NICHQ Vanderbilt Assessment Follow-up: Teacher Informant

Online at www.cottonwoodpeds.com/forms

hild's Name:	
hild's Date of Birth:	
eacher's Name:	
oday's Date:	
lass Time:	
lass Name/Period:	
rade 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 schoolw	ork				
2. Has difficulty sustaining attention to tasks or activities					
3. Does not seem to listen when spoken to directly					
 Does not follow through on instructions and fails to finish schoolwor (not due to oppositional behavior or failure to understand) 	k				
5. Has difficulty organizing tasks and activities	0	1	2	3	
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustai mental effort	ned				
7. Loses things necessary for tasks or activities (school assignments, pencils, books)					
8. Is easily distracted by extraneous stimuli					
9. Is forgetful in daily activities					For Office Use Only/9
10. Fidgets with hands or feet or squirms in seat					
 Leaves seat in classroom or in other situations in which remaining seated is expected 					
12. Runs about or climbs excessively in situations in which remaining seated is expected					
13. Has difficulty playing or engaging in leisure activities quietly					
14. Is "on the go" or often acts as if "driven by a motor"					
15. Talks excessively					
16. Blurts out answers before questions have been completed					
17. Has difficulty waiting in line					
18. Interrupts or intrudes in on others (eg, butts into conversations/gam	es)				For Office Use Only/9
19. Loses temper					
20. Activity defies or refuses to comply with adults' requests or rules					
21. Is angry or resentful					

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Symptoms (continued)		Never	Occasionally	/ Often	Very Often	
22. Is spiteful and vindictive						
23. Bullies, threatens, or intimidates others						
24. Initiates physical fights						
25. Lies to obtain goods for favors or to avoid obligations (eg	g, "cons" other	·s)				
26. Is physically cruel to people						
27. Has stolen items of nontrivial value						
28. Deliberately destroys others' property						For Office Use Only/10
				Somewhat		
Academic Performance	Excellent	Above Average	Average	of a Problem	Problematic	
29. Reading						For Office Use Only
30. Mathematics						4s:/3
31. Written expression						For Office Use Only 5S:/3
Classroom Behavioral Performance						
32. Relationship with peers						
33. Following directions						
34. Disrupting class						
35. Assignment completion						For Office Use Only 4S:/5
36. Organizational skills						For Office Use Only 5S:/5
Adapted from the Vanderbilt Rating Scales developed by Mark L. Wol	Iraich, MD.					
Side Effects: Has the child experienced any of the following or problems in the past week?	side effect		Are these None	side effects Mild	currently a p Moderate	oroblem? Severe
Headache						
Stomachache						
Change of appetite—explain below						
Trouble sleeping						
Irritability in the late morning, late afternoon, or evening—ex	plain 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—e						
Picking at skin or fingers, nail biting, lip or check chewing—ex	xplain below					
Sees or hears things that aren't there						

Explain/Comments:

MEDICATION TYPICALLY WEARS OFF BY:

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: COTTONWOOD PEDIATRICS

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Fax number: <u>316-283-7</u>118