

Patient Name:	
Date of birth:	MRN/File #:
Clinician's Name:	Date:

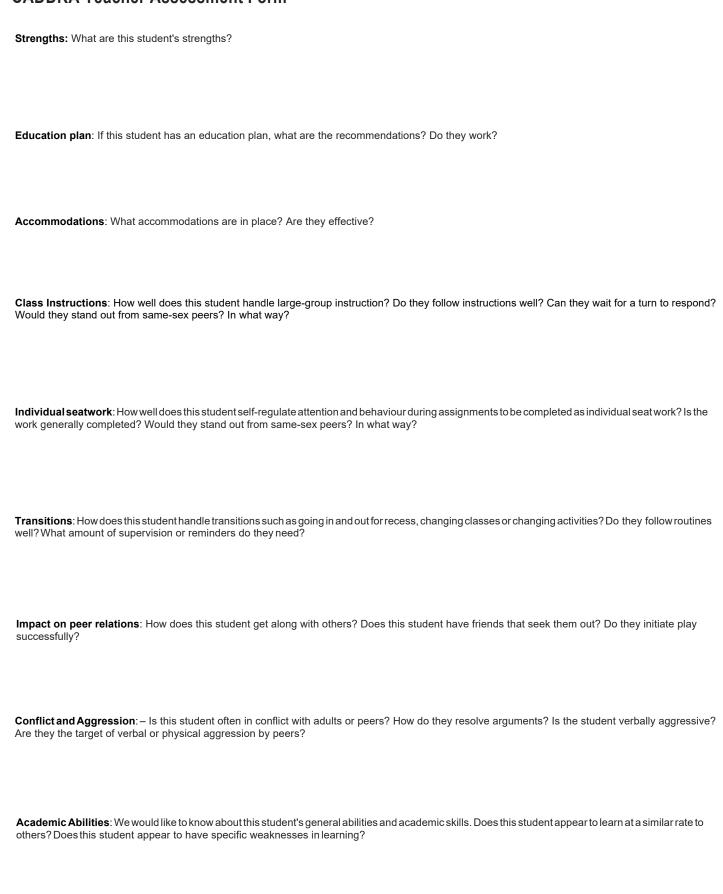
CADDRA Teacher Assessment Form		
Student's Name:	Age:	Gender:

School:

Educator completing this form:	r completing this form: Date Completed:		
How long have you known the student?	udent:		
Student's Educational Designation:		None	
Does this student have an educational plan?	No		
ACADEMIC PERFORMANCE  Well Below Grade Level  Grade Level  Somewhat Below Grade Level Level	At Grade Level Somewhat Above Grad	WALL A DOVA	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			

\_\_\_\_\_ Grade: \_\_\_\_\_

## **CADDRA Teacher Assessment Form**



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, to you and/or the other students?
Impact on the class: Does this student make it difficult for you to teach the class?
<b>Medications:</b> If this student is on medication, is there anything you would like to highlight about the differences when they are on medication compared to off?
Parent involvement: What has been the involvement of the parent(s)/guardians?
Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships?
Has the student had any 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.