



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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Use Only
2s & 3s ____/9

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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2s & 3s ____/9

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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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2s & 3s ____ /10

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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2s & 3s ____ /7

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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4s ____ /8

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5s ____ /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: _____

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

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

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

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

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

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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HE0571

9-439/Rep0325

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