

NICHQ Vanderbilt Assessment Follow-up: Teacher Informant

Child's Name: _____ Child's DOB: _____

Teacher's Name: _____ Teacher's Phone: _____ Today's Date: _____

Class Name/Period: _____ Grade Level: _____ Class Time: _____

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 weeks or months you have been able to evaluate the behaviors: _____

If on medication, please list medication name and dose: _____

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in school work				
2. Has difficulty sustaining attention to tasks or activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort				
7. Loses things necessary for tasks or activities (school assignments, pencils, books)				
8. Is easily distracted by extraneous stimuli				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat in classroom or in other situations in which remaining seated is expected				
12. Runs about or climbs excessively in situations in which remaining seated is expected				
13. Has difficulty playing or engaging in leisure activities quietly				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting in line				
18. Interrupts or intrudes in on others (e. g., butts into conversations/games)				
19. Loses temper				
20. Activity defies or refuses to comply with adults' requests or rules				
21. Is angry or resentful				
22. Is spiteful and vindictive				
23. Bullies threatens or intimidates others				
24. Initiates physical fights				
25. Lies to obtain goods for favors or to avoid obligations (e g "cons" others)				
26. Is physically cruel to people				
27. Has stolen items of nontrivial value				
28. Deliberately destroys others' property				

For Office Use Only
_____/9

For Office Use Only
_____/9

For Office Use Only
_____/10

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Academic Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
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29. Reading					
30. Writing					For Office Use Only 4s ____/3
31. Mathematics					For Office Use Only 5s ____/3

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

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
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32. Relationship with parents					
33. Following Directions					
34. Disrupting Class					
35. Assignment Completion					For Office Use Only 4s ____/5
36. Organizational skills					For Office Use Only 5s ____/5

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

Side Effects: Has the child experienced any of the following side effect or problems in the past week?	Are these side effects currently a problem?
	None Mild Moderate Severe

Headache	
Stomachache	
Change of appetite - explain below	
Trouble sleeping	
Irritability in the late morning, late afternoon, or evening - explain below	
Socially withdrawn - decreased interaction with others	
Extreme sadness or unusual crying	
Dull, tired, listless behavior	
Tremors/ feeling shaky	
Repetitive movements, tics, jerking, twitching, eye blinking - explain below	
Picking at skin or fingers, nail biting, lip or cheek chewing - explain below	
Sees or hears things that aren't there	

Explain/Comments

Adapted from the Pittsburgh side effects scale. developed by William E. Pelham, Jr, PhD. Available for downloading at no cost in expanded format at <http://ccf.FIU.edu>.

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Please return this form to: _____

Mailing address: _____

Fax number: _____

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Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total number of questions scored 2 or 3 in questions 19-28: _____

Total number of questions scored 4 in questions 29-31: _____

Total number of questions scored 5 in questions 29-31: _____

Total number of questions scored 4 in questions 32-36: _____

Total number of questions scored 5 in questions 32-36: _____

The recommendations in this publication do not include an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document, included as part of Caring for Children With ADHD. A Resource Toolkit for Clinicians, 2nd Edition. Copyright (C) 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.



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