| D    | 6 NICHQ Vanderbilt Assessment Follow-  | ıp—TEACI                    | IER Informant               |               |            |
|------|--|-----------------------------|-----------------------------|---------------|------------|
| Teac | ther's Name: Class Time:   |                             | Child's Date                | of Birth:     |            |
| Toda | ay's Date: Child's Name:   | Grade                       | Level:                      |               |            |
|      | ections: Each rating should be considered in the context of what is and should reflect that child's behavior since the last asse number of weeks or months you have been able to evaluation based on a time when the child | ssment scal<br>ate the beha | e was filled out.<br>viors: | Please in<br> | dicate the |
| Sy   | mptoms   | Never                       | Occasionally                | Often         | Very Often |
| 1.   | Does not pay attention to details or makes careless mistakes with, for example, homework   | 0                           | ]                           | 2             | 3          |
| 2.   | Has difficulty keeping attention to what needs to be done  | 0                           | pour                        | 2             | 3          |
| 3.   | Does not seem to listen when spoken to directly  | 0                           | ]                           | 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                           | I                           | 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                           | <u> </u>                    | 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                           | Ī                           | 2             | 3          |

|                             |  |         |         | Somewhat |             |  |  |
|-----------------------------|--|---------|---------|----------|-------------|--|--|
|                             |  | Above   |         | of a     |             |  |  |
| Performance                 | Excellent  | Average | Average | Problem  | Problematic |  |  |
| 19. Reading                 | j  | 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        | I  | 2       | 3       | 4        | 5           |  |  |
| 25. Assignment completion   | 1  | 2       | 3       | 4        | 5           |  |  |
| 26. Organizational skills   | The state of the s | 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 - 0303

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18. Interrupts or intrudes in on others' conversations and/or activities





| Teacher's Name: Child's Name: Grade Level:     Child's Date   Child's Name: Grade Level:  | D6 N   | IICHQ Vanderbilt Assessment Follow-up—TE/               | ACHER Info             | mant, con  | tinued |  |
|---|--|---|------------------------|--|--------|--|
| Today's Date:   | Teacher's Name:  | Class Time:   | Child's Date of Birth: |  |        |  |
| Side Effects: Has the child experienced any of the following side 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 Extreme sadness or unusual crying Dull, itred, listless behavior Tremors/feeling shaky Repetitive movements, tics, jerking, twitching, eye blinking—explain below Picking at skin or fingers, nail biting, lip or check 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: | Today's Date:  | Child's Name:   | Grade Lev              | el:  |        |  |
| effects or problems in the past week?  Headache  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, ties, 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:  Mailing address:   |  |   |                        |  |        |  |
| Stomachache Change of appetite—explain below Trouble sleeping 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 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:   |  |   |                        |  |        |  |
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| 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:   | Change of appetite—  | explain below   |                        |  | 1      | ***************************************  |
| 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:  Mailing address:   | The state of the contract of t |   |                        |  |        |  |
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| Total Symptom Score for questions 1–18:   |  |   |                        |  |        |  |
| Please return this form to:  Mailing address:   | Total Symptom Score I  |   |                        |  |        |  |
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Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Ir. PhD.







