**Vanderbilt Assessment Scale:**

**Parent-Informant Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child’s behaviors in the past 6 months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behavior** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 1. Does not pay attention to details or makes mistakes that seem careless with, for example, homework |  |  |  |  |
| 1. Has difficulty keeping attention on what needs to be done |  |  |  |  |
| 1. Does not seem to listen when spoken to directly |  |  |  |  |
| 1. Does not follow through on instructions and does not finish activities (not because of refusal or lack of comprehension) |  |  |  |  |
| 1. Has difficulty organizing tasks and activities |  |  |  |  |
| 1. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort |  |  |  |  |
| 1. Loses things necessary for tasks or activities (eg, toys, assignments, pencils, books) |  |  |  |  |
| 1. Is easily distracted by noises or other stimuli |  |  |  |  |
| 1. Is forgetful in daily activities |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Fidgets with or taps hands or feet or squirms in seat |  |  |  |  |
| 1. Leaves seat when remaining seated is expected |  |  |  |  |
| 1. Runs about or climbs too much when remaining seated is expected |  |  |  |  |
| 1. Has difficulty playing or beginning quiet play games |  |  |  |  |
| 1. Is on the go or often acts as if “driven by a motor” |  |  |  |  |
| 1. Talks too much |  |  |  |  |
| 1. Blurts out answers before questions have been completed |  |  |  |  |
| 1. Has difficulty waiting his/her turn |  |  |  |  |
| 1. Interrupts or intrudes into others’ conversations or activities or both |  |  |  |  |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behavior** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 1. Loses temper |  |  |  |  |
| 1. Is touchy or easily annoyed |  |  |  |  |
| 1. Is angry or resentful |  |  |  |  |
| 1. Argues with authority figures or adults |  |  |  |  |
| 1. Actively defies or refuses to adhere to requests or rules |  |  |  |  |
| 1. Deliberately annoys people |  |  |  |  |
| 1. Blames others for his/her mistakes or misbehaviors |  |  |  |  |
| 1. Is spiteful or wants to get even |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Bullies, threatens, or intimidates others |  |  |  |  |
| 1. Starts physical fights |  |  |  |  |
| 1. Has used a weapon that can cause serious harm (eg, bat, knife, brick, gun) |  |  |  |  |
| 1. Has been physically cruel to people |  |  |  |  |
| 1. Has been physically cruel to animals |  |  |  |  |
| 1. Has stolen items of value |  |  |  |  |
| 1. Has forced someone into sexual activity |  |  |  |  |
| 1. Has deliberately set fires to cause damage |  |  |  |  |
| 1. Deliberately destroys others’ property |  |  |  |  |
| 1. Has broken into someone else’s home, business, or car |  |  |  |  |
| 1. Lies to get out f trouble, to obtain goods or favors, or to avoid obligations (ie, cons others) |  |  |  |  |
| 1. Has stayed out at night without permission beginning before age 13 years |  |  |  |  |
| 1. Hs run away from home twice or once for an extended period |  |  |  |  |
| 1. Is often truant from school (skips school) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Is fearful, anxious, or worried |  |  |  |  |
| 1. Is afraid to ty new things for fear of making mistakes |  |  |  |  |
| 1. Fears worthless or inferior |  |  |  |  |
| 1. Blames self for problems or feels guilty |  |  |  |  |
| 1. Feels lonely, unwanted, or unloved; often says that no one loves him/her |  |  |  |  |
| 1. Is sad, unhappy, or depressed |  |  |  |  |
| 1. Is self-conscious or easily embarrassed |  |  |  |  |

**How old was your child when you first noticed these behaviors?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic and Social Performance** | **Excellent** | **Above Average** | **Average** | **Somewhat of a Problem** | **Problematic** |
| 1. Overall school performance |  |  |  |  |  |
| 1. Reading |  |  |  |  |  |
| 1. Writing |  |  |  |  |  |
| 1. Mathematics |  |  |  |  |  |
| 1. Relationship with parents |  |  |  |  |  |
| 1. Relationship with siblings |  |  |  |  |  |
| 1. Relationship with peers |  |  |  |  |  |
| 1. Participation in organized activities (eg, teams) |  |  |  |  |  |

**Tic Behaviors:** To the best of your knowledge, please indicate if the student 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, and rapid kicks.*

No tics present.

Yes, they occur nearly every day, but go unnoticed by most people.

Yes, noticeable tics occur nearly every day.

1. **Phonic (Vocal) Tics:** Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and 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.

1. If **YES** to 1 or 2, do these tics interfere with the student’s activities (eg, reading, writing, walking, talking, eating)?

No  Yes

Adapted from the “Caring for Children with ADHD: A Practical Resource Toolkit For Clinicians” 3rd Edition developed by the American Academy of Pediatrics and the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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