

ATTENTION PARENTS

**THESE FORMS MUST BE COMPLETED BY
TEACHER AND MAILED BACK TO ME 2 WEEKS
BEFORE NEXT APPT. OR APPT WILL
BE CANCELLED.**

Dr Rule

PLEASE COMPLETE AND RETURN AFTER 2 WEEKS OF CLASS WORK

W. STANLEY RULE, M.D., F.A.A.P.
3604 Medical Park Court
Morehead City, NC 28557
Teacher Dedication line (252) 240-1636
Fax #: 252-240-3084

CURRENT MEDICATION STATUS
Medication
Prescribed Dosage & Time

Diagnosis

W. STANLEY RLE, M.D., F.A.A.P.
3604 Medical Park Court
MorhedaCity, NC 28557
Teacher Dedication Line (252) 240-1636

STUDENT:

TEACHER:

SCHOOL: _____ SUBJECT/COURSE:

TIME:

As an educator you know that many factors including parental support, educational setting and support service, student motivation and other student characteristics contribute to the student's performance academically and socially. At the beginning of each school year, as well as when a student is initially prescribed a medication which may impact his/her behavioral and/or academic performance, I consider it appropriate and necessary to obtain observational data and feedback from you about the student education and behavioral status. I requested this information two to four weeks after the beginning of the school years or after a medication is prescribed.

The following Teacher Feedback Rating Scale may simplify the process of communicating to me your observations regarding the student. Any additional comments form you will be helpful and appreciated. As in prior years, if you need to speak with me by telephone, my staff will handle your calls preferentially knowing that your time is precious and limited.

NOTE: Medication refills for a student will depend on having the following information from you.

Your assistance is sincerely appreciated.

Thank you,

Dr. Rule

I. Possible Side Effect Behaviors:

Instructions: Please rate each behavior from 0 (Absent) to 9 (Very Frequent). Circle only one number beside each behavior. A zero means that you have not seen the behavior demonstrated by the student in the past week and a 9 means you have noticed it on a very frequent basis and that the behavior is a significant problem.

<u>Behavior</u>	<u>Absent</u> <u>Very Frequent</u>									
Stares a lot or day dreams	0	1	2	3	4	5	6	7	8	9
Talks less with others	0	1	2	3	4	5	6	7	8	9
Uninterested in others	0	1	2	3	4	5	6	7	8	9
Decreased appetite	0	1	2	3	4	5	6	7	8	9
Irritable/Moody	0	1	2	3	4	5	6	7	8	9
Stomachaches	0	1	2	3	4	5	6	7	8	9
Headaches	0	1	2	3	4	5	6	7	8	9
Drowsiness	0	1	2	3	4	5	6	7	8	9
Sad/Unhappy	0	1	2	3	4	5	6	7	8	9
Prone to crying	0	1	2	3	4	5	6	7	8	9
Anxious	0	1	2	3	4	5	6	7	8	9
Bites fingernails	0	1	2	3	4	5	6	7	8	9
Euphoric/unusually happy	0	1	2	3	4	5	6	7	8	9
Tourette's Symptoms (Inappropriate verbal behavior such as random cursing without apparent reason, vocal sounds, movements which seem without purpose)	0	1	2	3	4	5	6	7	8	9
Tics or nervous movement	0	1	2	3	4	5	6	7	8	9
Lathery/Fatigue	0	1	2	3	4	5	6	7	8	9
Other Side Effects: (Specify what has been Observed);	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

II. Social Interaction Behavior

	Yes- But Improving	Yes- Not Improving	NO
Withdrawal from student's			
Withdrawal from Teachers			
Ignored by Students			
Physical Aggression			
Verbal Aggression			
Disrespect for Authority/Rules			

- Poor Social Skills
- Excessively Controlling
- Passive
- Uncooperative
- Oppositional
- Disruptive
- Interrupts Others
- Impatient
- Impulsive
- Disruptive
- Hyperactive
- Inattentive

Specify Other Social Interaction Behaviors:

III. Academic Progress: COMMENTS

1. Overall academic progress
 Acceptable Not Acceptable _____

2. In-class task/assignment completion
 Acceptable Not Acceptable

3. Homework completion
 Acceptable Not Acceptable

4. Academic strength areas
 Math Reading Written Language
 Language Art Science Health/Phys. Ed Other

5. Academic weakness areas
 Math Reading Written Language
 Language Art Science Health/Phys. Ed Other

6. Does student need to be referred for evaluation or more extensive evaluation for possible exceptional children's services? YES NO

Explain Concerns

7. If yes to #6, has student been referred? YES NO

8. Does student receive exceptional children's services? YES NO

If yes, please specify:

Specific Learning Disabled

Behaviorally/Emotionally Disturbed

Other Health Impaired

Educable/Mentally Handicapped

Other, Specify:

9. Do parents/guardians communicate with teacher adequately? YES NO

10. Do Parents//guardians support teacher and follow through on teacher suggestion and plans to help the student? YES NO. If no explain

11. Are there family/personal problems, which interfere with the student's academic progress?
 YES NO

12. Does student have academic support such as Reading or Math Lab? YES NO

13. Does the student have health problems that you are aware of which may adversely affect his academic, emotional or social progress? _____ YES _____ NO If yes explain: _____

14. Do you believe that the child has more potential to learn than his academic performance demonstrates? _____ YES _____ NO. If yes, explain what you believe to be the most significant barriers to his/her learning.

MEDICATION

Medication Compliance:

- ____ Medication taken as prescribed
____ Medication not taken as prescribed
____ Student resists but takes medications
____ Uncertain

MEDICATION EFFECT:

Positive effect on academic progress _____ YES _____ NO
Positive effect on social skills and behavior symptoms _____ YES _____ NO

Is student behavior similar in morning and afternoon? _____ YES _____ NO If no, explain what the differences are and when they seem to occur.

_____.

RETURN TO : W. STANLEY RULE, M.D.
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