



Covenant Clinic

Wheaton Franciscan Healthcare

2710 St. Francis Drive, Suite 210
Waterloo, IA 50702-5620

Tel 319.272.5000

Date: _____

Dear Teacher(s)

We have been asked to assess your student for concerns of their behavior and/or development. In order to prepare for their visit, we need your input.

The student's parent/guardian has signed the Consent to Release Private Data form and should be included with this letter. Please complete the Vanderbilt ADHD Diagnostic Teacher Rating Scale form. You may add comments as they are very helpful in our assessment. You also may make copies of the Vanderbilt ADHD Diagnostic Teacher Rating Scale if the student has multiple teachers.

The completed Vanderbilt ADHD Diagnostic Teacher Rating Scale form and a current report card for the student can be faxed back to Covenant Clinic - Pediatrics at 319.272.5282, attention Scheduling Department.

Please return all paperwork by _____, which is one week prior to patient's appointment. If the paperwork is not available, your student's appointment may be rescheduled.

If you have any questions or concerns, please call 319.272.5000. Thank you for your help.

Covenant Clinic - Pediatric Department