



2035 Valleygate Dr., Suite 101 • Fayetteville, NC 28304 • Phone: 910.484.8009 • Fax: 910. 484.2205 • crosscreekpediatrics.com

Date

Child's Name

Date of Birth

School Attending

School Phone Number

Signature and Title of person completing form

Please complete this form and fax it to: (910) 484-2205 Attn: Medical Records

I. Please mark the appropriate box for your student:	Not at all	Just a little	Pretty much	Very much
Excitable, impulsive				
Restless or overactive				
Disturbs other children				
Fails to finish things he starts, short attention span				
Constantly fidgeting				
Demands must be met immediately, easily frustrated				
Cries often and easily				
Mood changes quickly and drastically				
Temper outbursts, explosive and unpredictable behavior				
Inattentive, easily distracted				
II. Please mark the appropriate box for your student:	Not at all	Just a little	Pretty much	Very much
Diminished socialization				
Mood changes quickly and drastically				
Physical complaints				
Poor self-image				
Aggressive (agitated) behavior				
A change in school performance				
Attitude toward school worsening				
Loss of usual energy				
Cries often and easily				
Feels down-hearted and blue				

Teacher Information Report

III. Please mark the appropriate box for your student:	Not at all	Just a little	Pretty Much	Very Much
Grossly selfish				
Sets fires				
Unable to feel guilt or learn from punishment				
Disobedient				
Blames others and lies				
Destructive				
Aggressive - fights				
Disliked by other children				
Steals				
Cruel to animals				
IV. Please mark the appropriate box for your student:	Not at all	Just a little	Pretty much	Very much
Seizures, mental lapses or staring spells				
Intermittent periods of good/poor intellectual function				
School performance regressing				
Hearing seems abnormal				
Vision seems abnormal				
Speech seems abnormal				
Trouble with reversals, mirror-writing				
Trouble with written or spoken words				
Daytime soiling/wetting				
Requires medication daily				

V. Educational Survey: Please indicate.

1. Present grade placement _____
2. Estimate grade level in reading _____
3. Estimate grade level in mathematics _____
4. Estimate grade level in spelling _____
5. Estimate grade level in art _____

VI. Would this child benefit from:

1. Advancing to next grade next year Yes ___ No ___
2. Retention in present grade next year Yes ___ No ___
3. Special education classes Yes ___ No ___
4. Counseling at school Yes ___ No ___
5. Counseling by a Psychiatrist Yes ___ No ___
6. Home tutors Yes ___ No ___
7. Summer school Yes ___ No ___
8. Camp experience Yes ___ No ___
9. Psychological testing Yes ___ No ___
10. Classroom tutor Yes ___ No ___

VII. What is your impression of your student?

VIII. What is your impression of his/her parents? (Confidential)