



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

800 S. Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

Dear Parent/Guardian of: _____
Student's Name Date of Birth

A recommendation has been made to use the Vanderbilt Assessment Scale for your child. This scale measures behavior that may indicate Attention Deficit/Hyperactivity Disorder. The information for this assessment is gathered from both the child's teacher and parent. Before we can begin this process we will need written permission. Please sign and date the form below.

We have included the Vanderbilt Parent Assessment Scale for your use. After signing and dating below, please complete the scale and return to the School Nurse by: _____ .

When the Parent and Teacher scales have been completed the results will be discussed with you. If you have any questions, please contact the School Nurse.

Sincerely,

School Nurse Date

Contact Number: _____

Parent Signature: _____ Date: _____