"Specialist Care for Every Child"

Child and Adolescent Clinic
www.CandAC.com

Attention Deficit Hyperactivity Disorder
INITIAL ASSESSMENT FORM – SCHOOL
Please Use Black Ink

Teacher's Name: ________________________________ Class Time: ___________ Class Name/Period: ___________

Today's Date: __________ Child's Name: _________________________DOB:___________ Grade Level: ___________

Directions: PLEASE USE BLACK INK PEN. 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. 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?

VANDERBILT SCALE

Symptoms		Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork		0	1	2	3
2. Has difficulty sustaining attention to tasks or activities		0	1	2	3
3. Does not seem to listen when spoken to directly		0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)		0	1	2	3
5. Has difficulty organizing tasks and activities		0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort		0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)		0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected		0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected		0	1	2	3
13. Has difficulty 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 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 on others (e.g. butts into conversations/games)		0	1	2	3
19. Loses temper		0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules		0	1	2	3
21. Is angry or resentful		0	1	2	3
22. Is spiteful and vindictive		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 goods or favors or to avoid obligations (e.g. "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
29. Is fearful, anxious, or worried		0	1	2	3
30. Is self-conscious or easily embarrassed		0	1	2	3
31. Is afraid to try new things for fear of making mistakes		0	1	2	3

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Today's Date: ____________ Child's Name: ______________________________________ Grade Level: ___________

Symptoms (continued)		Never	Occasionally	Often	Very Often
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

Performance

Academic Performance	Excellent	Above Average	Average	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

Classroom Behavioral Performance	Excellent	Above Average	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

Total 4s, 5s ____

Average ____

History

Learning Problems

We are interested in whether or not this child has learning problems **above and beyond** what would be expected for **his or her developmental age.**

Check the box that best describes the child's learning problems over the past 6 months	Never Rarely 0	Occa-sionally 1	Often 2	Very Often 3
1. Has trouble **learning new material** in an appropriate time frame for age and skills.				
2. Has little **desire to master** new skills.				
3. **Unable to tell time,** days of the week, months of the year.				
4. Can't **repeat information.**				
5. **Knows material one day; doesn't know it the next.**				
6. Has trouble **holding several different things in mind** while working.				
7. Has trouble **following multi-step directions.**				
8. Has difficulty **copying written material** from blackboard.				
9. Difficulty **orienting self (i.e., gets lost, can't find way, or gets turned around easily).**				
10. Has poor **spatial judgment** and often bumps into things.				
11. Confuses **directionality** (up/down, left/right, over/under).				
12. Has poor **spatial organization** on paper (difficulty staying in lines, maintaining space between words, staying within page margins).				
13. **Mixes up capital and lower** case letters when writing.				
14. **Reverses letters and numbers.**				
15. Has trouble **expressing words** or events in **correct order.**				
16. Often **mispronounces known or familiar words** or uses wrong word.				

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Check the box that best describes the child's learning problems over the past 6 months	**Never Rarely 0**	**Occa-sionally 1**	**Often 2**	**Very Often 3**
17. Has trouble **verbally expressing thoughts.**				
18. Says things that have **little or no connection to what others are discussing.**				
19. Has difficulty **distinguishing long vowel sounds and short vowel sounds.**				
20. Depends on teacher or others for **repetition of task instructions.**				
21. Displays **poor word attack skills** (can't sound out words).				
22. Puts wrong **number of letters in words.**				
23. **Confuses consonant sounds,** for example: d-b, d-t, m-n, p-b, f-v, s-v.				
24. Unable to **keep place on page** when reading.				

What **positive** or **negative coping skills** is the child using in school?____

____

Do you have any **additional comments** that you think would be helpful? ______________________________________

____

What school **special services** does this child receive? ____

____

Please return this form to: ***Child and Adolescent Clinic***

Fax Number: ***360-423-9537***

Mailing Address: ***971 11th Avenue***
Longview, WA 98632

Phone Number: ***360-577-1771***

For Office Use Only	
Total number of questions scored 2 or 3 in questions 1 – 9 _________	**6 I**
Total number of questions scored 2 or 3 in questions 10 – 18 ______	**6 HI**
Total Symptom Score for questions 1 – 18: ______	
Total number of questions scored 2 0r 3 in questions 19 – 28: _______	**3 OD**
Total number of questions scored 2 or 3 in questions 29 – 35: ______	**3 AD**
Total number of questions scored 4 or 5 in questions 36 – 43: ______	**I**
Average Performance Score: ____________________	