| Niche Vallueiblit Assessment Stale—TEACHER Informatit | | | | | | |
|---|---|--------------------|--|-------------------------|--------------------------------|--|
| Teacher's Name: | Class Time: | Class Name/Period: | | | | |
| Today's Date: | Child's Name: | DOB: _ | | Grade Level | : | |
| | ing should be considered in the context of what is a uld reflect that child's behavior since the beginning or r months you have been able to evaluate the behavio | | | the child indicate t | you are rating he number of | |
| Is this evaluation based on a time when the child was on medicatio | | | on \square was not on medication \square not sure? | | | |
| Symptoms | | Never | Occasionally | Often | Very Often | |
| | ntion to details or makes careless mistakes in schoolwork | 0 | 1 | 2 | 3 | |
| · · · · · · · · · · · · · · · · · · · | staining attention to tasks or activities | 0 | 1 | 2 | 3 | |
| - | o listen when spoken to directly | 0 | 1 | 2 | 3 | |
| | through on instructions and fails to finish schoolwork ositional behavior or failure to understand) | 0 | 1 | 2 | 3 | |
| 5. Has difficulty or | ganizing tasks and activities | 0 | 1 | 2 | 3 | |
| 6. Avoids, dislikes, mental effort | or is reluctant to engage in tasks that require sustained | 0 | 1 | 2 | 3 | |
| 7. Loses things nec | essary for tasks or activities (school assignments, | 0 | 1 | 2 | 3 | |
| 8. Is easily distracted | ed by extraneous stimuli | 0 | 1 | 2 | 3 | |
| 9. Is forgetful in da | ily activities | 0 | 1 | 2 | 3 | |
| 10. Fidgets with han | ids or feet or squirms in seat | 0 | 1 | 2 | 3 | |
| | assroom or in other situations in which remaining | 0 | 1 | 2 | 3 | |
| 12. Runs about or cl | limbs excessively in situations in which remaining d | 0 | 1 | 2 | 3 | |
| | aying or engaging in leisure activities quietly | 0 | 1 | 2 | 3 | |
| | often acts as if "driven by a motor" | 0 | 1 | 2 | 3 | |
| 15. Talks excessively | • | 0 | 1 | 2 | 3 | |
| 16. Blurts out answe | ers before questions have been completed | 0 | 1 | 2 | 3 | |
| 17. Has difficulty wa | aiting in line | 0 | 1 | 2 | 3 | |
| 18. Interrupts or int | rudes on others (eg, butts into conversations/games) | 0 | 1 | 2 | 3 | |
| 19. Loses temper | | 0 | 1 | 2 | 3 | |
| 20. Actively defies o | r refuses to comply with adult's requests or rules | 0 | 1 | 2 | 3 | |
| 21. Is angry or reser | ıtful | 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 (eg, "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 desi | troys others' property | 0 | 1 | 2 | 3 | |
| 29. Is fearful, anxiou | <u> </u> | 0 | 1 | 2 | 3 | |
| | or easily embarrassed | 0 | 1 | 2 | 3 | |
| | ew 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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NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued **D4** Teacher's Name: _____ Class Time: ____ Class Name/Period: ____ Today's Date: _____ Child's Name: _____ DOB: ____ Grade Level: ____ Symptoms (continued) Never Occasionally Often **Very Often** 32. Feels worthless or inferior 1 3 1 2. 3 33. Blames self for problems; feels guilty 34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" 35. Is sad, unhappy, or depressed 2. 3 1 Somewhat **Performance Above** of a **Problem Problematic Academic Performance Excellent Average Average** 36. Reading 37. Mathematics 1 2. 3 4 5 2 3 4 5 38. Written expression Somewhat **Above** of a **Classroom Behavioral Performance Excellent Average Average Problem Problematic** 39. Relationship with peers 2 3 40. Following directions 1 2 3 4 5 3 41. Disrupting class 4 42. Assignment completion 1 2. 3 4 5 2 3 1 4 5 43. Organizational skills **Comments:** Please return this form to: Affinity Pediatrics_ Mailing address: 39 Kent Road, Ste 5 Tifton, GA 31794 Fax number: Affinity Pediatrics 229-391-4051 **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 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 4 or 5 in questions 36–43: Average Performance Score:





