□ A. Miller, P.A. □ A. Sanders, P.A. □ C. Fincher, FNP-C □ C. Sanders, CPNP-PC □ S. Clay, P.A. D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant									
Teacher's Name: Class Time: Today's Date: Child's Name:									
								ctions: Each rating should be considered in the context of what is and should reflect that child's behavior since the beginnin of weeks or months you have been able to evaluate the be is evaluation based on a time when the child	g of the schehaviors:
Symptoms			Occasionally	Often	Very Often				
	Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3				
2.		0	1	2	. 3				
3.	Does not seem to listen when spoken to directly	0	1	2	3				
	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				
	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				
				•	2				
service to author	. Has difficulty waiting his or her turn	0	1	2	3				

		Above	Somewhat of a			
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 - 1102

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NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued Teacher's Name: _____ Class Time: _____ Class Name/Period: _____ Today's Date: _____ Child's Name: ____ Grade Level: ____ Are these side effects currently a problem? **Side Effects:** Has your child experienced any of the following side Moderate Severe effects or problems in the past week? None Mild Headache Stomachache Change of appetite—explain below Trouble sleeping Irritability 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 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: Average Performance Score: Please return this form to: Mailing address: Fax number:

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.





