D4	NICHQ Vanderbilt A	Assessment Scale—TE <i>l</i>	ACHER I	nformant		
Teacher's Name:		Class Time:		Class Name/Period:		
Today's Date: Child's Name:						
<u>Directions:</u> Each ration and shou weeks or	ng should be considered in ild reflect that child's behav months you have been abl eed on a time when the chil	the context of what is ap vior since the beginning of the to evaluate the behavio	opropriat of the sch ors:	e for the age of to nool year. Please	the child y indicate t	ou are rating he number of
Symptoms			Never	Occasionally	Often	Very Often
	ntion to details or makes carel	ess mistakes in schoolwork	0	1	2	3
	staining attention to tasks or a		0	1	2	3
	listen when spoken to direct		0	1	2	3
4. Does not follow t	t follow through on instructions and fails to finish schoolwork to oppositional behavior or failure to understand)		0	1	2	3
5. Has difficulty org	ganizing tasks and activities		0	1	2	3
6. Avoids, dislikes, o	or is reluctant to engage in tas	ks that require sustained	0	1	2	3
7. Loses things nece pencils, or books	essary for tasks or activities (so	chool assignments,	0	1	2	3
8. Is easily distracted	3. Is easily distracted by extraneous stimuli		0	1	2	3
9. Is forgetful in dai	9. Is forgetful in daily activities			1	2	3
10. Fidgets with hand	10. Fidgets with hands or feet or squirms in seat				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 cli seated is expected	imbs excessively in situations :	in which remaining	0	1	2	3
13. Has difficulty pla	lifficulty playing or engaging in leisure activities quietly			1	2	3
14. Is "on the go" or	. Is "on the go" or often acts as if "driven by a motor"		0	1	2	3
15. Talks excessively	5. Talks excessively		0	1	2	3
16. Blurts out answer	16. Blurts out answers before questions have been completed		0	1	2	3
17. Has difficulty wa	17. Has difficulty 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	19. Loses temper			1	2	3
20. Actively defies or	refuses to comply with adult'	's requests or rules	0	1	2	3
21. Is angry or resent	tful		0	1	2	3
22. Is spiteful and vii	22. Is spiteful and vindictive			1	2	3
23. Bullies, threatens, or intimidates others			0	1	2	3
24. Initiates physical fights				1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)				1	2	3
26. Is physically cruel to people				1	2	3
27. Has stolen items of nontrivial value			0	1	2	3
28. Deliberately destroys others' property			0	1	2	3
29. Is fearful, anxious, or worried			0	1	2	3
	or easily embarrassed		0	1	2	3
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.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303

American Academy of Pediatrics







D4 NICHQ Va	nderbilt Assessment S	cale—TEACH	ER Inform	ant, continue	d			
Teacher's Name:	ner's Name: Class Time:		Class Name/Period:					
				Grade Level:				
Symptoms (continued)			Never	Occasionally	Often	Very Often		
32. Feels worthless or inferior			0	1	2	3		
33. Blames self for problems; fe	els 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			0	1	2	3		
1177					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	t		
<i>a</i>		- " .	Above		of a	5 11 4		
Classroom Behavioral Perform	nance	Excellent	Average	Average		Problematic		
39. Relationship with peers		1	2	3	4	5		
40. Following directions		1	2	3	4	5		
41. Disrupting class		1	2 2	3	4	5 		
42. Assignment completion		1	2	3	4	5		
43. Organizational skills		1			4			
Comments:								
Please return this form to:								
N4-21 11								
Mailing address:								
Fax number:								
For Office Use Only								
Total number of questions score	ed 2 or 3 in questions 1–9:							
Total number of questions score	_							
Total Symptom Score for questi	•							
Total number of questions score	*							
Total number of questions score	ed 2 or 3 in questions 29–35:	·						



Average Performance Score:_





Total number of questions scored 4 or 5 in questions 36–43: