D6	NICHQ Vanderbilt As	sessment 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 ass	is appropriate for the age of the child you are essment scale was filled out. Please indicate ate the behaviors:	
Is this evaluation ba	sed on a time when the child	$\square$ was on medic	cation $\ \square$ was not on medication $\ \square$ not sure	e?

Symptoms	Never	Occasionally	Often	Very Often
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	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 questions 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

		Above		Somewhat of a	t
Performance	Excellent	Average	Average	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

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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 $\label{thm:conditional} Adapted from the Vanderbilt Rating Scales developed by Mark L.\ Wolraich, MD.$ 

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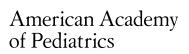






Pacher C Name	Class Time	Class Name/Period:					
Today's Date: Child's Name:							
Onday's Date.		Glade Lett		<del></del>			
Side Effects: Has the child experienced any	of the following side		Are these side effects currently a problem				
effects or problems in the past week?		None	Mild	Moderate	Severe		
Headache							
Stomachache							
Change of appetite—explain below							
Trouble sleeping							
Irritability in the late morning, late afternoon							
Socially withdrawn—decreased interaction w	vith others						
Extreme sadness or unusual crying							
Dull, tired, listless behavior							
Tremors/feeling shaky							
Repetitive movements, tics, jerking, twitching							
Picking at skin or fingers, nail biting, lip or c	heek chewing—explain below						
Sees or hears things that aren't there							
explain/Comments:							
For Office Use Only Total Symptom Score for questions 1–18:							
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For Office Use Only							
For Office Use Only Total Symptom Score for questions 1–18:							

 $\label{thm:polynomial} \mbox{Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. \\$ 



Fax number:





