



"Specialist Care for Every Child"

Child and Adolescent Clinic
www.CandAC.com

Attention Deficit Disorder
FOLLOW-UP ASSESSMENT FORM – PARENT
Please Use Black Ink

Child's Name: _____ Grade Level: _____ Today's Date: _____

Your Name: _____ Relationship to Child: _____

Phone: _____

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. Does not pay attention to details or makes careless mistakes with, for example homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	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 (toys, school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurs out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3

FOLLOW UP ASSESSMENT FORM – PARENT *continued page 2*

Child's Name: _____ Grade Level: _____ Today's Date: _____

Performance Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
27. Overall school performance	1	2	3	4	5
28. Reading	1	2	3	4	5
29. Writing	1	2	3	4	5
30. Mathematics	1	2	3	4	5
31. Relationship with parents	1	2	3	4	5
32. Relationship with siblings	1	2	3	4	5
33. Relationship with peers	1	2	3	4	5
34. Participation in organized activities (eg, teams)	1	2	3	4	5
Total 4s, 5s Average					<input type="text"/> <input type="text"/>

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite – explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening				
Socially withdrawn – decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking – explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing – explain below				
Sees or hears things that aren't there				

Explain/Comments:**For Office Use Only**Total Symptom Score for questions 1 – 26: _____
Average Performance Score for questions 27-34: _____