D4	NICHQ Vanderbilt Assessment Scale—12	ACHERI	ntormant								
Teacher's Na	me: Class Time:	Class Time: Class Name/Period:									
Today's Date	:: Child's Name:	Grade Level:									
	<u>Directions:</u> 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 beginning of the school year. Please indicate the number o weeks or months you have been able to evaluate the behaviors:										
Is this evaluation based on a time when the child was on medication Symptoms			on was not on medication not sure? Never Occasionally Often Very Often								
	o give attention to details or makes careless mistakes in schoolwork	0	1	Often 2	Very Often						
	ifficulty sustaining attention to tasks or activities	0	1	2	3						
	not seem to listen when spoken to directly	0	1	2	3						
4. Does 1	not follow through on instructions and fails to finish schoolwork ue to oppositional behavior or failure to understand)	0	1	2	3						
5. Has di	ifficulty organizing tasks and activities	0	1	2	3						
	s, dislikes, or is reluctant to engage in tasks that require sustained l effort	0	1	2	3						
	things necessary for tasks or activities (school assignments, s, or books)	0	1	2	3						
8. Is easi	ly distracted by extraneous stimuli	0	1	2	3						
9. Is forg	getful in daily activities	0	1	2	3						
10. Fidget	s with hands or feet or squirms in seat	0	1	2	3						
	s seat in classroom or in other situations in which remaining is expected	0	1	2	3						
	about or climbs excessively in situations in which remaining is expected	0	1	2	3						
13. Has di	ifficulty playing or engaging in leisure activities quietly	0	1	2	3						
14. Is "on	the go" or often acts as if "driven by a motor"	0	1	2	3						
15. Talks 6	excessively	0	1	2	3						
16. Blurts	out answers before questions have been completed	0	1	2	3						
17. Has di	ifficulty waiting in line	0	1	2	3						
18. Interr	upts or intrudes on others (eg, butts into conversations/games)	0	1	2	3						
19. Loses	temper	0	1	2	3						
20. Active	ly defies or refuses to comply with adult's requests or rules	0	1	2	3						
21. Is ang	ry or resentful	0	1	2	3						
22. Is spite	eful and vindictive	0	1	2	3						
23. Bullies	s, threatens, or intimidates others	0	1	2	3						
24. Initiat	es physical fights	0	1	2	3						
25. Lies to	obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3						
26. Is phy	sically cruel to people	0	1	2	3						
27. Has st	olen items of nontrivial value	0	1	2	3						
28. Delibe	erately destroys others' property	0	1	2	3						
29. Is fear	ful, anxious, or worried	0	1	2	3						
30. Is self-	conscious or easily embarrassed	0	1	2	3						
31. Is afra	id to try new things for fear of making mistakes	0	1	2	3						

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.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303

American Academy of Pediatrics







D4 NICHQ	Vanderbilt Assessme	nt Scale—TEACH	ER Inform	ant, continue	d		
Teacher's Name:	Class Name/Period:						
Today's Date: C	hild's Name:		Grade Level:				
Symptoms (continued)				Occasionally	Often	Very Often	
32. Feels worthless or inferio	or		0	1	2	3	
33. Blames self for problems	s; feels guilty		0	1	2	3	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or				1	2	3	
35. Is sad, unhappy, or depr			0	1	2	3	
Performance Academic Performance		Excellent	Above Average	Average	Somewhat of a Problem	t Problematic	
36. Reading		1	2	3	4	5	
37. Mathematics		1	2	3	4	5	
38. Written expression		1	2	3	4	5	
30. Written expression		1			Somewhat		
			Above		of a	•	
Classroom Behavioral Perf	ormance	Excellent	Average	Average		Problematic	
39. Relationship with peers		1	2	3	4	5	
40. Following directions		1	2	3	4	5	
41. Disrupting class		1	2	3	4	5	
42. Assignment completion		1	2	3	4	5	
43. Organizational skills		1	2	3	4	5	
Comments:							
Please return this form to:	PEDIATRIC ANI		IT HEAL	TH PARTN	ERS		
Mailing address:							
Fax number:	804-794-4	1072					
For Office Use Only Total number of questions so Total Symptom Score for questions so	cored 2 or 3 in questions 1 estions 1–18:	0–18:					



Average Performance Score:_





Total number of questions scored 2 or 3 in questions 29–35: ___ Total number of questions scored 4 or 5 in questions 36–43: ___