**Vanderbilt Assessment Scale:**

**Teacher-Informant Form**

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

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Time of day you work with student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 behaviors for the school year.

**Please indicate the number of weeks or months that you have been able to evaluate the student’s behaviors:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behavior** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 1. Does not give attention to details or makes mistakes that seem careless in schoolwork |  |  |  |  |
| 1. Has difficulty sustaining attention on tasks or activities |  |  |  |  |
| 1. Does not seem to listen when spoken to directly |  |  |  |  |
| 1. Does not follow through on instructions and does not finish schoolwork (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 sustained mental effort |  |  |  |  |
| 1. Loses things necessary for tasks or activities (eg, school assignments, pencils, books) |  |  |  |  |
| 1. Is easily distracted by extraneous 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 engaging in leisure activities quietly |  |  |  |  |
| 1. Is on the go or often acts as if “driven by a motor” |  |  |  |  |
| 1. Talks excessively |  |  |  |  |
| 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 |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behavior** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 1. Loses temper |  |  |  |  |
| 1. Actively defies or refuses to adhere to adult’s requests or rules |  |  |  |  |
| 1. Is angry or resentful |  |  |  |  |
| 1. Is spiteful and vindictive |  |  |  |  |
| 1. Bullies, threatens, or intimidates others |  |  |  |  |
| 1. Initiates physical fights |  |  |  |  |
| 1. Lies to get out of trouble or to avoid obligations (ie, cons others) |  |  |  |  |
| 1. Is physically cruel to people |  |  |  |  |
| 1. Has stolen things of nontrivial value |  |  |  |  |
| 1. Deliberately destroys others’ property |  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic and Social Performance** | **Excellent** | **Above Average** | **Average** | **Somewhat of a Problem** | **Problematic** |
| 1. Reading |  |  |  |  |  |
| 1. Writing |  |  |  |  |  |
| 1. Mathematics |  |  |  |  |  |
| 1. Relationship with peers |  |  |  |  |  |
| 1. Following directions |  |  |  |  |  |
| 1. Disrupting class |  |  |  |  |  |
| 1. Assignment completion |  |  |  |  |  |
| 1. Organizational Skills |  |  |  |  |  |

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

**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

**Comments:**

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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