

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 _____

For Office Use Only
_____/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) _____

For Office Use Only
_____/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 _____

31. Written expression _____

For Office Use Only
4s: ____/3

For Office Use Only
5s: ____/3

Classroom Behavioral Performance

32. Relationship with peers _____

33. Following directions _____

34. Disrupting class _____

35. Assignment completion _____

36. Organizational skills _____

For Office Use Only
4s: ____/5

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: _____

For Office Use Only

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 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.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

