

Michael D. Ruch, Ph.D.

3300 Burton SE, Suite B
Grand Rapids, MI 49508

Phone & Fax:: (616) 957-2576

PARENT/GUARDIAN: Please complete and sign this section and give this form to your child's school to complete.

Release of Confidential Information and Records

Student Name _____ **Date of Birth** _____

I request that the following form be completed on the above named student and that this form, along with additional related school evaluations, assessments, and observations be sent to Michael D. Ruch, Ph.D.

Parent or Guardian Signature

Witness

Date

TEACHER/COUNSELOR

Please complete this form and return to:
Michael D. Ruch, Ph.D.
3300 Burton SE, Suite 103
Grand Rapids, MI 49546-4398

Date _____ School _____ Grade _____

SCHOOL HISTORY

Grades repeated _____ Frequent absences? _____ Reason _____

Scores on Achievement Testing: Reading _____ Math _____ Language _____ Spelling _____

Special Education Services? _____ Section 504 Plan? _____ Other Special Services? _____

Label _____ Services _____

Please attach copy of the most recent MET evaluation report.

CURRENT ACADEMIC PERFORMANCE (Note current functioning or attach report card)

Reading _____ Spelling _____

Mathematics _____ Writing _____

Science _____ Social Studies _____

WORK HABITS

- | | | |
|--|--|--|
| <input type="checkbox"/> Inattention | <input type="checkbox"/> Distractible | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Incomplete Work | <input type="checkbox"/> Disruptive in classroom | <input type="checkbox"/> Excessive Talking |
| <input type="checkbox"/> Daydreaming | <input type="checkbox"/> Fidgety | <input type="checkbox"/> Careless Work |

Comments: _____

SOCIAL/EMOTIONAL/BEHAVIORAL FUNCTIONING

- | | | |
|--|---|--|
| <input type="checkbox"/> Quiet & Withdrawn | <input type="checkbox"/> Cries Easily | <input type="checkbox"/> Few Friends |
| <input type="checkbox"/> Defiant | <input type="checkbox"/> Difficulty with Change | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Odd mannerisms | <input type="checkbox"/> Over-reacts | <input type="checkbox"/> Appears Angry |

Comments _____

OTHER TEACHER COMMENTS (Special Talents, Parent Involvement, Other Concerns, etc.)

Form Completed By: _____

SCHOOL SITUATIONS QUESTIONNAIRE

Child's name _____ Date _____
 Name of person completing this form _____

Does this child present any behavior problems for you in any of these situations? If so, indicate how severe they are.

Situations	Yes/No		If yes, how severe?								
	(Circle one)		Mild			(Circle one)			Severe		
	Yes	No	1	2	3	4	5	6	7	8	9
While arriving at school	Yes	No	1	2	3	4	5	6	7	8	9
During individual desk work	Yes	No	1	2	3	4	5	6	7	8	9
During small group activities	Yes	No	1	2	3	4	5	6	7	8	9
During free time in class	Yes	No	1	2	3	4	5	6	7	8	9
During lectures to the class	Yes	No	1	2	3	4	5	6	7	8	9
At recess	Yes	No	1	2	3	4	5	6	7	8	9
At lunch	Yes	No	1	2	3	4	5	6	7	8	9
In the hallways	Yes	No	1	2	3	4	5	6	7	8	9
In the bathroom	Yes	No	1	2	3	4	5	6	7	8	9
On field trips	Yes	No	1	2	3	4	5	6	7	8	9
During special assemblies	Yes	No	1	2	3	4	5	6	7	8	9
On the bus	Yes	No	1	2	3	4	5	6	7	8	9

ADHD RATING SCALE

Child's Name _____ Age _____ Grade _____
 Completed by _____

Circle the number in the *one* column which best describes the child.

	Not at all	Just a little	Pretty much	Very much
1. Often fidgets or squirms in seat.	0	1	2	3
2. Has difficulty remaining seated.	0	1	2	3
3. Is easily distracted.	0	1	2	3
4. Has difficulty awaiting turn in groups.	0	1	2	3
5. Often blurts out answers to questions.	0	1	2	3
6. Has difficulty following instructions.	0	1	2	3
7. Has difficulty sustaining attention to tasks.	0	1	2	3
8. Often shifts from one uncompleted activity to another.	0	1	2	3
9. Has difficulty playing quietly.	0	1	2	3
10. Often talks excessively.	0	1	2	3
11. Often interrupts or intrudes on others.	0	1	2	3
12. Often does not seem to listen.	0	1	2	3
13. Often loses things necessary for tasks.	0	1	2	3
14. Often engages in physically dangerous activities without considering consequences.	0	1	2	3