# Vanderbilt ADHD Diagnostic Teacher Rating Scale

Child Study Center
Department of Pediatrics
University of Oklahoma Health Sciences Center

**Child's Name:** _____ **Teacher's Name:** _____

**Today's Date:** _____ **School:** _____ **Grade:** _____

**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 ☐ not sure

| Behavior: | Never | Occasionally | Often | Very Often |
|---|---|---|---|---|
| 1. Fails to give attention to details or makes careless mistakes in schoolwork | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention to tasks 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) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (school assignments, pencils, or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in sutuations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| 15. Talks excessively | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting in line | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudues in on others (e.g., butts into conversations or games) | 0 | 1 | 2 | 3 |
| 19. loses temper | 0 | 1 | 2 | 3 |
| 20. Actively defies or refuses to comply with adult's requests or rules. | 0 | 1 | 2 | 3 |
| 21. Is angry or resentful | 0 | 1 | 2 | 3 |
| 22. Is spiteful and vindictive | 0 | 1 | 2 | 3 |
| 23. Bullies, threatens, or intimidates others | 0 | 1 | 2 | 3 |
| 24. Initiates physical fights | 0 | 1 | 2 | 3 |
| 25. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others) | 0 | 1 | 2 | 3 |
| 26. Is physically cruel to people. | 0 | 1 | 2 | 3 |
| 27. Has stolen items of nontrivial value | 0 | 1 | 2 | 3 |
| 28. Deliberately destroys others' property | 0 | 1 | 2 | 3 |
| 29. Is fearful, anxious, or worried | 0 | 1 | 2 | 3 |
| 30. Is self-conscious or easily embarrassed | 0 | 1 | 2 | 3 |
| 31. Is afraid to try new things for fear of making mistakes. | 0 | 1 | 2 | 3 |
| 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/her" | 0 | 1 | 2 | 3 |
| 35. Is sad, unhappy, or depressed | 0 | 1 | 2 | 3 |

## Vanderbilt ADHD Diagnostic Teacher Rating Scale, Continued

Child's Name: _____ Teacher's Name: _____

Today's Date: _____ School: _____ Grade: _____

| Academic & Classroom Behavioral Performance: | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |
|---|---|---|---|---|---|
| 36. Reading | 1 | 2 | 3 | 4 | 5 |
| 37. Writing | 1 | 2 | 3 | 4 | 5 |
| 38. Mathematics | 1 | 2 | 3 | 4 | 5 |
| 39. Relationship with peers | 1 | 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:**

### Tic Behaviors:

To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics**: Rapid, repetitive movements such as eye-blinking grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

- ☐ No tics present.
- ☐ Yes, they occur nearly every day, but go unnoticed by most people.
- ☐ Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics**: Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

- ☐ No tics present.
- ☐ Yes, they occur nearly every day, but go unnoticed by most people.
- ☐ Yes, noticeable tics occur nearly every day.

3. If **YES** to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating?

- ☐ No
- ☐ Yes

| Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge. | Yes | No |
|---|---|---|
| 1. Has the child been diagnosed with ADHD or ADD? | | |
| 2. Is he/she on medication for ADHD or ADD? | | |
| 3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder? | | |
| 4. Is he/she on medication for Tic Disorder or Tourette's Disorder? | | |

### 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 10-18: _____

Total symptom score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-28: _____

Total number of questions scored 2 or 3 in questions 29-35: _____

Total number of questions scored 2 or 3 in questions 36-43: _____

Average Performance Score: _____