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	
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3	
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3	
3. Does not seem to listen when spoken to directly	0	1	2	3	
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3	
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	0	1	2	3	
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	0	1	2	3	
8. Is easily distracted by extraneous stimuli	0	1	2	3	
9. Is forgetful in daily activities	0	1	2	3	For Office Use Only _____/9
10. Fidgets with hands or feet or squirms in seat	0	1	2	3	
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3	
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3	
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3	
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3	
15. Talks excessively	0	1	2	3	
16. Blurts out answers before questions have been completed	0	1	2	3	
17. Has difficulty waiting in line	0	1	2	3	
18. Interrupts or intrudes in on others (eg. butts into conversations/games)	0	1	2	3	For Office Use Only _____/9

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Loses temper	0	1	2	3	
20. Activity defies or refuses to comply with adult's requests or rules	0	1	2	3	
21. Is angry or resentful	0	1	2	3	
22. Is spiteful and vindictive	0	1	2	3	
23. Bullies, threatens, or intimidates others	0	1	2	3	
24. Initiates physical fights	0	1	2	3	
25. Lies to obtain goods for favors or to avoid obligations (eg. "cons" others)	0	1	2	3	
26. Is physically cruel to people	0	1	2	3	
27. Has stolen items of nontrivial value	0	1	2	3	
28. Deliberately destroys others' property	0	1	2	3	For Office Use Only _____/10
29. Is fearful, anxious, or worried	0	1	2	3	
30. Is self-conscious or easily embarrassed	0	1	2	3	
31. Is afraid to try new things for fear of making mistakes	0	1	2	3	
32. Feels worthless or inferior	0	1	2	3	
33. Blames self for problems: feels guilty	0	1	2	3	
34. Feels lonely, unwanted, or unloved: complains that "no one loves him or her"	0	1	2	3	
35. Is sad, unhappy, or depressed	0	1	2	3	For Office Use Only _____/7

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	1	2	3	4	5	
37. Mathematics	1	2	3	4	5	For Office Use Only _____/7
38. Written expression	1	2	3	4	5	For Office Use Only _____/3

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	1	2	3	4	5	
40. Following directions	1	2	3	4	5	
41. Disrupting class	1	2	3	4	5	
42. Assignment completion	1	2	3	4	5	For Office Use Only _____/5
43. Organizational skills	1	2	3	4	5	For Office Use Only _____/5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____