CADDRA
CANADIAN ADHD RESOURCE ALLIANCE

Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	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

ACADEMIC PERFORMANCE	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
READING						
a) Decoding						
b) Comprehension						
c) Fluency						
WRITING						
d) Handwriting						
e) Spelling						
f) Written syntax (sentence level)						
g) Written composition (text level)						
MATHEMATICS						
h) Computation (accuracy)						
i) Computation (fluency)						
j) Applied mathematical reasoning						
CLASSROOM PERFORMANCE	Well Below Average	Below Average	Average	Above Average	Well Above Average	n/a
Following directions/instructions						
Organizational skills						
Assignment completion						
Peer relationships						
Classroom Behaviour						

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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? Doe 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.

_____
_____
_____
_____

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

_____
_____
_____
_____

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? _____
_____
_____
_____

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? _____
_____
_____
_____

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

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? _____
_____
_____
_____

Parent involvement: What has been the involvement of the parent(s)? _____
_____
_____
_____

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

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

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. _____
_____
_____
_____
_____
_____
_____