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	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
19. Loses temper	0	1	2	3	
20. Activity defies or refuses to comply with adults' requests or rules	0	1	2	3	
21. Is angry or resentful	0	1	2	3	

Symptoms (continued)	Never	Occasionally	Often	Very Often	
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

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
29. Reading	1	2	3	4	5	
30. Mathematics	1	2	3	4	5	For Office Use Only 4s: /3
31. Written expression	1	2	3	4	5	For Office Use Only 5s: /3
Classroom Behavioral Performance						
32. Relationship with peers	1	2	3	4	5	
33. Following directions	1	2	3	4	5	
34. Disrupting class	1	2	3	4	5	
35. Assignment completion	1	2	3	4	5	For Office Use Only 4s: /5
36. Organizational skills	1	2	3	4	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 check 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: _____