Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form

Child's name: _____ Teacher's name: _____

Today's date: _____ School: _____ Gr: _____ Teacher's fax number: _____

Time of day you work with child: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behaviors of the school year. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** _____

This evaluation is based on a time when your child: ☐ Was on medication ☐ Was not on medication ☐ Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork	○	○	○	○
2. Has difficulty sustaining attention on tasks or activities	○	○	○	○
3. Does not seem to listen when spoken to directly	○	○	○	○
4. Does not follow through on instructions and does not finish schoolwork (not because of refusal or lack of comprehension)	○	○	○	○
5. Has difficulty organizing tasks and activities	○	○	○	○
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	○	○	○	○
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)	○	○	○	○
8. Is easily distracted by extraneous stimuli	○	○	○	○
9. Is forgetful in daily activities	○	○	○	○

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10. Fidgets with hands or feet or squirms in seat	○	○	○	○
11. Leaves seat when remaining seated is expected	○	○	○	○
12. Runs about or climbs too much when remaining seated is expected	○	○	○	○
13. Has difficulty playing or beginning quiet games	○	○	○	○
14. Is on the go or often acts as if "driven by a motor"	○	○	○	○
15. Talks excessively	○	○	○	○
16. Blurts out answers before questions have been completed	○	○	○	○
17. Has difficulty waiting his or her turn	○	○	○	○
18. Interrupts or intrudes on others' conversations or activities	○	○	○	○

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Child's name: _____ Today's date: _____

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper	○	○	○	○
20. Actively defies or refuses to adhere to adult's requests or rules	○	○	○	○
21. Is angry or resentful	○	○	○	○
22. Is spiteful and vindictive	○	○	○	○
23. Bullies, threatens, or intimidates others	○	○	○	○
24. Initiates physical fights	○	○	○	○
25. Lies to get out of trouble or to avoid obligations (ie, cons others)	○	○	○	○
26. Is physically cruel to people	○	○	○	○
27. Has stolen things of nontrivial value	○	○	○	○
28. Deliberately destroys others' property	○	○	○	○

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29. Is fearful, anxious, or worried	○	○	○	○
30. Is self-conscious or easily embarrassed	○	○	○	○
31. Is afraid to try new things for fear of making mistakes	○	○	○	○
32. Feels worthless or inferior	○	○	○	○
33. Blames self for problems or feels guilty	○	○	○	○
34. Feels lonely, unwanted, or unloved; often says that no one loves him or her	○	○	○	○
35. Is sad, unhappy, or depressed	○	○	○	○

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Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
36. Reading	○	○	○	○	○
37. Writing	○	○	○	○	○
38. Mathematics	○	○	○	○	○
39. Relationship with peers	○	○	○	○	○
40. Following directions	○	○	○	○	○
41. Disrupting class	○	○	○	○	○
42. Assignment completion	○	○	○	○	○
43. Organizational skills	○	○	○	○	○

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5s 0 /8

Comments:

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Child's name: _____ Today's date: _____

Tic behaviors: To the best of your knowledge, please indicate if your child displays the following behaviors:

1. **Motor tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, and rapid kicks.

   ☐ No tics present.

   ☐ Yes, they occur nearly every day but go unnoticed by most people.

   ☐ Yes, noticeable tics occur nearly every day.

2. **Phonic (vocal) tics:** Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and repetition of words or short phrases.

   ☐ No tics present.

   ☐ Yes, they occur nearly every day but go unnoticed by most people.

   ☐ Yes, noticeable tics occur nearly every day.

3. If **YES** to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?
   ☐ No ☐ Yes

Previous diagnosis and treatment: Please answer the following questions to the best of your knowledge:

1. Has your child been diagnosed as having ADHD or ADD?
   ☐ No ☐ Yes

2. Is he or she on medication for ADHD or ADD?
   ☐ No ☐ Yes

3. Has your child been diagnosed as having a tic disorder or Tourette syndrome?
   ☐ No ☐ Yes

4. Is he or she on medication for a tic disorder or Tourette disorder?
   ☐ No ☐ Yes

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

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Total number of questions scored 2 or 3 in questions 1–9: 0

Total number of questions scored 2 or 3 in questions 10–18: 0

Total number of questions scored 2 or 3 in questions 19–28: 0

Total number of questions scored 2 or 3 in questions 29–35: 0

Total number of questions scored 4 in questions 36–43: 0

Total number of questions scored 5 in questions 36–43: 0

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Please return the completed screener by:
- **Upload to secure portal www.cardinalpediatrics.com/securesend**
- **Email forms@cardinalpediatrics.com**
- **Text a picture to 304-599-8000**
- **Fax to 304-599-8003**
- **Mail to 1247 Suncrest Towne Centre, Morgantown, WV 26505**

The recommendations in this resource 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. Original resource included as part of *Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians*, 3rd Edition.

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