

VANDERBILT INITIAL ASSESSMENT - TEACHER INFORMANT

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____
 Date: _____ Child's Name: _____ Grade Level: _____

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: _____

Is this evaluation based on a time when the child ☐ was on medication ☐ was NOT on medication ☐ not sure?

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
1. Avoids, dislikes, or reluctant to engage in tasks that require sustained mental effort	0	1	2	3
2. Has difficulty organizing tasks and activities	0	1	2	3
3. Has difficulty sustaining attention to tasks or activities	0	1	2	3
4. Does not seem to listen when spoken to directly	0	1	2	3
5. Is easily distracted by extaneous stimuli	0	1	2	3
6. Is forgetful in daily activities	0	1	2	3
7. Loses things necessary for tasks or activities (pencils, books, or school assignments)	0	1	2	3
8. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
9. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
10. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
11. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
12. Fidgets with hands or feet or squirms in seat	0	1	2	3
13. Leaves seat in classroom or in other situations in which remianing seated is expected.	0	1	2	3
14. Runs about or climbs excessively when remaining seated is expected	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes in others' (butts into conversations and/or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to go along with adults' request or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vidictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3

VANDERBILT INITIAL ASSESSMENT - TEACHER INFORMANT (cont.)

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN	
29. Is fearful, anxious, or worried	0	1	2	3	
30. Is self-conscious or easily embarassed	0	1	2	3	
31. Is afraid to try new things for fear of making mistakes	0	1	2	3	
32. Feels worthless or inferior	0	1	2	3	
33. Blames self 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, unhappy, or depressed	0	1	2	3	
ACADEMIC PERFORMANCE	EXCELLENT	ABOVE AVG	AVG	SOMEWHAT OF A PROBLEM	PROBLEMATIC
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5
BEHAVIORIAL PERFORMANCE	EXCELLENT	ABOVE AVG	AVG	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: _____

Please return this form to: Bluebird Kids Health

Phone Number: 561-509-5009

Fax Number: 561-738-1822

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 19-28: ____

Total number of questions scored 2 or 3 in questions 10-18: ____ Total number of questions scored 2 or 3 in questions 29-35: ____

Total symptom score for questions 1-18: ____ Total number of questions scored 4 or 5 in questions 36-43: ____

Average performance score: ____