

Vanderbilt Initial Assessment – Teacher Informant

Teacher’s Name: _____ Class Time: _____ Class Name/Period: _____

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 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. Avoids, dislikes, or reluctant to engage in tasks that require sustained mental effort	0	1	2	3
2. Has difficulty organizing tasks and activities	0	1	2	3
3. Has difficulty sustaining attention to tasks or activities	0	1	2	3
4. Does not seem to listen when spoken to directly	0	1	2	3
5. Is easily distracted by extraneous stimuli	0	1	2	3
6. Is forgetful in daily activities	0	1	2	3
7. Loses things necessary for tasks or activities (pencils, books, or school assignments)	0	1	2	3
8. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
9. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
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10. Is “on the go” or often acts as if “driven by a motor”	0	1	2	3
11. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
12. Fidgets with hands or feet or squirms in seat	0	1	2	3
13. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
14. Runs about or climbs excessively in situations when remaining seated is expected	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 in others (butts into conversations and/or games)	0	1	2	3
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19. Loses temper	0	1	2	3
20. Actively defies or refuses to go along with adults’ request 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 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
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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
36. Is sad, unhappy, or depressed	0	1	2	3

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

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

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

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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: _____

Palm Beach Pediatrics, PA

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|--|--|--|---|--|
| <input type="checkbox"/> Daniel P. Kraft, MD | <input type="checkbox"/> Cheryl E. Wayne, MD | <input type="checkbox"/> J. Christie Goodwin, MD | <input type="checkbox"/> Ann Lewis, ARNP | <input type="checkbox"/> Blair Heath, ARNP |
| <input type="checkbox"/> Timothy C. Bell, MD | <input type="checkbox"/> Nicole Pearson, MD | <input type="checkbox"/> Dionne Skervin, MD | <input type="checkbox"/> Deborah R. Nuessly, ARNP | <input type="checkbox"/> Nicole Dinovitser, ARNP |
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