D6	NICHQ Vanderbilt	Assessment Follow-	up—TEACHER Informant		
Teacher's Name:		Class Time:	Class Name/Period:		
Today's Date:	Child's Name:		Grade Level:		
and sho	uld reflect that child's beha	avior since the last asse	s appropriate for the age of the child your essment scale was filled out. Please indi ate the behaviors:	_	
Is this evaluation ba	sed on a time when the ch	ild □ was on medio	ation $\ \square$ was not on medication $\ \square$ no	t sure?	

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

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

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









Feacher's Name: Class Time:		Class Name	/Period:		
Today's Date: Child's Name:	Grade Leve	el:			
Side Effects: Has the child experienced any of the following side		Are these side effects currently a problem?			
effects or problems in the past week?	None	Mild	Moderate	Severe	
Headache					
Stomachache	ı				
Change of appetite—explain below					
Trouble sleeping	1	1			
Irritability in the late morning, late afternoon, or evening—explain below	1				
Socially withdrawn—decreased interaction with others					
Extreme sadness or unusual crying	I				
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:					

 $\label{thm:polynomial} \mbox{Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. \\$ 





