CLINICIAN TOOLS



Vanderbilt Assessment Scale, Follow-up: *ADHD Toolkit* Teacher-Informant Form

Today's date: School: Gr: Teacher's fax number: Time of day you work with child:	Child's name:		leacher's na	me:			
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 since the last time you rated his or her behaviors. Please indicate the number of weeks or months you have been able to evaluate the behaviors: This evaluation is based on a time when your child: Was on medication Was not on medication Not sure Behavior	Today's date:	School:		Gr: Tead	cher's fax nur	mber:	
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Behavior Never (0) Occasionally (1) Otten (2) Very Often (3)				•	· ·	•	•
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1. Does not give attention to details or makes mistakes that seem careless in schoolwork 2. Has difficulty sustaining attention on tasks or activities 3. Does not seem to listen when spoken to directly 4. Does not follow through on instructions and does not finish schoolwork (not because of oppositional behavior or lack of comprehension) 5. Has difficulty organizing tasks and activities 6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort 7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books) 8. Is easily distracted by extraneous 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 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 or			medication	n □ Was not o	on medication	on □ Not su	re
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	,	n on others (eg, butts into conversations or					Use Only

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Child's name:	Today	y's date:	
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Behavior	Never (0)	Occasionally (1)	Often (2)	Van Often (2)
19. Loses temper	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
20. Actively defies or refuses to adhere to adult's requests or rules				
21. Is angry or resentful				
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 (ie, cons others)				
26. Is physically cruel to people				
27. Has stolen things of nontrivial value				
28. Deliberately destroys others' property				

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)	
29. Reading						
30. Writing						
31. Mathematics						
32. Relationship with peers						For Office
33. Following directions						Use Only
34. Disrupting class						4s
35. Assignment completion						For Office Use Only
36. Organizational skills						5s

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

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Child's name:	Today's date:	

Side effects: Has your child experienced any of the	Are th	Are these side effects currently a problem?				
following side effects or problems in the past week?	Never	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—that is, decreased interaction with others						
Extreme sadness or unusual crying						
Dull, tired, listless behavior						
Tremors or feeling shaky or both						
Repetitive movements, tics, jerking, twitching, or eye blinking—Explain below.						
Picking at skin or fingers, nail-biting, or lip or cheek chewing—Explain below.						
Sees or hears things that aren't there						

Side effects questions adapted from the Pittsburgh Side-Effects Rating Scale developed by William E. Pelham Jr, PhD.

Explanations and other comments:

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Child's name:	Today's date:	

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: ___

Total number of questions scored 2 or 3 in questions 10–18: ___

Total number of questions scored 2 or 3 in questions 19–28:

Total number of questions scored 4 in questions 29–36:

Total number of questions scored 5 in questions 29–36:

The recommendations in this resource 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. Original resource included as part of Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians, 3rd Edition.

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