



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

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? 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.

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.
