

For Office Use Patient ID: _____
 Return Completed Form To: _____

CADDRA Teacher Assessment Form

Student's Name: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Educator completing this form: _____ Date Completed: _____

How long have you known the student? _____ Time spent each day with student: _____

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						

CADDRA Teacher Assessment Form

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? Do they follow instructions well? Can they wait for a turn to respond? Would they stand out from same-sex peers? In what way?

Individual seatwork: How well does this student self-regulate attention and behaviour during assignments to be completed as individual seatwork? Is the work generally completed? Would they 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? Do they follow routines well? What amount of supervision or reminders do they need?

Impact on peer relations: How does this student get along with others? Does this student have friends that seek them out? Do they initiate play successfully?

Conflict and Aggression: - Is this student often in conflict with adults or peers? How do they resolve arguments? Is the student verbally aggressive? Are they 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?

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?

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?

Medications: 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?

Copyright Notice:

This form is copyrighted by CADDRA and is provided for private or clinic use only. Reproduction, distribution, or use for commercial purposes is strictly prohibited without prior written consent from CADDRA.

SNAP-IV 26 – Teacher and Parent Rating Scale

For Office Use	Patient ID: _____
	Return to: _____

Date: _____

Completed by:

Patient

Other

If other, please specify relationship to patient: _____

For each item, check the column which best describes the child.	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities mental effort				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/ games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				

SNAP-IV 26 – Teacher and Parent Rating Scale

Domains	Count	Total	Average
IA			
HI			
OD			
Total			