

# NICHQ Vanderbilt Assessment Follow-up: Teacher Informant

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Class Time: \_\_\_\_\_

Class Name/Period: \_\_\_\_\_

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 last assessment was filled out. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 &amp; 3s: 0 /9</small>				
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 &amp; 3s: 0 /9</small>				
19. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Activity defies or refuses to comply with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Symptoms (continued)	Never	Occasionally	Often	Very Often	
22. Is spiteful and vindictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Initiates physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Has stolen items of nontrivial value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2&3s: 0 /10

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
29. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /3
31. Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /3

**Classroom Behavioral Performance**

32. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /5
36. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /5

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

Side Effects: Has the child experienced any of the following side effect or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of appetite—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability in the late morning, late afternoon, or evening—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially withdrawn—decreased interaction with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme sadness or unusual crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dull, tired, listless behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tremors/feeling shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repetitive movements, tics, jerking, twitching, eye blinking—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sees or hears things that aren't there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Explain/Comments:**

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. Available for downloading at no cost in expanded format at <http://ccf.FIU.edu>.

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Fax number: \_\_\_\_\_