

Behavioral Diagnostics & Treatment

Antonia Forster, Ph.D., ABPP Michael J. Fulop, Psy.D. Ana Cragolino, Ph.D.
5440 SW Westgate Drive, Suite 175, Portland, Oregon 97221
P - 503.539.4932 F - 503-297-5744

Teacher Input Forms

Dear Mr./Mrs. _____, *(parent, please write teacher's first and last name)*

Subject: _____ *(parent, what class does your student have this teacher for?)*

We know you have many demands on your time, so we thank you in advance for providing help in assessing your student, _____ *(parents, write your son or daughter's first and last name).*

_____ Dr. Antonia Forster _____ Dr. Michael Fulop _____ Dr. Ana Cragolino is the psychologist conducting the psychological assessment with your student.

We value your thoughts and observations about _____ *(write son/daughter's first name)* and ask you to complete 3 forms. We have included a copy of the Release of Information form signed by the student's parents, for you to give me your information directly.

Please note that your responses are confidential. Please either mail the forms back if that's convenient, and if not, please scan/email the forms, and then destroy the originals.

If there are things you feel we should know that you do not want to convey on the forms or instruments provided, please either add a note when you mail them back or leave a detailed voice-mail message at the numbers below. You can also email any of us: michael@forsterfulop.com, antonia@forsterfulop.com, or ana@forsterfulop.com. If you wish to talk directly, please leave a voicemail message with your number and times we could best reach you.

We appreciate your valuable time, and your opinions. Thank you so much for your help.

Sincerely,

Antonia Forster, Ph.D., ABPP: 503.475.5724
Ana Cragolino, Ph.D.: 503.741.5557
Michael J. Fulop, Psy.D.: 503.539.4932

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Student Name: _____ (Parent, please write your son or daughter's first and last name.)

Date form completed: ____/____/____

Subject: _____ (Parent, for what class does your student have this teacher?)

Teacher questions:

1. How long have you been teaching this student? ____ Months ____ Years

2. What are your main concerns about this student's academic skills and performance?

(For example: Include any observations you have about comprehension, learning new concepts, learning technical information, writing skills, organizational and follow through skills, and class participation)

3. Please rate the student's academic skills and performance in your classroom/setting on a scale from 1 (extremely poor) – 7 (outstanding): _____

4. What are your main concerns about this student's behavioral performance in class?

(For example: Include observations about this student's ability to focus and concentrate, stay on task, follow instructions, organize a major project, complete daily assignments, or other observations you might have)

5. Please rate this student's functioning (behavioral, organizational, etc.) in your classroom/setting on a scale from 1 (extremely poor) – 7 (outstanding): _____

6. What are this student's strengths?

7. If you could choose one target for change as most important, what would it be?

8. Any other comments or questions you would like to add?

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Release of Information Form

Student Name: _____ **Date of Birth:** ___/___/___

I hereby authorize: ___ Michael J. Fulop, Psy.D. ___ Antonia Forster, Ph.D., ABPP ___ Ana Cragnolino, PhD

To: _____ obtain from _____ disclose to _____ exchange with:

School or Agency: _____ **Specific Person(s):** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: ___-___-___ **Fax:** ___-___-___ **Email:** _____@_____

The following information (*Check all that apply*):

- Information re: Academic issues
- Information re: Behavioral issues
- Information re: Diagnostic information
- Health Information re: Diabetes Management
- Information re: Other Medical Issues
- Information re: Psychological Treatment
- Information re: Family Issues
- Information re: Relevant History
- Information re: Psychological Test Information, or Psychological Assessments
- Information re: Alcohol or Drug Abuse History
- School Reports, Standardized Testing Results Reports, Academic Grade Reports
- Individualized Education Plan or Section 504 Plan
- Transparency for Access to Student/Patient online portal [login details for Homework Coaching]
- Other _____
- All of the above

I _____ (*PERSON COMPLETING FORM, PLEASE INITIAL*) hereby give consent to this **Release of Information** (*all checked above*) including mental health records obtained in the course of diagnosis, education, And/or treatment with the above patient or student. I understand that such information cannot be released without my specific consent, except in a medical emergency, and is being released _____ (*INITIAL*) for the continuation of treatment, _____ (*INITIAL*) at the request of the patient, their parent, or legal guardian.

This authorization is valid for 1 year from the date below unless revoked in writing earlier. Once information has already been released, this authorization cannot be revoked for that released information, and when others have possession of the disclosed information, your BDTX provider cannot guarantee that the information will remain confidential.

Patient Name: _____ **Date:** ___/___/___

Patient Signature (*If ≥ age 18*): _____ **Date:** ___/___/___

Print Parent or Guardian Name: _____

Relationship to Patient: ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Guardian ___ Other: _____

Parent or Guardian Signature: _____ **Date:** ___/___/___