See bottom of page 2 on how to return form to us.

Please download form, use Adobe Fill & Sign to complete, and then "Save As" to be able to attach it to an email.

CLEAR FORM

D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ 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: _____.**

Is this evaluation based on a time when the child ☐ **was on medication** ☐ **was not on medication** ☐ **not sure?**

Symptoms — Please select one answer.	Never=0	Occasionally=1	Often=2	Very Often=3
1. Does not pay attention to details or makes careless mistakes with, for example, homework	○	○	○	○
2. Has difficulty keeping attention to what needs to be done	○	○	○	○
3. Does not seem to listen when spoken to directly	○	○	○	○
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	○	○	○	○
5. Has difficulty organizing tasks and activities	○	○	○	○
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	○	○	○	○
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	○	○	○	○
8. Is easily distracted by noises or other stimuli	○	○	○	○
9. Is forgetful in daily activities	○	○	○	○
10. Fidgets with hands or feet or squirms in seat	○	○	○	○
11. Leaves seat when remaining seated is expected	○	○	○	○
12. Runs about or climbs too much when remaining seated is expected	○	○	○	○
13. Has difficulty playing or beginning quiet play activities	○	○	○	○
14. Is "on the go" or often acts as if "driven by a motor"	○	○	○	○
15. Talks too much	○	○	○	○
16. Blurts out answers before questions have been completed	○	○	○	○
17. Has difficulty waiting his or her turn	○	○	○	○
18. Interrupts or intrudes in on others' conversations and/or activities	○	○	○	○

Performance	Excellent=1	Above Average=2	Average=3	Somewhat of a Problem=4	Problematic=5
19. Reading	○	○	○	○	○
20. Mathematics	○	○	○	○	○
21. Written expression	○	○	○	○	○
22. Relationship with peers	○	○	○	○	○
23. Following direction	○	○	○	○	○
24. Disrupting class	○	○	○	○	○
25. Assignment completion	○	○	○	○	○
26. Organizational skills	○	○	○	○	○

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.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ National Institute for Children's Health Quality

McNeil Consumer & Specialty Pharmaceuticals

HE0353

D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Side Effects: Has the child experienced any of the following side effects 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:

For Office Use Only

Total Symptom Score for questions 1–18: _____

Average Performance Score: _____

Please return this form to: **The Kids Clinic**

Mailing address: **319 W. 8th Ave., Spokane, WA 99204**

Phone Number: 509-448-7337 **Secure email:** kidsclinicspokane@protonmail.com **General email:** info@kidsclinicmail.com

Fax number: **509-448-4750**

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ National Institute for Children's Health Quality

National Initiative for Children's Healthcare Quality

McNeil Consumer & Specialty Pharmaceuticals