7F 1 2 3 4			(						
Teacher's Name: _	Class Time:								
Today's Date: 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		Never	Occasionally	Often	Very Often				
1. Fails to give	attention to details or makes careless mistakes in schoolwork	0	1	2	3				
2. Has difficult	ry sustaining attention to tasks or activities	0	1	2	3				
	em to listen when spoken to directly	0	1	2	3				
4. Does not fol (not due to	llow through on instructions and fails to finish schoolwork oppositional behavior or failure to understand)	0	1	2	3				
	y organizing tasks and activities	0	1	2	3				
6. Avoids, disli mental effor	kes, or is reluctant to engage in tasks that require sustained t	0	1	. 2	3				
7. Loses things pencils, or b	necessary for tasks or activities (school assignments, ooks)	Ō	1	2	3				
8. Is easily dista	racted by extraneous stimuli	0	1	2	3				
9. Is forgetful i	n daily activities	0	1	2	3				
10. Fidgets with	hands or feet or squirms in seat	0	1	2	3				
11. Leaves seat in seated is exp	n classroom or in other situations in which remaining ected	0	1	2	3				
12. Runs about of seated is exp	or climbs excessively in situations in which remaining ected	0	1	2	3				
13. Has difficult	y 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 excessi	vely	0	1 .	2	3				
16. Blurts out ar	nswers before questions have been completed	0	1	2	3				
17. Has difficult	y waiting in line	0	1	2	3				
18. Interrupts or	intrudes on others (eg, butts into conversations/games)	0	1	2	3				
19. Loses temper		0	1	2	3				
20. Actively defic	es or refuses to comply with adult's requests or rules	0	1	2	3				
21. Is angry or re	esentful esentful	0	1	2	3				
22. Is spiteful an	d vindictive	0	1	2	3				
23. Bullies, threa	tens, or intimidates others	0	1	2	3				
24. Initiates phys	sical fights	0	1	2	3				
25. Lies to obtain	n goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3				
26. Is physically		0	1	2	3 -				
27. Has stolen ite	ems of nontrivial value	0	1	2	3				
28. Deliberately	destroys others' property	0	1	2	3				
29. Is fearful, and	kious, or worried	0	1 .	2	3				
30. Is self-consci	ous or easily embarrassed	0	1	2	3				
31. Is afraid to tr	y 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.

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

Revised - 030

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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued									
Teacher's Name: Class Time		Class Name/Period:							
Today's Date: Child's Name:									
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	"no one loves him or	her" 0	1	2	3 ·				
35. Is sad, unhappy, or depressed	110 code) ellembrane menmere manuscriment (100 c) process (100 pm) (100 pm)	0	1	. 2	3				
				Somewhat	<u> </u>				
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	<u> </u>				
Clarena and Balandarad Bala		Above	_	of a					
Classroom Behavioral Performance	Excellent	Average	Average		Problematic				
39. Relationship with peers	<u> </u>	2	3	4	5				
40. Following directions	1	2	3	4	5				
41. Disrupting class	<u> </u>	2	3	4	5				
42. Assignment completion 43. Organizational skills	<u> </u>	2	3	4	5				
	1	2	3	4	5				
Comments:									
·									
Please return this form to:			***************************************						
Mailing address:									
Fax number:									
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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 1									
Total Symptom Score for questions 1–18:				•					
Total number of questions scored 2 or 3 in questions 1	19–28:								
Total number of questions scored 2 or 3 in questions 2	29–35:								
Total number of questions scored 4 or 5 in questions 3									
Average Performance Score:									
		<del></del>	***						

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