

## Teacher ADHD Evaluation of Student

**Parents to complete:**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's appointment: \_\_\_\_\_ Barrington or Crystal Lake  
date circle one

**Teachers:**

You have been asked to complete a Teacher ADHD Evaluation for the above named student. Please complete and submit this evaluation online where it will be scored immediately and directed to the student's pediatrician.

You can complete the online version by going to:

1. [www.mypedsdoc.com](http://www.mypedsdoc.com)
2. point your mouse to the bottom-right corner of the home page, and click on the button labeled "Online Screenings – Click Here"
3. scroll to the bottom of the page and find and click on the link entitled, "ADHD Teacher Evaluation Forms"
4. follow the directions to complete the online version

We, at *Pediatric Specialists of the Northwest*, appreciate your candid input to help assist us in the appropriate management of this student. If you have any questions, do not hesitate to contact us at (847) 381-5005.

On behalf of all the pediatricians, we thank you,

Barry Altshuler, MD  
Mary Collins, MD  
Kirsten Kershaw, MD  
Terri O'Malley, MD

Chuck Braverman, MD  
Mary Jo Gawronski, DO  
Ann Minciotti, MD  
Angeline Zarzuela, MD

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