

Dear Teacher,

Your student's parent is delivering this form for you to complete with your observations of him/her in the classroom setting. These forms are designed to provide important information for your student's evaluation.

Please complete these forms as soon as possible and mail or fax the completed forms back to the address or fax number below.

Thank you for your assistance and time.

Sincerely,

The Clinicians at NECMH

**New England Center for Mental Health**  
119 Russell Street, Suite 30  
Littleton, MA 01460  
Fax # 978-486-4037