Directions for Providers: This Teacher Cover Letter For The Vanderbilt Scales:

a) needs to be personalized, starting with your clinic letterhead and provider name;

b) Parents will need to sign it so that you and services can share information;

c) You’ll need to attach the teacher rating scale version of the Vanderbilt ADHD Scales.

d) You’ll need to decide whether you want to include a self-addressed stamped envelope so that teachers can return completed forms (and if not eliminate this from the below)

Date

Provider

Clinic Address

Phone number:

Fax Number:

Dear Teacher (s),

The parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date of birth \_\_\_\_\_\_\_\_\_ together with the providers in this office would like to gather information on how this student behaves and performs in the classroom.

The information you give us is essential for any treatment plans that may be needed. The parents’ consent for you to release information to our office is included below.

If this student has more than one teacher, we would like the one who spends the most time with him/her to complete the attached scale. If one of the teachers is a special education teacher we would like both a regular and special educator to complete the scales. Feel free to make a copy to share with others.

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.

The forms should be mailed to us directly in the envelope provided. Thank you for your prompt assistance. Feel free to contact this office if you have questions.

Sincerely,

Provider

The parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

has indicated below :

\_\_\_ I am willing for information to be shared between your service and this clinic

\_\_\_ I am not willing for information to be shared between your service and this clinic

Parents’ names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If parents have not agreed that you may share information with our clinic, please ask again for permission so that we may best help this family.*