

VANDERBILT PARENT ASSESSMENT FOLLOW UP

TODAY'S DATE: _____ CHILD'S NAME: _____ DOB: ___/___/___

Person Completing Form _____

Each rating should be considered in the context of what is appropriate for the age of this child.

This evaluation form should be based on the last 2-4 weeks in home.

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
1. Does not pay attention to details or makes careless mistakes (ex: homework).	0	1	2	3
2. Has difficulty keeping attention to what needs to be done.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through when given directions and fails to finish activities. (not due to refusal or misunderstand).	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	0	1	2	3
7. Loses things needed for tasks or activities (toys, assignments, pencils, books).	0	1	2	3
8. Is easily distracted by noises or other 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 when remaining seated is expected.	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected.	0	1	2	3
13. Has difficulty playing or beginning quiet play activities.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor."	0	1	2	3
15. Talks too much.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting his/her turn.	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities.	0	1	2	3

Please rate (impairment) how these symptoms affect this child in the given areas of the child's life.

PERFORMANCE	SEVERE	MODERATE	MILD	NOT AT ALL
Academic Work	3	2	1	0
Study Habits	3	2	1	0
Attitude Towards Teacher	3	2	1	0
Peer Relationships	3	2	1	0

Comments: _____

When this form is complete you may fax it back to Development and Behavioral Pediatrics of the Carolinas.

FAX #: 704.403.2699. Thank you!