

NICHQ Vanderbilt Assessment Follow-up: 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 last assessment was filled out. Please indicate the number of 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 _____

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 0 1 2 3

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 _____

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_____/9

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 (eg, butts into conversations/games) _____

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_____/9

19. Loses temper _____

20. Activity defies or refuses to comply with adults' requests or rules _____

21. Is angry or resentful _____

Symptoms (continued) Never Occasionally Often Very Often

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	For Office Use Only _____/10

Academic Performance Excellent Above Average Average Somewhat of a Problem Problematic

29. Reading	
30. Mathematics	For Office Use Only 4s: ____/3
31. Written expression	For Office Use Only 5s: ____/3

Classroom Behavioral Performance

32. Relationship with peers	
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>.

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: _____

To submit this form manually, save the form with your changes added, and email as an attachment to hello@kidsfirstraleigh.com

The recommendations in this publication do not indicate 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 © 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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