

NICHQ Vanderbilt Assessment Follow-up: Teacher Informant

Child's Name: _____

Child's Date of Birth: _____

Teacher's Name: _____

Today's Date: 06-12-13 _____

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 _____

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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2 & 3s: 0 /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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2 & 3s: 0 /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 _____

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2&3s: 0 /10

Academic Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 29. Reading _____
- 30. Mathematics _____
- 31. Written expression _____

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4s: 0 /3

For Office Use Only
5s: 0 /3

Classroom Behavioral Performance

- 32. Relationship with peers _____
- 33. Following directions _____
- 34. Disrupting class _____
- 35. Assignment completion _____
- 36. Organizational skills _____

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4s: 0 /5

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5s: 0 /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: 0

Total number of questions scored 2 or 3 in questions 10–18: 0

Total number of questions scored 2 or 3 in questions 19–28: 0

Total number of questions scored 4 in questions 29–31: 0

Total number of questions scored 5 in questions 29–31: 0

Total number of questions scored 4 in questions 32–36: 0

Total number of questions scored 5 in questions 32–36: 0

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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