

**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

<b>Symptoms</b>	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not start tasks that require ongoing mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assessments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is “on the go” or often acts as if “driven by a motor”	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before question have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others’ conversations and/or activities	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written Expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

<b>Side Effects:</b> 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, later afternoon, 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 heck chewing- explain below				
Sees or hear things that aren't there				

Explain/ Comments:

For Office Use Only:

Total Symptom Score for questions 1-18: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_