PALM BEACH PEDIATRICS

# VANDERBILT ASSESSMENT FOLLOW UP - 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. Is "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| 2. Has difficulty playing or beginning quiet play activities | 0 | 1 | 2 | 3 |
| 3. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 4. Leaves seat when remaining seated is expected | 0 | 1 | 2 | 3 |
| 5. Runs about or climbs too much when remaining seated is expected | 0 | 1 | 2 | 3 |
| 6. Talks too much | 0 | 1 | 2 | 3 |
| 7. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 8. Has difficulty waiting his/her turn | 0 | 1 | 2 | 3 |
| 9. Interrupts or intrudes in others' conversations and/or activities | 0 | 1 | 2 | 3 |
| 10. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | 0 | 1 | 2 | 3 |
| 11. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 12. Has difficulty keeping attention to what needs to be done | 0 | 1 | 2 | 3 |
| 13. Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 14. Is easily distracted by noises or other stimuli | 0 | 1 | 2 | 3 |
| 15. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 16. Loses things necessary for tasks or activities (pencils, books, toys or assignments) | 0 | 1 | 2 | 3 |
| 17. Does not pay attention to details or makes careless mistakes with, for example, homework | 0 | 1 | 2 | 3 |
| 18. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | 0 | 1 | 2 | 3 |

| PERFORMANCE | EXCELLENT | ABOVE AVG | AVG | SOMEWHAT OF A 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 directions | 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 |

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# VANDERBILT ASSESSMENT FOLLOW UP - TEACHER INFORMANT (cont.)

**SIDE EFFECTS:** Has the child experienced any of the following side effects or problems in the past week?

| | NONE | MILD | MODERATE | SEVERE |
|---|---|---|---|---|
| Headache | ☐ | ☐ | ☐ | ☐ |
| Stomachache | ☐ | ☐ | ☐ | ☐ |
| Change of appetite (explain below) | ☐ | ☐ | ☐ | ☐ |
| Trouble Sleeping | ☐ | ☐ | ☐ | ☐ |
| Irritiability in the late morning, late afternoon or evening (explain below) | ☐ | ☐ | ☐ | ☐ |
| Socially withdrawn - Decreased interaction with others | ☐ | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ | ☐ |

**COMMENTS:** _____

_____

_____

_____

_____

_____

_____

**Please return this form to:** _____

**Mailing address:** _____

_____

**Fax number:** _____

**FOR OFFICE USE ONLY:**

Total symptom score for questions 1-18: _____

Average performance score for questions 19-26: _____