## NICHQ Vanderbilt Assessment Scale - TEACHER Informant*

## Teacher's Name:

$\qquad$ Class Time: $\qquad$ Class Name/Period:

Today's Date: $\qquad$ Child's Name: $\qquad$ Grade Level: $\qquad$ 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 behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: $\qquad$ _.

Is this evaluation based on a time when the child $\square$ was on medication $\square$ was not on medication $\square$ not sure?
$\left.\begin{array}{llllll}\hline & \text { Symptoms } & \text { Never } & \text { Occasionally } & \text { Often } & \text { Very Often } \\ \hline \text { 1. } & \text { Fails to give attention to details or makes careless mistakes in schoolwork } & 0 & 1 & 2 & 3 \\ \hline \text { 2. } & \text { Has difficulty sustaining attention to tasks or activities } & 0 & 1 & 2 \\ \hline \text { 3. } & \text { Does not seem to listen when spoken to directly } & 0 & 1 & 2 \\ \hline \text { 4. } & \text { Does not follow through on instructions and fails to finish schoolwork (not due to } \\ \text { oppositional behavior or failure to understand }\end{array}\right)$

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Teacher's Name: $\qquad$ Class Time: $\qquad$ Class Name/Period: $\qquad$
Today's Date: $\qquad$ Child's Name: $\qquad$ Grade Level: $\qquad$

## Performance

|  |  |  | Somewhat <br> of a |  |  |  |
| :--- | :--- | :---: | :---: | :---: | :---: | :---: |
|  | Academic Performance | Excellent | Average | Above <br> Average | Problem | Problematic |


| Classroom Behavioral Performance | Excellent | Average | Above Average | Somewhat of a Problem | Problematic |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 39. Relationship with peers | 1 | 2 | 3 | 4 | 5 |
| 40. Following directions | 1 | 2 | 3 | 4 | 5 |
| 41. Disrupting class | 1 | 2 | 3 | 4 | 5 |
| 42. Assignment completion | 1 | 2 | 3 | 4 | 5 |
| 43. Organizational skills | 1 | 2 | 3 | 4 | 5 |

## Comments:

## For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: $\qquad$
Total number of questions scored 2 or 3 in questions 10-18: $\qquad$
Total Symptom Score for questions 1-18: $\qquad$
Total number of questions scored 2 or 3 in questions 19-28: $\qquad$
Total number of questions scored 2 or 3 in questions 29-35: $\qquad$
Total number of questions scored 4 or 5 in questions 36-43: $\qquad$

Average Performance Score: $\qquad$

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