

ADD/ADHD INITIAL EVALUATION

ADD or Attention Deficit Disorder and ADHD or Attention Deficit Disorder with Hyperactivity is very common in childhood. Many researchers believe this is caused by chemical dysfunction in the brain, which can be familial (based on genetic codes) and/or environmental (based on a child surroundings). It is MUCH more complicated than trouble paying attention sometimes.

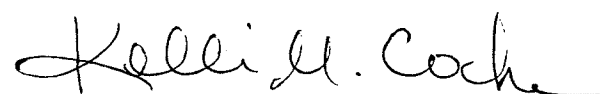
Currently, there is no “test” to diagnose this disorder. Blood testing and Imaging (x-ray, C-T, MRI) cannot tell us if your child has ADD or ADHD (yet). The doctor may recommend certain blood tests, EKGs, or imaging to rule out diseases that can cause attention and hyperactive symptoms or to monitor effects of medications used to treat ADD/ADHD.

Diagnosis is usually determined from extensive history and examination: collecting information from parents and teachers and direct observation during an initial evaluation. I use forms developed by researchers to assign a quantitative value (a number) for your child’s symptoms. I need these forms to be completed by a supervising adult from at least two different environments (usually home and school). My initial evaluations usually last an hour or more. Some patients will receive prescriptions to start immediately and others will need further testing or observations. 1 parent packet and 1 teacher for are ATTACHED, please ask for additional forms if needed or feel free to make copies.

If your child is diagnosed with ADD/ADHD, we will discuss the treatment and follow-up procedures at length. The diagnosis should be shared with teachers or daycare supervisors but not discussed with a young child’s peers. Unfortunately, there is a lot of misinformation in our society about ADD/ADHD that can negatively affect your child’s behavior and self-esteem. Older children and especially teenagers should be included more openly in the discussion of the disorder and the treatment and may choose to tell their friends. Beware of assigning labels or allowing misbehaviors to go undisciplined.

Finally, be patient with the process. Diagnosis and treatment can be complicated. There are dozens of treatment options and behavior therapies that may be tried before we find the right match for you and your child.

Thank you,

A handwritten signature in black ink that reads "Kelli M. Cocke". The signature is written in a cursive, flowing style.

Kelli M. Cocke, M.D.

# NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child

was on medication     was not on medication     not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty keeping attention to what needs to be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by noises or other stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 &amp; 3s: 0 /9</small>				
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or beginning quiet play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 &amp; 3s: 0 /9</small>				

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Actively defies or refuses to go along with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Deliberately annoys people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Blames others for his or her mistakes or misbehaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Is touchy or easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is spiteful and wants to get even	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 / 8
27. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Starts physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is truant from school (skips school) without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Has stolen things that have value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is physically cruel to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
36. Has deliberately set fires to cause damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Has broken into someone else's home, business, or car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38. Has stayed out at night without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39. Has run away from home overnight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Has forced someone into sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2&3s: 0 /14
41. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
43. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44. Blames self for problems, feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
46. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 / 8

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
49. Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /3
50. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /3
51. Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52. Relationship with siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
53. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /4
54. Participation in organized activities (eg, teams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /4



## Other Conditions

**Tic Behaviors:** To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.  
 No tics present.  Yes, they occur nearly every day but go unnoticed by most people.  Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.  
 No tics present.  Yes, they occur nearly every day but go unnoticed by most people.  Yes, noticeable tics occur nearly every day.
3. If YES to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)?  No  Yes

**Previous Diagnosis and Treatment:** To the best of your knowledge, please answer the following questions:

1. Has your child been diagnosed with a tic disorder or Tourette syndrome?  No  Yes
2. Is your child on medication for a tic disorder or Tourette syndrome?  No  Yes
3. Has your child been diagnosed with depression?  No  Yes
4. Is your child on medication for depression?  No  Yes
5. Has your child been diagnosed with an anxiety disorder?  No  Yes
6. Is your child on medication for an anxiety disorder?  No  Yes
7. Has your child been diagnosed with a learning or language disorder?  No  Yes

**Comments:**



**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: 0

Total number of questions scored 2 or 3 in questions 10–18: 0

Total number of questions scored 2 or 3 in questions 19–26: 0

Total number of questions scored 2 or 3 in questions 27–40: 0

Total number of questions scored 2 or 3 in questions 41–47: 0

Total number of questions scored 4 in questions 48–50: 0

Total number of questions scored 5 in questions 48–50: 0

Total number of questions scored 4 in questions 51–54: 0

Total number of questions scored 5 in questions 51–54: 0

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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American Academy  
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DEDICATED TO THE HEALTH OF ALL CHILDREN™



NICHQ

National Initiative for  
Children's Healthcare Quality

Dear Teacher(s),

The parent(s) of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parent(s) and teacher(s) complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student.

**Your time and cooperation in this matter is greatly appreciated.** Please see attached Release of Information form that the parents have completed and a set of teacher rating scales and questionnaires. Our office currently uses the NICHQ Vanderbilt Teacher Assessment Scale.

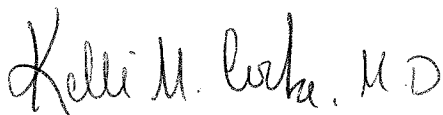
**Generally the teacher who spends the most time with the child should complete the teacher rating scales.** However if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. If more than one set of rating scales is required, please have the parent contact us directly and we will forward additional rating scales as needed. Please note that the same teacher should complete each entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write "Don't know", so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

**We ask that you complete these forms as soon as possible,** as we are unable to begin a child's evaluation without the teacher rating scales. **The form should be mailed to us directly in the envelope provided or faxed to our office at 337-330-4526.**

**Thank you** for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact us.

Sincerely,



Kelli M Cocke, MD  
Parkway Pediatrics  
6800 Ambassador Caffery Parkway  
Broussard, La 70518  
Phone: 337-330-4525  
Fax: 337-330-4526

# NICHO Vanderbilt Assessment Scale: Teacher Informant

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Class Time: \_\_\_\_\_

Class Name/Period: \_\_\_\_\_

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

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often	
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /9
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. Has difficulty waiting in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /9

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Activity defies or refuses to comply with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Is spiteful and vindictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Initiates physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Has stolen items of nontrivial value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /10
29. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Blames self for problems; feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /10

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /3
38. Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /3

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
41. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /5
43. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /5

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Fax number: \_\_\_\_\_





**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9:     0    

Total number of questions scored 2 or 3 in questions 10–18:     0    

Total number of questions scored 2 or 3 in questions 19–28:     0    

Total number of questions scored 2 or 3 in questions 29–35:     0    

Total number of questions scored 4 in questions 36–38:     0    

Total number of questions scored 5 in questions 36–38:     0    

Total number of questions scored 4 in questions 39–43:     0    

Total number of questions scored 5 in questions 39–43:     0    

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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