

Matt (host): Welcome back to the Nimble Youth Podcast. I'm Matt Buttermann. Today's episode is focused on teachers, a critical part of the proverbial village that is necessary to help raise mentally healthy and emotionally resilient children. Teachers are in so many cases, the unsung heroes with a difficult job making do with scant resources, and they're compensated far, far less than they should be. So we wanna start today's episode with a great big shout out and a great big thank you to teachers in our communities.

They are the people who perhaps know our students the best. Teachers also play a crucial role in both the diagnosis and management of mental health conditions like ADHD. Their observations and feedback help pediatricians make the diagnosis of ADHD and other mental health conditions. And one important diagnostic tool that we've talked about on this podcast before is the Vanderbilt form. But many, in fact, probably most teachers have never really been trained or briefed on what a Vanderbilt form is and how it helps the pediatricians.

So today we're going to explain and unpack all of that. So teachers, if you've ever been handed a Vanderbilt form and kind of wondered what to do with it, this episode is for you. We're talking about how these forms fit into diagnosing and managing ADHD and what your feedback means to the pediatricians who rely on it. And who better to walk us through it than Doctor. Gretchen Hoyle, our friend and pediatrician with twenty five years of experience who reads these forms every day.

Before we get into it, just a quick reminder that this podcast is for informational purposes only and does not substitute for diagnosis and management by a physician or other mental health professional. Please visit your pediatrician or other qualified mental health provider with any questions or concerns about your child's mental health. So, Doctor. Hoyle, you also want to give a shout out to our teachers, right?

Dr. Hoyle: Absolutely. Hi out to all the teachers out there listening. You're such a critical part of this process, and I'm really excited to share how your input shapes the child's care plan. And I also wanted to say, my mom taught kindergarten for 30 She She did. Saw a lot of changes over the course of her career.

And my son is currently teaching ninth grade. So, I love teachers, have a lot of respect for what y'all do, and I really enjoy being able to partner with teachers to help kids who have this condition.

Matt (host): Absolutely. So let's talk about what the Vanderbilt form is and why it's such a critical piece of the puzzle of diagnosing ADHD.

Dr. Hoyle: Right, right. So ADHD, the diagnosis, we don't have a lab test for it. And so it is a clinical diagnosis and it's defined by patterns of behavior. Those behaviors in order to meet criteria for the diagnosis have to be seen in more than one setting. So we can't just rely on the 's report.

We have to have another setting. Most of the time, in fact, if not all of the time, that other setting is this classroom. And so it's super important for me to be able to get information from the teacher about what the child's behaviors look like in the classroom. And then there are two different teacher Vanderbilt forms that we use in order to help us with ADHD. The first one is the initial Vanderbilt form, and that one is just titled a Vanderbilt Assessment Scale Teacher Informant.

And that is the one that helps us make the initial diagnosis. And then there's also a follow-up form. So the idea here being is that we're going to get some information about what the child's behavior is prior to doing any intervention. And then we're going to do an intervention, often medication, and then do a follow-up form to see if the intervention has improved the symptoms.

Matt (host): Right. So let's break down what's exactly on the teacher form.

Dr. Hoyle: Sure. So, and the initial Vanderbilt form or the Vanderbilt Assessment Scale Teacher Informant, that form has a total of 43 questions on it. So that sounds like a lot for somebody to do, but these are basically like multiple choice. So you can just circle the number that corresponds with your response. The first nine questions are measures of inattention in a child.

And so it's things like, does this child have difficulty sustaining their attention to tasks or activities? And so those are kind of, that's a core question about inattention. And then we are going to have a scale there that I'll ask the teachers to respond that is either a never, occasionally, often, or very often, and then those are then scaled, or scored either zero for never, one for occasionally, two for often, and then three for very often. It turns that sort of like qualitative observation as far as how frequently it's going on to a quantitative one that we can then assign a total score to and allow us to see if that child falls statistically out of what we would expect for a child to be performing in their classroom setting. So this first nine questions are about inattention.

The second nine, so that is questions 10 through 18, are about hyperactivity and impulsivity. And so my favorite one of these is, is this child on the go or acts as if driven by a motor? And so then the question is, is that an ever, occasionally, often, very often. To me, that's sort of the core question, but there's lots of other questions within that group that helps me find out about hyperactivity and potentially impulsivity. So also things like interrupts or intrudes on other conversations or activities, has difficulty with blurting out answers before the teacher can finish the question.

Those are the other things that go along with that. It also asks about a lot of motor activities, so fidgets with hands and feet and squirms and seat. Again, we would read that item and then you would tell me whether that's a never, occasionally, often, or very often. Those are the first 18 questions and those are looking at ADHD symptoms. The next set of questions, questions number 19 through 28, are looking at oppositional or conduct disorder behaviors.

And so those are things like, does this child lose their temper? Never, occasionally, often, very often. Do they actively defy or refuse to comply with adults' requests or rules? Are they doing things like starting fights? Are they deliberately destroying other people's property?

I mean, as you can imagine, all of these things are going to be important for me as the pediatrician to know so that I can get a sense as to what we're actually looking at as far as a diagnosis. The next set of questions, questions 29 through 35, are screening for anxiety and depression. And so we're looking, we're asking about, is this child fearful, anxious, or worried? And so again, never, occasionally, often, very often. Are they afraid to try new things because they're afraid of making mistakes?

Do they feel lonely, unwanted, unloved, complains that no one loves them? All of those are really helpful things for me to know about. I'm going to get a lot of information from the parents as well about these, but it's very helpful to get it again in a second environment, in order to be able to feel like we're going to make a reliable diagnosis. And then the next set of questions are about performance, and so those are scaled a little bit differently. The scale here is excellent, above average, average, somewhat of a problem or problematic, so one through five.

And we start with the academic performance questions, so right off the bat, reading, math, written expression. And of course, there are other subjects in school, but, these are the ones that we're often going to focus on, to sort of see if we are meeting expectations, performing on grade level. And so I do need to know whether that child is average, sometimes they're above average or excellent, sometimes it's somewhat of a problem or problematic. So having an understanding as to what and where we are with that. Then a lot of times I will say, get notes back from teachers where I'm Well, I'm their math teacher, so I don't know what their reading or written expression is.

That is fine. Just put a little note in there that, says, I'm teach math, answer the one for math and don't worry about the other ones. And that will be fine for me. Then there are some ones on classroom behavioral performance. So we're asking again on that scale of excellent, above average, average, somewhat of a problem or problematic about relationship with peers, following directions, whether or not they're disrupting class.

You definitely don't wanna imply that they're excellent at disrupting class. So we want to make sure that people understand that what you wanna say is if they are a disrupting class, you want to scale that as a four or a five. And if they're not, then that would be an excellent. And so, sometimes that question comes up. Assignment completion, organizational skills, all of those are things that we want information back from the teacher.

Then there's a section for comments. And this is super important because I love getting comments from teachers about what's actually happening in the classroom. Sometimes that is as helpful, if not more helpful than the numerical information.

Matt (host): Right. And so the teachers are rating both how often the behaviors happen and then how much they affect performance, which is really the crucial or critical qualifier here, right?

Dr. Hoyle: Yes, that's right. I mean, you can have symptoms, but you do need to have some impairment in performance. And usually there is, if the symptoms are a problem, if the scores are high, there's usually some impairment in, performance. It may not be academic performance. There are definitely kids who have pretty significant ADHD, but they are doing reading, math, and written expression on or above grade level, but they will also have other issues like this kind of disruptive to their peers.

It's hard for them to get all their things turned in. They're not really great at following directions or disorganized. So those can be performance, elements that give me information about, how their symptoms are affecting them.

Matt (host): Right. Yep. So after a teacher fills out the Vanderbilt form, as a physician, what are you looking for when you read it?

Dr. Hoyle: This, I think, can be a little bit confusing. A lot of times for these Vanderbilt forms, there is a little box at the bottom that says for office use only that, is the idea is that we are going to score this in a way that tells us whether or not we meet criteria for a diagnosis. But there's no reason for this to be proprietary information or secretive. I'm going to go ahead and go through it and make sure that everybody understands what we're looking for. So if you look at the first nine questions, and keep in mind again, never occasionally, often, very often.

We sort of think of like when you shift from occasionally to often, that you're moving into an area that would make the child look like a bit of a standout. And so the question's going to be, what is the number of questions in those first nine that were scored as either a two or a three, so either as an often or very often. If we have six of those nine questions as either an often or very often, then that tells us that we meet criteria on the teacher's scoring as, having inattentive type ADHD. The next nine questions, so questions 10 through 18, same idea. So, if there are six of those nine questions scored as an often or very often, so as a two or a three, then that meets criteria for hyperactive impulsive type ADHD.

And so, if you have six of nine in both of those categories, then you have a diagnosis of combined ADHD. And that is, we will match that up with what's happening with the parent. So, we have to take several different things into account, but I have found that a lot of times those things do match up with what the parent is seeing, and we're able to make a clear diagnosis, we feel confident about that diagnosis, we're able to move forward. Additionally, what we will do with this Vanderbilt form is that we will take those eighteen first items and add up the total score. So we'll add up with three plus two plus one plus two plus three, going all the way down that list.

So in those first two items where you're like, well, if they don't score a two, it doesn't really count, but it does count for the total score. So even if they're a one on some of these items, it adds to the totality of the score. And what I will often see is that if you think about it, there's 18

items, three is the highest that you could score on each item, so the total score could be as high as 54. Occasionally, I've had that happen. Most of the time, the diagnostic scores are like maybe in the 40s or 30s, on how symptomatic the kid is, but we're going to have that total score and we're going to be able to potentially intervene and then check it again with the follow-up questionnaire and see if that total score has started to come down.

That's kind of what we do in order to make a diagnosis. Now, are other questions on there that help us do some screening. We had talked about how we're looking a little bit at oppositional behavior and conduct disorder. Especially in young children, we usually will just take those questions and see what the score is there, whether or not there are some issues in that area. Typically do not make a diagnosis of one of those conditions like right off the bat until I have managed their ADHD, most of the time these problems about losing their temper or actively defying rules, if we are managing their ADHD, a lot of times that gets better.

It's more of an impulsive thing than it is about wanting to be oppositional. So, get that as a goal to kind of get better. Then it also, like those last set of questions about anxiety and depression, it helps me see if I need to prioritize those symptoms, in addition to the ADHD symptoms or instead of the ADHD symptoms and whether or not I need to do more specific questionnaires with the patient and the parent. So often we'll use the SCARED questionnaire, which is an anxiety screening questionnaire. And sometimes the way that I get tipped off to that is that the teacher Vanderbilt has seen some of these concerns and it'll help us try to figure out if we have an overlapping diagnosis.

Anxiety and ADHD are often together. And so, want to get as much information as we can from different settings in order to feel confident that we're making a good Right.

Matt (host): And it's important to underscore here that a child can't be diagnosed with ADHD just because they're active, as alluded to before, because it seems like a motor is driving them. It has to have what you call a functional impact.

Dr. Hoyle: Correct. Yeah. You have to have performance scores that show that. I mean, will say that there is certainly correlation and you can imagine that probably if you are driven by a motor, it's going to be hard to get all your work turned in.

Matt (host): It's going

Dr. Hoyle: be hard to focus on what you need to be doing academically. There's a correlation there, but there are kids who have a lot of inattentive symptoms specifically, but they are still functioning really well in school and they're not disrupting the classroom. Those are often the kids who eventually they will meet criteria because they'd start to fall behind because their inattention eventually catches up with them. They may be really bright and able to handle early elementary work. And then somewhere along the line, their lack of focus makes it so that they're not able to sustain what they need to do, and they're starting to have difficulty with their academic work.

And so sometimes those are the kids who are later diagnosed. And it's always a challenge when I get a Vanderbilt form back that makes me suspicious that that's going on. They seem pretty dreamy and out in space a little bit, and they're really having a hard time staying on task. But ultimately when you put a test in front of them, they're able to do it. You're like, well, I don't know quite what to do with that.

So having all this data, sometimes this just becomes historical data. They'll have this information from the teacher. We're not really able to reach a diagnosis. We do other things for a bit to try to see if we can alleviate the problem. But, and then the next year or so we start to have changes in what those performance scores are.

It's very helpful to be able to look back and see where we were in second grade versus third grade, for example.

Matt (host): Right.

Dr. Hoyle: Yeah.

Matt (host): So there's a situation that, you say is not really, uncommon at all. And that's, when the scores, the Vanderbilt scores don't match the story that the teacher, the narrative that the teacher is putting down in the comments section, right?

Dr. Hoyle: Right, yeah. So this is also tough. So I think that the majority of the time, way that, especially this time of the year, so we're now a few, well, I guess we're more than a month into school, but this time of year, I see a lot of kids who are coming in. Some of that is because I've scheduled them to come in because I already knew that they had ADHD and I wanted to find out how the school year got off to whether it got off to a good or bad start. But then there's also kids that I don't know about who are coming in because things are not going well in school.

Typically, the parents are aware that there are some challenges that that child might have as far as focus and impulsivity and being able to complete their schoolwork. But oftentimes the teacher has reached out to them and said, yeah, we're we need to have some sort of conversation about how things have been going before we get either too far behind or we're in too much of a hole. And so I'll start to talk with those folks. And a lot of times, I will pretty much always ask for the parent Vanderbilt. We'll do that in the office visit.

And then, if I can get the teacher Vanderbilt prior to that office visit, great. If not, we'll get it done within that next week and then re meet about how we're doing based on the teacher's, form and their responses. But sometimes what will happen is that I will have a lot of either comments from the teacher that really sound like ADHD. So things like, oh, this child is constantly out of their seat or they need constant redirection. I also know that the visit has been prompted by concern from the teacher, but then the scores aren't really giving me the numbers that I need to be able comprehend Exactly.

And so that is something I wanted to bring up. So I would say that, I think a lot of times what will happen is that teachers are a little bit concerned maybe about giving those scores of often or very often when they haven't really had a whole lot of a chance to talk with the parents about what's been going on. They may have had a quick conversation or email back and forth, but then when they realize that, these behaviors and these concerns are pretty substantial, and then they hand that sheet back to the parent in order to get it to me, then sometimes there's like, well, oh, I didn't know that this was going on and why didn't you tell me? And those kinds of like, there's a little bit of a friction there, for the teacher. So I think sometimes that makes it so that teachers want to be careful about scoring kids in that often or very often category and they're more likely to potentially use occasionally, so that's a score of one on that item.

But those scores of occasionally often will make it so that I can't get to the diagnosis because we have to have six out of nine, score a two or a three in each of those first nine categories. And so if we're leaning on those occasionally scores, then it makes it pretty unclear.

Matt (host): Right.

Dr. Hoyle: Yep. And I will say, most of the time, what the teacher scores are and then what the parents scores are pretty close. And parents are usually aware that their child has, some outlying behaviors that, you know, may interfere with their ability to focus at school. And so, I just encourage teachers two things. One is that if that child, if it's enough for you to reach out to the parent and be like, well, we need to talk about how things are going, then it's probably fair that those behaviors or those issues are happening often to very often.

So I'll go ahead and score them that way. The other thing I would say is that it is okay to find a way to return that form to the doctor's office.

Matt (host): That's an important point because that can sometimes skew the results if the teacher is worried about what the parent might see.

Dr. Hoyle: Correct, right. Now I will say the parent ultimately has, the right and they own the medical record, right? So, so I am going to show them the teacher's responses in the visit that I have with them. But that is a much easier context, think, because I am right there to, first of all, reassure them that this happens like a lot where, you know, you'll get these scores back after a few weeks into the school year. And so it turns out things are not going as well as they may have thought, but that that's really common.

That that's the reason that we're meeting about it. Yeah. And try to figure out, you know, kind of what to do. And so we're on top of that. And so I would say as far as putting comments on there, I really love comments as much information as you're willing to give me.

Great. I would say that the parents are likely going to see those comments in the context of meeting with me. So I would be aware that that is a you want to be potentially somewhat careful

about what you're saying, but I would say that, it's going to be in a setting instead of you having to hand them back that form, it can come to us either by fax or we have our behavioral healthcare managers who can reach out to the school and obtain that information from them without having to go back directly through the parent. I think that the thing that has probably burned teachers in the past is that they'll hand that form back on the carpool line, the parent will immediately look at it and become Defensive. Exactly.

And then you're kind of in a bit of a, sticky situation because it's just not a fun thing to have happen. So I'm sure that teachers have had that happen. It may make them a little bit reticent about how to complete this information and how to send it back. And there are ways around necessarily having to have that face to face interaction at a time that may not really be appropriate.

Matt (host): Yeah. So once the child has been diagnosed, with ADHD and they start treatment, how do you use the follow-up form?

Dr. Hoyle: Right. So love the follow-up form. So let's say for example, that the highest score that you could get on those first 18 questions is, 54. Let's say that that child has a 40 or something. And so then typically I'm going say, okay, our goal is to get that score where we have added up the total score for the first 18 questions down to about 18, which would imply that you're averaging out occasionally at all those items.

So that may mean that some things are still often and then some things are never. And so as long as we get to about a score of 18, we found that that is the number that makes kids most functional in the classroom. Then again, I'm not trying to get to zero. I don't want to flatten out their personality or change the way that they interact with the world, but I do want to get them to where they are functional in the classroom setting. So that's my goal.

And so what will often happen a lot of the times the scenario is that I'll start with a diagnostic score of 40 and then we'll say, okay, let me talk about our options. Usually we're talking about medication. So I will start a medication typically at a really low dose. I will typically will go low and go up slowly. And so what will happen is I will start them on a dose and then on a low dose, and then I will often try to get a follow-up form to see whether or not we got into therapeutic on that dose.

Even if I think that probably that's not going to be enough, It's super helpful for me to then send the follow-up form, which really only has those first 18 questions. So we're not asking on the follow-up form about oppositional behavior or conduct disorder or anxiety and depression. We're really just asking those first 18 questions along with the performance questions. Then we're asking some about side effects because by this point, we're typically on medicine and the teacher may notice that the child has side effects. The most common one being this kid does not eat lunch.

So lots of comments on that, doesn't eat lunch. And that's super helpful for me to sort of know whether or not we're able to thread that needle between the benefit of the medication versus the side effects that we might be seeing. All three of those, sections are on that follow-up Vanderbilt. We get a total score. Let's say, for example, I start on a low dose of medicine and now the score is 27.

Well, we're going in the right direction, but we're probably still not quite therapeutic. Well, that would tell me that, well, okay, and then I'll look at the side effects and be like, okay, does this child not eat lunch at all? Then they've come back in and they've lost three or four pounds and it's a young kid and you're like, we probably need to do something different. That would tell me probably need to switch agents, see if we can try a different medicine because we're not quite able to get therapeutic without having some pretty profound side effect of not being able to eat enough, or they may have other side effects that the teacher has noticed. There's a big long list of things that we ask about.

So getting information from the teachers on that is super helpful. If it's the kind of thing where we just have a score that's still above 18, like mid twenties or so, and the side effect profile is about what I would expect, maybe some mild appetite suppression, maybe some mild like complaints of maybe tummy ache or headache or something, and that has sort of gone away, then a lot of times what I'll do is say, okay, we're going to push the dose up one more step. We'll do that. And then kiddo goes back to school for a couple of weeks and then we ask for another follow-up Vanderbilt form. At that point, if the score is like 15 or 16, then I'm like, Oh, that's fabulous.

And that's where I really want to be.

Matt (host): Right. And so in this case, a lower score is better. Correct. So the total score goes from, 40 to say 29, then down to 17. Right.

And the performance improves from five to three. That's going to be a success story.

Dr. Hoyle: Yeah, that's a huge success story. So if they're like reading and math, a lot of times this is what sort of drives this is that they're not keeping up academically and their reading and math is problematic, especially when we talk about elementary age kids. And then when we control their ADHD, when they get them into a therapeutic place with their ADHD, then a lot of these kids are bright and able to catch back up and now they're either reading on or above grade level. And so that's to me a great outcome and very, helpful. Then we will often say, okay, well, we've reached a therapeutic place with this medicine.

I'm going to go ahead and, prescribe it for several months. We'll see you back in a few months and just make sure that we're still doing okay. But that is how the teacher can really help us figure out. So it's, I'm really getting lots of good information from the teacher about how this is going. The other thing that I would say about the performance scores is that there were occasionally kids where their performance scores at diagnosis are fives.

So they're like problematic. And then we get their symptom scores down with medicine. So let's say they started at a 40 and then we gave, we've got them on medicine and they, their symptoms of ADHD improved a whole lot, but their academics is not really budging, right? They are still like significantly below grade level. To me, that's where I'll often have my behavioral healthcare managers reach out to the school and say, Hey, do we need to think about other potential things that could be going on for this kid, like a learning difference?

And whether or not that child needs to have a more extensive evaluation, see if they meet criteria for exceptional children's services, having an IEP, a five zero four plan,

Matt (host): those Yeah. Kinds of So again, the role of the teacher is really critical here. So they're not just observers. They are active partners in both diagnosing and managing the ADHD, which is, I think, a point that we need to underscore. So filling out these forms is not just paperwork.

I mean, is paperwork, but it's also real collaboration.

Dr. Hoyle: Oh, absolutely. It's invaluable to me and to this family and this child. I think that for the most part, it's helpful to the teacher in the classroom environment because that means that that kiddo is able to do what they need to do in class. They're not disrupting things. They're keeping things into a place where everything is functional for them and for the other students.

Matt (host): Right. So let's close with, your top takeaways for Sure.

Dr. Hoyle: Yeah. So the first thing is that the Vanderbilt, that I'm getting from the teachers is a communication tool. And so it is a way for teachers to communicate to me what is happening in the classroom setting. It is not a test for either the child or the teacher. And so, just the best information that you can give me, is your honest, like observations.

And it really does help me, make decisions as far as what to do for that kid. Second thing would be that twos or threes are appropriate for our child's behavior when it clearly stands off from their peers. And that is, there is a mathematical need for getting to those scores in order to be able to have a clear diagnosis. And so I would say don't be shy about necessarily scoring in them in that way because, because it, it is very helpful information and it helps me know that they are outliers when they're not having an intervention for their ADHD. And it just helps us kind of have a plan as to how to get to a better place.

The performance items are really important. So we're using a one to five scale and four or five means that we're in a either somewhat of a problem or problematic. These can be on the actual, like top, like the subjects in school. So reading math or written expression, but then it's also things like whether or not they're disrupting class, whether they can get their stuff turned in, whether they are following directions, how they're getting along with their, peers in the

classroom setting. So those, items are just as important, if not more important than the, the symptom scores.

And then comments are super helpful. So definitely, you there's a big comment section on the, on both the initial Vanderbilt and the, the follow-up Vanderbilt. And so the more information you can give me in there, the better little anecdotes sometimes are super helpful for me to figure out. Sometimes people will put in, in the comments that the number of episodes that the child is having of either frustration or being upset or what needs to happen for them. And then we can also look at whether or not that type of situation is declining.

So any information that folks can give me the better. I would say with caution though, that ultimately this becomes part of the medical record, the parents own the medical record and are able to access it. And so I would just be aware that that could eventually, they could see that. That I personally, in my practice, will go over the form with them and, with the teacher's form with the parent during the visit. It's a much less sort of emotionally charged situation because we are right there with the person who is going to be able to address.

Matt (host): And your explanations will sort of mitigate high emotions.

Dr. Hoyle: Exactly. And yes, and I see this happen all the time. It's very, very common. So hopefully I can sort of talk people down from that, but just be aware that those comments potentially can land back, in a place where the parents can see them. And then the last thing is that we, that our goal for the symptom scores is to get us to around 18, which would be the idea that, you know, everything is an occasionally and that we are wanting to get kids at least at grade level.

You know, I think that's a goal for everybody if they are capable of work at that level. Right? And so we're looking for symptom scores of 18 or less, and that all of their performance scores are a three, two, or a one. And if we're not able to do that, if there's discrepancy between those two things, then sometimes to me that means, oh, that child may need some additional academic support now that we've gotten their behavior and their focus in line with where it needs to be.

Matt (host): Right. Yep. So, and I guess the biggest takeaway, from today's episode is that when teachers, when they understand how the Vanderbilt form works,

Dr. Hoyle: they

Matt (host): help you make a better, faster, and more accurate decision. Correct. And the kids have immediate benefit from that.

Dr. Hoyle: That's right. Absolutely. Yep. They're invaluable in so many ways teachers are, and this specific way, this is something that I work with every day. And so I'm just so thankful to those teachers out there for everything that you're doing.

And then when one of these forms comes across your desk, please, hopefully, this little conversation has, made it a little bit easier to understand kind of what we're trying to get to with this. But if you get one of these, which I'm sure that you will, just be aware that your input is incredibly valuable to the physician who is helping take care of this child.

Matt (host): Right.

Dr. Hoyle: Yep.

Matt (host): And we'll have the links to both the initial and follow-up Vanderbilt forms in our show notes. Again, you can find those at our website, www.podcast. And if you're a parent listening today, please do share this episode with your child's teacher because the more we all understand what these forms mean and how they work, the better we'll all work together to support each child's learning and confidence. That's it for today's episode of Nimble Youth. Until next time, please stay curious and stay connected.