D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant

Teacher's Name: ______________________ Class Time: ______________ Class Name/Period: ____________

Today's Date: ________ Child's Name: ______________________ 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 scale was filled out. 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?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework				
2. Has difficulty keeping attention to what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)				
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet play activities				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks too much				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes in on others' conversations and/or activities				

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading					
20. Mathematics					
21. Written expression					
22. Relationship with peers					
23. Following direction					
24. Disrupting class					
25. Assignment completion					
26. Organizational skills					

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.

Copyright © 2005 American Academy of Pediatrics, University of North Carolina at Chapel Hill for its North Carolina Center for Children's Healthcare Improvement, and National Initiative for Children's Healthcare Quality

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

Revised - 0303

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

North Carolina Center for Children's Healthcare Improvement

NICHQ
National Initiative for Children's Healthcare Quality

McNEIL PEDIATRICS™
DIVISION OF ORTHO-MCNEIL-JANSSEN PHARMACEUTICALS, INC.

D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: ______________________________ Class Time: __________________ Class Name/Period: ________________

Today's Date: ___________ Child's Name: ______________________________ Grade Level: ______________________________

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

Explain/Comments:

For Office Use Only

Total Symptom Score for questions 1–18: ______________________________

Average Performance Score: ______________________________

Please return this form to: ______________________________

Mailing address: ______________________________

____

Fax number: ______________________________

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://wings.buffalo.edu/adhd.