



American Academy of Pediatrics

# Vanderbilt Assessment Scale, FOLLOW-UP: Teacher-Informant Form

Child's name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Today's date: \_\_\_\_\_ School: \_\_\_\_\_ Gr: \_\_\_\_\_ Teacher's fax number: \_\_\_\_\_

Time of day you work with child: \_\_\_\_\_

**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 behaviors since the last time you rated his or her behaviors. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** \_\_\_\_\_

This evaluation is based on a time when your child:  Was on medication  Was not on medication  Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork				
2. Has difficulty sustaining attention on tasks or activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and does not finish schoolwork (not because of oppositional behavior or lack of comprehension)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort				
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)				
8. Is easily distracted by extraneous stimuli				
9. Is forgetful in daily activities				

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10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when 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 or games or both)				

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**Vanderbilt Assessment Scale, Follow-up: *ADHD Toolkit* Teacher-Informant Form**



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper				
20. Actively defies or refuses to adhere to adult's requests or rules				
21. Is angry or resentful				
22. Is spiteful and vindictive				
23. Bullies, threatens, or intimidates others				
24. Initiates physical fights				
25. Lies to obtain goods for favors or to avoid obligations (ie, cons others)				
26. Is physically cruel to people				
27. Has stolen things of nontrivial value				
28. Deliberately destroys others' property				

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Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
29. Reading					
30. Writing					
31. Mathematics					
32. Relationship with peers					
33. Following directions					
34. Disrupting class					
35. Assignment completion					
36. Organizational skills					

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5s \_\_\_\_/8

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

**Vanderbilt Assessment Scale, Follow-up: ADHD Toolkit Teacher-Informant Form**



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Side effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	Never	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—that is, decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors or feeling shaky or both				
Repetitive movements, tics, jerking, twitching, or eye blinking—Explain below.				
Picking at skin or fingers, nail-biting, or lip or cheek chewing—Explain below.				
Sees or hears things that aren't there				

Side effects questions adapted from the Pittsburgh Side-Effects Rating Scale developed by William E. Pelham Jr, PhD.

**Explanations and other comments:**

# Vanderbilt Assessment Scale, Follow-up: *ADHD Toolkit* Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

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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 number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_

Total number of questions scored 4 in questions 29–36: \_\_\_\_\_

Total number of questions scored 5 in questions 29–36: \_\_\_\_\_

