D6	NICHQ Vanderbilt As	sessment Follow-	up—TEACHER Informant	
Teacher's Name:		Class Time:	Class Name/Period:	
Today's Date:	Child's Name:		Grade Level:	
and sho	uld reflect that child's behavi	or since the last ass	is appropriate for the age of the child you are r essment scale was filled out. Please indicate th ate the behaviors:	
Is this evaluation ba	sed on a time when the child	$\square$ was on medi	cation $\ \square$ was not on medication $\ \square$ not 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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 $\label{thm:conditional} Adapted from the Vanderbilt Rating Scales developed by Mark L.\ Wolraich, MD.$ 

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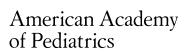






leacher's Name	Class Time		Class Name	/Deriod·		
Teacher's Name: Child's Name:						
Ottay's Dute.		Grade Lett				
Side Effects: Has the child experienced any of the following side			Are these side effects currently a problem			
effects or problems in the past week?		None	Mild	Moderate	Severe	
Headache						
Stomachache						
Change of appetite—explain below						
Trouble sleeping						
Irritability in the late morning, late afternoon, or eve						
Socially withdrawn—decreased interaction with other	ers					
Extreme sadness or unusual crying						
Dull, tired, listless behavior						
Tremors/feeling shaky						
Repetitive movements, tics, jerking, twitching, eye bli	inking—explain below					
Picking at skin or fingers, nail biting, lip or cheek che	ewing—explain below					
Sees or hears things that aren't there						
explain/Comments:						
For Office Use Only						
For Office Use Only Total Symptom Score for questions 1–18:						
For Office Use Only						
For Office Use Only Total Symptom Score for questions 1–18:						

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



Fax number:





