early to say N/A

If yes, what type of special education support services? _____

Please include anything else you would like us to know about this child. _____

Current Date: _____

Name & Title of individual completing this form: _____