NICHQ Vanderbilt Assessment Scale—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: ______.

 \Box was on medication \Box was not on medication \Box not sure? Is this evaluation based on a time when the child

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) 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 0 1 2 3 7. Loses things necessary for tasks or activities (school assignments, or books) 0 1 2 3 8. Is seally distracted by extraneous stimuli 0 1 2 3 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 1 2 3 12. Runs about or climbs excessively in situations in which remaining seated is expected 1 2 3 13. Has difficulty playing or engaging in leisure activities quietly 0 1 2 3 </th <th>Symptoms</th> <th>Never</th> <th>Occasionally</th> <th>Often</th> <th>Very Often</th>	Symptoms	Never	Occasionally	Often	Very Often
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, or 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 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 <td>1. Fails to give attention to details or makes careless mistakes in schoolwork</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td>	1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
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26. Is physically cruel to people0123	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
27. Has stolen items of nontrivial value0123	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' property0123	28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried0123	29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed0123	30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes0123	31. Is afraid to try new things for fear of making mistakes	0	1	2	3

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.

American Academy of Pediatrics



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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 1102





National Initiative for Children's Healthcare Quality

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

C			NI	0	00	
Today's Date:	Child's Name:		Grade Le	even:		
To dov'a Data	Child's Name		Crede L	l.		
Teacher's Name:		Class Time:		_ Class Name/Per	riod:	

Symptoms (continued)		Never	Occasionally	Often	Very Often
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 "r	10 one loves him or h	er"0	1	2	3
95. Is sad, unhappy, or depressed		0	1	2	3
				Somewhat	t
Performance			Above	of a	
Academic Performance	Excellent	Average	Average	Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5
				Somewhat	t
		Above		of a	
Classroom Behavioral Performance	Excellent	Average	Average	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
43. Organizational skills	1	2	3	4	5

Comments:

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 Symptom Score for questions 1–18:
Total number of questions scored 2 or 3 in questions 19–28:
Total number of questions scored 2 or 3 in questions 29–35:
Total number of questions scored 4 or 5 in questions 36-43:
Average Performance Score:





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