דע	Michig Validerblit Assessment Sta	ile TEACHER	mormant					
Teacher	r's Name: Class Time:	Class Time: Class Name/Period:						
Today's	s Date: Child's Name:	Grade :	Grade Level:					
<u>Directi</u>	ions: Each rating should be considered in the context of v and should reflect that child's behavior since the be weeks or months you have been able to evaluate the	ginning of the sc	hool year. Please		_			
Is this	evaluation based on a time when the child \qed was on r	nedication $\ \square$ w	n \square was not on medication \square not sure?					
Sym	ptoms	Never	Occasionally	Often	Very Often			
1. F	Fails to give attention to details or makes careless mistakes in sch	noolwork 0	1	2	3			
2. F	Has difficulty sustaining attention to tasks or activities	0	1	2	3			
3. I	Does not seem to listen when spoken to directly	0	1	2	3			
	Does not follow through on instructions and fails to finish school not due to oppositional behavior or failure to understand)	olwork 0	1	2	3			
5. H	Has difficulty organizing tasks and activities	0	1	2	3			
	Avoids, dislikes, or is reluctant to engage in tasks that require sus mental effort	stained 0	1	2	3			
	Loses things necessary for tasks or activities (school assignments pencils, or books)	, 0	1	2	3			
8. Is	s easily distracted by extraneous stimuli	0	1	2	3			
9. Is	s forgetful in daily activities	0	1	2	3			
10. F	Fidgets with hands or feet or squirms in seat	0	1	2	3			
	Leaves seat in classroom or in other situations in which remaining seated is expected	ng 0	1	2	3			
	Runs about or climbs excessively in situations in which remaining seated is expected	ng 0	1	2	3			
13. F	Has difficulty playing or engaging in leisure activities quietly	0	1	2	3			
14. Is	s "on the go" or often acts as if "driven by a motor"	0	1	2	3			
15. T	Talks excessively	0	1	2	3			
16. B	Blurts out answers before questions have been completed	0	1	2	3			
17. F	Has difficulty waiting in line	0	1	2	3			
18. I	interrupts or intrudes on others (eg, butts into conversations/ga	mes) 0	1	2	3			
19. L	Loses temper	0	1	2	3			
20. A	Actively defies or refuses to comply with adult's requests or rules	0	1	2	3			
21. Is	s angry or resentful	0	1	2	3			
22. Is	s spiteful and vindictive	0	1	2	3			
23. B	Bullies, threatens, or intimidates others	0	1	2	3			
24. I	nitiates physical fights	0	1	2	3			
25. L	Lies to obtain goods for favors or to avoid obligations (eg, "cons	others) 0	1	2	3			
26. Is	s physically cruel to people	0	1	2	3			
27. F	Has stolen items of nontrivial value	0	1	2	3			
28. I	Deliberately destroys others' property	0	1	2	3			
29. Is	s fearful, anxious, or worried	0	1	2	3			
30. Is	s self-conscious or easily embarrassed	0	1	2	3			
31. Is	s afraid to try new things for fear of making mistakes	0	1	2	3			

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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D4 NICHQ Vanderbilt Assessment	Scale—TEACH	IER Inform	ant, continue	d			
Teacher's Name: Clas	ss Time:	Class Name/Period:					
Today's Date: Child's Name:							
Symptoms (continued)		Never	Occasionally	Often	Very Often		
32. Feels worthless or inferior		0	1	2	3		
33. Blames self for problems; feels guilty		0	1	2	3		
34. Feels lonely, unwanted, or unloved; complains that "no	one loves him or	her" 0	1	2	3		
35. Is sad, unhappy, or depressed		0	1	2	3		
				Somewhat	t		
Performance		Above		of a			
Academic Performance	Excellent	Average	Average		Problemation		
36. Reading	1	2	3	4	5		
37. Mathematics	1	2	3	4	5		
38. Written expression	1	2	3	4	5		
				Somewhat	t		
Classroom Behavioral Performance	Excellent	Above Average	Average	of a	Problemation		
39. Relationship with peers		2	3	4	5		
40. Following directions	1	2	3	4	5		
41. Disrupting class	1	2	3	4	5		
42. Assignment completion	1	2	3	4	5		
43. Organizational skills	1	2	3	4	5		
Comments:							
Please return this form to:							
Mailing address:							
Fax number:							
For Office Use Only							
Total number of questions scored 2 or 3 in questions 1–9:							
Total number of questions scored 2 or 3 in questions 10–1	8:						
Total Symptom Score for questions 1–18:							
Total number of questions scored 2 or 3 in questions 19–2							
Total number of questions scored 2 or 3 in questions 19–2							
Total number of questions scored 4 or 5 in questions 36-4	J:						

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Average Performance Score:_





