D6	NICHQ Vanderbilt Assessme	ent Follow-up—TEACI	HER Informant		,
Teacher's Name:	Class	Time:	Class Name/P	eriod:	
Today's Date:	Child's Name:	Grade	Level:		
and sho of weel	ting should be considered in the contould reflect that child's behavior since as or months you have been able to exassed on a time when the child	the beginning of the so valuate the behaviors:	hool year. Please	indicate	the number
Symptoms		Never	Occasionally	Often	Very Often
Does not pay a for example, ho	ttention to details or makes careless mistal omework	ces with, 0	1	2	3
2 Has difficulty k	reening attention to what needs to be done	0	1	2	3

Symptoms	Never	Occasionally	Often	Very Often
<ol> <li>Does not pay attention to details or makes careless mistakes with, for example, homework</li> </ol>	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
<ol> <li>Avoids, dislikes, or does not want to start tasks that require ongoing mental effort</li> </ol>	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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 $\label{thm:local_problem} Adapted from the Vanderbilt Rating Scales developed by Mark L.\ Wolraich, MD.$ 

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eacher's Name: Class Time:			tinued			
eacher's Name Class Time		Class Name/	Period:			
'oday's Date: Child's Name:	_ Grade Leve	l:				
Side Effects: Has your child experienced any of the following side		Are these side effects currently a problem?				
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 afternoon, or evening—explain below						
Socially withdrawn—decreased interaction with others			a constitution of the cons			
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						
For Office Use Only						
For Office Use Only Total Symptom Score for questions 1–18:						
Total Symptom Score for questions 1–18:						
·						
Total Symptom Score for questions 1–18:						
Total Symptom Score for questions 1–18:						

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





