NICHQ Vanderbilt Assessment Scale -- TEACHER Informant

Teacher's Name:		Class Time:		Class Name/Period:				
Todays Date:	Child's Name	lame Grade Level:						
	Date Of Birth_							
Directions: Each rating so should reflect that child's t months you have been ab	behavior since the beginni	ng of the school year. P	lease indicate the	-	-	ng and		
Is this evaluation based or	n a time when the child	was on medication	was not on n	nedication	□ not sure?			
Symptoms				Never	Occasionally	Often	Very Often	
1 Fails to give attentior	n to details or makes carel	ess mistakes in schoolw	ork.	0	1	2	3	
-	ing attention to tasks or ac			0	1	2	3	
	ten when spoken to direct			0	1	2	3	
	ugh on instructions and fai r or failure to understand)	ls to finish schoolwork (r	ot due to	0	1	2	3	
	ing tasks and activiities			0	1	2	3	
	reluctant to engage in tas	sks that require sustaine	d mental effort.	0	1	2	3	
	ary for tasks or activities(s			0	1	2	3	
8 Is easily distracted by		chool assignments, pen			1	2	3	
9 Is forgetful in daily ac				0	1	2	3	
10 Fidgets with hands o				0	1	2	3	
-	room or in other situations	in which remaining seat	ed is expected	0	1	2	3	
	s excessively in situations	-		0	1	2	3	
	or engaging in leisure act	-		0	1	2	3	
	n acts as if driven by a mo			0	1	2	3	
15 Talks excessively	,			0	1	2	3	
-	efore questions have beer	n completed		0	1	2	3	
17 Has difficulty waiting		·		0	1	2	3	
18 Interrupts or intrudes	on others (eg. Butts into	conversations/games)		0	1	2	3	
19 Loses temper				0	1	2	3	
20 Actively defies or refu	uses to comply with adult's	s requests or rules		0	1	2	3	
21 Is angry or resentful				0	1	2	3	
22 Is spiteful and vindict	tive			0	1	2	3	
23 Bullies, threatens, or				0	1	2	3	
24 Initiates physical figh				0	1	2	3	
-	for favors or to avoid oblig	ations (eg. "cons" others	3)	0	1	2	3	
26 Is physically cruel to				0	1	2	3	
27 Has stolen items of n				0	1	2	3	_
28 Deliberately destroys				0	1	2	3	
29 Is fearful, anxious, or				0	1	2	3	
30 Is self-conscous or e		atakaa		0	1	2	3	
32 Feels worthless or in	ings for fear of making mi	Slakes		0	1	2 2	3 3	
33 Blames self for proble				0	1	2	3	
	ed, or unloved, complains	that "no one loves him o	or her"	0	1	2	3	
35 Is sad, unhappy, or d				0	1	2	3	
oo io odd, diindppy, or d				0	I	2	2 or more	
Performance/Acade	emic Performance	2 or more ye	ars below level	1-2 years below	At grade level	1 - 2 years above level	years above level	
Reading]
Writing								_
Spelling								_
Arithmetic				1				1

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Todays Date: Child's Name		Grade Level:		_
				_
			Somewhat	t
		Above	of a	
Classroom Behavioral Performance	Excellent	Average Avera	age Problem	Problematic
Relationship with peers	1	2	3	4 5
Following directions	1	2	3	4 5
Disrupting Class	1	2	3	4 5
Assignment completion	1	2	3	4 5
Organizational Skills	1	2	3	4 5
Comments:				
EC PULLOUT TO:				
Inclusion				
Self Contained For what purpose?				
TITLE ONE				
OT				
PT				
ST				
-				
RTI				
LEVEL 1				
LEVEL 2				
LEVEL 3				
LEVEL 4				
Counselor:				
School based therapy:				
Has Child had educational Testing? Y				
Comments:				

Please return this form to: Developmental & Behavioral Pediatrics, 301 Medical Park Drive, Ste 202B, Concord, NC 28025

Fax: 704-403-2699

American Academy of Pediatrics