



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? 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. _____
