



**POMONA UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES & PROGRAMS**

Dear Teacher:

The parents 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 parents and Teacher complete a set of behavioral rating scales. This information is important and may suggest a student's tendency for Attention Deficit Disorder (ADD). Although this information does not take the place of a physician evaluation, the Teachers' and parents input is critical to this process.

**Your time and cooperation in this matter is greatly appreciated.** Attached please find a Release of Information Form that the parents have completed and a set of Teacher rating scales and questionnaires. These forms include:

1. NICHQ Vanderbilt Teacher Assessment Scale
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**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, it would be useful for us to obtain a separate set of rating scales from each Teacher. 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 complete scoring without the Teacher rating scales. **The forms should be returned to the Health Office, Attention School Nurse.**

**Thank you** for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, please do not hesitate to contact your School Nurse.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date