CADDRA
CANADIAN ADHD RESOURCE ALLIANCE

Patient Name: _____

Date of birth: _____ **MRN/File #:** _____

Clinician's Name: _____ **Date:** _____

CADDRA Teacher Assessment Form

Student's Name: _____ Age: 0 Gender: _____

School: _____ Grade: _____

Educator completing this form: _____ Date Completed: _____

How long have you known the student? _____ Time spent each day with student: _____

Student's Educational Designation: _____ ☐ None

Does this student have an educational plan? ☐ Yes ☐ No

ACADEMIC PERFORMANCE	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
READING						
a) Decoding	☐	☐	☐	☐	☐	☐
b) Comprehension	☐	☐	☐	☐	☐	☐
c) Fluency	☐	☐	☐	☐	☐	☐
WRITING						
d) Handwriting	☐	☐	☐	☐	☐	☐
e) Spelling	☐	☐	☐	☐	☐	☐
f) Written syntax (sentence level)	☐	☐	☐	☐	☐	☐
g) Written composition (text level)	☐	☐	☐	☐	☐	☐
MATHEMATICS						
h) Computation (accuracy)	☐	☐	☐	☐	☐	☐
i) Computation (fluency)	☐	☐	☐	☐	☐	☐
j) Applied mathematical reasoning	☐	☐	☐	☐	☐	☐
CLASSROOM PERFORMANCE	**Well Below Average**	**Below Average**	**Average**	**Above Average**	**Well Above Average**	**n/a**
Following directions/instructions	☐	☐	☐	☐	☐	☐
Organizational skills	☐	☐	☐	☐	☐	☐
Assignment completion	☐	☐	☐	☐	☐	☐
Peer relationships	☐	☐	☐	☐	☐	☐
Classroom Behaviour	☐	☐	☐	☐	☐	☐

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Strengths: What are this student's strengths?

Education plan: If this student has an education plan, what are the recommendations? Do they work?

Accommodations: What accommodations are in place? Are they effective?

Class Instructions: How well does this student handle large-group instruction? Do they follow instructions well? Can they wait for a turn to respond? Would they stand out from same-sex peers? In what way?

Individual seatwork: How well does this student self-regulate attention and behaviour during assignments to be completed as individual seat work? Is the work generally completed? Would they stand out from same-sex peers? In what way?

Transitions: How does this student handle transitions such as going in and out for recess, changing classes or changing activities? Do they follow routines well? What amount of supervision or reminders do they need?

Impact on peer relations: How does this student get along with others? Does this student have friends that seek them out? Do they initiate play successfully?

Conflict and Aggression: ï Is this student often in conflict with adults or peers? How do they resolve arguments? Is the student verbally aggressive? Are they the target of verbal or physical aggression by peers?

Academic Abilities: We would like to know about this student's general abilities and academic skills. Does this student appear to learn at a similar rate to others? Does this student appear to have specific weaknesses in learning?

Self-help skills: Independence, problem solving, activities of daily living:

Motor Skills (gross/fine): Does this student have problems with gym, sports, writing? If so, please describe.

Written output: Does this student have problems putting ideas down in writing? If so, please describe.

Primary Areas of concern: What are your major areas of concern/worry for this student? How long has this/these been a concern for you

Impact on student: To what extent are these difficulties for the student upsetting or distressing to the student, to you and/or the other students?

Impact on the class: Does this student make it difficult for you to teach the class?

Medications: If this student is on medication, is there anything you would like to highlight about the differences when they are on medication compared to off?

Parent involvement: What has been the involvement of the parent(s)/guardians?

Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships?

Has the student had any problems with homework or handing in assignments?

Is there anything else you would like us to know? If you feel the need to contact the student's clinician during this assessment, please feel free to do so.

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