

NICHQ Vanderbilt Assessment Scale - TEACHER Informant

Teacher's Name: _____
 Class Name/Period: _____
 Child's Name: _____
 D.O.B.: _____
 School: _____
 Date Assessment Completed: _____

Class Time: _____
 Today's Date: _____
 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 beginning of the school year. 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?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Has difficulty sustaining attention to tasks or activities.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Does not seem to listen when spoken to directly	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Has difficulty organizing tasks and activities	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that required sustaining mental efforts	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Is easily distracted by extraneous stimuli	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Is forgetful in daily activities	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Never	Occasionally	Often	Very Often
10. Fidgets with hands or feet or squirms in seat	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Has difficulty playing or engaging in leisure activities quietly	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Is "on the go" or often acts as if "driven by a motor"	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Talks excessively	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Blurts out answers before questions have been completed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Has difficulty waiting in line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18. Interrupts or intrudes on others (eg. butts into conversations/games)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Never	Occasionally	Often	Very Often
19. Loses temper	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

- 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
- 28. Deliberately destroys others' property 0 1 2 3

- | | Never | Occasionally | Often | Very Often |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 29. Is fearful, anxious, or worried | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 30. Is self-conscious or easily embarrassed | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 31. Is afraid to try new things for fear of making mistakes | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 32. Feels worthless or inferior | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 33. Blames self for problems; feels guilty | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 34. Feels lonely, unwanted, or unloved; complains that "no one loves her" | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 35. Is sad, unhappy, or depressed | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

- | Performance | Excellent | Above Average | Average | Somewhat of A Problem | Problematic |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Academic Performance | | | | | |
| 36. Reading | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 37. Written Expression | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 38. Mathematics | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

- | Classroom Behavioral Performance | Excellent | Above Average | Average | Somewhat of A Problem | Problematic |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 39. Relationship with Peers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 40. Following Directions | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 41. Disrupting Class | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 42. Assignment Completion | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 43. Organizational Skills | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Teacher Comments:

Tic Behaviors:

To the best of your knowledge, please indicate if this child displays the following behaviors:

1. Motor Tics: Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

- No tics present
- Yes, they occur nearly every day, but go unnoticed by most people
- Yes, noticeable tics occur nearly every day.

2. Phonic (Vocal) Tics: Repetitive noises including but not limited to throat clearing, coughing, whistling,

sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

- No tics present
- Yes, they occur nearly every day, but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking or eating)?

- No
- Yes

Please return this form to: Amherst Pediatric Assoc., P.C.
Mailing address: 25 Hopkins Road Williamsville, NY 14221-4641
Fax Number: (716)-632-2297