

NICHQ Vanderbilt Assessment Scale - TEACHER Informant*

Today's Date: _____ Child's Name: _____ DOB: _____

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

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 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 when given directions and fails to finish activities (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 too much when 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	2	3
15 Talks excessively	0	1	2	3
16 Blurts out answers before questions have been completed	0	1	2	3
17 Has difficulty waiting in line	0	1	2	3
18 Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19 Loses temper	0	1	2	3
20 Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
21 Is angry or resentful	0	1	2	3
22 Is spiteful and vindictive	0	1	2	3
23 Bullies, threatens, or intimidates others.	0	1	2	3
24 Initiates physical fights	0	1	2	3
25 Lies to obtain goods for favors or to avoid obligations (e.g. "cons" others)	0	1	2	3
26 Is physically cruel to people	0	1	2	3
27 Has stolen items of nontrivial value	0	1	2	3

Child's Name: _____ DOB: _____

Symptoms	Never	Occasionally	Often	Very Often
28 Deliberately destroys others' property	0	1	2	3
29 Is fearful, anxious, or worried	0	1	2	3
30 Is self-conscious or easily embarrassed	0	1	2	3
31 Is afraid to try new things for fear of making mistakes	0	1	2	3
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	0	1	2	3

Performance	Excellent	Above Avg.	Avg	Somewhat of a Problem	Problematic
36 Reading	1	2	3	4	5
37 Mathematics	1	2	3	4	5
38 Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Avg.	Avg	Somewhat of a 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					

COMMENTS:

Please return this form to: Pediatric Associates
 200 South Enota Drive, Suite 150
 Gainesville, Ga. 30501
 Fax: (770) 287-3871

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 2 or 3 in questions 36-43: _____
 Average Performance Score: _____