Teacher's Name: Class Time: Class Name/Per Today's Date: Child's Name: Grade Level: Directions: Each rating should be considered in the context of what is appropriate for the age of the and should reflect that child's behavior since the beginning of the school year. Please in weeks or months you have been able to evaluate the behaviors:	ne child y	you are rating
<u>Directions:</u> Each rating should be considered in the context of what is appropriate for the age of the and should reflect that child's behavior since the beginning of the school year. Please in	ndicate t	you are rating the number of
and should reflect that child's behavior since the beginning of the school year. Please it	ndicate t	you are rating the number of
	lon 🔲 t	
Is this evaluation based on a time when the child 🔀 was on medication 🗔 was not on medicati		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 0 (not due to oppositional behavior or failure to understand)	2	3
5. Has difficulty organizing tasks and activities 0 1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained 0 nental effort	2	3
7. Loses things necessary for tasks or activities (school assignments, 0 pencils, or books)	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 0 1 seated is expected	2	3
12. Runs about or climbs excessively in situations in which remaining 0 1 seated is expected	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 I	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	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
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

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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Adapted from the Vanderbilt Rating \$cales developed by Mark L. Wolraich, MD.

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NICHQ Vanderbilt Assessment Sc	aleIEACF	IEK Inform	iant, con	tinue	a	
Teacher's Name: Class						
Today's Date: Child's Name:		Grade	Level:			
Symptoms (continued)		Never	Occasio	nally	Often	Very Often
32. Feels worthless or inferior		0	1	<u> </u>	2	3
33. Blames self for problems; feels guilty		0	1	•	2	3
34. Feels lonely, unwanted, or unloved; complains that "no on	e loves him or	her" 0	1		2	3
35. Is sad, unhappy, or depressed		0	1		2	3
Performance Academic Performance	Excellent	Above Average	Avera		Somewhat of a Problem	Problematic
36 Reading	1	2	3		4	5
37 Mathematics	····	2	3		4	5
38. Written expression		2	3		4	5
Classroom Behavioral Performance	Excellent	Above Average	Avera		Somewhat of a	Problematic
20 Dalatina akin mith warm		2	3	ige	4	5
40. Following directions	1	2	3		4	
41 Discunting class	1	2	3		4	5
42 Assignment completion		2	3	·····	4	5
43. Organizational skills	1	2	3		4	5
Comments:						
Please return this form to:						
Mailing address:				· · · ·		
Fax number:				- 1-7		
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 2 or 5 in questions 36–43:						
Average Performance Score:						
Average renominance ocore:						

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