

# NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Class Time: \_\_\_\_\_

Class Name/Period: \_\_\_\_\_

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

| Symptoms | Never | Occasionally | Often | Very Often |
|----------|-------|--------------|-------|------------|
|----------|-------|--------------|-------|------------|

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| 1. Fails to give attention to details or makes careless mistakes in schoolwork |  |  |  |  |
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| 2. Has difficulty sustaining attention to tasks or activities |  |  |  |  |
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| 3. Does not seem to listen when spoken to directly |  |  |  |  |
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| 4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand) |  |  |  |  |
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| 5. Has difficulty organizing tasks and activities |  |  |  |  |
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| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort |  |  |  |  |
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| 7. Loses things necessary for tasks or activities (school assignments, pencils, books) |  |  |  |  |
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| 8. Is easily distracted by extraneous stimuli |  |  |  |  |
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| 9. Is forgetful in daily activities |  |  |  |  |
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| 10. Fidgets with hands or feet or squirms in seat |  |  |  |  |
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| 11. Leaves seat in classroom or in other situations in which remaining seated is expected |  |  |  |  |
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| 12. Runs about or climbs excessively in situations in which remaining seated is expected |  |  |  |  |
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| 13. Has difficulty playing or engaging in leisure activities quietly |  |  |  |  |
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| 14. Is "on the go" or often acts as if "driven by a motor" |  |  |  |  |
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| 15. Talks excessively |  |  |  |  |
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| 16. Blurts out answers before questions have been completed |  |  |  |  |
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| 17. Has difficulty waiting in line |  |  |  |  |
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| 18. Interrupts or intrudes in on others (eg, butts into conversations/games) |  |  |  |  |
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Symptoms (continued) Never Occasionally Often Very Often

- 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 (eg, "cons" others)
26. Is physically cruel to people
27. Has stolen items of nontrivial value
28. Deliberately destroys others' property

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- 29. Is fearful, anxious, or worried
30. Is self-conscious or easily embarrassed
31. Is afraid to try new things for fear of making mistakes
32. Feels worthless or inferior
33. Blames self for problems; feels guilty
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
35. Is sad, unhappy, or depressed

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Academic Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 36. Reading
37. Mathematics
38. Written expression

For Office Use Only 4s: /3

For Office Use Only 5s: /3

Classroom Behavioral Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 39. Relationship with peers
40. Following directions
41. Disrupting class
42. Assignment completion
43. Organizational skills

For Office Use Only 4s: /5

For Office Use Only 5s: /5

Comments:

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 2 or 3 in questions 29–35: \_\_\_\_\_

Total number of questions scored 4 in questions 36–38: \_\_\_\_\_

Total number of questions scored 5 in questions 36–38: \_\_\_\_\_

Total number of questions scored 4 in questions 39–43: \_\_\_\_\_

Total number of questions scored 5 in questions 39–43: \_\_\_\_\_

To submit this form manually, save the form with your changes added, and email as an attachment to [hello@kidsfirstraleigh.com](mailto:hello@kidsfirstraleigh.com)

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

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