



Nidhrarak Sleep and Mental health Clinic

_____ 2026

Dear [Teacher/School Counsellor],

I am writing to ask for a school report for _____, who is currently under my care for psychiatric assessment. With parental consent (attached), I am seeking detailed information about the student's functioning in the school environment to assist in formulating an accurate diagnosis and appropriate treatment plan.

Your observations and insights are invaluable in understanding the child's presentation across different settings. Please provide details in the following areas. All information provided will be kept strictly confidential and used solely for assessment and treatment planning. Thank you for your time and valuable input. Your observations are crucial in helping me provide the best possible care for this student.

Dr Pantri Kirdchok

Child Psychiatrist

Contact: sleepmindclinic@gmail.com

Parental Consent

I, _____ (parent/guardian name), give permission for the school to release the requested information to Dr. Pantri Kirdchok for the purpose of psychiatric assessment and treatment planning for my child, _____.

Parent/Guardian Signature: _____

School Report Request for Child Psychiatric Assessment

Please check all that apply and provide specific examples:

Behavioural Observations

- | | | |
|--|--|---|
| ☐ Appropriate for age | ☐ Immature for age | ☐ Overly mature |
| ☐ Polite and respectful | ☐ Cooperative | ☐ Compliant |
| ☐ Oppositional/Defiant | ☐ Disruptive | ☐ Withdrawn/Isolated |
| ☐ Hyperactive | ☐ Impulsive | ☐ Aggressive |
| ☐ Attention-seeking | ☐ Rule-breaking | ☐ Dishonest/Lying |
| ☐ Stealing | ☐ Destructive to property | |

Peer Relationships

- | | | |
|---|--|---|
| ☐ Has a few close friends | ☐ Has difficulty making friends | |
| ☐ Good conversational skills | ☐ Socially isolated | ☐ Bossy with peers |
| ☐ Victim of bullying | ☐ Bullying behaviors | |
| ☐ Difficulty reading social cues | ☐ Difficulty initiating conversation or maintaining | |

Emotion

- | | | |
|--|---|--|
| ☐ Happy and cheerful | ☐ Content and even-tempered | ☐ Sad or unhappy |
| ☐ Tearful | ☐ Anxious or worried | ☐ Fearful |
| ☐ Irritable | ☐ Angry or hostile | ☐ Flat or emotionless |
| ☐ Apathetic or indifferent | ☐ Excitable or overly enthusiastic | ☐ Unpredictable |
| ☐ Handles frustration appropriately | ☐ Can self-regulate with minimal support | |
| ☐ Low frustration tolerance | ☐ Frequent emotional outbursts | |
| ☐ Cries easily or frequently | ☐ Overly sensitive to criticism | |

Learning and Academic Performance

Please rate performance in each subject:

Subject	Well Above Grade Level	Above Grade Level	At Grade Level	Below Grade Level	Well Below Grade Level
Reading	[]	[]	[]	[]	[]
Writing	[]	[]	[]	[]	[]
Math	[]	[]	[]	[]	[]
Science	[]	[]	[]	[]	[]

Areas of strength: _____

Areas of difficulty: _____

Class Participation

- | | |
|---|---|
| ☐ Actively participates in class discussions | ☐ Participation varies by subject/activity |
| ☐ Reluctant to participate | ☐ Disengaged from learning |
| ☐ More engaged in independent work | ☐ More engaged in group work |

Compared to same-age peers, this student is:

Area	Well Above Average	Above Average	Average	Below Average	Well Below Average
Academic ability	[]	[]	[]	[]	[]
Social maturity	[]	[]	[]	[]	[]
Emotional maturity	[]	[]	[]	[]	[]
Behavioral control	[]	[]	[]	[]	[]
Independence	[]	[]	[]	[]	[]
Self-care skills	[]	[]	[]	[]	[]
Attention span	[]	[]	[]	[]	[]

Strengths and Positive Qualities

- | | | | |
|---|--|---------------------------------------|---|
| ☐ Creative | ☐ Intelligent | ☐ Resilient | ☐ Good sense of humour |
| ☐ Curious | ☐ Helpful | ☐ Kind | ☐ Empathetic |
| ☐ Leader | ☐ Hardworking | ☐ Persistent | ☐ Honest |
| ☐ Responsible | ☐ Artistic | ☐ Athletic | ☐ Musical |
| ☐ Strong verbal skills | ☐ Strong problem-solving skills | ☐ Other: _____ | |

Please write about your primary concerns:

Vanderbilt Teacher Assessment Scale

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior. Please indicate the number of weeks or months that you have been able to evaluate the behaviors: _____. Is this evaluation based on a time when the child

☐ was on medication ☐ was not on medication ☐ not sure.

Please answer all questions.

	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by extraneous stimuli.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
Total:				
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected.	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor."	0	1	2	3
15. Talks excessively.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting in line.	0	1	2	3
18. Interrupts or intrudes on others (e.g. butts into conversations or games).	0	1	2	3
Total:				

Vanderbilt Teacher Assessment Scale

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19. Loses temper.	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules.	0	1	2	3
21. Is angry or resentful.	0	1	2	3
22. Is spiteful and vindictive.	0	1	2	3
23. Bullies, threatens, or intimidates others.	0	1	2	3
24. Initiates physical fights.	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (e.g. "cons" others).	0	1	2	3
26. Is physically cruel to people.	0	1	2	3
27. Has stolen items of nontrivial value.	0	1	2	3
28. Deliberately destroys others' property.	0	1	2	3
Total:				
29. Is fearful, anxious, or worried.	0	1	2	3
30. Is self-conscious or easily embarrassed.	0	1	2	3
31. Is afraid to try new things for fear of making mistakes.	0	1	2	3
32. Feels worthless or inferior.	0	1	2	3
33. Blames self for problems, feels guilty.	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her."	0	1	2	3
35. Is sad, unhappy, or depressed.	0	1	2	3
Total:				