

**CHILD DEVELOPMENT UNIT
TEACHER/CAREGIVER/THERAPIST FORM**

Patient Name

Medical Record Number

Form CHP-2014 Rev. 09/09

Page 1 of 4

Birthdate

Dear Parents/Guardians: Please do not fill out this form. Complete "Release Section" only.

1. Ask your child's teacher, caregiver or therapist to complete the questionnaire and rating forms.
2. Ask your child's teacher or therapist to attach a copy of any recent educational and/or psychological reports.
3. Complete and sign the release section below so that school officials can send information about your child.
4. Ask the child's teacher or therapist to return the questionnaire, rating forms and reports to the following address:

**Mailing Address: Children's Hospital of Pittsburgh
Child Development Unit • One Children's Hospital Drive, 4401 Penn Ave., Pittsburgh, PA 15224**

RELEASE SECTION (TO BE FILLED OUT BY PARENT/GUARDIAN)

I hereby give my permission to (name of person releasing information): _____

of (SCHOOL/AGENCY): _____

to release information requested (completed questionnaires and ratings, educational and psychological reports) regarding the following

CHILD: _____ /Date of Birth: _____

to CHILDREN'S HOSPITAL OF PITTSBURGH.

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO CHILD: _____

QUESTIONNAIRE (TO BE FILLED OUT BY TEACHER/CAREGIVER/THERAPIST)

Child's Name: _____

Birthdate: _____ Age: _____ Sex: _____

Preschool/School/Agency: _____ School Phone#: _____

School Address: _____

City: _____ State: _____ Zip: _____

Teacher/Therapist: _____

Person Completing Form: _____ Date Completed: _____

In what type of program/service/school is this child enrolled? Please check appropriate box.

<p>PRESCHOOL <input type="checkbox"/> Please check all that apply:</p>	<p>K - 12 <input type="checkbox"/> GRADE _____ Please check all that apply:</p>
<p><input type="checkbox"/> Daycare/Preschool</p> <p><input type="checkbox"/> Headstart</p> <p><input type="checkbox"/> Special Preschool Program</p> <p><input type="checkbox"/> Home-Based Early Intervention</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Speech/Language Services</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Regular Education Classroom</p> <p><input type="checkbox"/> Learning Support</p> <p><input type="checkbox"/> Life Skills Support</p> <p><input type="checkbox"/> Emotional Support</p> <p><input type="checkbox"/> Speech/Language Support</p> <p><input type="checkbox"/> Autistic Support</p> <p><input type="checkbox"/> Multihandicapped Support</p> <p><input type="checkbox"/> Wrap-around Services</p> <p><input type="checkbox"/> Approved Private School</p> <p><input type="checkbox"/> Other Remedial Support</p>
<p>For above programs, number of days per week? _____</p> <p>For above programs, number of hours per day? _____</p>	<p><input type="checkbox"/> Other _____</p>



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What questions do you have about the child's development? _____

What are the child's strengths? _____

What are the child's most significant problems? _____

Has the child been assessed previously by your program or by another agency or intermediate unit? Yes No

If yes, by whom? _____

With what results? _____

Does the child have a diagnosis that highlights educational, developmental or behavioral needs? If yes, what is the diagnosis?

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Please use the tables below to list the date and results of any assessments that have been administered.

List the assessment instruments that were used: _____

FOR PRESCHOOLERS

Domain	Date	Chronological Age	Developmental Age
Cognitive			
Expressive Language			
Receptive Language			
Perceptual/Fine Motor			
Gross Motor			
Social-Emotional			
Other			

FOR K-12

Domain	Date	Score
Cognitive		
Expressive Language		
Receptive Language		
Perceptual/Fine Motor		
Gross Motor		
Social-Emotional		
Other		

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Please indicate if any of the following behaviors are problems for this child. As you answer the questions, consider if the behaviors are more problematic than you would expect for the child's age. We will be using this list of concerns to help us as we evaluate the child.

Check the behaviors that are problems for this child:

- | | |
|--|---|
| <input type="checkbox"/> Difficulty with following directions at school | <input type="checkbox"/> Feels badly about him/herself |
| <input type="checkbox"/> Difficulty paying attention at school | <input type="checkbox"/> Worries that bad things may happen |
| <input type="checkbox"/> Difficulty paying attention in other activities | <input type="checkbox"/> Is withdrawn |
| <input type="checkbox"/> Being easily distracted | <input type="checkbox"/> Is not able to separate from parent at school |
| <input type="checkbox"/> Does not complete tasks | <input type="checkbox"/> Talks about hurting him/herself |
| <input type="checkbox"/> Hyperactive, always on the go | <input type="checkbox"/> Hurts him/herself |
| <input type="checkbox"/> Restless, fidgety | <input type="checkbox"/> Is not interested in children of the same age |
| <input type="checkbox"/> Difficulty sitting still | <input type="checkbox"/> Is interested in other children, but doesn't interact |
| <input type="checkbox"/> Impulsive, does things without thinking | <input type="checkbox"/> Does not show enjoyment in interacting with peers |
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Is not able to share toys and play space |
| <input type="checkbox"/> Does not follow rules | <input type="checkbox"/> Can not take turns in play |
| <input type="checkbox"/> Argues a lot | <input type="checkbox"/> Can not have a conversation with a child |
| <input type="checkbox"/> Frequently angry, loses temper a lot | <input type="checkbox"/> Does not imitate action in games such as clapping hands |
| <input type="checkbox"/> Fights with other children | <input type="checkbox"/> Does not play with toys as intended, e.g. builds with blocks |
| <input type="checkbox"/> Frequently defiant, says no to adults | <input type="checkbox"/> Does not do pretend play, e.g. talking on phone |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Has interests that are intense and take up much time |
| <input type="checkbox"/> Hurts others (people or animals) | <input type="checkbox"/> Has unusual movements, e.g. rocking, twitching |
| <input type="checkbox"/> Whines or complains frequently | <input type="checkbox"/> Makes noises such as clearing throat, grunting |
| <input type="checkbox"/> "Tunes out", seems to be in own world | <input type="checkbox"/> Can not tolerate changes in routine |
| <input type="checkbox"/> Is sad or unhappy | <input type="checkbox"/> Is bothered by touch, smell, taste, sounds |
| <input type="checkbox"/> Lacks understanding of "social cues" | <input type="checkbox"/> Only interacts on own terms |
| <input type="checkbox"/> Has temper tantrums | <input type="checkbox"/> Has many fears |
- If yes, indicate frequency of tantrums: _____ If yes, name the specific fears: _____