

**PLEASE HAVE YOUR CHILD'S TEACHER (S) COMPLETE THIS FORM**

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Class (if applicable) \_\_\_\_\_

How many times a week does class meet? \_\_\_\_\_

Is this a special placement or Honors class? \_\_\_\_\_

A. Please answer all questions. Please rate severity of problem.

	Not at All	Sometimes	Frequently
Short attention span			
Distractibility			
Poorly organized			
Not prepared for class			
Mood changes rapidly			
Easily excitable			
Does better with structure			
Loses a lot of things			
Fails to finish what he/she starts			
Impulsive			
Blurts out answers			
Difficulty awaiting turn			
Interrupts or intrudes			
Disturbs/Disrupts classroom			
Hyperactive/always on the go			
Squirmy and restless			
Talks excessively			
Can not engage in activities quietly			
Temper outbursts			
Completes class work			
Completes homework			

B. Current School Performance

Subject	Failing	Passing	Good	Superior

C. Compared to most students, this student is:

	Not at all	Sometimes	Most of Time
As hard working as other students			
Behaving as well as other students			
Learning as much as students			

D. Most recent test scores:

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E. IQ and Standardized Test Scores:

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F. Please provide additional comments about the child's behavior and relationships with others including yourself:

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**PLEASE MAIL BACK TO STANLEY M. HERTZ, MD, 55 FERN DRIVE,  
ROSLYN, NY 11576 OR GIVE BACK TO PARENTS. THANK YOU.**

