

NICHQ Vanderbilt Assessment* -- Initial TEACHER Informant

Today's Date: _____
 Child's Name: _____ DOB: _____
 Class Name/Period: _____ Time: _____
 Teacher's Name: _____
 School Name: _____ Grade Level: _____

Please Return this form to:
 Provider: _____
 Children's Medical Group
 500 Greene Street Cumberland, MD 21502
 Fax: (301) 724-4811

Is this evaluation based on a time when the child: was on medication was not on medication not sure?

Symptoms

		Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork		0	1	2	3
2. Has difficulty sustaining attention to tasks or activities		0	1	2	3
3. Does not seem to listen when spoken to directly		0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)		0	1	2	3
5. Has difficulty organizing tasks and activities		0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that requires sustained mental effort		0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)		0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected		0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected		0	1	2	3
13. Has difficulty 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 excessively		0	1	2	3
16. Blurts out answers before questions have been completed		0	1	2	3
17. Has difficulty waiting in line		0	1	2	3
18. Interrupts or intrudes on others (eg. Butts into conversations/games)		0	1	2	3
19. Loses temper		0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules		0	1	2	3
21. Is angry or resentful		0	1	2	3
22. Is spiteful and vindictive		0	1	2	3
23. Bullies, threatens, or intimidates others		0	1	2	3
24. Initiates 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 physically cruel to people		0	1	2	3
27. Has stolen items of nontrivial value		0	1	2	3

Child's Name: _____

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Symptoms (continued)

	Never	Occasionally	Often	Very Often
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Academic Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following direction	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

Explain / Comments:

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 Symptom Score for questions 1-18: _____

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

Total number of questions scored 2 or 3 in questions 29-35: _____

Total number of questions scored 4 or 5 in questions 36-43: _____

Average Performance Score: _____

*Adapted from The Assessment Scales of the National Initiative for Children's Healthcare Quality