## Teacher's Name:\_\_\_\_\_\_Class Time:\_\_\_\_\_\_Class Name/Period:\_\_\_\_\_\_ Today's Date:\_\_\_\_\_\_Child's Name:\_\_\_\_\_\_Grade Level:\_\_\_\_\_\_ Directions: 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 since the beginning of the school year. Please indicate the number of

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Is this evaluation based on a time when the child was on medication was not on medication not sure?

weeks or months you have been able to evaluate the behaviors:\_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often
1 Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
. Has difficulty sustaining attention to tasks or activities	0	1	2	3
2 Does not seem to listen when spoken to directly	0	1	2	3
<ul> <li>Does not follow through on instructions and fails to finish schoolwork</li> <li>(not due to oppositional behavior or failure to understand)</li> </ul>	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
<ul> <li>Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort</li> </ul>	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
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		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"		1	2	3
15.Talks excessively		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 (eg,butts into conversations/games)	0	1	2	3
19.Loses temper		1	2	3
20. Actively defies or refuses to comply with adult's requests or rules		1	2	3
21.Is angry or resentful		1	2	3
22.Is spiteful and vindictive		1	2	3
23.Bullies,threatens,or intimidates others	0	1	2	3
24.Initiates physical fights		1	2	3
25.Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)		1	2	3
26.Is physically cruel to people		1	2	3
27.Has stolen items ofnontrivial value		1	2	3
28.Deliberately destroys others' property		1	2	3
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 ofmaking mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course oftreatment or serve as a standard ofmedical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L.Wolraich, MD. Revised - 0303

## American Academy of Pediatrics

D4







D4	NICHQ Vanderbilt Assessr	ment Scale—TEACH	ER Inforn	nant,continue	d			
Teacher's Name:	's Name:Class Time:				Class Name/Period:			
	Child's Name:							
Symptoms (cor	ntinued)		Never	Occasionally	O f ten	Very Ofter		
32.Feels worthle	ss or inferior		0	1	2	3		
	r problems;feels guilty		0	1	2	3		
34.Feels lonely,u	inwanted,or unloved;complains that	"no one loves him or her	" 0	1	2	3		
35.Is sad,unhapp	oy,or depressed		0	1	2	3		
Performance			Above		Somewhat of a	t		
Academic Perfo	ormance	Excellent	Average	Average	Problem	Problematio		
36. Reading		1	2	3	4	5		
37. Mathematics		1	2	3	4	5		
38.Written expre	ession	1	2	3	4	5		
			Above		Somewhat of a			
Classroom Beha	avioral Performance	Excellent	Average	Average	Problem	Problematio		
39.Relationship v	•	1	2	3	4	5		
40.Following dire		1	2	3	4	5		
41.Disrupting cla		1	2	3	4	5		
42.Assignment c	•	1	2	3	4	5		
43.Organizationa	ıl skills	1	2	3	4	5		
Comments:								
Please return this	s form to: Franklin Park	Pediatrics						
Mailing address:	2000 Regency CT STE. 103	3						
	Toledo, Ohio 43623							
Fax number:	419-475-4770							

For Office Use Only
Total number ofquestions scored 2 or 3 in questions 1–9:
Total number ofquestions scored 2 or 3 in questions 10–18:
Total Symptom Score for questions 1–18:
Total number ofquestions scored 2 or 3 in questions 19–28:
Total number ofquestions scored 2 or 3 in questions 29–35:
Total number ofquestions scored 4 or 5 in questions 36–43:
Average Performance Score:







