D6	NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant				
Teacher's Name:		Class Time:	Class Name/Period:	_	
Today's Date:	Child's Name:		Grade Level:	_	
and sho	uld reflect that child's behavi	or since the last asses	appropriate for the age of the child you are rating sment scale was filled out. Please indicate the te the behaviors:	J	
Is this evaluation ba	sed on a time when the child	was on medica	tion □ was not on medication □ not sure?		

Symptoms		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 want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities		1	2	3
10. Fidgets with hands or feet or squirms in seat		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		1	2	3
13. Has difficulty playing or beginning quiet play activities		1	2	3
14. Is "on the go" or often acts as if "driven by a motor"		1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed		1	2	3
17. Has difficulty waiting his or her turn		1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities		1	2	3

		Above		Somewhat of a	t
Performance	Excellent	Average	Average	Problem	<b>Problematic</b>
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

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





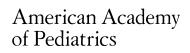




Geacher's Name:	Class Time:		Class Name	/Period:	
Foday's Date: Child's Name:					
<b>Side Effects:</b> Has the child experienced any of effects or problems in the past week?	the following side	Are these None	side effec Mild	ts currently a p	roblem? Severe
Headache		None	Milia	Moderate	Severe
Stomachache					
Change of appetite—explain below					
Trouble sleeping					
Irritability in the late morning, late afternoon, or	evening—explain below				
Socially withdrawn—decreased interaction with					
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					
cplain/Comments:					

Please return this form to:	Woodinville Pediatrics
Mailing address:	17000 140th Ave NE #102
	Woodinville, WA 98072
Fax number:	425 488 4919

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.



Average Performance Score: \_





