| D4           | NICHQ Vanderbilt Assessment Scale—12/  | ACHERI                         | ntormant                         |            |                      |  |  |  |
|--------------|--|--------------------------------|----------------------------------|------------|----------------------|--|--|--|
| Teacher's Na | me: Class Time:  | Class Time: Class Name/Period: |                                  |            |                      |  |  |  |
| Today's Date | : Child's Name:  | Grade Level:                   |                                  |            |                      |  |  |  |
|              | Each rating should be considered in the context of what is an and should reflect that child's behavior since the beginning weeks or months you have been able to evaluate the behavior | of the sc<br>ors:              | hool year. Please<br>            | indicate t | the number of        |  |  |  |
| Symptom      | nation based on a time when the child Umas on medication is  | on 🗌 w<br>Never                | as not on medica<br>Occasionally | Often      | ot sure?  Very Often |  |  |  |
|              | o give attention to details or makes careless mistakes in schoolwork   | 0                              | 1                                | 2          | 3                    |  |  |  |
|              | fficulty sustaining attention to tasks or activities   | 0                              | 1                                | 2          | 3                    |  |  |  |
|              | not seem to listen when spoken to directly   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 4. Does 1    | not follow through on instructions and fails to finish schoolwork ue to oppositional behavior or failure to understand)  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 5. Has di    | fficulty organizing tasks and activities   | 0                              | 1                                | 2          | 3                    |  |  |  |
|              | s, dislikes, or is reluctant to engage in tasks that require sustained l effort  | 0                              | 1                                | 2          | 3                    |  |  |  |
|              | things necessary for tasks or activities (school assignments, s, or books)   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 8. Is easi   | ly distracted by extraneous stimuli  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 9. Is forg   | etful in daily activities  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 10. Fidget   | s with hands or feet or squirms in seat  | 0                              | 1                                | 2          | 3                    |  |  |  |
|              | seat in classroom or in other situations in which remaining is expected  | 0                              | 1                                | 2          | 3                    |  |  |  |
|              | about or climbs excessively in situations in which remaining is expected   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 13. Has di   | fficulty 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                              | 1                                | 2          | 3                    |  |  |  |
| 15. Talks 6  | excessively  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 16. Blurts   | out answers before questions have been completed   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 17. Has di   | fficulty waiting in line   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 18. Interru  | upts or intrudes on others (eg, butts into conversations/games)  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 19. Loses    | temper   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 20. Active   | ly defies or refuses to comply with adult's requests or rules  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 21. Is ang   | ry or resentful  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 22. Is spite | eful and vindictive  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 23. Bullies  | s, threatens, or intimidates others  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 24. Initiat  | es 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 phy:  | sically cruel to people  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 27. Has st   | olen items of nontrivial value   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 28. Delibe   | erately destroys others' property  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 29. Is fear  | ful, anxious, or worried   | 0                              | 1                                | 2          | 3                    |  |  |  |
| 30. Is self- | conscious or easily embarrassed  | 0                              | 1                                | 2          | 3                    |  |  |  |
| 31. Is afra  | id 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 Scales developed by Mark L. Wolraich, MD. Revised - 0303







| D4  | NICHQ Vanderbilt Assessment                          | Scale—TEACH   | IER Inform | ant, continue      | d                |             |  |  |  |  |
|---|--|---------------|------------|--------------------|------------------|-------------|--|--|--|--|
| Teacher's Name:   | her's Name: Class Time:                              |               |            | Class Name/Period: |                  |             |  |  |  |  |
| Today's Date:   | Child's Name:  | Child's Name: |            |                    |                  |             |  |  |  |  |
| Symptoms (cor   | ntinued)   |               | Never      | Occasionally       | Often            | Very Often  |  |  |  |  |
| 32. Feels worthle   | ess or inferior                                      |               | 0          | 1                  | 2                | 3           |  |  |  |  |
| 33. Blames self f   | for problems; feels guilty                           |               | 0          | 1                  | 2                | 3           |  |  |  |  |
| 34. Feels lonely, unwanted, or unloved; complains that "no one loves him or |  |               | her" 0     | 1                  | 2                | 3           |  |  |  |  |
| 35. Is sad, unhaj   | ppy, or depressed                                    |               | 0          | 1                  | 2                | 3           |  |  |  |  |
| Performance   |  |               | Above      |                    | Somewhat<br>of a | at          |  |  |  |  |
| Academic Perfo  | ormance  | Excellent     | Average    | Average            |                  | Problematic |  |  |  |  |
| 36. Reading   |  | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
| 37. Mathematics   | S  | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
| 38. Written expi  | ression  | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
|   |  |               |            |                    | Somewha          | t           |  |  |  |  |
|   |  |               | Above      |                    | of a             |             |  |  |  |  |
|   | avioral Performance                                  | Excellent     | Average    | Average            |                  | Problematic |  |  |  |  |
| 39. Relationship  |  | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
| 40. Following di  |  | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
| 41. Disrupting o  |  | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
| 42. Assignment  |  | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
| 43. Organization  | nai skiiis   | 1             | 2          | 3                  | 4                | 5           |  |  |  |  |
| Please return thi<br>Mailing address:                                       | is form to: Grow Pediatrics 5975 Carmen Ave, IGH, MI | N 55076       |            |                    |                  |             |  |  |  |  |
| Fax number:   | 855-281-2245   |               |            |                    |                  |             |  |  |  |  |
| 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 10–1            | 18:           |            |                    |                  |             |  |  |  |  |
| Total Symptom S   | Score for questions 1–18:                            |               |            |                    |                  |             |  |  |  |  |
| , .   | questions scored 2 or 3 in questions 19–2            |               |            |                    |                  |             |  |  |  |  |
|   | questions scored 2 or 3 in questions 29–3            |               |            |                    |                  |             |  |  |  |  |
|   | questions scored 2 or 5 in questions 36–4            |               |            |                    |                  |             |  |  |  |  |
| Total Hullioti Ol   | questions scored + of J in questions 30-4            | 1             |            |                    |                  |             |  |  |  |  |



Average Performance Score:\_



