

Sample Cover Letter to Teachers From Clinicians

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 the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student. We also request other pertinent information, including any psychoeducational or speech and language evaluations; any Individual Education Plan (IEP) or Section 504 plan; any advisement testing; and any pertinent comments on observations you feel will be helpful.

Your time and cooperation in this matter are 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 Assessment Scale: Teacher Informant
2. _____
3. _____
4. _____

Should the need occur, you may copy these forms for this student or for other students who may need to be evaluated.

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 or a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. If more than one set of rating scales is required, please have the parent contact us directly at _____ and we will forward additional rating scales as needed. 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 begin a child's evaluation without the teacher rating scales. **The forms should be mailed to us directly in the envelope provided.**

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions about the enclosed materials or if you would like additional information about services provided, please do not hesitate to contact us.

Sincerely,

John Doe, MD

Clinical Director

Pediatric Clinic

Pediatric Clinic Address

Pediatric Clinic Phone Number

Pediatric Clinic Fax Number

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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