					<u>.</u>	
D6	·					
Teach	er's Name: C	lass Time:	·-	Class Name/	Period:	·
Today	's Date: Child's Name:		Grade I	evel:		
	tions: Each rating should be considered in the c and should reflect that child's behavior si number of weeks or months you have be s evaluation based on a time when the child	nce the last assess	sm e nt scale e the behav	was filled out.	 	iicate the
	S EVALUATION DATES ON A SINCE WHEN THE STATE OF					<u> </u>
	mptoms		Never	Occasionally	Often 2	Very Often
	Does not pay attention to details or makes careless n for example, homework		0	<u> </u>		
	Has difficulty keeping attention to what needs to be	done	0	l	2	<u>3</u>
3.	Does not seem to listen when spoken to directly		<u>0</u>	<u>i</u>	2	<u> </u>
4.	Does not follow through when given directions and activities (not due to refusal or failure to understand	fails to finish	0	1	2	3
5.	Has difficulty organizing tasks and activities		0	1	2	3
	Avoids, dislikes, or does not want to start tasks that mental effort	require ongoing	0	1	2	3
7.	Loses things necessary for tasks or activities (toys, as pencils, or books)	ssignments,	0	1	2	3
-	Is easily distracted by noises or other stimuli		0	1	2	3
	Is forgetful in daily activities		0	1	2	3
	Fidgets with hands or feet or squirms in seat		0	1	2	3
	Leaves seat when remaining seated is expected		<u>0</u>	1	2	3
	Runs about or climbs too much when remaining se	ated is expected	0	1	2	3
	Has difficulty playing or beginning quiet play activi		0	1	2	3
14	Is "on the go" or often acts as if "driven by a motor	,	0	1	2	3
	Talks too much		0	1	2	3
	Blurts out answers before questions have been com	öleted	0	1	2	3
	Has difficulty waiting his or her turn	<u> </u>	0	1	2	3
	Interrupts or intrudes in on others' conversations a	nd/or activities	0	1	2	3
	erformance	Excellent	Above Average	Average	Somewha of a Problem	t Problematic
	. Reading	1	2	3	4	5
	. Mathematics	1	2	3	4	5
	. Written expression	1	2	3	4	5
	. Relationship with peers	1	2	3	4	5
~	Following direction	1	2	3	4	5
	Disrupting class	1	2	3	4	5
	Assignment completion	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.

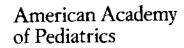
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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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Revised - 0303

2



26. Organizational skills







5

eacher's Name: Class Time:				
		Class Name	e/Period:	
oday's Date: Child's Name:	Grade Lev	rel;	<u>. </u>	
Side Effects: Has the child experienced any of the following side	Are these side effects currently a problem None Mild Moderate Sever			oroblem? Severe
effects or problems in the past week?	None	WIIIC	Moderate	
Headache	<u> </u>			
Stomachache	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Change of appetite—explain below		- 		
Trouble sleeping		- 		
Irritability in the late morning, late afternoon, or evening—explain below				·· ·-
Socially withdrawn—decreased interaction with others	<u> </u>	<u>-</u>		
Extreme sadness or unusual crying		-		
Dull, tired, listless behavior		 		,-
Tremors/feeling shaky	<u></u>			:
Repetitive movements, tics, jerking, twitching, eye blinking explain below	<u> </u>			,
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there		<u> </u>		
For Office Use Only				
For Office Use Only Total Symptom Score for questions 1–18:				
Total Symptom Score for questions 1–18:				
Total Symptom Score for questions 1–18:				
Total Symptom Score for questions 1–18:				
Total Symptom Score for questions 1–18:				

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