D6	NICHQ Vanderbilt <i>I</i>	NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant			
Teacher's Name:		Class Time:	Class Name/Period:		
Today's Date:	Child's Name:		Grade Level:		
and		vior since the last asse	s appropriate for the age of the child you ssment scale was filled out. Please indica te the behaviors:		
Is this evaluatio	on based on a time when the chi	ld 🗌 was on medic	ation $\ \square$ was not on medication $\ \square$ not \circ	sure?	

Symptoms	Never	Occasionally	Often	Very Often
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.

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

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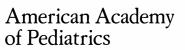






leacher's Name:	Class Time:		Class Name	/Period:	
	me:				
Side Effects: Has the child experience	ced any of the following side	Are these	side effect	ts currently a բ	roblem?
effects or problems in the past week		None	Mild	Moderate	Severe
Headache					
Stomachache					
Change of appetite—explain below					
Trouble sleeping					
Irritability in the late morning, late af	ternoon, or evening—explain below				
Socially withdrawn—decreased intera	action with others				
Extreme sadness or unusual crying					
Dull, tired, listless behavior					
Tremors/feeling shaky					
Repetitive movements, tics, jerking, tv	vitching, 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					
xplain/Comments:			,		
For Office Use Only	-18.				
For Office Use Only Total Symptom Score for questions 1-	-18:				
For Office Use Only Total Symptom Score for questions 1-	-18:				
Total Symptom Score for questions 1-					

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









Fax number: