TCHATT Checklist

Student Name: _____ Date: _____

Date of Birth: _____ Grade: _____

School District: _____

School:_____

Information needed before the initial appointment:

_____ The school will identify students at risk

_____ The school will obtain initial parental consent

_____ The school will collect basic information from students

_____ Obtain Vanderbilt (ADHD) from teacher and parents

_____ Obtain PHQ - 9 (depression) from parents

_____ Get SCARED (anxiety) from parents

_____ Obtain IEP or 502 records from school

_____ Obtain the current grades of the school children

_____ Obtain children's school attendance records

_____ Obtain the child's disciplinary history from the school

_____ Clinician will collect developmental history of student (form)