NICHQ Vanderbilt Assessment Follow-up: Teacher Informant

Child's Name:					
Child's Date of Birth:					
Teacher's Name:					
Today's Date:					
Class Time:					
Class Name/Period:					
Grade Level:					
Directions: Each rating should be considered in the context of what reflect that child's behavior since the last assessment was filled ou able to evaluate the behaviors:					
Symptoms	Never	Occasionally	Often	Very Often	
1. Fails to give attention to details or makes careless mistakes in schoolw	ork/				
2. Has difficulty sustaining attention to tasks or activities					
3. Does not seem to listen when spoken to directly					
4. Does not follow through on instructions and fails to finish schoolwor (not due to oppositional behavior or failure to understand)	k				
5. Has difficulty organizing tasks and activities					
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustai mental effort	ned				
7. Loses things necessary for tasks or activities (school assignments, pencils, books)					
8. Is easily distracted by extraneous stimuli					
9. Is forgetful in daily activities					For Office Use Only
10. Fidgets with hands or feet or squirms in seat					
Hoges with hards of feet of squiffis in seat Leaves seat in classroom or in other situations in which remaining seated is expected					
Runs about or climbs excessively in situations in which remaining seated is expected					
13. Has difficulty playing or engaging in leisure activities quietly					
14. Is "on the go" or often acts as if "driven by a motor"					
15. Talks excessively					
16. Blurts out answers before questions have been completed					
17. Has difficulty waiting in line					
18. Interrupts or intrudes in on others (eg, butts into conversations/gam	ies)				For Office Use Only
19. Loses temper					
20. Activity defies or refuses to comply with adults' requests or rules					
21. Is angry or resentful					

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ก็ก็กิ๊ก NICHQ Vanderbilt Assessment Follow-up: Teacher In	formant					
Symptoms (continued)	Never	Occasionally	Often	Very Often		
22. Is spiteful and vindictive					ı	
23. Bullies, threatens, or intimidates others						
24. Initiates physical fights						
5. Lies to obtain goods for favors or to avoid obligations (eg, "cons" other	-s)					
26. Is physically cruel to people						
27. Has stolen items of nontrivial value						
28. Deliberately destroys others' property					For Office Use	
Academic Performance Excellent	Above Average	Average	Somewhat of a Problem	Problematic		
29. Reading						
30. Mathematics					For Office Use	
31. Written expression					For Office Use 5S:	
Classroom Behavioral Performance						
32. Relationship with peers					1	
33. Following directions						
34. Disrupting class						
35. Assignment completion					For Office Use 4S:	
36. Organizational skills					For Office Use 5S:	
Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.						
				currently a r		
Side Effects: Has the child experienced any of the following side effect or problems in the past week?		Are these s	side effects Mild	Moderate	Sever	
					Sever	
or problems in the past week?					Sever	
or problems in the past week? Headache Stomachache					Sever	
or problems in the past week? Headache Stomachache Change of appetite—explain below					Sever	
or problems in the past week? Headache Stomachache Change of appetite—explain below Trouble sleeping					Sever	
or problems in the past week? Headache Stomachache Change of appetite—explain below Trouble sleeping rritability in the late morning, late afternoon, or evening—explain below					Sever	
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cor problems in the past week? deadache Stomachache Change of appetite—explain below Trouble sleeping rritability in the late morning, late afternoon, or evening—explain below Socially withdrawn—decreased interaction with others Extreme sadness or unusual crying					Sever	
or problems in the past week? Headache Stomachache Change of appetite—explain below Trouble sleeping Tritability in the late morning, late afternoon, or evening—explain below Socially withdrawn—decreased interaction with others Extreme sadness or unusual crying Dull, tired, listless behavior					Sever	
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or problems in the past week? Headache					Sever	
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Please return this form to:	Capital Area Pediatrics. Inc.	
Mailing address:		Fax number: