Today's Date: Child's Name: Grade Level: 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 behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: Is this evaluation based on a time when the child was on medication was not on medication to the child was not	Teacher's N	lame: Class Time:	_ Class Time: Class Name/Period:						
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 behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: Is this evaluation based on a time when the child was on medication ws = not medication other times not times other times	Today's Da	te: Child's Name:	Grade Level:						
Symptoms	Directions	Each rating should be considered in the context of what is a and should reflect that child's behavior since the beginning weeks or months you have been able to evaluate the behav	appropria of the sc iors:	ite for the age of hool year. Please	the child indicate	you are rating the number of			
1. Fails to give attention to details or makes careless mistakes in schoolwork 0	Is this eva	aluation based on a time when the child 🔲 was on medicati							
2. Has difficulty sustaining attention to teaks or activities 0 1 2 3 3. Does not seem to listen when spoken to directly 0 1 2 3 4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand) 5. Has difficulty organizing tasks and activities 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 1 2 3 7. Loses things necessary for tasks or activities (school assignments, pencils, or books) 8. Is easily distracted by extraneous stimuli 0 1 2 3 7. Is easily distracted by extraneous stimuli 0 1 2 3 7. Fidgets with hands or feet or squirms in seat 1 2 3 7. Fidgets with hands or feet or squirms in seat 1 2 3 7. Leaves seat in classroom or in other situations in which remaining 0 1 2 3 7. Leaves seat in classroom or in other situations in which remaining 0 1 2 3 7. Leaves seat in classroom or in other situations in which remaining 0 1 2 3 7. Leaves seat in classroom or engaging in leisure activities quietly 0 1 2 3 7. Leaves seat in classroom or engaging in leisure activities quietly 0 1 2 3 7. Las difficulty playing or engaging in leisure activities quietly 0 1 2 3 7. Las difficulty pairing or often acts as if "driven by a motor" 0 1 2 3 7. Las difficulty vaiting in line 1 2 3 7. Las difficulty vaiting in line 1 2 3 7. Las difficulty vaiting in line 1 2 3 7. Las difficulty vaiting in line 1 2 3 7. Las angly or res	Sympto	oms	Never	Occasionally	Often	Very Often			
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			0	1	2	3			

NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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.

American Academy of Pediatrics



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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303 11-20/rep0607





eacher's Name:	Class Time: Class Name/Period:						
oday's Date: Child's Name:	Grade Level:						
Symptoms (continued)		Never	Occasionally	Often	Very Ofte		
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; complain	s that "no one loves him or	r her" 0	1	2	3		
35. Is sad, unhappy, or depressed		0	1	2	. 3		
Performance Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problemat		
36. Reading	1	2	3	4	5		
37. Mathematics	1	2	3	4	5		
38. Written expression	1	2	3	4	5		
Classroom Behavioral Performance	Excellent	Above		Somewhat of a			
		Average	Average		Problemat		
39. Relationship with peers	1.	2	3	4	5		
40. Following directions41. Disrupting class	<u> </u>	2	3	4	5		
42. Assignment completion	1	2	3	4	5		
43. Organizational skills	<u>. </u>	2	3	4	5 5		
Please return this form to:			- 1944/44	7N 6 - 64			
Mailing address:		:					
Fax number:	· · · · · · · · · · · · · · · · · · ·		-				
For Office Use Only Total number of questions scored 2 or 3 in questi Total number of questions scored 2 or 3 in questi		J					
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Total number of questions scored 4 or 5 in questi							







